

Орлов О.В.

*молодший науковий співробітник
лабораторії проблем інклюзивної освіти
Інституту спеціальної педагогіки
Національної академії педагогічних наук України
м. Київ, Україна*

**ON THE PROBLEM OF NEUROSIS AS A MALADAPTIVE FORM OF PERSONALITY
FUNCTIONING IN INDIVIDUALS WITH MILD INTELLECTUAL DISABILITY**

The modern state of development of the society is characterized by treating an individual as a value itself, regardless to their sex, age or belonging to a certain ethnic or social-economic group. Modern humanities appeal to the problem of life-quality of a person increasingly often these days, and more often focus on an individual in a system of social relationship.

A personality generally emerges and develops in a social context and strives to fit into social standards and ideals in the process of his or her formation. The existence of such standards is a prerequisite for ensuring the rights and freedoms of every person. Behavior, as a way of active interaction between one's inner world and the environment, takes a wide variety of efficient and inefficient, socially desirable and undesirable, pathological forms. Behavior, deviating from conventional standards, is often based on a mental disorder – a result of adverse biological, psychological and social factors influence. A mental disorder affects both one's functioning and his or her individual quality of life.

The problem of neurosis has been widely discussed during the entire existence of this term, but neither a single concept nor common procedures of diagnosis and treatment of neurotic mental disorders have been worked out so far. This term is gradually disappearing from academic works; it is not used in modern systems of classification (such as DSM or ICD), but it is still relevant in a context of non-medical model of psychological support and psychotherapy. The usage of the “neurosis” term in it's modern integrative forms implements a holistic approach to a human psychology. In this article, regardless to any underlying theory of personality, we will treat a neurosis as a maladaptive form of personality functioning, which is characterized by certain inner (emotions, cognitions) and outer (behavior) disturbances, as well as psychosomatic reactions, with preserved ability of testing the reality.

Adolescents with intellectual disability are in increased need of psychological support because of

their adaptive capacities being lowered by an intellectual impairment. V. Kovalyov et al., discussing the results of their epidemiological study, suggested that 66% of children with intellectual disability had at least once been hospitalized due to a need in behavior correction (including those with neurosis-like disorder) [2]. B. Kuzmichov and K. Zenkovsky reported neurosis-like disorders to occur in 25% of students with intellectual disabilities aged 13 to 18 [3]. As the evidence shows, the problem of psychological support of individuals with intellectual disabilities, especially those with neurotic disorders, is urgent and needs to be comprehensively studied.

Neurotic disorders formation in individuals with intellectual disabilities is a complicated and virtually unexplored problem. Intellectual disturbances evidently have a direct influence on a wide range of personality functioning spheres. On the background of intellectual disability the secondary psychic disorders are developed and it complicates the accurate diagnosing. That's why several approaches to the designated problem exist.

A number of authors (e.g. V. Guskov, T. Iliasova and others) think the formation of neurosis in individuals with intellectual disabilities to be impossible in principle. They view any nonpsychotic mental disease in this category of individuals as a neurosis-like state [4, 152]. Neurosis-like states (neurosis-like disorders) are such nervous and psychic disturbances, which externally remind neurotic disorders, but which are not determined by the influence of psychogenic factors. The neurosis-like disorders take an intermediate position between organic diseases and neuroses. At the same time the absence of relations between neurosis-like state and the psychic trauma, the prolonged duration and extended monotony, lower efficiency of psychotherapeutic interventions are observed.

The main argument of this approach followers is, as they think, inability of a person's with intellectual disability psyche to form a neurosis as a result of unsolved intrapsychic conflict due to limitations of their abstract thinking.

According to V. Mendelevich, such approach impoverishes the concept of intellectual disability. In contradiction to the above mentioned argument, the author appealed to a psychiatric practice, where a typical clinical picture of neurosis on the basis of intellectual disability is not a rarity. The author also noticed the problem of the least level of intelligence development that is necessary for motivational conflict formation to be totally unstudied; nevertheless the impossibility of such a conflict in individuals with moderate and more severe forms of intellectual disability is obvious, according to the researcher [4, 152-153].

