PSYCHODYNAMIC PROPERTIES OF PATIENTS WITH NEUROTIC ANXIETY SPECTRUM DISORDERS

Sivagami Ganesan – student
Babayev J.S. – senior teacher, scientific supervisor
Tashkent state medical university (Tashkent, Uzbekistan)

The significance of anxiety disorders (ADs) stems from their clinical heterogeneity, their tendency toward a protracted course, and the formation of comorbid relationships with depressive and somatoform symptoms. The role of premorbid characterological features in the genesis of ADs, as well as constitutional-biological factors that facilitate the development of neurotic reactions, is well-documented in the literature. However, less attention is currently paid to the specifics of a subject's "current psychophysical status," as expressed through their psychodynamic properties.

The purpose of this study was to investigate and identify differences in the psychodynamic properties of patients with anxiety-spectrum neuroses, comparing those with and without prominent depressive manifestations.

Materials and Methods. A total of 85 female patients were examined; their mean age was 38.5±7 years. The structure of depression within anxiety neuroses was analyzed based on the principle of the depressive triad, identifying the primary depressive affect. All subjects were divided into two groups. The first group consisted of 54 patients with anxiety-spectrum neuroses with prominent depressive manifestations. The second group included 31 women with neuroses characterized by a predominance of anxiety and anxiety-phobic spectrum disorders. In accordance with the ICD-10, the patients' conditions corresponded to the following categories: F40 - Phobic anxiety disorders (29 individuals, 34.1% of the total sample), F41 - panic disorder, episodic paroxysmal anxiety (15 individuals, 17.6%), F42 - obsessive-compulsive disorder (29 individuals, 34.1%), and F43.22 - adjustment disorders (12 individuals, 14.2%).

The study employed psychological testing methods (the Luscher Color Test, the Szondi Test, and the Minnesota Multiphasic Personality Inventory) and statistical methods for data processing (descriptive and analytical statistics - Pearson's $\chi 2$ test, Student's t-test). The exclusion criteria were: the presence of neurotic-level depression of endogenous or somatogenic origin, neurosis-like disorders related to organic CNS damage, and the presence of any clinically significant somatic pathology.

Discussion of Results. The study results showed that patients with anxiety disorders (AD) are characterized by a moderate level of non-productive neuropsychic tension, an optimal level of activation with a focus on active action, and a predominance of such psychodynamic properties as spontaneity and rigidity. A comparative intergroup analysis established that significant differences pertain to the degree of drive tension conditioned by psychodynamic properties, revealing no difference in the manifestation of general activation parameters. Patients with a leading depressive affect were characterized by a lower number of null reactions and a higher number of ambivalent choice reactions ($p \leq 0.01$). At a significant level, they exhibited a predominance of psychodynamic properties of the sensitive-melancholic circle, reflected in the tension of the drive factor (h) as identified by Szondi's eight-drive test ($p \leq 0.05$). An analysis of the typological characteristics of patients with AD based on data from a standardized multifactorial method of personality investigation revealed differences on the "pessimism" and "social introversion" scales, which were more pronounced in the group of patients with depressive affect, and the "optimism" scale, for which the values were, conversely,

lower ($p \leq 0.05$). These features are more reflective of the patients' current mental state rather than their characterological traits.

The characterological core in neurotic patients with a predominant depressive affect, as with other patients, is primarily represented by affective rigidity.

Conclusions. Thus, data on the specific manifestations of psychodynamic properties in depressive patients, depending on their nosologically classification, can be used as additional differential diagnostic criteria for distinguishing neurotic disorders with predominant depressive symptomatology, which in turn will help in selecting the optimal psychotherapeutic strategy for each individual case.