

# Study of the Influence of Katathym-Imaginative Therapy on Correction of Mental Disorders in Neurotic Conditions

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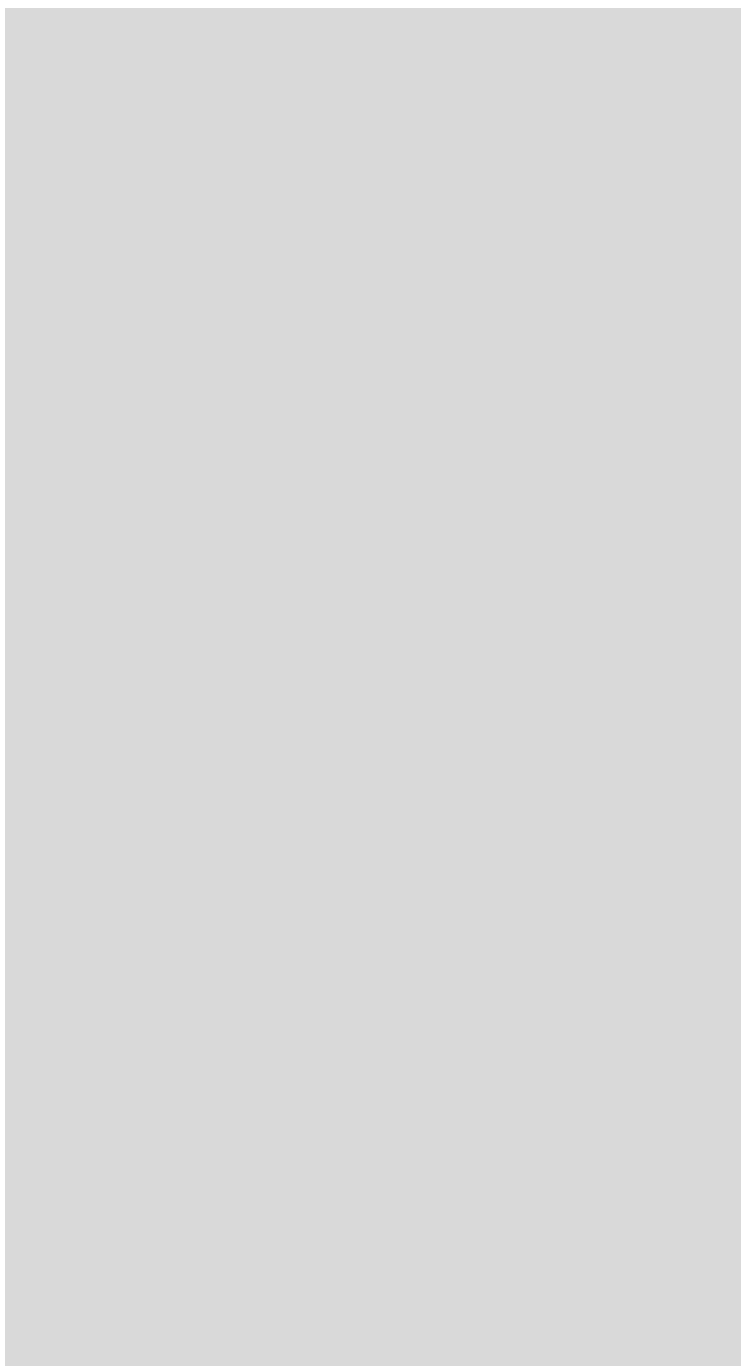
**Abstract:** *The article actualizes the issue of the effectiveness of the influence of Katathym-Imaginative Therapy on the correction of mental disorders. An analysis of an empirical study of the features of the influence of Katathym-Imaginative Therapy on the correction of mental disorders in neurotic conditions is conducted. The purpose of the study: a psychological analysis of the concepts of “psychogeny”, “neurosis” and “neurosis-like conditions”; An empirical study of the effect of Symbol Drama on mental states of patients with neurotic disorders. The following methods were used: conversation, testing (“Minnesota Multiphasic Personality Inventory MMPI”, “SAN” method, “Self-assessment of mental states” test by G. Aysenck, O. Kondash’s scale of social-situational anxiety, PEN Questionnaire (Hans and Sibylla Aysenck) of the Katathym-Imaginative Psychotherapy methods, which forms the experiment. The sample included 86 people - patients of the neurological department of the Vinnitsa Regional Psycho-Neurological Hospital named after academician Nikolai Yushchenko. Based on the correction program with the help of the Katathym-Imaginative Therapy it is proved that the Katathym-Imaginative Therapy method is a quite effective means of psycho-correction of mental conditions of patients with neurotic disorders, and is more effective with labile mental states, where the emotional component is crucial, and is less effective in the less emotional stable psychological state.*

**Keywords:** *psychogeny; neurotic disorders; psychological states; Katathym-Imaginative Therapy; Symbol Drama; correction.*

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Modern science has traditionally divided all mental disorders into two large groups: psychotic mental disorders and neurotic mental disorders. Psychotic disorders are currently considered to be predominantly of organic origin and almost incurable; neurotic disorders are of psychogenic origin and are largely subject to psychotherapeutic influence.

