

PalArch's Journal of Archaeology of Egypt / Egyptology

INFLUENCE OF PSYCHOLOGICAL SELF-ADJUSTMENT METHOD ON THE DEPRESSION LEVEL DYNAMICS

*Kuramshina Daria Romanovna*¹.

¹Department of Psychologist, Research Institute for Study of the Subconscious Mind

Abilities"Russia, Kazan city

¹trutneva.dar@yandex.ru

Kuramshina Daria Romanovna. Influence Of Psychological Self-Adjustment Method On The Depression Level Dynamics--Palarch's Journal Of Archaeology Of Egypt/Egyptology 17(3), 643-652. ISSN 1567-214x

Key Words: Depression; Psychological Disorder; Melancholia; Dysthymia; Cyclothymia; Master Kit.

ABSTRACT

The article discusses theoretical aspects of the concept of depression, its types and main symptoms. Identification of this condition connection with other psychological phenomena and its in-depth study contribute to solution of a number of issues related to its structure and methods of prevention. The purpose of this paper is to study the influence of the author's method of psychological self-adjustment on the user depression level dynamics. The empirical study imply that the developed method has a positive effect on the personality, helping to reduce the level of depression. The study results will make it possible to evaluate potential of the method and consider its efficiency, as well as develop recommendations to improve its application procedure.

INTRODUCTION

Life in constant physical and emotional stress has become an integral part of modern society. Adverse events, going beyond life experience, by virtue of their severity, harm mental health. The human body fails to cope with extra stress, and depression occurs with this background. The heightened interest in the depression study within psychological science framework is due to increase in stress factors, necessitating the need for a person to develop skills to adapt to new social requirements. A practical study of this problem is due to the need to maintain the personal psychological health. Therefore, the study of Master Kit method influence on the depression level dynamics seems to be relevant as a tool that allows a person to self-actualize effectively, increasing his ability to withstand stressful situations and overcome difficult environment.

Depression is a mental disorder, manifesting by a low mood, loss of ability to enjoy, thought disorder, accompanied by a predominance of negative opinions and pessimistic views on current events, and motor retardation in some cases [25]. A sense of futility, lack of interest in life, tearfulness, sleep disturbances, negative compulsive thoughts, a sense of isolation and own inferiority are also among the cardinal symptoms [6].

Interest in the study depression has been high throughout the history of science and has great social significance in modern society. The term itself emerged and got widespread use only in the 20-30s of the 20th century, but this condition was first mentioned in ancient past.

Ancient Greek philosophers identified four types of fluids in the human body and believed that their imbalance leads to a disease. Empedocles, a Greek philosopher, in his works, written in the form of poems, emphasized that depression, fear, impaired mood are caused by the black bile excess.

Within the concept of temperament types, Hippocrates, the ancient Greek physician, was the first to identify the “melancholic” type of temperament, being very close in meaning to the modern concept of depression. He was the first one, who tried to classify various states of melancholia according to their sources and singled out melancholia, caused by external events, such as severe stress or excessive fatigue, and melancholia, developed for no apparent cause. The philosopher also assumed that the predisposition to melancholia can be genetic, and its manifestation intensity of its symptoms directly depends on the season [18].

Roman physicians, who consider themselves disciples of Hippocrates, emphasize a psychic factor in the melancholia development. For instance, Aretaeus believed that melancholia sourced from the emergence of some depressing view or a sad thought. Galen assumed that mood swings indicate brain damage. Celsus, in turn, considered melancholia as one of the types of madness, getting control over a person for a long time, subsequently leading to fever [8].

A more recent concept, close to modern views of psychoanalysts on depression, belongs to English professor R. Burton. In his book "The Anatomy of Melancholy," he described melancholia as a result of hostile feelings towards the world and inflated demands on oneself, ultimately leading to loneliness and directed aggression against oneself [2].

Famous French psychiatrist F. Pinel believed that most mental disorders result from distorted emotional experiences: heredity, improper upbringing and intolerable passions can be the cause of melancholia [18].

German physician J. Reil in his book “Rhapsodies about applying the psychological method of treatment to mental breakdowns” defined melancholia as a psychological disease that can be cured using psychological methods [8].