In order to study the psychological mechanisms of nonpsychotic psychogenic diseases formation and their relations to intellectual disability, V Mendelevich and his colleagues have examined 47 patients with mild intellectual disability, who were under the assessment of eligibility to army service

(males) or under the treatment in a day hospital (females) and who showed the symptoms of neurosis. The findings have shown that neurotic symptoms in examined individuals have occurred due to a variety of conflicts with other patients of the hospital.

V. Mendelevich has paid attention to the fact that neurotic symptoms in form of reactions, as it's been known from the anamnestic data, have already took place in the examined individuals before the experiment. Such reactions have occurred as a response to repeated stereotypic situations of conflict with other people, which could have been avoided due to the previous experience. This evidence may attest to the insufficient prognostic abilities of the examined individuals.

After the obtained data the authors made a conclusion that the neurotic symptoms in individuals with intellectual disabilities are formed mostly as a result of acute psychic trauma. The authors termed such psychogenic disorders "neurotic reactions" and thought their cause to be in a insufficient anticipation abilities of individuals with intellectual disabilities and their inability or absence of previous experience of using various forms of psychological compensation [4, 153-156].

D. Isaev has considered there is no principal difference between neurotic disorders in children and adolescents with intellectual disability and those ones without it [1, 268]. The author has noticed the existence of certain premorbid peculiarities of an individual with intellectual disability, which are: an asthenic background, which is favorable for neurosis formation and caused by frequent somatic disturbances; consequences of organic brain damage – psychological instability, emotional lability, irascibility etc. Among the social factors which figure in a genesis of neurosis in individuals with intellectual disabilities, D. Isaev names unfavorable family atmosphere (parents' divorce, birth outside marriage, fosterage, emotional deprivation, overprotection, inappropriate sex education).

The author has considered neurasthenia to be the most common form of a neurotic disorder in individuals with intellectual disability. The major cause of this disorder the author has seen in a nervous system exhaustion as a result of excessive and prolonged physical or psychic stress that is linked to negative emotions. In general, such stress occurs in studying at school, especially admission to the first grade, and in puberty.

According to D. Isaev's findings, formation of neurotic disorder after hysteric type is not uncommon in individuals with intellectual disability. The author has considered suggestibility of children and adolescents with intellectual disabilities to be the main risk factor of hysteria and hysteric reactions formation in this category of individuals.

D. Isaev has pointed out that obsessive-compulsive disorder on the basis of intellectual disability occurs only sporadically due to complexity of such a disorder and inability of an individual with intellectual disability to analyze their own experience. The author has emphasized the primitiveness of

this disorder symptomatology in individuals with mild intellectual disability. The usual manifestations of obsessive-compulsive disorder in such category of individuals are simple actions (nail biting, thumb sucking etc.) as well as more complex defensive rituals (specific actions, touching certain objects etc.). Obsessive-compulsive disorder, according to the author, usually occurs in anxious, inclined to motiveless fear and suggestible children [1, 267-272].

As the analysis of the problem of neurosis formation in individuals with intellectual disability shows, there are several contradictions in the judgments of modern scholars. The following approaches to the problem mentioned before exist:

- the formation of neurotic disorders in individuals with intellectual disability is principally impossible because of the limitations of their abstract thinking abilities;
- the neurosis formation in individuals with intellectual disability is possible, but it has certain peculiarities due to an intellectual impairment;
- the formation of neurotic disorders in individuals with intellectual disability is possible; there are no crucial distinctions between such disorders and the similar ones in individuals with the ordinary intelligence

Thus, the opinions of modern scientists on the problem of neurosis formation in individuals with intellectual disabilities are essentially inconsistent, which is an evidence of insufficient elaboration of the problem. Without a comprehensive understanding of the nature of the problem, it is impossible to work out an efficient strategy of prevention and overcoming of neurotic disorders in individuals with intellectual disabilities. That's why the mentioned problem requires following fundamental studies, based on factual evidence.

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