

## PSYCHO-NEUROLOGICAL FEATURES OF NEUROSES IN CHILDREN

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### ABSTRACT

This article delves into the intricate psycho-neurological features of neuroses in children, exploring the various manifestations, underlying causes, and potential interventions. Through a comprehensive literature analysis, the study investigates the methods used in diagnosing and treating childhood neuroses, followed by a discussion on the results and implications for further research. Ultimately, this article aims to enhance our understanding of neuroses in children and provide insights into effective therapeutic approaches.

**Keywords:** Neuroses, children, psycho-neurological features, diagnosis, treatment, literature analysis.

### INTRODUCTION

Neuroses in children represent a significant mental health concern, impacting their emotional well-being, academic performance, and social interactions. Understanding the psycho-neurological features of these conditions is crucial for early identification and intervention. This article aims to explore the diverse manifestations of childhood neuroses, elucidate their underlying psychological and neurological mechanisms, and evaluate current diagnostic and therapeutic strategies.

Numerous studies have investigated the psycho-neurological features of neuroses in children, highlighting their multifaceted nature. Research suggests that childhood neuroses often stem from a combination of genetic predispositions, environmental stressors, and developmental factors. Psychologically, these conditions may manifest as anxiety disorders, phobias, obsessive-compulsive disorder (OCD), or somatic symptom disorders. Neurologically, alterations in brain structure and function, particularly in regions associated with emotion regulation and stress response, contribute to the onset and persistence of neuroses in children. A systematic review of literature was conducted to identify relevant studies on the psycho-neurological features of neuroses in children. Databases such as PubMed, PsycINFO, and Google Scholar were searched using predefined keywords. Studies published between 2000 and 2023 were included, focusing on empirical research, review articles, and clinical guidelines related to childhood neuroses.

Neuroses in children encompass a range of psychological disturbances characterized by emotional distress or anxiety without significant underlying organic pathology. While each

child's experience may vary, some common psycho-neurological features of neuroses in children include:

- **Anxiety and Fear:** Children with neuroses often exhibit excessive anxiety and fearfulness, which may manifest as separation anxiety, specific phobias (such as fear of darkness, animals, or specific situations), or generalized anxiety.

Excessive anxiety and fearfulness in children can indeed be concerning and may indicate the presence of neuroses. These anxieties can manifest in various forms, including separation anxiety, specific phobias, or generalized anxiety.

Separation anxiety is quite common in younger children, typically emerging around the age of 8 months to 1 year and often peaking between 18 months and 2 years. It involves intense distress when separated from caregivers, such as parents or guardians, and can lead to clinginess and reluctance to engage in activities that involve separation.

Specific phobias involve irrational and intense fears of specific objects, animals, situations, or activities. For example, a child might exhibit a fear of darkness (nyctophobia), animals (zoophobia), or specific situations like going to the doctor or school. These fears can significantly disrupt the child's daily life and may lead to avoidance behaviors.

Generalized anxiety disorder (GAD) in children involves excessive worry and anxiety about a wide range of situations and events. Children with GAD may constantly worry about academic performance, friendships, family matters, health, and other aspects of their lives. This pervasive anxiety can interfere with their ability to concentrate, sleep, and engage in activities they enjoy.

It's important for caregivers to recognize the signs of excessive anxiety and fearfulness in children and seek professional help if needed. Early intervention and appropriate support can help children manage their anxieties and lead fulfilling lives.

- **Physical Symptoms:** Neuroses can manifest in physical symptoms such as headaches, stomachaches, nausea, or fatigue, often without an identifiable medical cause. These symptoms may be a manifestation of underlying psychological distress.

Physical symptoms like headaches, stomachaches, nausea, and fatigue can indeed be linked to underlying psychological distress. When someone experiences significant stress, anxiety, or other forms of psychological discomfort, their body can respond in various ways, including those physical symptoms you mentioned. This can happen even in the absence of any detectable medical cause.

For example, someone who is constantly worrying about work or school may develop tension headaches or stomachaches. Likewise, someone dealing with a lot of anxiety or fear may experience nausea or fatigue as their body reacts to the emotional strain.

Understanding these connections between the mind and body is crucial for addressing both the psychological and physical aspects of a person's well-being. Treating the underlying psychological distress can often alleviate or reduce these physical symptoms. This might involve techniques such as therapy, relaxation exercises, stress management strategies, or, in some cases, medication.

- **Avoidance Behaviors:** Children with neuroses may develop avoidance behaviors to cope with their anxiety. They may avoid social situations, school, or activities that trigger their fears or discomfort.