Neurologist and psychiatrist V. Grisinger believed that melancholia, like any other mental disorder, can be considered as malfunctioning of nerve cells of the brain. He classified the following types of melancholia: hypochondria, melancholia simplex, numbing melancholia, with destructive aspirations and volitional activity agitation [11].

German psychiatrist E. Kraepelin, the author of the first scientific classification of mental diseases, identified the criteria for differential diagnosis of schizophrenia and manic-depressive psychosis, characterized by a periodic alternation of deep depression and mania, along with lucid spaces. The author considers melancholic the involuntional period depression, characterized by slower and minor retardation as compared with circular psychosis [26].

German psychiatrist R. Krafft-Ebing considered melancholia as a disease of a sound brain, in contrast to periodic psychosis, attributed to degenerative forms of mental disorders. In his classification, he classified melancholia and neurosis with mental retardation as mental diseases of the developed brain and identified two forms: melancholia simplex and melancholy with dullness [16].

Within the framework of Russian science, famous Russian psychiatrist S. Korsakov proposed his classification and distinguished such forms of melancholia as dysthymia, typical melancholia and its atonic type. The author refers the melancholic insanity itself to mixed forms of mental disorders [15].

Professor of Psychology K. Izard, the founder of the theory of differential emotions, under the concept of "depression", implies a complex combination of emotions, perceptions, memories and thoughts, including various somatic symptoms. She notes that depression emotionally manifests itself in sadness, acting as a leading emotion, self-directed aggression, as well as in the feeling of fear and shame, which in turn can degenerate into anger [9].

In addition to the emotional sphere of personality, depression is associated with its other aspects. According to R. Komer, depression, symptoms in addition to emotional, embrace several more functional areas: motivational, behavioural, cognitive and physical [14].

Psychiatrist M. E. Burno in his works defines depression not only as an emotion of distress, but as a set of devastating and painful disorders related by their origin [4].

Yu. L. Nuller considers depression as a wide range of mental disorders, with low mood as the main symptom of a depressed state [21].

Domestic psychotherapist Avdeev D. A. defines depression as a depressed mood, accompanied by such symptoms as lethargy, fatigue, a sad and pessimistic attitude to the world [1].

According to German psychoanalyst König, it is important to distinguish between the depressive personality structure and the clinical presentation of depression. The depressive personality structure predisposes to depression, but

depression can be neurotic or endogenous and manifest with any other personality structures [12].

Depression is considered as a disease of modern medicine. It belongs to the class of mental disorders and characterized by three main signs: low mood and loss of ability to enjoy life; thought disorder, associated with the prevalence of negative views and a negative approach to life; motor and mental retardation, lethargy and apathy [25].

Symptoms of depression manifestation can conditionally be divided into two types: biological and psychological. At the same time, biological symptoms include such manifestations as sleep and appetite disturbances, loss of sexual desire, fatigue, low energy, anhedonia, and panic attacks. Psychological symptoms include low self-esteem, sadness, despair, apathy, sense of guilt, cognitive distortions and thoughts of suicide. Depression is also characterized by poor concentration, forgetfulness, hypochondria, mood swings and excessive emotional sensitivity.

In terms of psychoanalysis, impaired self-esteem regulation is a common sign of depression [22]. Depression develops in individuals with unstable self-esteem, losing the external support required to maintain a stable image of themselves. Impaired self-esteem and subsequent depression can be caused by the loss of a significant object [13].

There are many theories, explaining the causes and development of depressive disorder. In terms of the psychodynamic theory, it is assumed that depression is an exogenous disorder that occurs in response to a traumatic event. Depressive disorder is considered as an autonomous formation that once arose as a result of a frustrating effect and has been proceeding throughout life [19].

In terms of the adult attachment theory, J. Bowlby considers the absence or deficit of parental care as the main reason for the formation of depressive manifestations. Insecure attachments can cause difficulties with regulation of emotions, which also further increase the risk of depression [3].

The conduct-based approach to study of depressive disorder causes, like the psychoanalytic approach, is based on causation criteria, but at the same time is focused on intrapsychic phenomena and behaviour. Within the conduct-based approach, the depression cause is the learning deprivation, lack of influence from the environment and lack of certain skills. Depression is associated with the absence of a response reaction and positive reward [5].

