

## NEUROSE - CAUSES AND MECHANISMS OF DEVELOPMENT, SYMPTOMS, TREATMENT, PREVENTION

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**Abstract.** *Neurosis, psychoneurosis, neurotic disorder, neurosis disease (new Latin neurosis from ancient Greek. neuron "nerve") is a complex of long-lasting functional psychogenic disorders. The clinical picture of such disorders is characterized by asthenic, fixed thoughts or hysterical symptoms, as well as a temporary decrease in mental and physical work capacity. In all cases, psychogenic factors are conflicts (internal or external), the impact of situations that cause psychological trauma, stress or over a long period of time is the strain of the emotional and mental sphere of the psyche.*

*The term "neurosis" is not currently used by the professional psychiatric community in the United States. Starting with the third edition of the American Diagnostic and Statistical Manual of Mental Disorders in 1980, the "neuroses" section was abolished. For example, dysthymic disorder instead of depressive neurosis, obsessive-compulsive disorder instead of obsessive-compulsive neurosis, and hypochondria instead of hypochondriac neurosis.*

**Keywords:** *causes and mechanisms of neurosis development, exclusion criteria, symptoms and signs of neurosis, relationship of neurosis with other diseases and symptoms, treatment of neurosis, prevention of neurosis.*

## НЕВРОЗ - ПРИЧИНЫ И МЕХАНИЗМЫ РАЗВИТИЯ, СИМПТОМЫ, ЛЕЧЕНИЕ, ПРОФИЛАКТИКА

**Аннотация.** *Невроз, психоневроз, невротическое расстройство, неврозоподобная болезнь (новолатинское невроз от др.-греч. нейрон «нерв») представляет собой комплекс длительно текущих функциональных психогенных расстройств. Клиническая картина таких расстройств характеризуется астеническими, навязчивыми мыслями или истерическими симптомами, а также временным снижением умственной и физической работоспособности. Во всех случаях психогенными факторами являются конфликты (внутренние или внешние), воздействие ситуаций, вызывающих психологическую травму, стресс или в течение длительного времени - напряжение эмоционально-психической сферы психики.*

*Термин «невроз» в настоящее время не используется профессиональным психиатрическим сообществом в США. Начиная с третьего издания Американского диагностического и статистического руководства по психическим расстройствам в 1980 г. раздел «неврозы» был упразднен. Например, дистимическое расстройство вместо депрессивного невроза, обсессивно-компульсивное расстройство вместо обсессивно-компульсивного невроза и ипохондрия вместо ипохондрического невроза.*

**Ключевые слова:** *причины и механизмы развития невроза, критерии исключения, симптомы и признаки невроза, связь невроза с другими заболеваниями и симптомами, лечение невроза, профилактика невроза.*

## CAUSES AND MECHANISMS OF THE DEVELOPMENT OF NEUROSIS

I. P. Pavlov defined neurosis as a chronic long-term disorder of higher nervous activity as a result of excessive tension in the cerebral cortex due to insufficient strength and the influence of external stimuli. At the beginning of the 20th century, the use of the clinical term "neurosis" not only for humans, but also for animals caused a lot of controversy.

Psychoanalytic theories represent neurosis and its symptoms mainly as the result of a deep psychological conflict. It is assumed that such a conflict is formed in the conditions of long-standing social situations that prevent the satisfaction of basic needs of a person and threaten his future.

According to Karen Horney, the fundamental conflict of neurosis is the result of a conflict between the individual's incompatible defensive tendencies. In order to protect against unfavorable social factors such as humiliation, social isolation, absolute controlling love of parents, careless and aggressive attitude, the child forms defense methods based on directions "towards people", "against people" and "away from people".

Moving towards people mainly means submission, love, protection.

Actions against people represent the desire to establish power over people, fame, recognition, success, strength and struggle with life.

The movement beyond people represents independence, freedom, the need to be free from people.

A neurotic patient tends to all three tendencies at the same time, but one of them is more dominant, so dominant neurotics can be classified into "submissive", "aggressive" and "detached" types. Karen Horney has paid much attention to the problems that are the cause of the contradictions between the protection tendencies.

In general, today, both psychological factors (characteristics of the person, the conditions of his maturation and education, conditions for establishing relations with society, level of aspiration) and biological factors (certain neuromediator or neurophysiological factors that make a person more vulnerable to certain psychogenic influences functional deficit of systems) are considered as factors that stimulate the development of neurosis.

