

EVALUATION SPECIFICITY OF ADOLESCENT DYSMORPHOPHOBIA

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Abstract. *Dysmorphophobia (also known as delusional deformity disease) is a mental disorder in which a person becomes overly obsessed with their delusional or minor physical deficits. Dysmorphophobia can have serious consequences for mental and social well-being, such as depression, anxiety, isolation, self-harm, and suicidal thoughts or attempts.*

Key words: *Adolescents, dysmorphophobia, mental illness, psychoprophylaxis, psychocorrection.*

СПЕЦИФИКА ОЦЕНКИ ПОДРОСТКОВОЙ ДИСМОРФОФОБИИ

Аннотация. *Дисморфофобия (также известная как болезнь бредовых деформаций) — это психическое расстройство, при котором человек становится чрезмерно одержим своими бредовыми или незначительными физическими недостатками. Дисморфофобия может иметь серьезные последствия для психического и социального благополучия, такие как депрессия, тревога, изоляция, членовредительство и суицидальные мысли или попытки.*

Ключевые слова: *Подростки, дисморфофобия, психические заболевания, психопрофилактика, психокоррекция.*

Introduction. Adolescents are a particularly vulnerable group to developing dysmorphophobia because they experience strong changes in their bodies and self-esteem. At the same time, it is very difficult to diagnose and treat dysmorphophobia in adolescents, since there are few specialized means of assessment and intervention, as well as a lack of awareness and education between medical workers and parents [1-4]. Over the past decade, most children's and adolescent media have had a vague attitude towards the perception of body image due to the influence of Internet sites that impose standards of fashion models on modern youth. The relevance of the problem of studying the risk of developing suicidal tendencies of depressive genesis in adolescents with dysmorphophobic diseases is due to difficulties in timely examination of Affective pathology, the expediency of properly selected pharmacotherapy and difficulties in predicting these mental disorders [5-9]. Depression, which occurs against the background of dissatisfaction with one's own appearance or confidence in the presence of defects and defects in the structure of the face or figure, occurs in almost every second teenager [10-13].

Adolescence is characterized by significant changes in the physical and psychological development of a person. During this period, the emphasis is on her appearance and compliance with the social standards of beauty. However, for some adolescents, this can lead to the development of dysmorphophobia-pathological dissatisfaction with their body or its individual parts, not proportional to real defects or not at all [14-18]. Dysmorphophobia can be accompanied by depression, anxiety, social isolation, self-harming behaviors, and suicidal thoughts. Therefore, timely diagnosis and treatment of this disorder in adolescents is an urgent task [19-23].

The problem of dysmorphophobia is becoming more and more relevant in society. In different areas of life, and especially in their own body, a stable increase in the dissatisfaction of

people is observed: appearance, weight, body ratio. Particular attention from researchers at the end of the 20th century to the problem of dysmorphophobia was associated with an increase in the popularity of cosmetic procedures [24-29]. Dissatisfaction with oneself and your body has long been common, and the "socialization and normalization" of dysmorphophobia forces the attention of doctors, social workers and clinical psychologists [30-34].

The relevance of the psychological aspects of dysmorphophobia is confirmed by statistics that reflect a high prevalence of this disorder. In the population, the frequency of dysmorphophobia is 0,7 – 2,4%, in general psychiatric samples – 13-16%, in dermatology – 9-12%, in cosmetic deontology-9,5% and in orthodontics-7,5% [35-38].

Imagining one's own appearance is part of one's thoughts about oneself and one's place in society. Appearance is an important education in the structure of an individual, whose specific understanding affects interpersonal and emotional spheres, as well as objective life processes [39-41].

It is widely known in our society that harmony is associated with happiness, youth, success in life, high social status, and excess weight with weakness, laziness, weakness and other negative traits. Therefore, many tend to rate overweight people as less happy, more confident, smarter, and more disciplined. Full children are often ridiculed and insulted by their peers, often being persecuted [42-47]. Overweight and obesity are associated with dissatisfaction with body image and low self-esteem. Diet and physical activity and preference for slimness to control weight are becoming increasingly relevant in today's society, especially among teenage girls. It can be assumed that this relationship affects self-esteem and does not affect success in life. The leading coping strategies for women with impaired self-esteem are avoidance and distance [48-53].

She noted that in the process of raising a child, the mother creates a "cultural body" configuration in it. Cultural body function is not only equal to the natural function formed on its basis, but can significantly change it. F. Kafka's metaphor remains literal: "society cuts its own judgment in the body of its victim". The result is a new reality of the phenomenon of the cultural body, which includes new possibilities and space of "cultural pathology" [54-60].

From the point of view of representatives of Gender psychology, the main problem that concerns the physical condition of a child is the formation of his physical ideals of a man and a woman [61-65]. I. Conn defined the body canon as an aspect of socio-cultural ideas about masculinity (masculinity, masculinity) and femininity (femininity, femininity) rather than being given naturally. A negative emotional response to real and imaginary shortcomings of your own appearance can lead to deformation of the personality, while reducing self-esteem, causing depressive states, anxiety and self-insecurity. These processes occur especially in adolescence and adolescence. According to some authors, a malformed gender role identity can contribute to the formation of dissatisfaction with appearance: people are shown to hyperbolized female or male species tend to evaluate their bodies more negatively [66-74].

The consciousness of most people is significantly influenced by the stereotypical ideal ideas of a beautiful, physically developed body observed in society, which should have certain proportions and forms. These ideas are determined by socio-psychological factors such as gender stereotypes, standards, norms. Because of the media, the "cult of appearance" is widely promoted [75-79].

