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1. Introduction

The study of psychological aspect of the problem of anxious disorders in children and teenagers acquires importance under conditions of this pathology spreading and range of its influence of psychological welfare and social adaptation in adolescence [1, 2]. The clinical and social prognosis, choice of methods of therapy and social rehabilitation of children with anxious disorders depend on the integrative assessment of a series of factors, including environmental ones [3, 4].

Psychopathological features of neurotic anxiety in children in the age aspect, interconnection between anxiety, stress and depression, clinical dynamics of a neurotic process, affinity to other neurotic symptoms are insufficiently studied [5]. In the context of rehabilitation it is especially important to determine an "initial disease picture", to imprint psychological problems of a child with anxious-phobic and anxious-depressive disorders [6, 7].

It is known, that a reaction on a disease is based on disturbing a relation to own physical and spiritual "Me", self-consciousness change [8, 9]. Taking into account the aforesaid, the aim of this work is to study psychological patterns of an anxious disorder in the age aspect.

2. Materials and Methods

There were realized the complex clinical psychopathological, psychodiagnostic study of 108 children with anxious disorders (52 children of 7–11 years old and 56 teenagers of 12–16 years), being on treatment at the department of psychiatry of MI "Institute of health protection of children and teenagers of NAMS of Ukraine" in the period 2016–2017.

Among psychological methods – CDRS-R questionnaire for assessing depression, scale of Spielberg-Khanin for determining personal and situational anxiety, MACA – method of assessing child anxiety, CTR – color test of relations. The package of projective figural methods: "Me in past", "Me in present", "Me in future", "Me in this world", family figure, "A human under rain", "A non-existent animal". At determining typology of psychosocial relations we used the author methodology [10], including the determination of the spectrum of psychogenia with differentiation of a stressor depending on its duration and intensity; clarification of a psychosocial stressor directionality vector.

ROLE OF PSYCHOLOGICAL PARAMETERS AND ART-DIAGNOSTICS OF ANXIOUS DISORDERS IN CHILDREN AT CHOOSING A TACTICS OF THERAPEUTIC INTERVENTION

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Abstract: The article presents the new method of art-therapeutic psychodiagnostics of anxious disorders in children. There are separated formal elements that have a diagnostic importance in differentiation of anxiety and depression in children in the age aspect. There are presented the features of the course of anxious disorders in the age aspect: in children – comorbidity of anxiety with cognitive disorders (neurocognition) and phobias, in teenagers – anxiety with emotional (depression) and behavior disorders (avoiding behavior). It was established, that the constitutional-neuropathic variant of an anxious disorder prevails in children of 7–11 years old, and in teenagers – the thymopathic variant of it. There are the separated informative signs of phobic formations that provide the reliable psychopathological differentiation of anxious disorders: dominating type, determining a clinical picture, accessory type, participating in pathoplasty of complicated syndrome complexes and isolated type. There are separated the psychological predictors of the anxiety disorder development in children: infantilism, personal anxiety, poly-accentuation of a character. It was established, that the formation of anxious disorders, regardless of age, is influenced by the pathological type of family relations (disconnected, separated and rigid). In a projective figure of a family a disorder of emotional family connections was diagnosed in most children with anxious disorders. There are established the factors of prediction of an anxious-phobic disorders in children: genetic predisposition and external conditions of this state residual-organic, family (disorders of a family interaction with forming symbiotic relations between a child and an anxious parent) and environmental). The analysis of the information, obtained in projective figural tests, allowed to differentiate and to systematize graphic signs of anxiety, phobias and depression. It was shown, that the method of art-diagnostics widens possibilities of early detection of disorders of social and cognitive functioning of children with anxious disorders.

Keywords: children, teenagers, anxious disorders, situational and personal anxiety, projective figural tests.

3. Results

The studies established that clinical variants of anxious disorders in children have age features. Thus, the constitutional-neuropathic variant of an anxious disorder prevails in children of 7–11 years old (82,7 %), thymopathic variant – in teenagers (73,2 %). Children of 7–11 reliably more often ($p < 0,05$) demonstrated the level of general anxiety, corresponded to moderate severity, and the high level of situational anxiety ($p < 0,01$), whereas the high level of personal anxiety ($p < 0,001$) and decrease of the level of psychic activity, connected with anxiety ($p < 0,001$) were registered in teenagers. There are separated the informative signs of phobic formations, providing the reliable psychopathological differentiation of anxious disorders: dominant type, determining a clinical picture (12,4 %), accessory (combined) type, participating in pathoplasty of complicated syndrome complexes (68,6 %) and isolated (mono-symptom) type (19,0 %). The studies established the age specificity of phobias in children with anxious disorders: in children – natural and social, in teenagers – social and vital. There are separated psychological predictors of the anxious disorder development in children: infantilism, personal anxiety, poly-accentuation of a character. There are established the factors of APD prediction in children: genetic predisposition and external conditions of APD development (residual-organic, family (disorders of a family interaction with forming symbiotic relations between a child and an anxious parent) and environmental)). The important element of the anxious disorder formation in children is specification of the age stage of a psycho-traumatizing factor influence. The urgency of a psycho-traumatizing situation has the age specificity that in fact determines the vector of medical-psychological intervention. The psychopathological symptomatology of anxious disorders in children is heterogenic and has age differences. The clinical-dynamic studies demonstrated that anxious disorders in children are comorbid with cognitive disorders (attention and memory disorders) (74,6 %) and phobias (100 %), whereas in teenagers – with emotional (depression) (80,2 %) and behavior disorders (avoiding behavior) (58,2 %). The physical "Me" is the most important ref-

