

## Depressive neurosis as a factor disorders of psychosomatic health of girl and boy students of Kiev National Taras Shevchenko University

O. V. Kornienko\*

Department of Psychodiagnostic and Clinical Psychology, Kyiv Taras Shevchenko University, Kyiv, Ukraine

\*Corresponding author. E-mail: ovkdefender@gmail.com

Paper received 20.01.16; Accepted for publication 15.02.16.

**Abstract.** In the article data view of dynamics problems in depression, neurosis-like states of two samples girl and boy-students (n = 375/311) Kiev National Taras Shevchenko University (2006-2009 years). The comparative general-statistics, correlative analysis taking into account the complex dynamics of 45 psychological indicators as the first signs of depressive neurosis as a factor disorders of psychosomatic student's health. These are presented materials a logical continuation of the previously published two articles in the Science and Education a New Dimension. Pedagogy and Psychology III(30), Issue 59, 2015 and III(35), Issue 71, 2015. The results confirmed our assumption of a leading role and effects of two-factor H. Eysenk personality theory (introversion/extraversion, emotional stability/instability) on psychosomatic health of the studied boy/girl student.

**Keywords:** psychodiagnosics, depression, neurosis, psychosomatic student's health indicators.

**Introduction.** Depression is a common mental disorders and serious medical and social problem, occupying a leading position among the causes of disability. Accordingly to forecasts of the *World Health Organization* (WHO), already by 2020 depression will occupy the first place in the world among all diseases, ahead of today's leaders - infectious and cardiovascular disease (official website of the World Health Organization) [17]. Today in the United States depression is the second "most popular" reason that give hospital, in Sweden – first. The situation in Ukraine is substantially different. Why is this? Perhaps Ukrainian patients are less subject to depression than residents in other countries are. Unfortunately, it is not. Accordingly to data epidemiological survey conducted by WHO in 1998-2002 years, depressive disorders, at least once during life are suffering 14.5% of Ukrainian E. J. Bromet et al. [3, pp.681-690]. Accordingly, to official data of the Ministry of Health of Ukraine in 2010, this index was about 0.1% (*Ministry of Health of Ukraine*) [18]. This awesome gap between official statistics and actual proliferation of mood disorders associated with several factors: it is low negotiability patients for specialized care caused by stigmatization of psychiatric care among both the population and doctors. The laws and restrictions that do not allow general practitioners to exhibit "psychiatric diagnosis" and insufficient public awareness of depressive disorders, so that they are often seen "as a weakness of character" or temporary difficulties. As a result, come to on reception to the psychiatrist patients with severe disease only. Patients with mild to moderate forms of depressive disorder are turning on reception to the somatic doctors, presenting various, somatic autonomic complaints, which are often, find no confirmation of objective methods of examination.

**Analysis of the Latest Researchers on the Issue.** Data obtained in 2000 year indicate that among senior age group teens, vocational-technical college first place belongs to mental disorders and behavioral disorders Y. T. Rapport [14, pp.19-23]. Accordingly to research of the Ministry of Health of the Russian Federation [2] among pupils at vocational schools compared with schoolchildren in 14 times are more frequent individuals with psychogenic reactions, 19 times – with a pathological formation personality, 2.5 times – from neurosis, 1,5 –

2 times – persons taking psychoactive substances. All of them need for psychiatric, psychological, social and special pedagogical assistance in a familiar environment, a social group. The prevalence of depression is 12% of the total disease burden of fatal and strike 5-10% of the population T. Ustun, et al., [19, pp.386-392]. N. Singleton [16, pp. 386-392; 6]. About 90% of patients with this mental disorder were treated by the primary health care system of the United Kingdom D. Goldberg [9]. Among of young people the prevalence of depression in the 12 months estimated 1-3% A. Angold [1, pp.143-148]. However, 10.2% of children at least once complained of headache, abdominal pain, limbs and much more rarely – on fatigue or weakness without physical pathology.

