

CLINICAL AND PSYCHOLOGICAL CHARACTERISTICS AND THEIR INFLUENCE ON THE MANIFESTATIONS OF VICTIMIZATION IN PATIENTS WITH GENERALIZED ANXIETY AND POST-TRAUMATIC STRESS DISORDERS

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ABSTRACT

The relevance of the study is due to the growing research interest in the problem of dangerous actions of mental patients (D.A. Vakhtinov et al., 2016; A.K. Gazha et al., 2015 and others) in conditions of active avoidance of medical care (B.D. Tsygankov et al., 2015). Thus, in 2014, a discussion by N. O'Connor et al and M.B. was published in the Australasian Psychiatry Journal. Paton et al on the ability of the newly developed Clinical Predictive Inventory to actually predict suicidal and risky behaviors in the mentally ill. In 2015-16, the meta-normative performances of the actionist P. Pavlensky actualized the discussion about expert criteria for the boundaries of the norm and pathology when committing socially dangerous and self-destructive actions

Keywords: medical care, predict suicidal, risky behaviors

INTRODUCTION

High values of criminality and victimization in patients with post-traumatic stress disorder (PTSD) were shown by V.M. Voloshin (2005), while these patterns in patients with generalized anxiety disorder (GAD) remain poorly understood. There is an "unspoken axiom" that patients with GAD, and generally anxious individuals, are non-aggressive, and therefore non-victim. At the same time, the issue requires systematic study, since GAD is a risk factor for the occurrence of addictive disorders (V.D. Mendeleovich, 2008; V.M. Yaltonsky, 2015), which significantly change the nature of the dangerous actions of mental patients. With GAD, the risk of suicidal behavior is high (D.A. Leontiev, 2008; J.M. Boden, 2007), and comorbid depressive episodes often lead to completed suicides (A.V. Starshenbaum, 2005, Yu.T. Dzhangildin, 2013).

The current "installation" on a deliberately low level of victimization in GAD, at least, needs to be confirmed, but can be refuted in em-pyrotechnic research. Thus, J. Dunsmoor and R. Paz (2015) showed that in terms of the ability to generalize - discriminate, the threats of PTSD are "easier" than GAD: PTSD patients are able to discriminate against some threatening stimuli, while GAD patients are not.

A higher anticipatory ability of patients with GAD was shown than in healthy individuals. Persons suffering from GAD for a long time develop a mechanism of neurotic subadaptation on the border of the mental norm and pathology without the formation of a personality disorder (A.A. Atamanov, 2014), which somewhat distinguishes them from patients with other forms of neurotic disorders (B.D. Tsygankov, S.A. Ovsyannikov, 2011). However, the influence of these features on the manifestations of victimization requires active study. In general, the study of the interdependence of the clinical manifestations of GAD and the victimization of patients as a predictor of dangerous actions in the framework of clinical psychiatric work is relevant.

The purpose of the study was to study the influence of the leading clinical manifestations and clinical and psychological characteristics of generalized anxiety disorder on the nature of the victimization of patients in comparison with patients with post-traumatic stress disorder.

High values of criminality and victimization in patients with post-traumatic stress disorder (PTSD) were shown by V.M. Voloshin (2005), while these patterns in patients with generalized anxiety disorder (GAD) remain poorly understood. There is an "unspoken axiom" that patients with GAD, and generally anxious individuals, are non-aggressive, and therefore non-victim. At the same time, the issue requires systematic study, since GAD is a

risk factor for the occurrence of addictive disorders (V.D. Mendelevich, 2008; V.M. Yaltonsky, 2015), which significantly change the nature of the dangerous actions of mental patients. With GAD, there is a high risk of suicidal behavior (D.A. Leontiev, 2008; J.M. Boden, 2007), and comorbid depressive episodes often lead to completed suicides

RESEARCH OBJECTIVES

1. To study the clinical and clinical-dynamic manifestations, as well as the features of the treatment of generalized anxiety disorder.
2. To study the clinical and clinical-dynamic manifestations, as well as the features of the treatment of post-traumatic stress disorder.
3. To identify clinically comparable cases and compare clinical and psychological characteristics, including victimization, in patients with generalized anxiety and post-traumatic stress disorders.

CONCLUSIONS

1. It is determined that a significant number of existing types and levels of VKZ, distinguished by researchers as ndealp.1st type, can be generalized edshpp povyatiem harmonious internal karpsha of health. This type of VKZ for- is reconciled under the condition of harmonious relations with the world and is based on the characteristic ristics that are characteristic of a harmonious personality.
2. The characteristics of a harmonic VKZ can include: neuropsychic stability, lack of alexithymia, psychological well-being, internal the level of subjective control, high quality of life, the absence of VV and VK in the tivation in the personal sphere. The presence of high indicators of alexithymia, hierv- but-psychic maladaptation and violations of social functioning can be grounds for classifying this category of respondents as a group with dis- harmonious internal picture of health.

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