The problem of neurosis, over the entire existence of this concept, has been the subject of many scientific works, but a unified concept of neurosis, a commonly used procedure for its diagnosis and therapy, has not yet been developed.

According to official data from the World Health Organization (WHO), over the past 65 years, the total number of patients with neurosis has grown 24 times. This is due to the abundance of information (additional stress factor), the rapid pace of life, economic difficulties in a number of countries and many other social and biological reasons. About half of the world's population suffers from neurotic disorders, and only a third of them seek qualified help. At the same time, in modern science, the issues of psychogenic diseases of the nervous system are rather complex and controversial. Most neurologists in the world still actively use the term "neurosis", and conduct research on this particular pathology. Methods of treating neurosis and neurosis-like diseases of the nervous system are of particular difficulty; there are no unified approaches to their diagnosis and treatment algorithm.

Obviously, the topic is quite relevant for today. Neurotic conditions can be treated with medication, but for more effective treatment, drug therapy is used in combination with psychotherapy. Symbol Drama has established itself as effective in the treatment of neurosis and psychosomatic diseases, as well as in psychotherapy of disorders associated with neurotic personality development.

**Objective:** to conduct a psychological analysis of the concepts of "psychogeny", "neurosis" and "neurosis-like states", as well as to empirically investigate the effect of the Symbol Drama on mental states in patients with neurotic disorders.

## **Materials and research methods**

The study was carried out using the following methods: conversation, testing ("Minnesota Multiphasic Personality Inventory MMPI", "SAN" method, test "Self-assessment of mental states" by G.Aysenck, O. Kondash social and situational anxiety scale, PEN

Questionnaire (Hans and Sibylla Eysenck) methods of Katathym-imaginative Psychotherapy, forming experiment.

Scientists from around the world, such as the German psychiatrist Karl Jacobi (1775-1858), who introduced the concept of “somatopsychic” in 1822, studied the causes of psychological reactions and how to solve them at different periods of time. German therapist Gustav Bergman (1878-1955), who developed the doctrine of functional pathology; German philosopher Friedrich Nietzsche (1844-1900); French psychiatrist Jean Charcot (1825-1893), teacher of Sigmund Freud (1856-1939); the founder of the doctrine of neurasthenia (1869), American neuropathologist George Beard (1839-1883); American therapist Da Costa (1833-1900); American psychoanalyst Franz Alexander (1891-1964), who is considered one of the founders of modern psychosomatic medicine; German doctor Alexander Micherlich (1908-1982), who opened a psychosomatic clinic in Heidelberg in 1949; Austrian physician and psychoanalyst, professor of psychosomatic medicine, University of Washington, Felix Deutsch (1884-1964); the founder of the theory of “stress” is a Canadian pathologist and endocrinologist, Nobel Laureate Hans Selye (1907-1982) and many, many others (Gavrilishin, 2017). Modern medicine in Germany is extremely closely connected with the field of psychology. So, Dr. med. Wolfgang Lösch developed the method of Imaginative Body Psychotherapy (ImKP), in 2003 he founded the Institute of Psychosomatics and Psychotherapy in Potsdam (Germany), on the basis of which patients with various forms and stages of oncology have been treated. The experience of this institution proves the effectiveness of the applied methods and actualizes a more detailed study of the tools underlying this psychotherapy. Namely: Katathym-imaginative Psychotherapy (H. Leuner), autogenous psychotherapy technique (W. Luthe), the highest level of autotraining (I.H. Schultz, K. Thomas), psychoanalytic psychosomatic approach (G. Groddeck), medical psychotherapy (D. Müller-Hegemann), functional relaxation technique (M. Fuchs), subjective anatomy (Johnen, TV Uexküll), visualization method (O.C. Simonton, Achterberg) (Gavrilishin, 2017). Katathym-imaginative Psychotherapy (Symbol Drama), created by a doctor of medical sciences, Professor Hanscarl Leiner in the middle of the last century, turned out to be clinically highly effective in the short-term treatment of neurosis, psychosomatic diseases, as well as in psychotherapy of disorders associated with neurotic personality development (Videneev, 2014). The method is based on free imagination with eyes closed in a relaxed state on a given topic. Leiner proved the correlation between the symbolism represented by the patient and his deficits and internal conflicts, which

underlie personality problems of a different nature (Westbrook, Kirk & Kennerly, 2014).

In accordance with its conception, the method of Katathym-imaginative Psychotherapy (Symbol Drama) is close to deep psychology and recognizes unconscious psychodynamics (symbolism of dreams, instinctive impulses of the "It", protective formations of the "I", "Superego Instances", regressive processes) (Gavrilishin, 2017). From a phenomenological position, one can identify the connection of Katathym-imaginative Psychotherapy (Symbol Drama) with the game therapy of the child, Moreno's Psycho Drama. In the management technique, Katathym-imaginative Psychotherapy (Symbol Drama) is close to elements of conducting psychotherapeutic conversations according to C. Rogers and partially behavioral therapy according to J. Volpe (Gavrilishin, 2017).