In connection with aforesaid prevent violations of personal development and prevention of mental health and functioning on optimal levels and priority objectives relating to medical and psychological support of educational process E. N. Yurasova [20], A. I. Zakharov [21], I. V. Dubrovina [5], T. G. Gadelshina [8, pp. 22], A. A. Ivanova [10, pp. 23].

The author of the current article also examines this issue from the perspective of safety and the maintenance of psychosomatic health of young people (students) in the structure of educational process by the example of many years of research (2006-2015 years) at different faculties of Kyiv National Taras Shevchenko University [11, pp. 67-72; 12, pp. 30-35; 13, pp. 18-22].

**The Formulation of the Goals and Objectives of the Article.** Considering the above views of experts around the world are statistical results and the purpose of this article is:

We formulated the following tasks theoretical and empirical research:

1. Gradual conducting differentiation manifestations of depression and neurosis probability of girl/boy students (n = 375/311) by methods for differential diagnosis of depression V. A. Zhmurova and methods for rapid diagnosis of neurosis and C. Hake and Hesa.

2. Differential-statistical and comparative analysis of the manifestations of depression's state: "Apathy", "Hypothymia", "Dysphoria", "Confusion", "Anxiety", "Fear" taking into account the probability of neurosis in the above two data samples.

3. Correlation analysis of mediated relationships depression and neurosis probability based on the results of empirical studies four blocks of test methods.

**Materials and Methodology of Research.** Methods. We were allocated four blocks psychodiagnostics methods, detailed their study, testing in the dissertation author's works and other professionals, textbooks, monographs presented in the sources. *First level:* individual-psychological and psychophysiological methods, *second level:* personality-oriented methods, *third level:* psycho-

somatic-oriented methods, *forth level:* interpersonal-oriented method [11, pp. 67-72].

**Results and discussion.** Summing up first, second objectives stated above article consider it appropriate to pay attention to the summary table 1, 2 with the inclusion average statistical differences and characteristics correlation relationships depressive states and neurosis probability in girl/boy-students (n=375/311) of two separate sample groups.

**Table 1**

Comparative analysis of the manifestations depressive states and neurosis probability girl-students n = 375

Girl-students (n=375)					
Depressive states manifestations					
Apathy (n=33)	Hypothymia (n=193)	Dysphoria (n=110)	Confusion (n=33)	Anxiety (n=4)	Fear (n=2)
6,43 ±2,50	17,17 ±4,07	32,79 ± 6,03	53,63 ±6,26	74,25 ±4,19	98,50 ±14,84
Neurosis probability					
11,42 ±5,76	16,08 ±5,65	22,04 ±5,67	16,06 ±5,67	20,75 ±8,42	32,00 ±7,07
Correlation connections of depression and a neurosis probability					
	r = 0,326 **p<0,01	r = 0,209 *p<0,05	r = 0,089		
Correlation connections of depression and neurosis probability (total sample (n = 375) r = 0,584 ** p < 0,01					

**Table 2**

Comparative analysis of the manifestations depressive states and neurosis probability boy-students n = 311

Boy-students (n=311)					
Depressive states manifestations					
Apathy (n=50)	Hypothymia (n=146)	Dysphoria (n=87)	Confusion (n=18)	Anxiety (n=5)	Fear (n=5)
6,43 ±2,50	17,17 ±4,07	32,79 ± 6,03	53,63 ±6,26	74,25 ±4,19	98,50 ±14,84
Neurosis probability					
5,62±2,64	17,45±4,60	33,59±6,09	51,72±6,05	71,00± 1,87	102,75 ±14,86
Correlation connections of depression and a neurosis probability					
r = 0,219 *p<0,05	r = 0,123	r = 0,82			
Correlation connections of depression and neurosis probability (total sample (n = 311) r = 0,430 ** p < 0,01					