The self-control theory considers the lack of internal control, self-esteem and self-reinforcement skills as the primary basis for formation and development of depressive disorders.

Neurobiological theories of depression focus on genetic predisposition and neurobiological processes as factors, affecting the depressive disorder onset and development.

In terms of the interpersonal concept, causes of depression onset and persistence are considered in relationship breaks.

Proponents of the social environment theory, the main factor, leading to depression, focus on the interconnection of life circumstances, such as low social status, unemployment, absence of one of the parents, large family and lack of social support. In terms of this concept, a predisposition and stress model was developed: the occurrence of depression depends on interaction of genetic and stress factors [19].

The cognitive theory of depression is based on the assertion that a person's attitude to himself, the world and his future is the main determinant of depression. A. Beck's cognitive model is based on the assumption that individuals with depression interpret life events from a pessimistic point of view, because they use biased and negative judgements as filters to interpret and understand these events. The author divides depression characteristics into five main groups: emotional (expressed by frequent low or depressed mood); cognitive (represented by the tendency of a depressed person to see himself as inferior in relation to what is most important to him); motivational (represented by passivity, dependence, avoidance and will paralysis); autonomic and physical (expressed by appetite and sleep disorders) [24].

In terms of psychological science, various forms of depression are distinguished, differing from each other in symptoms, causes and course. Bipolar disorder is one of the form of depression. With this type of depression, the patient's state fluctuates between two poles - from severe depression to excessive euphoria, periods of a depressed state can alternate with a manic state.

Unipolar depression is another form of depression, that is, a depressive episode. It can have three levels of severity: mild, moderate and severe. This condition lasts at least two weeks.

Chronic depression is another form of depression. This type of depression is also known as dysthymia. This is when a person is in a gloomy mood, has a pessimistic world picture, but at the same time he functions all his life, never consulting psychiatrists. If a phase change occurs in this condition, then we can talk about cyclothymia, when the dysthymic phase alternates a phase of good mood. The difference between these depression forms and bipolar disorder is that it is a characteristic associated with a person's view of life and personality [23].

You can also distinguish depression due to the season, and disorders associated with hormonal changes. The first form is caused by changes in sunlight intensity and weather in general. Disorders caused by hormonal changes include postpartum depression, premenstrual dysphoric disorder and menopausal depression.

Clinic scales are used to diagnose depression in modern science. The results of such methods allow us to judge the condition severity and structure of symptoms. But it should be noted that a clinical diagnosis is never established

based only on the experimental psychological examination; a clinical psychopathological method is also used, including a thorough history and conversation with the patient [23].

Depressive disorders are treated with drugs, but it should be noted that depression requires combination therapy. If a person fights depression only with the help of antidepressants, the mechanisms of psychological coping with emotions do not mature in him. Accordingly, cognitive-behavioural therapy for depression is considered to be one of the most effective treatment.

The main scientific prerequisite of A. Beck's concept of cognitive therapy is that a person's negative basic beliefs, ideas about oneself, the world, and his future keep him depressed. There is a number of techniques in cognitive therapy meant to correct these beliefs. During adjustment of superficial and basic beliefs, the life situation begins to be interpreted through the prism of positive beliefs and more adaptive world view [23].

Cognitive-behavioural psychology (A. Ellis, A. Beck, D. Volpe), humanistic psychology (K. Rogers), the concept of inner speech concept (L. S. Vygotsky) serve as methodological bases of the author's method of Master Kit psychological self-adjustment). The program allows you to develop an internal locus of control, increase the level of self-esteem, find and verbalize unconscious beliefs (attitudes), replace irrelevant cognitive schemes [10].

The method is meant for independent activity of a person with their beliefs, attitudes, emotional states, unacceptable qualities and self-esteem. A key function of the method is represented by the change and transformation of limiting beliefs [17].

The program is presented in the form of video tutorials in the format of auto-training and voice simulator. The simulator procedure consists of a combination of the author's text and a unique client assertion, allowing to synthesize a user relevant text, spoken out loud with an affirmative intonation and pauses for repetition. The simulator is stopped by the user only when he reaches the corresponding emotional state with a positive connotation [20].