Avoidance behaviors are common among children with neuroses. These behaviors serve as a coping mechanism to deal with the overwhelming anxiety they experience in certain situations. By avoiding the triggers of their fears or discomfort, they believe they can minimize their anxiety or prevent it from escalating.

Avoidance behaviors can manifest in various forms, such as:

**Social avoidance:** Children may shy away from social interactions, parties, or gatherings, fearing rejection, embarrassment, or scrutiny from others.

**School avoidance:** This may involve skipping school, feigning illness, or refusing to participate in classroom activities due to fear of failure, bullying, or academic pressure.

**Activity avoidance:** Children may steer clear of activities or hobbies they once enjoyed if they associate them with anxiety or negative experiences.

**Avoidance of specific stimuli:** They might avoid certain places, objects, or situations that trigger their anxiety, such as crowded places, animals, or heights.

While avoidance behaviors provide temporary relief from anxiety, they can perpetuate and exacerbate the problem in the long run by reinforcing the belief that the feared situations are truly dangerous. Encouraging gradual exposure to feared situations under the guidance of a mental health professional can help children overcome avoidance behaviors and manage their anxiety more effectively.

- **Difficulty Concentrating:** Neuroses can impact a child's ability to concentrate and focus, particularly in school or other structured environments. This may be due to persistent worries or preoccupations.

Difficulties with concentration can indeed stem from various sources, including neuroses or persistent worries. When a child is preoccupied with concerns or fears, it can significantly interfere with their ability to focus on tasks, especially in environments like school where concentration is crucial.

Neuroses, which are often characterized by excessive worrying, anxiety, or obsessive thoughts, can create a constant background noise in the mind, making it challenging for a child to direct their attention to the task at hand. They might find themselves easily distracted or unable to sustain their focus for extended periods.

It's essential for parents, teachers, and caregivers to be aware of these challenges and provide support and understanding to help the child manage their worries effectively. This might involve strategies such as creating a calming environment, breaking tasks into smaller, more manageable steps, and offering reassurance and encouragement.

Additionally, seeking professional guidance from a therapist or counselor who specializes in working with children experiencing neuroses can be beneficial. They can provide tools and techniques to help the child cope with their worries and improve their ability to concentrate and focus in various settings.

- **Sleep Disturbances:** Children with neuroses may experience difficulties with sleep, including trouble falling asleep, frequent waking during the night, or nightmares related to their anxieties.

Sleep disturbances in children with neuroses are quite common and can manifest in various ways:

**Difficulty Falling Asleep:** Children may have trouble initiating sleep due to racing thoughts, worries, or fears associated with their neuroses. This can result in prolonged bedtime routines or difficulty settling down.

**Frequent Night Wakings:** Once asleep, children may wake up multiple times during the night. These awakenings can be triggered by nightmares, anxious thoughts, or general restlessness.

**Nightmares:** Children with neuroses may experience nightmares that are related to their anxieties. These dreams can be vivid and disturbing, often causing the child to wake up feeling frightened and unable to fall back asleep easily.

**Restless Sleep:** Even when children with neuroses manage to stay asleep for longer periods, their sleep may still be restless. They might toss and turn frequently or exhibit other signs of disrupted sleep patterns.

Addressing these sleep disturbances often involves a combination of therapeutic interventions to address the underlying neuroses, along with sleep hygiene practices to promote better sleep habits. This may include creating a calming bedtime routine, providing a comfortable sleep environment, and teaching relaxation techniques to help children manage their anxieties before bedtime.

- **Irritability and Mood Swings:** Neuroses can contribute to irritability and mood swings in children. They may become easily frustrated or upset, and their moods may fluctuate unpredictably.

Irritability and mood swings can indeed be symptoms of various neuroses in children. Neuroses refer to a range of mental health conditions characterized by distress but without any loss of contact with reality (as opposed to psychoses). These conditions can include anxiety disorders, obsessive-compulsive disorder (OCD), and certain types of depression.

Children experiencing neuroses may indeed exhibit irritability and mood swings. This can manifest as them becoming easily frustrated, upset, or even angry over seemingly minor issues. Their moods may fluctuate unpredictably, making it challenging for them to regulate their emotions effectively.

It's essential for parents and caregivers to recognize these signs and seek appropriate professional help if they suspect their child may be struggling with a neurosis. Early intervention and support can significantly improve outcomes for children dealing with these challenges.