It is necessary to pay attention to fundamental fact that the total number of surveyed girl students (n = 375) caused the greatest concern about obvious advantage of two states "*Hypothymia*" (n = 193) (minimal depression) – 17, 17 ± 4, 07 and "*Dysphoria*" (n = 110) (mild depression) 32, 79 ± 6, 03 total 303 cases. Thus, in accordance with the content and interpretation of this method V.A. Zhmurova these are indicators of the second, third levels manifestations of depression. In the group of boy-students (n = 311) these figures are significantly different due to difference in quantitative terms, namely "*Hypothymia*" (n = 146) (minimal depression) – 17, 45 ± 4, 60 and "*Dysphoria*" (n = 87) (mild depression) 33,59 ± 6,09 total 233 cases. Therefore, the sample studied of 70 girl-students were more tested persons with certain disorders of psychosomatic health. Established also significant correlations between depression and neurosis probability of girl- students (n = 375) r = 0,584\*\* (p < 0, 01) and

boy-students (n = 311) r = 0,430\*\* (p < 0,01). A distinctive feature are that girl-students manifested themselves of connection between "*Hypothymia*" (n = 193), "*Dysphoria*" (n = 110), and the probability of neurosis r = 0,326 \*\* (p < 0, 01), r = 0,209\* (p < 0, 05). In boy-students were observed as opposed dynamic parameters, namely the relationship between "*Apathy*" (n = 50) and probability of neurosis r = 0,219\* (p < 0,05).

Attention is drawn to definition of content "*Hypotimiya*" and "*Dysphoria*" accordingly to author of depressive states test diagnosis by V. A. Zhmurov and D. Y. Raigorodskii modern specialist who added and improved it with the inclusion table 3. The following is information only displays three levels of depressive states and is well recognize six existing levels: "*Apathy*", "*Hypothymia*", "*Dysphoria*", "*Confusion*", "*Anxiety*", "*Fear*". Detailed explanation may be found in the source [11, pp. 67-72]

**Table 3**

The level of manifestation of depression state by V. A. Zmurov

Depres. state	Possible indicators in scores	General characteristics of depressive levels manifestations states
I.	1-9 missing depression or low (apathy)	<b>Apathy.</b> Condition of insensibility, complete indifference to what happens to others, his position, past life, the prospects for the future. This is steady state or transitional total loss as higher and social feelings and birth emotional programs
II.	10-24 depression minimal (hypothymia)	<b>Hypothymia</b> (low mood). Affective depression as sadness, boredom with the experience of loss, hopelessness, frustration, doomed, weakening attachment to life. Positive emotions may be completely absent
III.	25-44 mild depression (dysphoria)	<b>Dysphoria</b> („badly stand", „silly am carrying bad"). Moodiness, anger, hostility, gloomy mood of dissatisfaction, without affection towards others, flashes of irritation, anger, rage aggression and destructive actions.

Considering complex interpretation of depressive states manifestations need to focus on developed "Depression" tests by V. A. Zhmurov, instruction includes the following explanation: "Clinical diagnosis indicating nosology and syndrome." Citing a quote from the original work of author V. A. Zhmurov [22]: "The test developed in order to detect depressive states (mostly dreary melancholy or depression). It gives an opportunity to establish the severity of the depressive state at the time of the study."

Preliminary scale severity of depression is the table 4.

**Table 4**

1—9	depression is absent or negligible
10—24	depression is minimal
25—44	mild depression
45—67	moderate depression
68—87 88 and more	severe depression, deep depression

D. Y. Raigorodskii [15] in the appropriate training manual "Practical psychodiagnostics. Procedures and tests" offers a more advanced application manifestations of depressive states with the possibility of comparison with other domestic and foreign classifications of psychiatric disorders ICD- 10 [4, pp. 115-119], DSM-4,5 [7;6].