**The sample of the study** included 86 people - patients of the neurological department of the Vinnitsa Regional Psycho-neurological Hospital named after academician Nikolai Yushchenko. 42 participants - men, 44 - women. The age of the participants in the experiment is from 22 to 55 years. Participation in the experiment was carried out on a voluntary basis.

## **Results and their discussion**

Symbol Drama (also known as catatymic image experience (CIE), the "waking dream" method and Katathym-imaginative Psychotherapy) is a method of deep psychologically oriented psychotherapy that has been shown to be clinically highly effective in the short-term treatment of neurosis and psychosomatic diseases, as well as in psychotherapy of disorders related to neurotic personality development. As a metaphor, Katathym-imaginative Psychotherapy can be described as "psychoanalysis with the help of images". From about fifteen currently known areas of psychotherapy that use images, the Symbol Drama is the most deeply and systematically developed and technically organized method that has a fundamental theoretical basis.

The method was developed by the famous German psychotherapist Hanscarl Leiner. The method is based on free imagination in the form of images on a topic set by the therapist (motive). The psychotherapist performs a controlling, accompanying, guiding function. The conceptual basis of the method is deep-psychological psychoanalytically oriented theories (the theory of object relations M. Klein, egopsychology A. Freud, the psychology of the "self" of H. Hartman and the psychology of the "self"

of H. Kogut and their subsequent development in the works of S. Ferenczi, M. Balint, E. Erickson, R. Spitz, D.V. Winnicott, O.Kernberg, I. Lichtenberg, analysis of unconscious and preconscious conflicts, affective-instinctive impulses, processes and defense mechanisms as a reflection of relevant emotional and personal problems, an analysis of ontogenetic forms of early childhood conflicts. Remaining on the fundamental psychoanalytic positions, the method has much in common with the theory of archetypes and the collective unconscious K. G. Jung, as well as with the method of active imagination developed by him. This method can be traced in Children's play psychotherapy, in the psychodrama by I. Moreno and G. Leutz and in the elements of gestalt therapy according to F. Perls. In terms of CIE, technical aspects, the elements of conducting a psychotherapeutic conversation according to C. Rogers are close, and some behavioral therapy strategies, for example, by J. Wolpe. Nevertheless, the Symbol Drama is not a combination of related psychotherapeutic methods, but an independent, original discipline, many elements of which arose long before they appeared in other areas of psychotherapy. The Symbol Drama successfully combined the advantages of a wide range of psychotherapeutic techniques that occupy a polar position in the world of psychotherapy: classical and Jungian analysis, behavioral psychotherapy, humanistic psychology, and auto-training. The best use of the methods of Katathym-imaginative Psychotherapy of children and adolescents has proven itself when working with childhood phobias.

Domestic theory and practice of psychotherapeutic assistance in its formation is guided by the achievements of world psychotherapeutic science and practice in the context of innovative trends inherent in it at this stage, changes in methods, approaches, and requirements for psychotherapy. At the same time, the development of domestic psychotherapy is also determined by the socio-political, economic and cultural processes of their own society, the mentality of the people, modern needs and demands of people. In this regard, when applying one or another organizational forms, theories and methods of modern Western psychotherapy in domestic spaces, the question arises of the availability of appropriate conditions for their use, as well as their study, understanding and processing taking into account the sociocultural context in theory and in practice. This view becomes relevant when considering such a method of psychodynamic paradigm as Katathym-imaginative Psychotherapy. Katathym-imaginative Psychotherapy (KIP, Symbol Drama) is a psychodynamic method that was founded by the German psychotherapist H. Leuner in the 40<sup>th</sup>-50<sup>th</sup> of the past century and, having shown high efficiency in psychotherapy of neurosis, disorders associated with neurotic personality development, and psychosomatic

diseases, in 1995 was introduced into psychotherapy as a scientifically based method. Today, the method of Katathym-imaginative Therapy in the treatment of neurotic disorders is used by O.E. Efimov, A.E. Novik, A.A. Khokolev, I.P. Kovalenko, I.M. Grinev and others.