The purpose of the study: to optimize early psychoprophylaxis and psychocorrectional care, to study the risk of developing suicidal behavior in adolescents with dysmorphophobic disorders and depressive disorders, taking into account their personal characteristics.

Research materials and methods: 111 adolescents, 78 boys and 33 girls aged 15 to 19 years (average age 16,96±1,98 years) were selected as the object of the study, who were admitted to inpatient treatment with the presence of depressive disorders in the adolescent wards of the psychiatric hospital in Samarkand. We identified the personal characteristics of adolescents using a modified pathocharacterological diagnostic questionnaire (Mdpo Lichko A. E., Ivanov N. ya. We identified depressive disorders using the Tsung depression self-assessment scale (ZDRS) (Wasserman L. I., Shchelkova O. yu., 1995). Features of suicidal behavior in adolescents have been studied using the Colombian suicide risk scale (C-SSRS).

Results and their discussions: at the initial stage of our study, the features of clinical manifestations of depressive pathology in adolescents were studied. Child psychiatrist E. G. According to the classification of Eidemiller (2005), depressive symptomatology in adolescence is divided into depressive equivalents of adolescents - delinquent, asthenopathic, anxious, hypochondriacal, which mask the typical classic depression triad, are perceived as characteristic features of puberty and make diagnosis and treatment very difficult. In our study, all adolescents were divided into five groups according to the leading symptom of depression - dysphoric, anxious, hypochondriacal, asthenopathic and masked dominance.

Dysphoric depression was clinically manifested against the background of poor mood, conflict, aggression, rudeness towards adults, especially parents and close relatives, a decrease in psycho-emotional state. Such behavior leads to the formation of conflicts in the family, deterioration of the microclimate in the family, punishment and beatings of the child for bad behavior, as a result of which it contributes to escape from home and negligence, leads the teenager to social companies. In clinical manifestations of dysphoric depression, we identified specific forms of behavior disorders: a tendency to aggression and physical violence, minor offenses, theft, leaving the house and neglect, smoking tobacco, early alcoholism and episodic consumption of surfactants. In our study, dysphoric depression was examined more often (in 33 adolescents) than in other species and was observed mainly in boys with socialized behavioral disorders.

Adolescents with anxiety depression had a feeling of waiting for the risk of an uncertain nature against the background of a decrease in mood, which formed the idea of an unfavorable development of events, adolescents were in a state of constant tension. Anxiety depression was found in 30 adolescents of the group under investigation. Hypochondria depression has been observed in adolescents who complain of various localized pain caused by internal organs, are afraid of incurable diseases, are suspicious and indecisive. In the clinical picture of asthenopathic depression, the leading complaints were fatigue and weakness, decreased strength, decreased motor activity, poor tolerance of large crowds, absence in the Society of peers and classmates, difficulty communicating, inactivity, feeling bored and depressed. The presence of these symptoms led to the formation in a teenager of thoughts and intentions of striving for loneliness, lack, a feeling of worthlessness, a violation of relations with parents and relatives, a violation of school adaptation and suicide. A variant of asthenopathic depression occurs in 14 adolescents who complain more about weakness, tears, rapid fatigue and fatigue.

Adolescents fell ill with existing somatic diseases against the background of a decrease in mood, lack of appetite, increased fatigue, refused to go to school classes and classes, prepare homework, help with household chores. Masked depression occurs in 20 patients in the sample examined. In the clinical picture of all variants of depressive pathology, dysmorphophobic supplements were noted in the form of complaints of low self-esteem, the presence of physical defects, non-compliance with standards and beauty standards, unlike anorexia nervosa, adolescents with dysmorphophobic depression did not seek to change themselves by observing diet and restrictive eating behavior, but, on the contrary, were passive and depressed, a feeling of uselessness was noted. Such cases were accompanied by a decrease in appetite against the background of hypothyria and the emergence of primitive ideas of self-deprecation. A comparative analysis of the prevalence of adolescents with different types of characteristic accentuation depending on the clinical form of depression found the relative dominance of dysphoric depressions in adolescents with epileptoid characteristic accentuation. Anxiety depression has often been observed in adolescents with a psychasthenic personality Depot.

Asthenoapatic depression has been seen more frequently in hysterical individuals. Hypertimal individuals have been diagnosed with hypochondriac depression relatively frequently. Studies of the specifics of suicide behavior in adolescents have shown that representatives of the hysteroid and epileptoid types have a tendency to switch from suicidal thoughts to carrying out suicidal actions, in contrast to adolescents of the hyperthymic, unstable and sensitive type, in which suicide attempts have not been recorded. An analysis of the relationship between suicidal tendency motives and adolescents' personal characteristics found that the most dangerous motivations for suicide – abstinence and elimination-were mainly observed in epileptoid, labile, cycloid accentuants, which may be classified as having a higher risk of developing suicidal behavior.

Conclusions. Thus, a study of the features of depressive symptomatology in adolescents with dysmorphophobic supplements showed that in adulthood, dysphoric depressions often appear in people with epileptoid character accentuation, which are a significant violation of behavior. The highest risk of suicide is observed in dysphoric and anxiety depression types with dysmorphophobic supplements. The presence of hysteroid and epileptoid-type accentuations in clinical manifestations of adolescent depressions is associated with increased severity of depression and increased risk of suicide. A study of the risk of developing suicidal behavior in adolescents with dysmorphophobic disorders and depressive disorders found that the risk group includes clinical manifestations of severe depression and hysterical and epileptic individuals with significant behavioral disorders in the form of early alcoholism and episodic surfactant intake.

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