

# Psychotherapy and Correction of Neuropsychic Disorders within the Neurotic Personality Development

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**Abstract:** *In the given article, we analyze the features, preconditions and mechanisms of neurotic personality development under the influence of psychological factors. A character portrait of a neurotic personality is described. The stages of personality neuroticism are considered, from emotional reactions to subjectively significant traumatic events to neurotic personality development. A detailed theoretical and methodological analysis is provided. Neurotic traits of a healthy personality are characterized. The article suggests various integration options for psychotherapeutic methods in combination with neuro-psychic correction of emotional, personal, cognitive and behavioral disorders that characterize the neurotic development of personality. It is noted that competently integrated, systemic, complex and individual approaches should be implemented in the psychotherapeutic process. Neuropsychocorrective influence on emotional-cognitive and behavioral disorders of neurotic nature should be implemented in stages, where the neuropsychological tasks become more complex and where psychotherapeutic goals are combined with the methods of body-oriented psychotherapy, holotropic therapy and art therapy. We also point out the necessity of competent development and implementation of a neuropsychocorrection program in combination with psychotherapy of those disorders that are associated with the localization of certain mental functions in the cerebral cortex.*

**Keywords:** *Pathocharacterological personality changes; neurotic traits; internal conflicts; neurotic personality; emotional reactions; traumatic situations; neurotic states; psychotherapeutic methods.*

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## **Introduction**

Neuroticism is undoubtedly triggered by psychological factors and the emotional response of a modern man to the instability of social situations such as economic turbulence, pandemics, ecological catastrophes and mass unemployment. The threat from the external world and the contradiction of the internal one are hopeless socio-psychological conditions of deprivation of an individual's actual needs and neuroticism of the personality. At the psychopath characterological level, neurotic personality development is caused by unfavorable psychological factors and, in clinical psychology, is defined as "acquired" psychopathy. Possible emotional, cognitive and behavioral disorders with anxiety, depression, and hysterical, neurasthenic and hypochondriac symptoms require psychotherapy and neuropsychocorrection.

It is the purpose of the given article to theoretically analyze the features of neurotic personality development and to propose an integrative approach to psychotherapy of complex disorders that accompany psychogenic pathological character formation with neuropsychocorrection of emotional-cognitive and behavioral disorders. The novelty and practical significance of the article lie in the deepening of scientific ideas about the preconditions, features and mechanisms of personality neuroticism, as well as the integration of psychotherapeutic methods to provide psychological assistance to a neurotic client. The findings of the theoretical and methodological studies of peculiarities and mechanisms of neurotic personality development are valuable for the scientific view of the essence of neuroticism and the content-dynamic structure of the psychological development of a neurotic personality. The findings also provide ideas for the integrative application of psychotherapeutic and psychocorrectional methods to mitigate the course of neurotic processes at the psychophysiological, emotional-cognitive and personal levels. Experience of modern psychotherapeutic methods in combination with neuropsychocorrective techniques can be successfully applied to clinical practice and mental health centers for psychological and psychotherapeutic assistance to clients with personal problems of neurotic nature. Psychotherapy and neuropsychocorrection of cognitive, emotional and behavioral disorders in the neurotic development of personality is an extremely important applied problem in related applied sciences and psychological practice.

### **Theoretical analysis of neurotic personality development features**

Negative psychological factors can trigger neurotic traits, forming a neurotic personality. Persistent characterological changes associated with many emotional cognitive and personality disorders are called neurotic personality development or pathocharacterological development. Depending on the intensity of the situations, the chronic conditions range within neurotic symptoms like sleep disorders, asthenia, depression, emotional lability, heart pain, sweating and mood swings. They can root in a peculiar form of neurotic personality development of an individual who is hysterical, neurasthenic, and may display signs of compulsive-obsessive disorders. Contemporary clinical psychology has various opinions on neurotic personality development. The neurotic level of pathocharacterological changes in personality brought about by psychological factors is superficial, whereas a deeper level of personality changes is psychotic, associated with genetic disorders. Sometimes a pathological change of character is recognized as psychopathy and accentuation (as incorrect personality formation). However, neurotic development is a consequence of personality deformation under the influence of psychological stress factors that cause persistent character fluctuations. Pathocharacterological development is associated with a psychogenic pathological formation of character and personality in general, improper upbringing and trauma. Not only stress but also unhealthy diet, malnutrition, lack of sleep, and chronic fatigue can trigger a nervous breakdown. If social living conditions are normalized, it balances the neuropsychological status and improves psychological adaptation.

