

## EFFICIENCY OF HYPNOTHERAPY IN TREATMENT OF PATIENTS WITH NEUROSIS (PHOBICAL OPTION) WITH VARIOUS TYPOLOGICAL FEATURES

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### ✓ Resume,

*In recent years, the world has seen an increase in psychopathological disorders with phobic inclusions. And the phobic component becomes more and more significant. Phobic disorders are a form of situational anxiety. For obsessive fears or phobias, a reaction of avoidance is characteristic.*

**Keywords:** hypnotherapy, phobic state, anxiety, psychopathological disorder, fear.

## НЕВРОЗНИ (ФОБИК ШАКЛИ) ТУРЛИ ТИПОЛОГИК ХУСУСИЯТЛАРИ БИЛАН КЕЧИШИНИ ДАВОЛАШДА ГИПНОТЕРАПИЯНИНГ САМАРАДОРЛИГИ

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### ✓ Резюме,

*Сўнгги йилларда бутун дунёда фобия билан ўтувчи психопатологик бузилишлар кўплаб учрамоқда. Рухий бузилишларда фобия етакчилик қилиб келмоқда. Фобик бузилиш - бу бирон - бир ҳолатга нисбатан бўлаган ҳолатиреакция саналади. Боғланган неврознинг фобик шакли учун бу ҳолат айниқса характерли ҳисобланади.*

**Калит сўзлар:** гипнотерапия, фобик ҳолатлар, ташиш, психопатологик бузилишлар, қўрқув.

## ЭФФЕКТИВНОСТЬ ГИПНОТЕРАПИИ ПРИ ЛЕЧЕНИИ БОЛЬНЫХ НЕВРОЗАМИ (ФОБИЧЕСКИЙ ВАРИАНТ) С РАЗЛИЧНЫМИ ТИПОЛОГИЧЕСКИМИ ОСОБЕННОСТЯМИ

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### ✓ Резюме,

*В последние годы во всем мире отмечается рост психопатологических расстройств с фобическими включениями. Причем фобический компонент становится все более значительным. Фобические расстройства - это одна из форм ситуационной тревоги. Для навязчивых страхов или фобий характерна реакция избегания.*

**Ключевые слова:** гипнотерапия, фобическая состояния, тревога, психопатологическая расстройства, страх.

### Actuality

In recent years, the world has seen an increase in psychopathological disorders with phobic inclusions. And the phobic component becomes more and more significant. Phobic disorders are a form of situational anxiety. For obsessive fears or phobias, a reaction of avoidance is characteristic[1,2,5,7].

The severity of obsessive fears and their effect on the life of a person vary widely. There are various phobic states, accompanied by a variety of clinical manifestations of carcinophobia - fear of developing cancer, nosophobia - fear of illness, neophobia - fear of change, innovations and all changes, cardio phobia - fear of developing cardiovascular diseases, phobophobia - fear of fear, cyanophobia - fear of getting off mind, claustrophobia - fear of closed spaces. As Lev Valensi has aptly remarked, the diversity of anxious-phobic states is nothing but a "garden of Greek roots"[4,10,11].

The main place in the treatment of anxious - phobic conditions is occupied by traditional methods: antidepressants (amitriptyline, ixel, portal, zolof), tranquilizers (phenazepam, nasepam, valium), anxiolytics (atarax), antipsychotics (tryptazine, eglonil)[3,6,8].

Recently, there has been an increased interest in the use of psychotherapy in the treatment of phobic disorders.

The purpose of the study was a comparative study of the effectiveness of treatment of patients with neuroses with phobic disorders only by medication and in combination with psychotherapy.

### Materials and methods

To solve the set tasks, we conducted a clinical-psychopathological examination of 87 patients with neuroses, in the clinical picture of which the greatest proportion was occupied by phobic disorders. The age of thematic patients ranged from 21 to 52 years (mean age was  $34.2 \pm 1.2$ ). Duration of the disease was from 3 months to 3 years (an average of  $9.5 \pm 0.5$  months). Among the studied group of men there were 38 (43.6%), and women 49 (56.3%) with various phobic disorders who were on outpatient treatment at AOECР. The main method of investigation was the clinical-psychopathological method, and the leading method of treatment was hypnotherapy.