Instrumentation is characterized by three essential features: the method is based on the abyss-psychological theories; it uses imagination; a key role is played by the symbolism of imagination (Cooper, 1995). According to modern ideas of scientists studying the method, its key theoretical provisions are as follows: the main determinants of personal development and behavior are considered unconscious mental processes (unconscious fantasies, drives, conflicts and defense mechanisms), as well as the dynamics of their development in relations with the object; the method is based on the theoretical foundation of classical psychoanalysis and its modern development (theory of trains, ego-psychology, theory of object relations, Self-psychology, psychology of the development process, etc.). KIP differs from other areas of psychodynamic psychotherapy by working with the imaginative sphere of a person; specific to this method is a special form of representing images - imagination, in which the patient's internalized conflicts and patterns of his object relations are represented in a symbolic form; in the therapeutic process, the psychotherapist uses these symbolizations and subsequent patient associations in the context of the anamnesis, current life situation, and transference / countertransference relationships for diagnostic and therapeutic purposes; effective factors of instrumentation are: dosed by the patient himself disclosing unconscious issues; microcatharsis; test actions at a fantasy level; stimulation of creative (fantasy-related) abilities; meeting basic needs at a symbolic level; actualization of infantile traumatic scenes, the study of the conflict. Consideration of instrumentation in the continuum of other psychodynamic methods, allows you to highlight its advantages as a method that meets modern trends in the development of psychotherapy, namely: Symbol Drama occupies a middle place between the "opening" and "supporting" psychotherapeutic methods; it is noted by systematic nature and technical organization (the presence of structured application technologies) short-term and versatility; has a wide range of applications and minimal restrictions (contraindications) is characterized by lability, which allows the use of instrumentation in combination with other psychotherapeutic methods, in various forms (group, individual, double ) and with various categories of clients (adults, children, families).

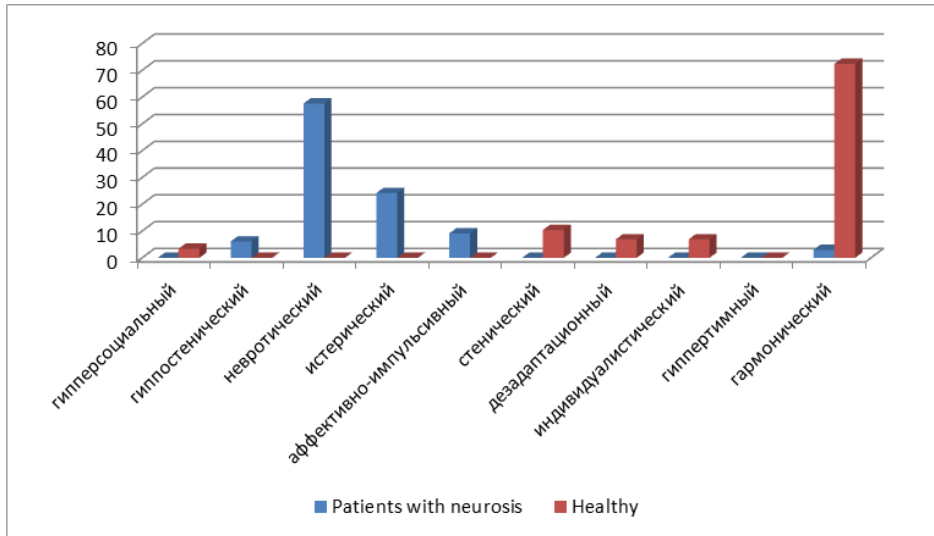
Katathym-imaginative Psychotherapy has been thoroughly introduced in Ukraine since 1995. The experience of its practical application

has shown important features of the method that attract domestic specialists: firstly, the method is well-structured and technically organized, that is, it contains fairly clear application technologies both at the beginning of work with the client and as it unfolds from session to session; secondly, the method is based on the concepts of classical and modern psychoanalysis, that is, it has a fundamental theoretical base, and therefore is solid and reliable; thirdly, the catatymic image experience is correlated with the mentality of domestic clients and psychotherapists, since the landscape motifs that are offered in the Symbol Drama and are basic for it ("Meadow", "Stream", "Mountain", "Edge", etc.) – are natural and familiar to the inhabitants of our country. In addition, these motifs are widely represented in domestic folklore, as well as in folk art; fourthly, emotionally driven by the experience of images, it provides and on what the instrumentation is built, corresponds to the psychological characteristics of a significant number of clients, for which it is more acceptable to use an emotionally-shaped, rather than cognitively rational way of working out psychological problems and conflicts.

Thus, the experience of the use of Katathym-imaginative Psychotherapy in the domestic psychotherapeutic space indicates sufficient theoretical and practical prerequisites for further dissemination and implementation. At the same time, this experience also shows that the application of the KIP method in Ukraine should be carried out taking into account the peculiarities of the sociocultural context, in particular the specifics of domestic clients and psychotherapists and the relationships between them, the specifics of the imaginative process, the symbolism of images, etc., that is, occur precisely as adaptation with proper observation, research, generalization.

We present to you the results of a study of the psychological conditions of patients with neurotic disorders compared with healthy people. During the ascertaining stage of our own research, we studied the indicators of mental states in two groups: No. 1 — a group of patients with neurotic disorders and group No. 2 — persons who were conditionally healthy. The data of our own research on the mental states of those studied by MMPI profiles are shown in Diagram 1 and Table 1.





**Chart 1.** Indicators of the mental state of the studied on the profiles of MMPI in groups No. 1 and No. 2.

According to our data, the indicators of the lie scale were low, therefore, we can talk about the reliability of the data. We also performed a rank factor analysis of the MMPI profile data (by positioning the profiles depending on their significance for the personality of the subject). The results are shown in table 1.