Based on a detailed study of the classification of ICD-10 (International Statistical Classification of Disease and Related Health Problems 10-th Revision) and obtained results of personal empirical research of two samples of girl and boy students (n = 375/311). We have reason to find conformity in accordance results of data describing screening and clinical diagnosis with the identification and borderline psychosomatic syndrome. ICD-10 developed as central ("nuclear") classification group of diseases and health problems. Therefore, we assume that the results of empirical research considerably correlated with description and classification of psychiatric disorders in section F30-F39 "Mood disorders (affective disorders)". The detailed description of individual symptoms presented in subsections F32. "Depressive episode", F34.1. "Dysthymia". When two versions of the DSM-4,5 (Diagnostic and Statistical Manual of Mental Disorders) to compare the clinical data we reached the following conclusions category of psychiatric disorders for DSM-4 may be close to the relevant diagnoses 300.04. "Dysthymic Disorders" and 311. "Depressive Disorders" (dysthymia and depressive disorders), the content characteristic which generally meets national classification ICD-10.

From the standpoint of the latest version of DSM-5 we find also the relevant section 296.32 (F33.1) "Major Depressive Disorders", content description and specific description of psychiatric disorders is similar when compared to the previous version of DSM-4.

A promising for subsequent analysis and publications of empirical data on the example of indirect correlation links manifestations of depressive states, neurosis probability of 42 other individual psychological characteristics of girls /boys – students (n = 375,311).

**Conclusions**

1. We analyzed primary publications of domestic and foreign experts, conducted personal long-term studies on receiving results of two groups girl/boy-students (n = 375/311). For personal empirical research used four blocks of standardized questionnaires that have been tested on the example of active application and testing materials in publications, textbooks and monographs during 2006-2009 years. The results obtained were compared with domestic and foreign classifications of psychiatric disorders ICD-10, DSM-IV, V.

2. For girl-students were characterized by presence 26-correlation links manifestations of depression and neurosis probability from the total 45 individual psychological indicators. The main difference derived from indicators of boy-students were the presence of correlation relationship psychoemotional stability/instability, state of depression and neurosis probability. In our view it may be characterized girl-students in a mean age of 19,42 ± 1,56 as subjects in a state of "depressive-neurotic state (melancholic direction)."

3. For the group of boy-students as opposed to girls were established 40 correlation links. In our view, central to formulation of psychodiagnostics analysis and sampling forecasting is that boy-students were in violation of state adaptation to long-term "academic stress" associated with an active period of transition from school to the student lifestyle, naturally determined psychophysiological changes for this age group 21,55 ± 1,14. Emotionally- colored psychosomatic-oriented complaints (seven pairs of correlation)

were associated exclusively with the probability of neurosis, given similar interpersonal relationships, personal and situational anxiety. On the possible inclusion of compensation mechanisms and excessive load on psychosomatic health could indicate also the relationship of

depression and neurosis likelihood with strength of excitation and inhibition by J. Strelyayu. In our view, we can claim that for boy-students is a typical "*depressive-neurotic state with (somatic-oriented bodily complaints)*".