### Results of the study:

Diagnosis was carried out based on the criteria set out in ICD 10 (class V adapted version) / F 40 /. Phobic anxiety disorders, in which anxiety is caused exclusively or predominantly by certain situations (externally in

relation to the subject), which is currently not dangerous / F 40.0 /. Agoraphobia includes fears not only of open spaces, but also of situations close to them, such as the presence of crowds and the inability to immediately return to a safe place (usually home) / F 40.1 /. Social phobias are equally common, both in men and in women. The main criterion is underestimated self-esteem and fear of criticism. / F 40.2 /. Specific "isolated" phobias, they are strictly limited to certain situations, such as being near to some animals, height, thunder, darkness, flights in airplanes, enclosed spaces. Despite the fact that the starting situation is isolated, getting into it can cause panic / F 41.0 /. Panic disorder (episodic paroxysmal anxiety) is the main symptom, repeated attacks of severe anxiety (panic), which are not limited to a particular situation or circumstances and are therefore unpredictable.

All thematic patients were divided into 2 groups: 1 group comprised patients who received traditional drug treatment 42 (48.2%). Group 2 consisted of patients who, along with medical treatment, received psychotherapy, 45 (51%). And psychotherapy, namely hypnotherapy was the main method of treatment.

Patients underwent general clinical, clinical psychological, and psychopathological examinations and pathopsychological examinations, namely, on the anxiety scale (Spielberg) and on the depression scale (Beck), as a result of clinical studies, the features of their response to the traumatic situation were revealed, and various premorbid features of the personality of patients.

As a result of clinical-psychopathological and pathopsychological examination, the following personality traits were revealed in the patients examined.

The first series, psychoasthenic 29 (33.5%) were patients with a predominance of anxious-hypochondriacal traits. They took the form of ideas, mental images or impulses to actions, these actions are very different in content, but almost always unpleasant for the subject. Characteristic features were the doubtfulness and indecision of the alleged actions.

The second series, hysterical 26 (29.8%) were patients with hysterical cholera character traits. For which there was a large variability and mosaic state. The peculiarity of this condition was the experience of the patient associated only with this situation, and the main symptoms were sleep disturbances, headaches; such patients constantly complained about the poor state of health of the inability to perform routine work.

The third row of 19 (21.8%) with a predominance of asthenic character traits, in which the main criteria were: increased fatigue, quick exhaustion, reduced efficiency, mood swings downward.

The fourth row, hypersthenic type 8 (9.1%) patients with predominance of rigid character traits, which showed increased excitability and at the same time increased exhaustion, as well as transitions from excessive activity to apathy, impatience, tearfulness, irritability.

And in the fifth row, mixed type 5 (5.7%) included types of character: schizoid, depressive and explosive. The mixed type, namely, the schizoid, is characterized by subjects who lead a solitary, closed way of life, they are extremely sensitive, vulnerable, sensitive to "how the tree has run out" is extremely fragile and flexible. Depressive - explosive type is characterized by increased irritability of the propensity to conflicts that are directed at surrounding people. These people are prone to alcohol and drugs.

The period of initial treatment determines which method of psychotherapy is appropriate for the patient, explaining to him the reason for the need to influence

the psyche with hypnosis. Then for each patient individual therapeutic formulas of autosuggestions were made. After that, the patient was prepared for the hypnotic session, during which a position was given for a comfortable posture, then the address for suggestion of relaxation of the motor apparatus, interoceptive relaxation, disconnection from the surrounding, tranquility, disconnection from personal experiences. After the installation is made for general relaxation, the transfer of rest into a nap. The fundamental point is the transfer of a nap into hypnotic sleep, the hypothetical state of potentiation and therapeutic suggestions, then the prolongation of hypnosis and the subsequent transition to dehypnotization. The whole stage of the hypnotic session was 45 minutes. During the treatment period, 10-15 sessions were performed, every other day.

The indicators of treatment effectiveness were assessed by the following criteria:

1. clinical cure, complete disappearance of complaints and objective signs of the disease
2. Significant reduction and weakening of psychopathological symptoms
3. Absence of positive dynamics of improvement - clinically minimal

During the treatment with hypnosis in patients with psychoasthenic, hysterical and asthenic traits during a week, sleep improved significantly, mood improved within 10 days, general anxiety condition decreased, and after a month obsessive fears observed at the initial stage of hypnotherapy disappeared (Table 1). The patients began to be included in their ordinary work, they began to react more calmly to the situation that had been hurting them in the past. Patients with hypersthenic traits, as well as mixed variants (schizoid, depressive and explosive), were difficult to relax. In some patients, a negative attitude toward this type of psychotherapy was observed.

## Conclusion

Thus, the conducted observations indicate the effectiveness and differentiated approach to the use of hypnotherapy in the treatment of phobic disorders in persons with different typological features.

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