**Table 1.** The personality profile of the studied groups (%).

Group	Total points						
	40	50	60	70	80	90	100
Unhealthy		6,1	6,1	9,1	54,5	24,2	
Healthy	65,6	24,1	3,4	6,9			

In interpreting the results, it was assumed that any indicator that is 70 T or higher (peak “profile”) is accepted as a normative for identifying pathological deviations. High ratings on all scales after building a personality profile are ratings in excess of 70, low - less than 40. According to our data, we see high rates in the group of patients with neurosis, versus average in the group of “healthy” individuals, a statistically significant result ( $p < 0, 05$ ).

We presented the research data according to the “SAN” technique in table. 2.

**Table 2.** The results of the test "SAN" in the studied groups (%).

Group	Well-being			Activity			Mood		
	Low	Average	High	Low	Average	High	Low	Average	High
Unhealthy (n=33)	63,7	12,1	24,2	72,7	9,1	18,2	48,5	27,3	24,2
Healthy (n=29)	24,1	69,0	6,9	44,8	38,3	6,9	24,1	58,7	17,2
$\varphi$	3,23	4,91	1,95	2,26	2,84	1,37	2,02	2,54	0,68

According to our data, we have the opportunity to state that in the group of patients with neurosis there is a tendency to lower indicators of well-being, activity, mood, while healthy patients have a significant advantage ( $p < 0.05$ ) of average indicators over similar ones in the group of patients. So, well-being at an average level is found in 69.0% of healthy individuals versus 12.1% in patients with neurotic disorders, and only a quarter of healthy (24.1%) versus 63.7% in the group of neurotic patients have decreased well-being disorders ( $p < 0.05$ ). At the same time, we did not find a statistically significant difference in high SAN indices by the angular  $\varphi$  Fisher transform, which is due, in our opinion, to the presence of people with neurotic disorders with symptoms of hyperactivity, hysteria, that is, these indicators are due to pathological deviations of the disease. So, according to the SAN method, we found the advantage of low indicators of well-being, activity and mood in group No. 1 (patients with neurosis) with a predominance in group No. 2 (healthy) of average indicators of well-being, activity and mood.

It should be noted that the “SAN” test quite successfully works in conjunction with the G. Eysenck’s mental state self-assessment test. With a certain analogy of the approaches and scope of assessment, each of them clarifies the self-esteem of the mental state of the individual according to a different spectrum. The data of our study of self-esteem of mental states in the studied groups No. 1 and No. 2 are shown in the following table. 3.

**Table 3.** Mental conditions in the studied groups according to Eysenck (%).

Group	Patients with neurosis (n = 33)			Healthy (n=29)		
	Low	Average	High	Low	Average	High
Anxiety	3,0*	12,1*	84,9*	17,2	44,8	38,0
Frustration	12,1	63,7	24,2*	24,1	72,5	3,4
Rigidity	12,1*	24,2	63,7*	48,3	34,5	17,2
Aggressiveness	63,7	9,1*	17,2*	72,5	27,5	-

Note \* - the difference in indicators is significant ( $p < 0.05$ )

From the data presented it is clear that patients with neurosis have a high level of anxiety (84.9%), rigidity (63.7%), with a predominantly moderate level of frustration and a low level of aggressiveness. According to the angular transformation of  $\varphi$  Fisher there is a statistically significant advantage of high rates of anxiety, frustration, rigidity and aggressiveness in patients with neurosis against group No. 2 (healthy individuals), ( $p < 0.05$ ). At the same time, in the healthy group statistically significant ( $p < 0.05$ ) low levels of anxiety, rigidity and aggressiveness prevail. So, we can state that, in contrast to healthy patients examined in the group of patients with neurotic disorders, high rates of such negative mental states, as anxiety, frustration, rigidity and aggressiveness prevail. It should be noted that the mentally healthy examined have the phenomenon of increased anxiety, which, in our opinion, is caused by modern living conditions, and increased stress factors that constantly affect the personality. The presence of sufficiently high levels of anxiety in the group of patients with neurotic disorders, and the presence of the phenomenon of increased anxiety in the group of relatively healthy individuals led to a more detailed discussion of this issue using the A.Kondash scale. The results are shown in table. 4.