The purpose of the study, performed at the Research Institute of Self-Adjustment, is to determine efficiency of the influence of Master Kit psychological self-adjustment program on the level of depressive manifestations of subjects after 6 and 12 months of their active work on online simulators. This purpose is chosen as identification of the dynamics of depressive manifestation level of users during the period of activity with the psychological self-adjustment program will allow us to consider the direct effect of this product and will make it possible to apply this method for adjustment of superficial and basic beliefs.

METHODS

The enrolled set included men and women aged 25 to 55 years. The experiment was performed with participants who passed 3 stages: a questionnaire to determine the depression level, clinical interviewing with a psychiatrist and training in the Master Kit program. At the third stage, the participants were divided into 2 groups: the observation and control groups, the latter did not participate in training.

To diagnose the depression level of the study subjects, A. Beck Depression Inventory, developed in 1961, was used. The inventory was developed as a result of clinical observations based on the analysis of a patient's frequent complaints that revealed the most relevant and significant depression symptoms. The questionnaire includes 21 sets of four statements, the subject shall choose one statement that, in his opinion, best fits the way he feels [7].

RESULTS AND DISCUSSION

Based on the study results, at the initial study stage the subjects revealed average values. In the experimental group, indicators of depressive symptoms were slightly higher than in the control group.

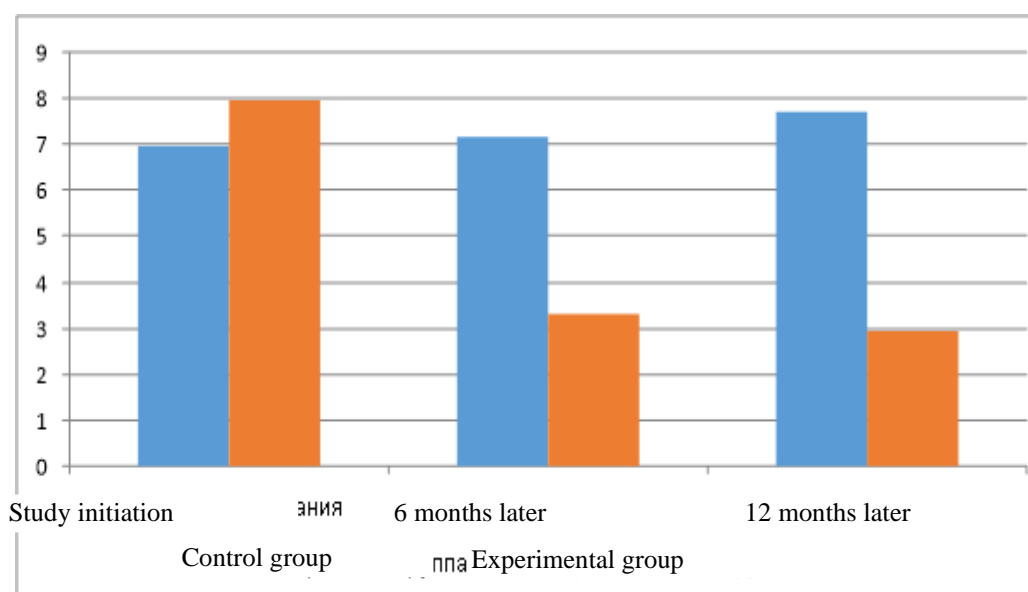


Fig. 1. Dynamics of indicators in the control and experimental groups according to A. Beck's depression inventory

After 6 and 12 months of Master Kit software product use, you can notice a significant decrease in depressive symptoms in the experimental group, suggesting an increase in the overall emotional background of respondents using the psychological self-adjustment method.

At this, in the control group subjects, a slight increase in the level of depression can be observed. If we compare the indicators of experimental and control groups, we see that users of the method have a lower depression level, indicating that they have an increased interest in life, high emotional resilience is formed and mood goes up.

