

# MENTAL DISORDERS: NERVES - PSYCHOSIS

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**Abstract:** Important factors for the general smooth course of the individual (educational, social, etc.) are, among other things, the Social, Psychosocial or Behavioral Sector. There are psychological development disorders such as phonological, "special learning difficulties" (such as dyslexia) and "communication disorders", or diffuse developmental disorders (Autistic spectrum and Asperger ).

In the behavioral domain are the disorders of behavior and emotions, such as hyperkinetic disorders, conduct disorders and affective disorders. Many times it affects psychosomatically-emotional and the fact of neglect and child abuse. However, a large category is the mentally disturbed people who include autistic children. This problem is so peculiar and occurs in so many different forms and at such different levels that every effort that it aims to help is of particular value. So every case is different in this category as well.

In addition, the present study attempts to briefly present many other situations that are or coexist with the above, such as: *Neurosciences* which are a disease entity and are distinguished in subcategories namely compulsive, phobic neurosis and hysteria. Here are the *child psychoses* where there is a lack of awareness of morbidity and is distinguished in two categories: " De-personalization" and " Decomposition" .

Finally, the potential factors of psychosis are presented, such as: organic, hereditary and psychogenic factors. While the Characteristic Symptoms of Childhood Psychosis, Infant and Childhood Psychoses are listed. And the closure follows the comparison of Neurosis and Psychosis.

**Keywords:** autism, fibrosis, hysteria, psychoses, ribs, symptoms.

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## Import

In the category of mentally disordered people, autistic children are also included. Their problem, however, is so peculiar and occurs in so many different forms and at such different levels that every effort that is aimed at helping them is of particular value. None of the autistic children will find a similar one.

The image we often imagine to describe autism, the image of a beautiful child imprisoned in a "Glass World" in his own world.

### 1.1 Ribs

A disease entity whose main features are:

- The subject is aware of the morbidity
- The rib is based on the defense mechanism called repulsion
- Neurosis is the result of a mental conflict, while psychosis is the result of an organic disorder (Ioannidis, 1982).

#### 1.1.1 Compulsive neurosis

It is a subconscious desire and necessity at the same time that, in practice, the individual passes through all the procedural acts (phases) that form and functionally structure a certain behavior of the individual.

This rib is characterized:

(a) from acts, ideas, doubts imposed on the patient in spite of his will, from an internal impulsive necessity that is totally unrelated to his principles and his present life.

(b) coercive ideas, which are substitute ideas and where energy is invested by other ideas that have been repressed as dangerous, condemned and guilty. (Stavrou, 2002)

### 1.1.2 Fibrosis

It is characterized by anxiety in the face of external conditions, objects, faces that usually do not cause such reactions to healthy ( eg height pencils, etc.) resulting in the adoption of a behavior to avoid the poisonous objects.

Phobia is caused either by the increase of pre-existing fear and excessive swelling or by the displacement of a distressed inner risk to another outside, alien to the inner psychic space.

In phobia, we have personality back in childhood, when the person reacted with panic attacks, in difficult and dangerous situations, and found protection for parents and home.

Phobic neurosis is identified in many with the coercive (Stavrou, 2002).

### 1.1.3 Hysteria

Freud was talking about hysteria, is aware of the hysterical symptoms related to the body, claiming it is the result of mental mainly conflict, based repelling banned from consciousness sexual tendencies, so manifest in physical symptoms, which is a compromise between the desire and its ban.

The hysteria have the following traits: great imagination with mythmanean tendencies, instability, whims, tendency to daydreams, resort to lies, tendency to noisy events, theatricality. (Stavrou, 2002)

## 1.2 Child Psychoses

By saying psychosis, we refer to an entity with the following characteristics:

- The person is not aware of the morbidity of his illness.
- Symptomatic psychosis: Mother's relationship has not acquired the characteristics of an autonomy.
- Children with psychosis are often characterized by *depersonalization* and *dismissal* . (Sarris, 2009)

*Depersonalization* :

- in children with psychosis
- in children with autism
- in children with schizophrenia
- in normal children with some trauma

*Disposal* :

- heavy schizophrenic people (eg I see the table as a chair)

The etiology of psychosis is unknown. However, we can mention a few relevant factors:

### 1.2.1 Organic agents.

It is anatomical, biological or neurological damage. Even if the child is born physically fit, his brain may be damaged because it is an organ that easily breaks down. Sensitivity and susceptibility of the brain disrupt the child's maturation from birth (Ioannidis 1982).