**Table 4.** The state of anxiety on the A. Kondash scale.

Group	Patients with neurosis (n=33)		Healthy (n=29)		Fisher index $\varphi$
	Abs.	%	Abs.	%	
Professional					
High	27	81,8	10	34,5	3,95
Average	5	15,2	14	48,3	2,89
Low	1	3,0	5	17,2	1,99
Self-esteem					
High	7	21,2	4	13,8	0,77
Average	3	9,1	21	72,4	5,59

Low	23	69,7	4	13,8	4,77
Interpersonal anxiety					
High	8	24,2	14	48,3	2,00
Average	16	48,5	11	38,9	0,76
Low	9	27,3	4	13,8	1,33

As it can be seen from this table, a statistically significant difference is noted in the indicators of both groups. Moreover, in the group of patients with neurosis, we note high levels of professional anxiety (in 81.8% of respondents) and low self-esteem (in 69.7% of respondents), but interpersonal anxiety rates are average. In healthy people, there is a slight increase in professional anxiety and quite significant interpersonal anxiety (a high level of 48.3% of respondents) with average rates of professional anxiety and self-esteem. It should be noted that a statistically significant difference ( $p < 0.05$ ) calculated by the angular conversion of Fisher  $\varphi$  is noted in all three indicators between the two studied groups, so we can conclude that anxiety in patients with neurotic disorders is associated with professional activity, more precisely, with a decline in their professional qualities under the influence of the disease. This also led to a significant decrease in self-esteem in the group of patients with neurotic disorders. At the same time, a certain level of anxiety in people without neurotic diseases is caused, according to our data, by problems in interpersonal relationships, that is, communication problems inherent in modern society. To study the characteristics of neuropsychic lability, extraversion and psychotism, we used the "PEN" questionnaire. The results of the study are presented in table 5.

**Table 5.** The results of the examination of the test groups in the questionnaire "PEN"

Scales	Patients with neurosis	Healthy	t
Psychotism	17,31±1,08	8,11±2,02	4,02
Extraversion/introversion	6,12±2,32	14,71±1,15	3,32
Neuroticism	19,12±1,11	8,75±2,31	3,66
Sincerity	5,14±2,09	5,22±2,42	0,03

As it can be seen from table 5, statistically significant results are recorded in both groups ( $p < 0.05$ ); yes, in the healthy group, a high average indicator was recorded under extraversion - introversion, a high score of 14.71, i.e., the studied healthy ones corresponded to an extroverted type of temperament. This type of personality is characterized by superiority in relation to the world around, they are characterized by impulsiveness,

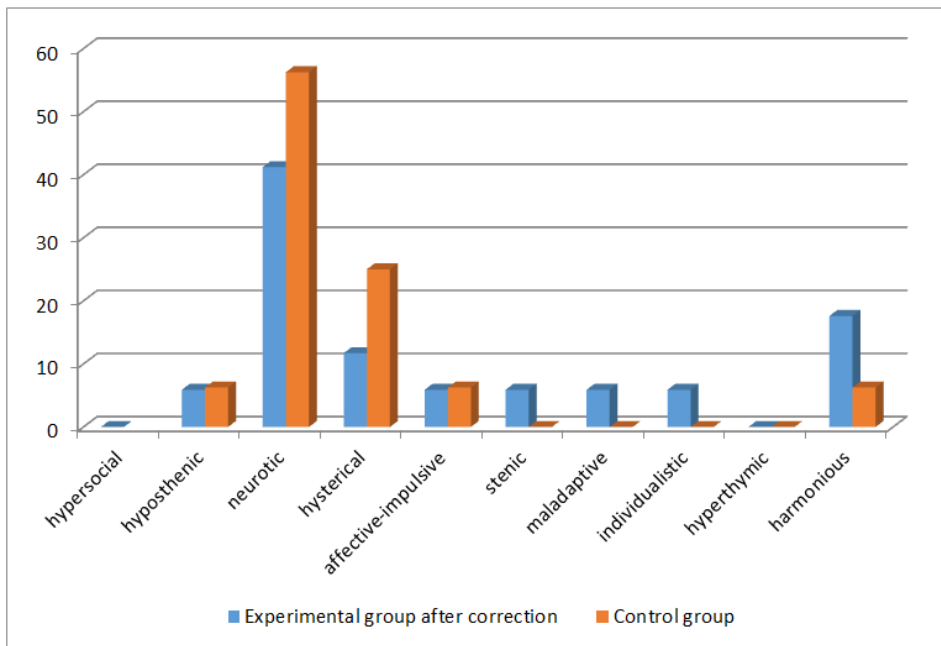
initiative, flexibility of behavior, sociability, social adaptation. The opposite picture is observed in patients with neurotic disorders. Patients with neurosis have high levels of psychotism and neuroticism (17.31 and 19.12, respectively), so that they have a high level of conflict and low psychological stability. We also received low indicators on the sincerity scale and we can clearly say that the studies are considered reliable.