In the context of our theoretical and methodological research, the following topics present the highest scientific value: modern psychotherapeutic methods and integrative approach to their application (Karpenko, 2015); peculiarities of emotional response to traumatic events and reactions to internal conflicts (Huidu, 2018; Nerubasska et al., 2020; Nerubasska & Maksymchuk, 2020; Palamarchuk et al., 2020; Schneider, 1999; Sheremet et al., 2019; Titova, 2006); neurotic personality traits (Horney, 2016); methodological approaches to the provision of psychological assistance (Bezliudnyi et al., 2019; Turykina, 2017); neuropsychological provisions on the brain localization of mental functions (Demchenko et al., 2021; Titova, 2006).

A few works by reputed researchers are particularly valuable for the theoretical and methodological study of neurotic personality development

features. Thus, Widiger and Oltmanns (2017) characterized the neurotic personality traits by low-stress resistance, indecisiveness, anxiety, frequent fears, affectivity, mood swings, emotional instability, and general proclivity for depression. A high level of neuroticism drives work productivity down when aggravated by emotional anxiety, exhaustion, distraction, and a wide range of psychopathological and physical health problems. Neuroticism is recognized as a personality disorder and a characteristic of psychopathology. Aldinger et al. (2014) studied various forms of neuroticism development from teenage period to adolescence, associated with differences in depression, anxiety and daily emotional experiences. Turiano et al. (2020) believe that neuroticism can perform a protective function of the psyche. They explain that people with explicit neuroticism may be more likely to seek professional help to improve health than people with low levels of neuroticism, depending on personality traits, life circumstances, status, cognitive abilities, or gender. Shiner (2019) argues that, compared to people who are more emotionally stable, people with high levels of neuroticism, from childhood to adulthood, have a stronger emotional response to stress, they experience greater mood swings, greater levels of fear and anxiety in stressful situations, more irritation and frustration when their desires are not satisfied, and greater sorrow when they face loss. Barlow et al. (2014) believe that neuroticism is related to anxiety and mood disorders, and consider their comprehensive therapy. According to Gershuny and Sher (1998), a combination of high neuroticism and low extraversion may play a favorable aetiological role in the manifestations of anxiety.

The neurotic character can be represented by a set of explicit destructive and inconsistent personality traits and prevents the exercise of active moral and educational influence. Thus, neurotic traits are factors that distort the style of professional activity of the teacher. They signify disruption of relationships and professional problems. The dominating psychological factor in the development of neuroticism in the teacher's personality is the violation of their spiritual and moral self-awareness. It causes an inconsistency in the content of characterological traits at the declared and behavioral levels. Neuroticism in this case is manifested in a complex of destructive character features caused by the immaturity of the spiritual and moral spheres that reflect pride, egocentrism, vanity, externality, distrust of people, lying, unscrupulousness, and irresponsibility. It is also caused by deviations of the emotional and volitional sphere of personality, emotional instability, and weak self-control. The structure of the neurotic

nature of the teacher's personality can be recognized by inconsistency, irrational actions, inconsistency of traits, mercurial nature. The opposites of neurotic traits are flexibility, gentleness, calmness, humility, patience, and kindness. Nurturing these qualities underlies the psychotherapeutic care for a teacher with neurotic personality (Pavlik, 2012).

In psychology, there is a classification of psychosomatic effects of traumatic situations on a person in terms of the main dynamic stages. Thus, we distinguish non-pathological psychophysiological reaction that usually lasts for several days; a psychogenic adaptive reaction that lasts up to six months and on a psychological level is characterized by a neurotic level of disorders, asthenic, depressive and hysterical syndromes; neurotic state that lasts from three to five years and characterized by neurosis of exhaustion, obsession, hysteria, and at the social level it is characterized by loss of critical understanding and opportunities for purposeful activity, a high degree of inconsistency and inconsistency of personality structure, interpersonal conflicts. The neurotic state is transformed into the neurotic personality development with developing psychopathy, whereas pathological personality development manifests itself after three to five years of stable neurotic disorders (Turykina, 2017, pp. 54-55).

From this perspective, neuroticism, ranging from emotional reactions to subjectively significant traumatic events to neurotic disorders, evolves through the following stages: neurotic reaction - neurotic state - neurotic personality development - neurotic disorders. Further, we provide a detailed theoretical and methodological analysis of the consolidation of inadequate (neurotic) reactions to stress and their long-term transformation into pathocharacterological changes, neurotic states and neurotic personality development.