### DISTINGUISHMENT CRITERIA

The main criteria for distinguishing neurotic disorders from mental disorders in general are:

The leading role of psychogenic factors in the onset and decompensation of painful manifestations;

Functional (restorable) character of mental disorder;

Absence of psychotic symptoms, personality changes, mental retardation;

Egodystonic (painful for the patient) character of psychopathological manifestations, as well as critical attitude of patients to their own condition.

### SYMPTOMS AND SIGNS OF NEUROSIS

#### MENTAL SYMPTOMS

Emotional depression (often without clear reasons).

Doubt.

Social communication problems.

Inadequate self-esteem: low or excessive.

Frequent anxiety, feeling of fear, "anxious anticipation of something", phobia,

panic attacks, panic disorders.

Uncertainty or contradictions of the value system, life desires and preferences, thoughts about the person himself, others and life in general. Cynicism is often noted.

Mood instability, frequent and sharp changes.

Excitability (neurasthenia).

Hypersensitivity to stress - people react to a trivial stressful event with despair or aggression.

Crying.

Weakness, weakness.

Anxiety.

Dwelling on the psychotraumatic situation.

Getting tired quickly when trying to work - memory, attention and thinking abilities decrease.

Sensitivity to loud sounds, bright lights, temperature changes.

Sleep disturbance: it is difficult for a person to fall asleep due to overexcitement; sleep will be superficial, disturbing, not refreshing; sleepiness is often observed in the morning.

## PHYSICAL SYMPTOMS

Headache, heartache, abdominal pain.

Frequent fatigue, increased fatigue, general decrease in work capacity.

Worries, dizziness and blurred vision due to low blood pressure.

Disorders of the vestibular apparatus: difficulty maintaining balance, dizziness.

Appetite disorder (eating too much or too little, the presence of a feeling of hunger, but quickly getting full during meals).

Sleep disorders (insomnia): difficulty falling asleep, early awakening, night awakenings, lack of freshness after sleep, nightmares.

Experiencing physical pain psychologically (psychalgia), excessive care for one's health leading to hypochondria.

Vegetative disorders: profuse sweating, palpitations, changes in arterial pressure, disturbances in the functioning of the stomach, cough, frequent urination, liquid stool.

Sometimes - decreased libido and erection.

## THE RELATIONSHIP OF NEUROSES WITH OTHER DISEASES AND SYMPTOMS

### HEADACHE

Headache occurs in various mental states and diseases. Usually it appears in cases of emotional stress or suppression of one's feelings (for example, anger). In addition, headache can be hallucinatory (psychalgia).

### VEGETOMIR DYSTONIA

Vegetative dystonia is a disorder of the autonomic nervous system. Unlike the somatic nervous system, which obeys the mind and controls the muscles, the autonomic nervous system works automatically and ensures the functioning of the body's organs and systems.

When a danger arises, the autonomic nervous system mobilizes the body's forces to overcome the danger (for example, it increases blood pressure). If a person cannot actively respond to a situation that is often considered dangerous (for example, due to social factors) and is forced to suppress his anxiety, as well as many situations that are not dangerous cause him a feeling of fear ( or if he suffers from panic attacks), the autonomic nervous system begins to

malfunction, errors accumulate, and a loss of balance occurs, which, in addition to the direct symptoms of VTD, causes various organ dysfunctions. .

## PANIC DISORDERS, PHOBIA, FEELING OF ANXIETY

Various anxiety disorders (panic attacks, phobias, constant anxiety) are usually accompanied by neurosis.

## TREATMENT OF NEUROSE DISEASE

There are many methods and theories of treating neuroses. Treatment of neurosis is based on psychotherapy and drug therapy with the help of antidepressants and tranquilizers.

The main method of treatment of neurosis and neurotic reactions is psychotherapy. Currently, there are many directions and methods of psychotherapeutic help. They are divided into pathogenic (affecting the causes of neurosis and the process of its retention in the individual) and symptomatic or auxiliary (they are effective only in combination with pathogenic methods and by themselves only have a temporary effect on relieving symptoms) divided.

Pathogenic method includes psychodynamic, existential, interpersonal, cognitive, systematic, integrative, gestalt therapy.

Symptomatic methods include behavioral, hypnosis, body-oriented, exposure therapy, breathing exercises, art therapy, music therapy, and others.

Neurosis is a recoverable state of a person, and it responds well to psychotherapeutic treatment. Drug therapy is only a catalyst for the psychotherapeutic process, and in no case is considered the main form of treatment of neurosis. In rare cases, there are also cases of independent recovery from neurosis as a result of the resolution of the conflict due to the growth of the human personality, loss of importance of the conflict situation, return to the previous lifestyle, etc.