Our studies suggest that in patients with neurosis are observed such psychological phenomena that characterize changes in their psychological state: according to the MMPI profiles, these are high levels of neuroticism and hysteria, and indicators indicating pathological abnormalities are high and significantly more than healthy ones with average results. According to the SAN method, we found in patients with neurosis a decrease in health, activity and mood indicators, which in the healthy group were in the region of average values (the difference was statistically significant,  $p < 0.05$ ). We found high levels of anxiety and rigidity in patients with neurosis, also noted a higher average level of anxiety in the healthy group, further research indicates that patients with neurosis have high levels of professional anxiety with a low level of self-esteem, and in healthy people the anxiety profile is different - anxiety prevails in interpersonal relationships, with an average level of self-esteem. According to the PEN questionnaire, we found in the group of patients high rates of psychotism and neuroticism, in contrast to healthy ones, where these indicators are low (statistically significant,  $p < 0.05$ ). At the same time, patients with neurosis have an overwhelming tendency to introversion, as opposed to healthy, more prone to extrovert. We believe that the main areas of psychocorrection in working with patients with neurosis will be the primary removal of increased anxiety and, at the second stage, the formation of a positive attitude towards life, increasing activity and mood. In our opinion, it is necessary to pay attention to such a method of correction of mental states as the Symbol Drama, which showed quite significant results in the correction of the disorders described by us.

To correct the mental states of people with neurotic disorders, we have developed and tested a training program for correcting the mental conditions of people with neurotic disorders using the Symbol Drama method. At the beginning of this stage of the study, we divided group No. 1 into two groups - the control group (16 people) and the experimental group (17 people). Both groups included individuals with neurotic disorders, randomly selected by consent and voluntary participation.

A program for the correction of mental states, aimed at correcting the most significant (in our opinion) mental disorders was carried out in the experimental group. The result of its impact on the mental state of patients

with neurotic disorders was evaluated 2 weeks after the end of the correction program. At the same time, it should be noted that the general mood of patients with neurotic disorders to psychocorrectional work in the group was rather incredulous. We needed to spend more than planned time explaining the features of the psychocorrection program, more carefully approach the rules of working in a group, explaining their need, and focus more on the positive effects of the use of the Symbol Drama method. At the same time, the Symbol Drama method itself showed that the initial distrust quickly disappears precisely under the influence of the method. His ability to activate the creative potential of the individual automatically does the job of improving trust between the trainer and the training participants. However, we concluded that with further improvement of our program, it is necessary to devote more time to the introductory part of the training and redo its composition. When checking the data after the experiment according to the results of the MMPI test, we received the following data (Fig. 2).

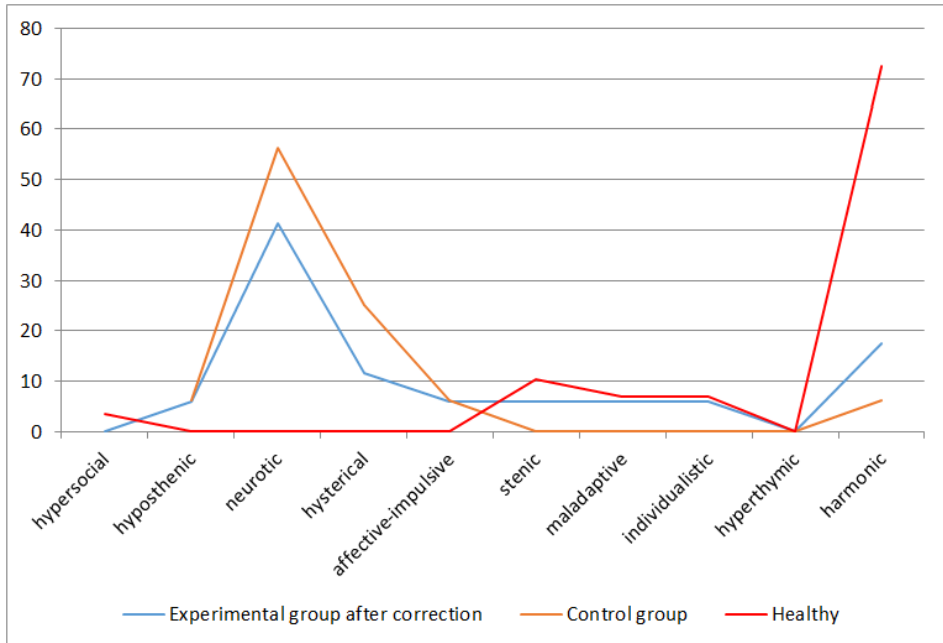


**Chart 2.** Indicators of the mental state of the studied by the profiles of MMPI in the control and experimental groups after the experiment.

According to our data, in the group of patients with neurosis, we observed a tendency to a decrease in the indices of the neurotic and

hysterical profiles, and an increase in the indicators of a harmonious profile, however, these trends did not have statistical confirmation of the Fisher angular transformation coefficient, at the same time, we checked whether the randomness found changes in the coefficient Zst. For this, we compared the indicators of the experimental group before and after the correctional training.

When comparing the data in the experimental, control and healthy groups, we obtained the following results (Fig. 3).



**Chart 3.** Comparison of the data of mental states according to the MMPI test in the control, experimental group after training and the healthy group.

The diagram presented by us quite clearly indicates that positive changes in the experimental group after the training are present, but they are still far from the profile of people without neurotic diseases. In our opinion, the achievement of changes in the mental profile, which is recorded according to the MMPI method, requires more time. We expected greater sensitivity to changes on the part of the SAN test, as having a shorter reaction time to changes.