According to Horney (2016), neurotic personality displays neurotic traits of character. They struggle to achieve goals, often postpone work tasks, subconsciously try to reduce their success, succumb to external suggestions and manipulations, experience hostility to others, have trust issues. Such individuals suffer from anxiety, lack of self-confidence and the feeling of inferiority, which is reflected in complaints and anxiety. They have a compulsive desire to impress other people, demonstrate inhibition in refusal or requests. They are often unable to defend themselves in verbal attacks; emotional dependence makes them irritable. This being said, they can unreasonably deny their aggression. They also often show the neurotic need for love and a sense of guilt, as well as fears of failure, and mistakes,

they are often afraid of getting closer to people, being who they really are, expressing their emotions. Moreover, neurosis can develop in a healthy individual without internal distortions, as a response to an external situation filled with conflict.

The described manifestations, of course, aren't featured in one person, and not all of them. There are general psychological mechanisms of their detection: a neurotic person evaluates others through the prism of their own needs, subconsciously sees in others those positive character traits that they don't find in themselves, and recognize those negative qualities that are present in this neurotic person. The cognitive perception of the world in such an individual is closely intertwined with emotions. They often suffer from various fears, hostility and distrust towards people, low reflection, inability to objectively assess and analyze reality. All of these features along with prioritizing love and sex hurt relationships. The relationships poisoned with self-rejection and rejection of others, distrust and irritability, inadequate expectations with guilt or accusations, is undoubtedly fraught with internal conflicts. These features further promote personal and characterological reactions inherent to a certain form of neurotic personality development. We assume that neurotic traits and personal prerequisites for the development of neurotic disorders can be detected in a healthy person as well. Maladaptive behavior, narcissism, and inhibitedness are some of them. Personal characteristics of the neurotic composition (deformation) can significantly affect the transformation of a typical stressful situation usually causing only low-intensity stress into a traumatic situation with a low level of the mental stability of the individual with neurotic reactions to stress.

There are also reactions to internal events: internal tension, emotional instability, internal conflicts. Reactions to internal conflicts are always associated with certain individuals, almost always sensitive and insecure (Schneider, 1999). Neurotic type of response is peculiar to a potential neurotic individual, who has the appropriate individual psychological characteristics, relative stubbornness, adaptation issues, difficulty switching from one case to another, and fragile self-esteem (it ranges from inadequately inflated to significantly underestimated) (Titova, 2006).

An important component of any psychotherapy session is guiding the client in their choice of the appropriate psychological response. To illustrate, Beck (2018) suggests useful questions for identifying dysfunctional cognitions and responses: "What are other ways to look at this situation?",

“What is the worst thing that can happen?”, “If your friend ends up in such a situation, what would you advise them?” and other. From our point of view, when treating neurotic personality disorders bordering with various functions of mental activity and, first of all, cognitive and emotional as well as psychological adaptation, it is important to pay attention to such techniques as decatastrophizing of fears, restructuring of thoughts, and analysis of positive experience. These techniques facilitate the formation of emotional, cognitive and behavioral mechanisms of psychological adaptation. The effectiveness criterion of these mechanisms is adequate emotional reactions as a closing component in the development and hierarchy of cognitions: deep beliefs - intermediate beliefs (rules, relationships, assumptions) - situation - automatic thoughts - reaction (emotional, physiological, behavioral).

The psychophysiological mechanism of neurosis has its own specificity. At a certain point in time, the brain experiences a simultaneous excitation of two reciprocal centers. This can happen for a number of reasons: 1) increased physiological readiness for action, 2) the influence of a strong stimulus, 3) the action of the first two factors in a certain proportion. While one of the foci of excitation is inhibited, the other acquires a working effect. It is the center that receives stronger stimulation that slows down; accordingly, the one that receives smaller pulses remains in the state of excitation. This usually ends with the so-called inhibitory stage of the nervous reaction, when both centers are inhibited. In this case, inhibition should not be considered as inaction. Inhibition allows excitement to find its limits and a vector. The specificity of the neurosis situation is that the stage of inhibition does not occur. Instead, there is a so-called ultra-paradoxical stage, which is characterized by a "reversal" of nervous processes: the center of excitation is inhibited, and the center of inhibition is excited. The ultra-paradoxical stage appears instead of the inhibition stage. Neurotic conditions are inert. It is the neurodynamic inertia that preconditions the formation of so-called dysplasty, when two antagonistic centers become not dichotomous (directly opposite - "either that or that"), but identical (unity of opposites - "both that and not that"). In other words, we are talking about the formation of the absurd at the level of logic, which becomes possible through a special kind of ambivalent emotion. Psychotherapy seeks to reach the stage of inhibition because inhibition is constantly incomplete. In non-medical psychotherapy, this phenomenon is called "unsuccessful displacement" (classical psychoanalysis), or "incomplete gestalt" (gestalt

therapy). Client-centered therapy achieves inhibition by overexciting individual emotions through their artificial amplification. The therapist is supposed to emphatically stimulate the client's previously inhibited emotions and their reflection (reverse imitation). Logotherapy proved to be quite creative in some methods, as it actually repeats the ultra-paradoxical stage of the nervous reaction (the method of paradoxical intention): by purposeful actions the subject would accelerate certain centers of the nervous reaction and inhibit others that were less appropriate in physiological or social terms (Maziar, 2017).