Cognitive-behavioral therapy (CBT) and SSRIs (selective serotonin reuptake inhibitors) or clomipramine antidepressants are recommended as first-line treatment for obsessive-compulsive disorder. In addition to cognitive-behavioral therapy, psychodynamic therapy or psychoanalysis is also used, but their effectiveness, unlike the effectiveness of CBT, is less proven. CBT is the only type of psychotherapy that has been proven effective in controlled studies for obsessive-compulsive disorder.

In the cognitive treatment of obsessive-compulsive disorder, adaptability training is used - in this technique, the therapist tries to recall the thoughts that have become ingrained in the patient repeatedly, as a result of which such thoughts lose the importance of danger for the patient and cause a decrease in anxiety. . Covert response prevention techniques are also used: therapists teach patients to avoid or distract from ingrained thoughts that may arise during adaptive learning. According to the supporters of the cognitive theory, such a disorder arises from the characteristics of a person's presence of unpleasant, unnecessary thoughts: for some people, unpleasant thoughts have such an aversive and stressful effect that they try to avoid or eliminate such thoughts. they try to do.

These efforts lead to fixation of thoughts, which reduce the discomfort for a while and are repeated over and over again, and the effort to get rid of them causes the anxiety associated with them to intensify.

KXT is also used in other neuroses. For example, two cognitive approaches are commonly used in generalized anxiety disorder. Following an approach based on Ellis and Beck's theory, therapists help people change the maladaptive beliefs that underlie their disorders.

The second one teaches people to behave in a stressful situation. For phobias, proponents of behavioral therapy use exposure therapy, in which people with phobias are exposed to the things and situations they fear: for example, people with agoraphobia are taught to gradually move away from their homes and visit more public places. . In panic attacks, cognitive therapists try to correct people's misinterpretations of their body sensations.

Psychoanalysis is also used in neurosis. According to many psychoanalytical schools, the patient should recognize his conflicts and have clearer ideas about his personality. The main task of psychotherapy is to help the patient recognize the set of relationships that led to the development of neurosis. The result of psychotherapy is to explain to the patient the relationship between his life experience, the system of relationships with people around him formed on the basis of this experience, the conflict situation and the manifestation of the disease.

Psychoanalysis is often criticized. In 1994, Klaus Grave and a group of scientists published a meta-analysis of 897 of the most important empirical studies devoted to the study of the effectiveness of psychoanalysis and related psychotherapeutic applications. In his content, Grave pointed out that behavior therapy is twice as effective as psychoanalysis.

In the article "Is Psychoanalysis Harmful", the American psychologist Albert Ellis expressed his opinion about the harm of using psychoanalysis. In particular, he emphasized that psychoanalysis is generally based on false assumptions, that it distracts patients from the need to work on themselves, and gives an excuse for their current inactivity.

Patients suffering from emotional instability are often especially sensitive to the side effects of psychotropic drugs. Some psychopharmacological drugs have side effects with similar neurotic manifestations, and as a result, there is a possibility of their exacerbation during treatment.

Hypnosis and autogenic exercises play a very important role in the treatment of neurosis.

If neurosis is caused by seasonal depression, to treat and prevent it, walking on sunny days or light therapy is indicated.

## PREVENTION OF NEUROSIS DISEASE

Primary psychoprophylaxis:

Prevention of psychotraumatic effects at work and at home.

Prevention of iatrogenies and didactogenies (proper upbringing of the child, for example, not instilling in him the feeling that he is inferior or superior to others, not instilling in him a deep sense of fear and guilt when he commits "disgusting" acts, parents healthy relationships between).

Avoiding conflicts in the family.

Secondary psychoprophylaxis (prevention of recurrence):

Changing the attitude of patients to psychotraumatic situations by means of interviews (treatment with the help of persuasion). Regular dispensation.

Increasing the light in the room - removing dense curtains, using bright light sources, maximum use of daylight hours, phototherapy. Light helps to produce serotonin.

General strengthening and vitamin therapy, adequate sleep.

Diet therapy (full nutrition, refusal to drink coffee and alcohol, etc.).

Timely and correct treatment of diseases such as endocrine, cardiovascular diseases, especially atherosclerosis of cerebral vessels, low-quality tumors, iron and vitamin B-12 deficiency anemia.

Avoiding intoxication, alcoholism, drug addiction and drug addiction.

All of the above is related to personal psychological prevention. But it is necessary to carry out social psychoprophylaxis at the level of institutions and the country - to improve working and living conditions.

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