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Causes and Psychological Prevention of Neurosis in Young Children

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Annotation: The article discusses the causes, main clinical symptoms and psychological prevention of neurosis in children. The influence of family environment, educational factors and social conditions on the formation of neuroses is analyzed. The clini-cal manifestations of the disease are summarized on the basis of such symptoms as anxiety, fear, sleep disorders, and difficulties in the learning process. The effec-tiveness of early diagnosis and psychoprophylactic measures, the cooperation of parents and educators, and the importance of supporting the emotional state of the child are also emphasized.

Keywords: Neurosis, hysteria, neurasthenia, obsessive thoughts, depressive-paranoid syndrome

Neurotic disorders occupy a significant place among neuropsychiatric diseases occurring in children. However, it is difficult to assess their exact prevalence, since many cases manifest themselves in a neurotic form against the background of other mental disorders. This requires an individual approach to each case for correct diagnosis and effective treatment. For example, in some stages of schizophrenia, almost all manifestations of borderline neuropsychiatric pathology can be observed. If the schizophrenic process is detected late, the appointment of appropriate treatment is delayed, and it is impossible to make a correct prognosis.

The child's personal immaturity, the simplicity and rarity of symptoms complicate the diagnosis. In addition, some studies have shown that neuroticism in childhood is a functional disease of the nervous system. Some scientists do not agree with this opinion, citing various metabolic and mild organic disorders identified in neuroses, that is, in their opinion, organic symptoms also characteristic of neuroses. However, it is quite difficult to answer with certainty whether these organic and metabolic disorders are caused by neuroses or are complications of a previous disease. Cases show that they can sometimes be the initial stage of psychoses and other serious diseases. Let us now consider the types of neuroses. Three types of neuroses are distinguished: neurasthenia (literally neurosis), hysteria, and obsessive thoughts.

Neurasthenia(from the Greek neuron - nerve, asthenia - weakness) *nervous weakness*means. Neurasthenia is caused by excessive nervous tension. Nervous people are more susceptible to neurasthenia. The imbalance of mental and physical work can also cause the development of neurasthenia. Constant emotional stress, loss of a loved one, disagreements in the family and at work, constant fear and anxiety can cause neurasthenia. The occurrence of neurasthenia in family members also indicates the importance of genetic factors in its development. The development of neurasthenia in young children is caused by the environment surrounding them, especially quarrels between parents.

Physical injuries received in childhood are no exception. Neurasthenia can develop not only in irritable people, but also in people who are very anxious. Especially anxious people try not to give in to emotions, to control themselves when they quarrel, and suffer if they hurt someone. These situations, in most cases, lead to exhaustion of the nervous system. Also, vitamin deficiency, anemia, chronic and serious diseases can lead to neurasthenia.

Hysterical neurosis The word "hysteria" is derived from the Greek word "hysteria", which means uterus. The symptoms of this disease were described in ancient treatises, and hysteria was initially associated with uterine function, since it was observed mainly in women. Later, hysterical disorders were also identified in men.

Although its original name has been preserved. Hysteria is a common disease, like other types of neurosis. Hysterical neurosis is observed mainly in adolescence, more often in women, while the hysterical formation of behavior from childhood plays a significant role in its origin. Excessive emotionality, excessive attention to everything, inability to think independently, excessive credulity, and giving in to colorful emotions are very characteristic signs of hysteria. They are considered to be mentally and emotionally weak people. The behavior of most hysterical patients resembles that of children. For such patients It is characteristic to attract the attention of those around you. Hysterical disorders are observed not only in neuroses, but also in psychopathies.

Thoughts that won't leave your mindIt is considered a type of neurosis, for which psychasthenic symptoms are very characteristic, that is, constant doubts, fears, tormenting fantasies and ideas, various actions and aspirations. The patient tries to get rid of all these thoughts, strives, seeks remedies, but these attempts are often in vain, he is tormented by thoughts that have settled in the brain. The constancy, repetition of thoughts that do not leave the brain and the extreme difficulty of getting rid of them put the patient in a difficult situation. The patient looks at these situations critically, understands that they are unreasonable, strange, tries to endure them, but the thoughts continue to appear, independent of his will and desire. The patient cannot overcome them independently.