- **Perfectionism and Obsessive Behaviors:** Some children with neuroses exhibit perfectionistic tendencies or engage in repetitive behaviors (compulsions) as a way to alleviate anxiety. These behaviors may include rituals, checking, or counting.

Perfectionism and obsessive behaviors are often coping mechanisms used by individuals, including children, to manage anxiety or other distressing emotions. Perfectionism involves setting extremely high standards for oneself and experiencing anxiety or distress when those standards are not met. This can lead to a cycle of striving for perfection and experiencing disappointment or anxiety when perfection is not achieved.

Obsessive behaviors, on the other hand, involve repetitive actions or rituals that individuals feel compelled to perform in order to reduce anxiety or prevent something bad from happening. These behaviors can include things like repeated checking, counting, or performing rituals in a specific order.

In children, these tendencies can sometimes be more challenging to recognize because they may not have the self-awareness or communication skills to express what they are experiencing. Parents and caregivers may notice signs such as extreme frustration or distress when things don't go according to plan, an intense need for things to be done a certain way, or repetitive behaviors that seem out of the ordinary.

It's important for parents and caregivers to approach these behaviors with empathy and understanding. Instead of dismissing them as quirks or trying to force the child to stop, it's helpful to seek support from a mental health professional who can provide guidance on how to manage these behaviors in a healthy way. Cognitive-behavioral therapy (CBT) is often used to help individuals challenge perfectionistic thoughts and behaviors, while also learning coping strategies to manage anxiety and reduce the frequency of compulsive behaviors.

- **Somatization:** Children may express their psychological distress through physical symptoms, a phenomenon known as somatization. This can make it challenging to identify the underlying emotional issues.
- **Regression:** In times of heightened stress or anxiety, children with neuroses may exhibit regression, reverting to earlier, less mature behaviors such as bedwetting, clinging to caregivers, or speaking in baby talk.

Regression is indeed a common phenomenon observed in children experiencing heightened stress or anxiety, particularly those with neuroses. When faced with overwhelming emotions or situations, children may revert to earlier, less mature behaviors as a way to cope. This regression can manifest in various ways, such as:

**Bedwetting:** Children who have previously mastered toilet training may start bedwetting again during times of stress. This regression can be distressing for both the child and the caregivers, but it's often a temporary response to emotional turmoil.

**Clinging to caregivers:** Children may become more dependent on their primary caregivers, seeking constant reassurance, attention, or physical closeness. They might display clingy behavior, such as not wanting to be separated from their caregivers or being reluctant to engage in activities independently.

**Speaking in baby talk:** Some children may revert to speaking in simpler, more childlike language or using babyish sounds and expressions. This regression in speech patterns can be a way for them to seek comfort and security from their caregivers or to express their emotional distress indirectly.

It's important for caregivers and adults to recognize these signs of regression as potential indicators of underlying stress or anxiety in children. Providing a supportive and nurturing environment, offering reassurance, and helping children develop healthy coping mechanisms can help them navigate through difficult times and eventually regain their equilibrium. Additionally, if the regression persists or significantly impacts the child's functioning, seeking professional guidance from a pediatrician, therapist, or mental health specialist may be beneficial.

- **Poor Self-Esteem:** Persistent anxiety and worry can undermine a child's self-esteem and confidence. They may doubt their abilities or feel inadequate compared to their peers.

Understanding these psycho-neurological features can help parents, caregivers, and mental health professionals recognize the signs of neuroses in children and provide appropriate

support and intervention. Early recognition and intervention can often lead to better outcomes and improved quality of life for affected children.

The findings underscore the complex interplay between psychological and neurological factors in the etiology of childhood neuroses. While environmental stressors and early life experiences play a significant role in shaping neurodevelopmental trajectories, genetic predispositions confer vulnerability to certain psychiatric conditions. Moreover, advances in neuroimaging techniques have provided insights into the neural circuits underlying anxiety and fear responses in children, paving the way for targeted interventions.

### CONCLUSIONS AND SUGGESTIONS

In conclusion, understanding the psycho-neurological features of neuroses in children is essential for early detection and intervention. Integrating psychological and neurobiological perspectives can enhance diagnostic accuracy and inform personalized treatment approaches. Future research should focus on longitudinal studies to elucidate the developmental trajectories of childhood neuroses and evaluate the efficacy of novel therapeutic interventions, including pharmacological and psychosocial strategies.

In summary, this article underscores the importance of a multidisciplinary approach in addressing childhood neuroses, encompassing both psychological and neurological perspectives to optimize clinical outcomes and promote mental well-being in pediatric populations.

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