erence point of any child activity. At ageing a child begins to associate different needs, experiences, perceptions and emotions with certain parts of the body. As it is known, drawing of a human figure, including the projection "body schemes" is a natural means of expressing physical needs and conflicts of a human, who makes a figure. So, images of a human body are a comfortable instrument of studying psychological and emotional problems. There is undertaken an attempt of using projective tests as an instrument of diagnostics of correspondence of anxiety markers to features of internally interconnected patterns of a figure, as far as they reflect the dynamics of an anxious or depressive symptom complex. There are separated informative diagnostic markers of anxiety in children in the age aspect. Clinical symptoms of fear and anxiety on figures of "A non-existent animal" by children and teenagers with anxious disorders were reflected by shadows of contour lines (spikes, barriers, defense from above). Aggression – both direct and indirect was reflected in children as claws, grin of teeth, fangs, disheveled hair and plumes, horns, acute beak, demonic images that indicated the high degree of uncontrolled aggression and auto-aggression, victimization. It was established, that 53,7 % of children with anxious disorders drew a thin neck, small shoulders in the projective test "Me in past", that reflected the feeling of physical weakness and decrease of self-confidence. The projective figural test "Me in present" demonstrated the sign "large trunk" in 23,4 % of cases that indicates an unsatisfactory need. The sign extremely "small trunk" was demonstrated by 22,9 % of ill children that indicated their dissatisfaction with own real physical condition. The internal strain, phobias were testified by hands, drawn too close to the body (62,0 %). Spread apart and primitively drawn fingers were often present on projective figures of children with anxious disorders (28,7 %), that reflected regressive features and difficulties in social adaptation. 26,8 % of children drew only head in the projective test "Me in future". It is known, that the head as a center of "Me" localization is always involved in the process of social relations. It may be presupposed, that these patients suffered from difficulties in concentration of attention and purposefulness and also in increase of own validity.

It was established, that the formation of anxious disorders, regardless of age, is influenced by the pathological type of family relations (disconnected, separated and rigid). In a projective figure of a family a disorder of emotional family connections was diag-

nosed in 82,4 % children with anxious disorders. It is known, that the dynamic aspect is separated in studies of a personal life course by the category of past, present and future. These categories are most adequate to features of a life course as a specific process, they are relative to a person that is continuously moving in time. A psychological perspective – is a cognitive ability to foresee the future, to prognosticate it, imaging oneself in it, an integral readiness to it in present. Such perspective may take place even in persons with cognitively poor, non-segmented, unconscious understanding of the future. A personal perspective opens at presence of abilities as future possibilities, maturity, so the readiness to difficulties, surprises. Anxiety is merged in a child experience with emotional, voluntary and intellectual components that reflect events and living circumstances in their attitude to a subject itself. The experience is kept in the personal memory. The analysis of projective figures demonstrated that the vector and directionality of a psycho-traumatizing factor was presented mainly "in present" in 45,4 %, in 54,6 % – "in future". The analysis of the information, obtained in projective figural tests allowed to differentiate and to systematize graphic signs of anxiety (dense shading, change of pressure force, profile image of a figure, image from the spine, numerous erasures, a figure drawn from legs); phobias (empty or blacken eye sockets, intensive shading of hair) and depression (small sizes of a figure, placement of a figure in the low part of a sheet, weak pressure, lowered shoulders, a human, sodden under rain).

4. Discussion

The set of projective figural tests and systematization of diagnostic elements of anxiety are informative for the clinical diagnostics and differentiation of psychopathology registers of an anxious disorder of a neurotic level in children. The main hypothesis of diagnostic use of projective figural tests in the child population is in fact that the combination of different formal signs of a figure correlates with diagnostic categories, connected with anxious, depressive and phobic disorders. In fact, the method of art-diagnostics widens possibilities of early revelation of disorders of social and cognitive functioning of children with anxious disorders that can provide the primary and secondary psychoprophylaxis and determination of the vector of medical-psychological intervention at early stages of neurotic diseases in children.

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