### 1.2.2 Hereditary factors.

Psychotic children, 50-80%, come from parents with psychopathological heredity in the broad sense of the term. Boys are affected by a larger percentage of girls.

### 1.2.3 Psychogenic Factors

Many researchers believe that psychosis syndrome can be caused by psychological disorders that lived during the first development.

Childhood psychosis KANNER (1943) calls it childhood autism and attributes it to the emotional coldness and compulsive nature of parents. Parents of psychotic children are almost always disturbed. Mainly we insist on the personality of mothers described as stressful, aggressive, dismissive or ambiguous. Anything that may disrupt the perception of reality in a young child adversely affects the establishment of its individuality by the surrounding world. We could say that the psychotic child is not conscious of his own personality.

In conclusion, any organic harm, any inadequacy or deprivation that occurs during early childhood - so the child's developmental function is too vulnerable and vulnerable - can all cause stagnation, regression or distortion of the child's developmental pathway to create psychosis (Stavrou, 2002).

### 1.3 Characteristic symptoms of childhood psychosis

The psychotic child seems to be living in one's own world: looking for loneliness, playing alone, not interested in the faces, not conscious of their presence, and keeping them away from his way, as he would do with the objects.

When we try to communicate with him, he reacts with anxiety that is often spectacular. Sometimes psychotic children come in contact with adults through a game. His contact with the adult is impregnated by an eroticism (the child hits the adult). Other times he uses his adult hands as tools, as objects.

Some psychotic children are very aggressive and often dangerous to others because they strike them, they beat them, try to strangle them, but those of these children are at the same time mentally retarded, then they are self-injured: they hit the head against the wall, their hair, put their fingers in their eyes, scratch, bite, etc.

Many times the psychotic child has hallucinations: he stops listening, making a fantastic object, etc. The way of contact with the objects is a bit strange: he smells, heats, nurses, he often hurts because, in his fantasies, this object is considered traumatic and repulsive.

In the organized game, the psychotic child is usually sadistic and aggressive: it causes conflicts of objects, plays the toys, etc. The face of the psychotic play is often irrepressible and frosty. In his behavior we observe a pretense or better an accuracy, subtlety and speed in imitation and gestures. He imitates gestures around him (sonopraxia) and suddenly, many times, he is expressed in grimaces, crying, laughs, of course, without reason. These events are important for the autistic child because he lives in his own fantasy world.

Distortions of the image of the same body are interpreted by a difficulty and inability to perceive the meaning of his person. This is evident from his concern about the integrity of the body and its fear of disintegration.

The child's behavior in front of the mirror is particular: sometimes he expresses an extraordinary anxiety by looking at himself, and sometimes he stays immobile for a long time in front of the mirror, returns constantly, can not move away and monologues by observing his image.

The psychotic child can present any kind of behavioral disorders, such as food (anorexia), clamps (enuresis, egkoprissi), sleep and sex (frantic masturbation).

Usually the psychotic child has speech disorder. The child who normally spoke linguistically, his speech is anarchist and chaotic. It is fluctuating in relation to the structure of the proposal: that is, while earlier he did not pronounce a single word, he suddenly constructs and pronounces well-formulated phrases. The psychotic child almost never uses the first person, except for a few cases at an older age. He speaks of himself using the second and third person (you, he) along with his own name. In other words, the autistic child monologues. In conclusion, we note that the above language disorders make the children of this class considered vague. (Stavrou, 2002)

### 1.4 Infant and childhood colds

The classification of the various forms of childhood psychosis is very difficult because typical symptoms of one form are found simultaneously in other forms. There are no "pure" psychotic forms. We classify the childhood psychoses observed in the developmental development of the child:

#### 1.4.1 Autistic psychoses or autism

The KANNER (1943) described by the name of "**early infantile autism**", a childhood psychosis. The most important primary disorders of this syndrome are the child's folding into himself and his need for immutability:

(a) Closure of the child (folding) occurs at the beginning of his life, but in any case during the first two years or at least by the completion of the second year. With regard to the structure of this child's relationship with his mother, we distinguish autistic psychoses in primary and secondary. The primary ones are created when the mother was not perceived, not recognized by the child as a total "object" (mother chest, face, hand, etc.). Secondary autistic psychoses are characterized by a flight, an abandonment by the child, a relationship with the "mother-object" and the world, because that relationship was experienced as dangerous.