Neurosis can occur in children of different ages for various reasons. For example, after the family of 12-year-old Christina moved to another place, due to unsuccessful attempts to adapt to the new school's more complex curriculum and unfamiliar community, the following complaints appeared: poor sleep, constant fatigue, general malaise, pressure, lethargy, decreased attention span, and decreased efficiency. Academic failures increase, she refuses to go to school, and uses health problems as an excuse. Later, it turned out that she read about syphilis in a magazine article and began to think that she had this disease. She examined her nose, looked for rashes on her body, tried to fight these thoughts, but then asked her mother to take her to a gynecologist.

During the initial hospitalization, this condition was assessed as a neurotic disorder. During the repeated hospitalization: severe weakness, depressed mood, crying a lot, feeling "different from others", avoiding communication with other children, not interested in anything, not enjoying life, his thoughts were only about his health. He tried to control his breathing, fear of death, fear of death. Although the condition was initially assessed as neurasthenia, over time this diagnosis was not justified. Fixed thoughts (belief that he had contracted syphilis, the need to consciously control his breathing), a deep depressive state, a disconnection from relationships, a sense of change - indicated a depressive-paranoid syndrome of a schizophrenic nature.

In the second case, we can cite a 16-year-old girl named Marina. This school year, the girl started studying at a new school. She often suffered from flu and exacerbation of chronic tonsillitis, missed classes a lot. She had difficulty mastering the 10th grade program. Gradually, the following symptoms appeared: weakness, rapid fatigue, tension, inability to absorb educational material, difficulty concentrating, decreased ability to remember and quickly understand. Gradually, the following were added: nervousness, irritability, rapid mood swings, constant depression. The girl lost self-confidence, became withdrawn, lethargic, lost interest in studies and life. She wanted to leave everything and go somewhere. In the hospital, she gradually began to recover: she had the opportunity to rest, get enough sleep, and reduce her study load. From the day of admission, she began to prepare for final exams, and she took a critical approach to her own capabilities. If we compare the two cases, the similarities are that in both cases the workload, new environment and psychophysiological stress were the main factors of mental disorders. In both, there are states of weakness, loss of interest, depression. Both of them fell ill in adolescence - a period sensitive to mental changes. The differences are that in Christina's case, psychotic symptoms (obsessive thoughts, hypochondria, fear of death) are clearly

visible, which indicates a disease on the schizophrenic spectrum. In Marina, the symptoms were functional, temporary and arose against the background of fatigue and chronic diseases. She understands her situation and looks at herself critically - this is an asthenic-depressive state, that is, a transient state typical of neurosis. In Christina, the mental disorder intensifies in a regressive (regressive) dynamic, while in Marina there is recovery, stability in mental activity is maintained.

Obsessive-compulsive neurosis. Compulsive behaviors and thoughts—fears (phobias), persistent recurring thoughts, doubts, unpleasant memories, anxieties, fantasies, desires, and repetitive actions—often manifest as a well-defined form of neurotic disorder. In most cases, it is not difficult to distinguish such symptoms from the overall clinical picture.

However, young children are not yet able to understand the pathological nature of these experiences and are unable to critically assess them. Therefore, when the speech and understanding typical of young people are low, it is difficult to clearly distinguish phobias and obsessive symptoms from ordinary fears or strange, excessive ideas.

Another problem is that the same obsessive-compulsive symptoms can occur in many other diseases. They can occur in the context of organic brain changes, epilepsy, schizophrenia, affective disorders, or psychopathies, or they can appear as a neurotic layer superimposed on these underlying diseases. It is important to determine which condition is the main one in the differential diagnosis - because this helps to determine the patient's underlying disease.

In practice, it is difficult to distinguish long-lasting obsessive-compulsive states from insidious schizophrenia, especially in young children. Therefore, it is necessary to carefully analyze the child's age, the dynamics of the onset and development of symptoms, and the structure of obsessive symptoms.

Conclusion:

Neurosis is a functional disease of the nervous system that develops as a result of external and internal factors that cause psychological trauma to a person. It occurs when the mental stability of children and adolescents is impaired, when functional mental disorders occur due to prolonged exposure to external or internal stress factors. In the case of neurosis, there is no profound disturbance of thinking and perception, but the psychological state, emotions, and the vegetative system of the body are significantly affected. Therefore, neurosis is a psychogenic disease.

Although neurosis does not have clearly expressed morphological disorders, vegetative-trophic changes are observed in most of its types. Regardless of whether the symptoms of neurosis last for a long time or for a short time, patients can be treated with a positive result. However, this treatment process can also be long. We have seen above that neurosis is caused by various causes and have diagnosed them accordingly. Start of forms

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