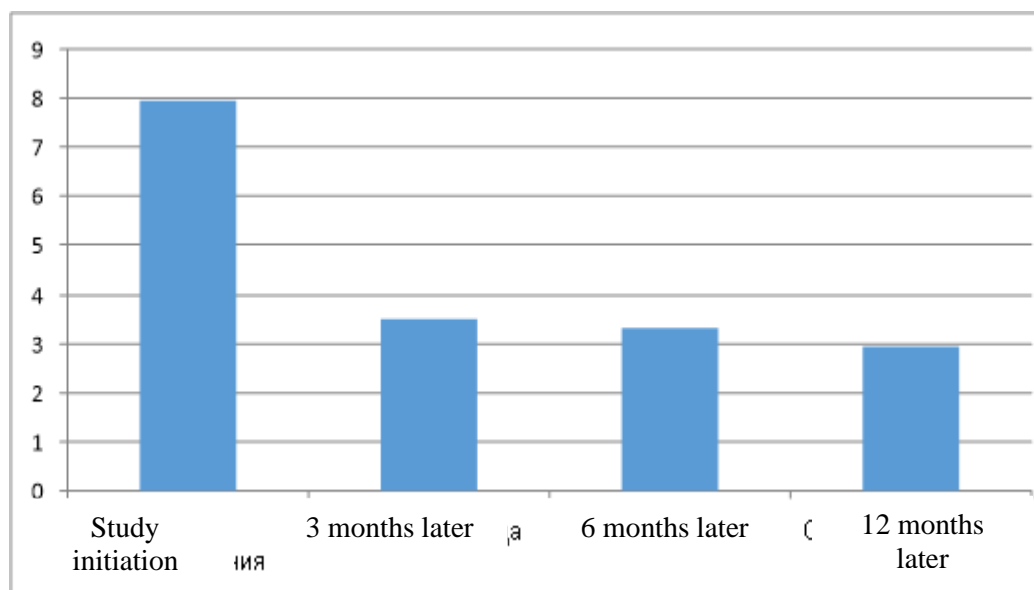


Fig. 2. Changes in the indicators of the experimental group according to A. Beck's depression inventory

Especially significant is the fact that users of the author's method of psychological self-adjustment have changed their psycho-emotional state. In general, users have become less prone to depression, especially after the first 3 months of active working-through. At the initial stage, average values ranged from 7.95; at the 3-month stage, the value on the depression inventory decreased more than twice - to 3.52. At the 6-month stage, the values were set to 3.33, and by the 12-th month they decreased to 2.95.

These data give reason to believe that application of Master Kit psychological self-adjustment, subjects have a positive attitude to their own qualities and actions. This effect provides that over time, users get rid of limiting beliefs. A decrease in indicators of the user depression level at the stages of 3, 6 and 12 months of active use of the Master Kit psychological self-adjustment program indicates a positive effect of the method on the user's personality. According to the study results, the subjects started to see their lives as more successful. Respondents assert that they have become optimistic and cheerful. Thus, as a result of working with the program, users become able to adjust their superficial and basic beliefs and learn to recognize thinking errors. It makes it possible to interpret the life situation through the prism of other beliefs and more adaptive world view. Accordingly, they begin to accept themselves as they are to a greater extent, stop to depend on the opinions of others, allow themselves to make mistakes and accept them equivalently. At the same time, they feel the need to be more independent. They gain confidence in their physical abilities, in their abilities to take responsibility and make decisions.

CONCLUSIONS

Depression is a psychological disorder associated with suppression of emotional and volitional components of mental activity. Depression is also characterized by certain disorders in the field of thinking. It can be difficult for people with

depression to concentrate, perform focused mental activity, associated with mental alertness. They make decisions with difficulty, they have gloomy thoughts about themselves, about the world and people [23].

Depression is a serious disease, interfering with a person's normal life, deprives him of his ability to work, relate to others, increases the risk of physical malaise and can lead to suicide. It should be kept in mind that depressive disorder can be treated, but still requires special qualified help. Most people, suffering from depression, do not receive treatment for several reasons. Many people believe that they can cope on their own and consider themselves as failures. Other people hope that sooner or later this condition will resolve on its own. Some people are not able to get this help due to remoteness of specialists or lack of time. But thanks to development of innovative technologies, modern psychological self-care programs, including Master Kit author's method, make it possible to receive efficient distant psychological counselling.