Speaking about psychotherapy of the neurotic personality development disorders of an individual under the influence of psychological factors, effective results can be achieved through the integrative Retri practice based on the AQAL approach. It combines techniques of psychotherapy and psychological self-help. Sandomirskiy (2017) believes that in order to be relevant to the current needs of society, psychological care must be closer to reality through a combination of the key principles. 1. Integration of practices that help. This is the approach, which combines tradition and modernity, psyche and body. It is formed through the integration of classical existential therapy and bodily tools of psychological care that allow effective correction bypassing preconscious censorship, maladaptive psychological defenses, resistance and bodily-emotional escapism with a modern approach to neurosomatics and neurophenomenology. 2. Social accessibility. In periods of social transformations and bifurcations in the development of society, its culture, mentality and mental health undergo change as well. Individual and social psychological care changes as a response to social change and becomes more accessible, "closer to the people". In the tideway of these changes, technologies of mass social psychotherapy, as well as self-help (western approach), or external help practices (oriental approach), or their synthesis are becoming increasingly relevant.

Intensifying the client's thoughts about the relationship between their experience and the traumatic event is an important psychotherapeutic task. The emphasis is placed on the resolution of neurotic conflict through the analysis of reactions to a traumatic event. Psychology practice distinguishes three methodological approaches. The first is based on the idea of the dependence of the effectiveness of correction of mental disorders on knowledge of the aetiology (preconditions) and pathogenesis (development of painful symptoms) of these disorders. Pathogenetic psychotherapy serves

as an example of this approach. The second approach, which is utilized through NLP techniques, follows from the assumption that by influencing specific manifestations of mental disorders, it is possible to achieve a general improvement in mental state. The third approach is based on the study of the structural components of traumatic stress and specific post-traumatic conditions in order to influence them with various psychocorrectional methods. In this way, if a client complains about a loss of sense of life, a therapist ought to work with the client's emotional states; if a client is suffering from insomnia or regular nightmares the therapist pays attention to optimization of anxiety levels. Specific methods of correction of mental states (rational, transmeditative, cognitive, behavioral, personality-oriented therapy, gestalt therapy, art therapy, creative self-expression) are applied within the third approach. Along with this, age and a specific type of trauma are considered (Turynina, 2017).

Ignoring neurotic manifestations such as mood swings, inadequate anxiety, aggression, apathy, irritability, poor sleep, fears or phobias can cause chronic nervous tension, neurotic states, and later neurosis. Neurosis is a functional neuropsychiatric disorder that develops over a long period of time. It can be prevented by means of timely diagnosis of personal preconditions for the neurotic manifestations, elimination of their causes and correction of emotional disorders. According to Khan et al. (2020), the detection of neurotic personality traits contributes to the right choice of treatment methods.

### **Psychotherapy and neuropsychocorrection of emotional, cognitive, behavioral and personality disorders in connection with the neurotic personality development**

Psychotherapy of emotional and personal disorders associated with neurotic development stems from the client's effort to resolve internal conflicts, activate internal resources for personal freedom, emotional independence, responsibility for their lives, self-development and adaptive potential. These efforts can delay neurotic mental disorders and normalize nervous mental state. Neurotic personality development comes with strong internal emotional turmoil over subjectively significant problems for the client. These problems often prove to be exaggerated fears, but serve as the basis of neuroticism and cause severe cognitive dissonance. Neurotic personality, on the one hand, seeks contact with the world, and on the other, its motivational sphere is distorted by fears and mistrust. These

psychological barriers inhibit self-realization and frustrate social needs, which further makes the client act destructively.