(b) The second primary disorder is recommended for compulsive desire and the need for inviolability of the environment. This disorder is characterized by a lot of anxiety when a change or alteration in the arrangement of the objects surrounding the child is imminent or altered.

"In the case of autism syndrome, it could be said that there is a disordered - limited relationship between the individual and his environment, while in normal situations there is sustained communication between the individual and the environment. "the same" the person seems to have "cut off" from his surroundings appearing as a strange "dead" cell in a large body. " (Kyriotakis, 1995, p. 17)

#### 1.4.2 Symphonic psychoses

The symbiotic child is characterized by anxiety, confusion and anxiety. This child gives the impression that his body's borders are confused with the boundaries of his body confused with the boundaries of his mother's body. He has not, in our opinion, distinguished his mother as a distinct whole and hence his own ego is therefore almost non-existent.

In other words, the child experienced the symbiotic relationship with his mother, but he could not reach his stage of separation. That is why any attempt to physically separate him from his mother creates in him great internal tension, panic and often temporary psychosomatic disorders, which disappear as soon as the mother returns to him. The mother of the symbiotic child is usually a disturbed personality and highly overprotective.

#### 1.4.3 Limiting cases of childhood psychosis

The personality of these psychotic children presents an atypical development and is characterized by a strange "piecemeal" and "fragmented" behavior. That is, the harmonic "personality dynamics" is deficient.

#### 1.4.4 Psychoses of mentally retarded children

These forms are common. In these psychoses, on a basis of little or very serious mental retardation, implanted, various psychotic features are inoculated, such as autistic folding, divergent or reciprocal behavior.

### 1.5 Comparison of Neurosis and Psychosis

Neuroscience is aware of morbidity while the psychotic does not process the act itself before putting it into practice.

- In the neurosis the subject has a conscious behavior when it is opposite the mirror, ie it has constructed its body shape - in contrast to the psychosis the body is sliced.
- The psychotic child presents more often behavioral disorders than neurosis.

#### 1.5.1 Phenomenological approach

In neurosis, parents, psychologists, physicians, etc., watching the development of the child's psychic activities, more or less distinguish Neuroscience from normal behavior. This distinction is based on the quantitative difference of the mental activity of the normal from the Neuroscian child: a deviation manifested by symptoms.

On the contrary, it is difficult to get into the process of generating and forming psychosis and to understand it because it is a cut off from the evolution of the normal child's mental activities. This cut-off results in a qualitative disturbance in the functioning of mental activities.

### 1.5.2 Psychoanalytic approach

This approach is based on the analysis of the defense mechanisms used by the Ego. These Neuroscience mechanisms are stereotyped, rigid and unbalanced, therefore anxious, ineffective and not beneficial to the Ego defense and mental harmony.

In contrast, in psychoses, the defense mechanisms of the Ego are unusual and different from those of a normal or Neo-Ego.

As in the phenomenological approach (neurosis and psychosis), while in neurosis the Ego defense mechanisms do not function normally only in quantitative terms with respect to the normal Ego, in psychosis, the Ego defense mechanisms are qualitatively and fundamentally different in relation to the normal or even the Neo-Iosian I.

### 1.5.3 Symptomatic approach

Child psychoses are characterized:

- a) a disorder of the child's relationship with himself (the Ego) and with the social environment, hence a disorder of knowledge (of consciousness) of objective and subjective reality that results in the total or almost total deconstruction.
- b) an impotence of the psychotic child.
- c) a seemingly good functioning of perception.
- d) an inability to perceive and judge his illness.
- e) an excessive suspension of various activities, such as self-closure, hyperactivity, phobias, etc.

The neurotic is conscious of the pathological nature of his disorder and tries to mitigate or conceal it. On the contrary, the psychotic is not aware of the morbidity of his condition.

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