The obtained study results indicate a positive effect of psychological self-adjustment method on decrease of the depression level of users, serving as scientific evidence of this program efficiency in treating depressive disorders. Thus, the study revealed a decrease in the level of depression of Master Kit method users, depending on duration and working-through intensity. It confirms that use of this method has become a leading factor in these changes. However, it is worth mentioning the need for additional study to get more detailed interpretation of Master Kit psychological self-adjustment method use, recommendation development and procedure improvement. Further study will also contribute to precise identification of the method application factor and determination of the action target and possible scope of application.

REFERENCES

- Avdeev D. A. Depression as a passion and disease. M.: Mir, 2002 - p. 195.
- The Anatomy of Melancholy/Translation, articles and comments by I. G. Inger. M.: Progress-Traditsiya, 2005. 832 p.
- Bowlby J. Attachment. M.: Gardariki, 2003. 477 p.
- Burno M. E. Depression. M., 2000.
- Garanyan N. G., Kholmogorova A. B. Integrative psychotherapy of anxiety and depressive disorders based on a cognitive model//Moscow Psychotherapeutic Journal 1996. No. 3.
- Demyanov Yu. G. Diagnosis of mental disorders: Tutorial. St. Petersburg: MiM Respeks, 1999.
- Elshansky S.P., Anufriev A. F., Efimova O. S. Semenov D. V. Features of Beck's depression inventory test-retest reliability // *Psikhologiya, sotsiologiya i pedagogika (Psychology, Sociology and Pedagogics)*. M.: "International Scientific and Innovation Centre", No. 4 (55), 2016. p. 91–95.
- Zhdan A. N. History of psychology: from antiquity to modernity. M.: MSU Publishing House, 1990. 367 p.
- Izard K. E. Psychology of emotions. St. Petersburg, Piter, 2008. 464 p.
- Study of psychological, socio-demographic and neurophysiological characteristics of Master Kit software product users as an example of an automated simulator for psychological self-adjustment//supervised by

- Karimova R. G. Kazan: Research Institute of Self-Adjustment, 2018. 183 p.
- Kannabikh Yu. V. Chapter twenty-two. Grisinger and his activity//Istoriia psikhiiatrii (History of Psychiatry). Leningrad: State Medical Publishing House, 1928.
- König K. When a therapist is needed Forum, Infra-M, 1998.
- Kovalev V.V. Role of the mental factor in the origin, course and treatment of somatic diseases. M.: Meditsina, 2004.
- Komer R. Fundamentals of Pathopsychology. St. Petersburg, Prime-Evroznak, 2005. 640 p.
- Korsakov S. S. General Psychopathology. M.: Binom. Laboratoriia znani, 2003.
- Krafft-Ebing R. On healthy and sick nerves. Donetsk: Publisher Zaslavsky A. Yu., 2009.
- Study guide to Master Kit method. Kazan: Research Institute of Self-Adjustment, 2018. 43 p.
- Minutko V. L. Depression. M.: GEOTAR-Media, 2006. 320 p.
- Mash E. Wolfe D. Abnormal Child Psychology. Children's Mental Disorders. St. Petersburg: Prime-Evroznak, 2007. 512 p.
- Neurological Bulletin named after V. M. Bekhterev. Issue 2. Kazan: "Meditsina" Publishing House, 2019.
- Nuller Yu. L.: L.: Meditsina, 1981. 208 p.
- Ovcharenko V. I. Classic and modern psychoanalysis. Programs of courses and special courses. M.: Akademicheskii proekt (Academic project), 2000. 622 p.
- Padun M. A., Kotelnikova A. V. Psychic trauma and the world picture. Theory, empiricism, practice//Monograph. M.: Psychology Institute of the Russian Academy of Sciences, 2012. 206 p.
- Encyclopedia of Psychotherapy/Edited by B. D. Karvasarsky. 2-nd edition, enlarged and revised [2]. St. Petersburg: Piter, 2000. 1024 p.
- Smulevich A. B. Depression in general medicine. Guide for doctors. M., Medical News Agency, 2001, 782 p.
- Tiganov A. S., Snezhnevsky A. V., Orlovskaya D. D. et al. Guidelines in Psychiatry/Edited by A. S. Tiganov M.: Meditsina, 1999 V. 1. 712 p.