Gestalt therapeutic methods encourage understanding of ambivalence and testing possible choices in desires, needs, emotions, fulfillment of social roles with the prospect of successful resolution of personal problems of a neurotic nature. They stimulate the internal resources for overcoming neurotic personality problems. Personality-oriented therapy allows changing the attitude to a neurotic problem and a traumatic situation, forming readiness to take internal responsibility for the change of the situation or unfavorable circumstances. Methods of logotherapy and positive psychotherapy push the client to consider negative situations and people they don't find nice in a positive context and discover their meaning. Cognitive-behavioral psychotherapy can help restructure thoughts and change behavior. Psychotherapy of neurotic disorders in connection with neurotic development should combine neuropsychocorrection of emotional, cognitive and behavioral disorders, as well as competently integrated, systemic, comprehensive and individual approaches.

The purpose of the planned neuropsychocorrection is to reduce nervous and mental stress, anxiety, neurotic reactions, normalize health, mood and mental states, improve mental self-regulation and muscle relaxation. The neurocorrective impact on the emotional, cognitive and behavioral disorders should have a phased character, with gradually complicated neuropsychological tasks and should comprehensively embrace psychotherapeutic goals, using methods of body-oriented psychotherapy, holotropic breathwork and art therapy. A combination of cognitive-behavioral approaches with meditative and autosuggestion techniques that help reduce anxiety will be effective for both neurosis, which is diagnosed with pathological uncertainty, and emotional disorders of the neurotic personality with psychosomatic reactions. Autogenic training is often recommended for depression, phobias and sleep disorders.

Behavioral psychotherapy in combination with neuropsychocorrective methods is one of the most efficient in helping a client with neurotic behavioral disorders. Clinical psychology (Titova, 2006) recognizes the large hemispheres of the brain and cortex to be an important apparatus for regulating and creating new behavioral programs in the human mind. Therefore, it is a professional task of a psychologist or a psychotherapist to determine the root of the mental process in the brain, to study in detail the structure of the psychological process, to understand its

organization inside the human brain, and identify those links that can be attributed to certain brain systems. In our opinion, establishing the consistency of certain disorders (emotional, cognitive, behavioral) with the analysis of the "location" of their functional mental components in the brain systems will certainly allow competent development and implementation of neuropsychocorrection program in combination with psychotherapy of those disorders that are associated with the localization of certain mental functions in the cerebral cortex.

The effectiveness of the combination of art therapy and neuropsychocorrective methods to fix neurotic and psychosomatic disorders has been confirmed by many modern researchers. Psychotherapy uses a lot of simple but valuable techniques (Kovaliova, 2017). To illustrate, the techniques of correct diaphragmatic breathing (performed in 15-20 breathing cycles) has proven to relieve tension in the solar plexus and abdominal organs, switch attention from experience to sensation, as the body perceives abdominal breathing as a signal to relax. This technique can be used in stressful situations. Another curious technique is creating images of bodily sensations in the imagination (thus, turning unpleasant images into desirable ones, keeping attention on sensations and developing the skill of transforming unpleasant sensations into images of their harmonization). For example, "spring cleaning" when you need to tidy up your body: identify clutter, and, basically, declutter the inner space. It is also possible to consolidate a positive image by making a piece of art. The result is a transformation: fear, tension - a feeling in the body - the image of discomfort - the desired image - the product of creativity.

Integration of methods centered on symptoms, personality qualities and social interaction (Karpenko, 2015), therapy and spiritual practices (Leitner, 2018), psychotherapy and meditation (Welwood, 1984), transpersonal psychological approach and spiritual priorities (Cunningham, 2007) often provides the best therapeutic effect. In general, all therapeutic approaches differ not so much in relation to a single object, which is the individual, but they concentrate on various aspects and problems of personality. It explains the differences in the psychotherapy methods and the diversity of their classifications. None of the existing methods is the best. They pursue different goals and apply to different clients. The choice of methods depends on the personality of the psychotherapist, the level of their professional training and theoretical orientation (Karpenko, 2015).

## Conclusion

Neurotic personality development is associated primarily with the psychological factor. The destructive impact begins with a maladaptive emotional response to psycho-traumatic events. Neurotic development is accompanied by pathocharacterological changes, internal conflicts, fear of not being accepted, aggression, responsibility, intimacy, expectations, trust and submission. To achieve a psychotherapeutic effect, it is reasonable to combine different options for the integration of psychotherapeutic methods in combination with neuropsychocorrection of emotional, personal, cognitive and behavioral disorders. Preconditions, features and psychological mechanisms of neurotic personality development should also be part of the equation. Along with it, the psychotherapeutic process should encompass competently integrated, systemic, comprehensive and individual approaches. It is important to develop and implement a neuropsychocorrection program in combination with psychotherapy for those disorders that are associated with the localization of certain mental functions in the cerebral cortex.

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