#### REFERENCES

1. Angold A., Costello E.J. The epidemiology of depression in children and adolescents / In: The Depressed Child and Adolescent. – Cambridge: Cambridge University Press, 2001. / A. Angold, E.J. Costello – P. 143-178.
2. Board of the Ministry of Health of the Russian Federation / The Board Russian Ministry of Health Status Mental children's health: the ways of solving. - 15.05.2001
3. Bromet E.J., Gluzman S.F., Paniotto V.I., Webb C.P.M., Tintle N.L., Zakhosha V., Havenaar J.M., Gutkovich Z., Kostyuchenko S., Schwartz J.E. Epidemiology of psychiatric and alcohol disorders in Ukraine Findings from the Ukraine World Mental Health survey // Soc Psychiatry Psychiatr Epidemiol. – 2005. – Vol. 40./ E.J. Bromet at all. – P. 681-690.
4. Classification of mental disorders ICD-10 - / Classification of psychiatric disorders <http://www.knoob.ru> - P.115-119.
5. Dubrovina, I.V. Mental health of children and adolescents / I.V. Dubrovina In Yekaterinburg, 2000. - 204 p
6. Diagnostic and Statistical Manual of Mental Disorders, 4-th Edition, Text Revision (DSM –IV –TR) Paperback. - June, 2000. – 943 p. – [http://www.amazon.com/Diagnostic-Statistical-Disorders-Revision-DSM –IV-TR](http://www.amazon.com/Diagnostic-Statistical-Disorders-Revision-DSM-IV-TR).
7. DSM-5 Guidebook the Essential Companion to the Diagnosis and Statistical Manual of Mental Disorders - // Donald W.Black, M.D., and John E. Grant, M.D., M.P.H., J.D.- 2014.- 567 p. – <http://www.appi.org/Seach-Center/Pages>
8. Gadelshina, T.G. Resource-saving strategy is concentrated training of pupils of 7-11 grades: Ph.D.(Thisis). Dis. cand. psychol. science.19.00.04 / T.G. Gadelshina Tomsk, 2003. - 22 p.
9. Goldberg D., Huxley P. Common mental disorders. A biosocial model/ D., Goldberg, P.Huxley – London: Routledge, 1992.
10. Ivanova A.A. Psychological characteristics of adolescents with preclinical level of borderline mental states and their correction.P.h.D (Thisis). Dis. cand. psychol. science.19.00.04. / A.A. Ivanov Tomsk, 2008. - 23 p.
11. Kornienko O.V.(2015) Comprehensive individually-typological (ambivertive) and factor analysis psychosomatic health of boy and girl students of the Kyiv National Taras Shevchenko University/ O.V.Kornienko// Science and Education a new Dimension. Pedagogy and Psychology,III(35),Issue 71,2015.- P.67-72.
12. Kornienko O.V.(2015) Individually-typological (ambivertive) and factor analysis psychosomatic health in students of the Kyiv National Taras Shevchenko University // Medical Psychology, 2015.- Issue.10, №1 (37).- P.30- 35.
13. Kornienko O.V.(2015) Individually-typological (introverted) and factor analysis psychosomatic health of girl- students of the Kyiv National Taras Shevchenko University // Medical Psychology, 2015.- Issue.10, №3 (39).- P.18- 22.
14. Rapport I.T. The state of health of teenagers and modern approaches to medical professional consultation / I.T. Rapport. - Bulletin of Medical Science 2003. - №8.P.19-23
15. Raigorodskii D.Y.(2001) Practical psychodiagnostics. Procedures and tests: Textbook. / - D.Y. Raygorodsky Samara Barah. - M. 2001-672p.
16. Singleton N., Bumpstead R., O'Brien M., Lee A., Meltzer H. Office for National Statistics: Psychiatric Morbidity Among Adults Living in Private Households / N.,Singleton at all. - 2000. – London: Stationery Office, 2001.
17. The official website of the World Health Organization / URL: <http://www.who.int>.
18. The official website of the Ministry of Health of Ukraine / URL: <http://www.moz.gov.ua>
19. Ustun T., Ayuso-Mateos J., Chatterji S., Mathers C., Murray C. Global burden of depressive disorders in the year 2000/ T., Ustun at all.- // Br J Psychiatry. – 2002. – Vol. 184. – P. 386-392.
20. Yurasova E.N.The study of dynamics of neurotic conflicts, and coping - behavior of students of psychologists and teachers in the learning process: In connection with problems of mental health and psychoprevention: Ph.D.thisis dis. cand. psychol. science.19.00.04 / E.N. Yurasova St. Petersburg, 1996.
21. Zakharov, A.I. Neuroses in children and adolescents / A.I. Zakharov - M., 1988, - 246 p.
22. Zhmurov V.A.(1986) Methods of assessing the differential diagnosis of depression, V.A. Zhmurova / V.A.Zhmurov // General psychopathology.- Irkutsk Univ. Publishing University, 1986.- P.202-207