The control gave us the opportunity to note the most expressed changes in the group of patients with neurotic schedules, which are shown in tables 7-9.

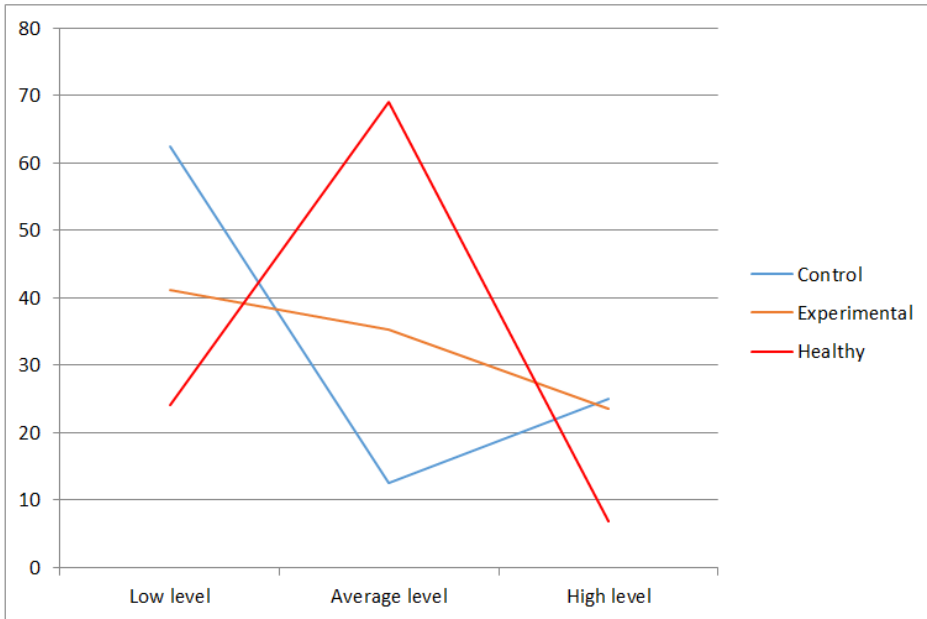
**Table 6.** The results of the test "SAN" in the studied groups (%).

Group	Well-being			Activity			Mood		
	Low	Average	High	Low	Average	High	Low	Average	High
Experimental group (n=17)	41,2	35,3	23,5	47	35,3	17,7	11,7	53	35,3
Control group (n=16)	62,5	12,5	25	75	6,25	18,75	50	25	25
Fisher index $\varphi$	1,23	1,58	0,10	1,68	2,20	0,08	1,60	1,68	0,10

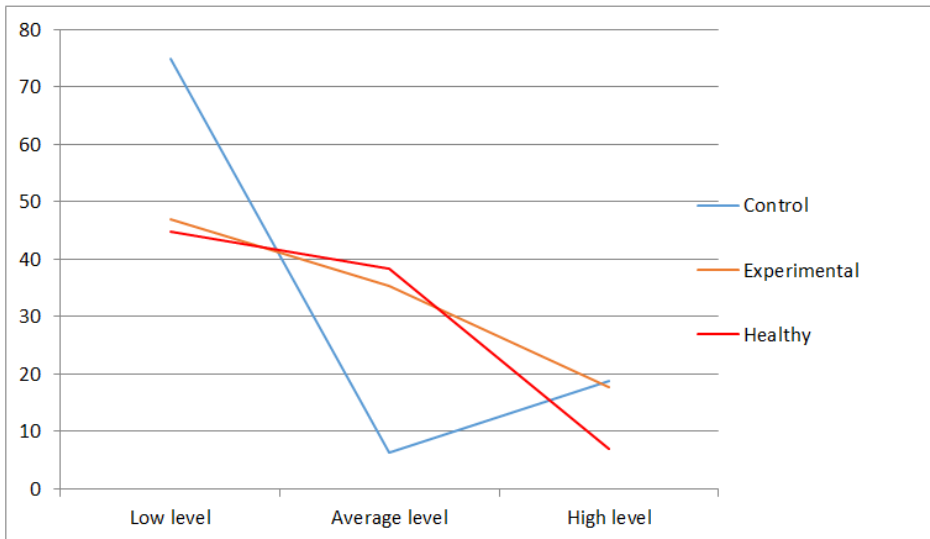
As it can be seen from the table, we observed positive changes in all three indicators (well-being, activity, mood), which were also statistically significant ( $p < 0.05$ ). Changes occurred due to a decrease in the percent of lowered indicators and an increase in average indicators. So, the mood indicators in the experimental group after training were reduced by 23.5% versus 50% in the control group, and the average mood level was 53% against 25% in the control group where training was not conducted ( $p < 0.05$ ).

We also considered it appropriate to conduct a cross-cutting comparison of the obtained indicators in the control, experimental groups with indicators in the group of healthy individuals. The results of our comparison are reflected in the diagram. 4-6.

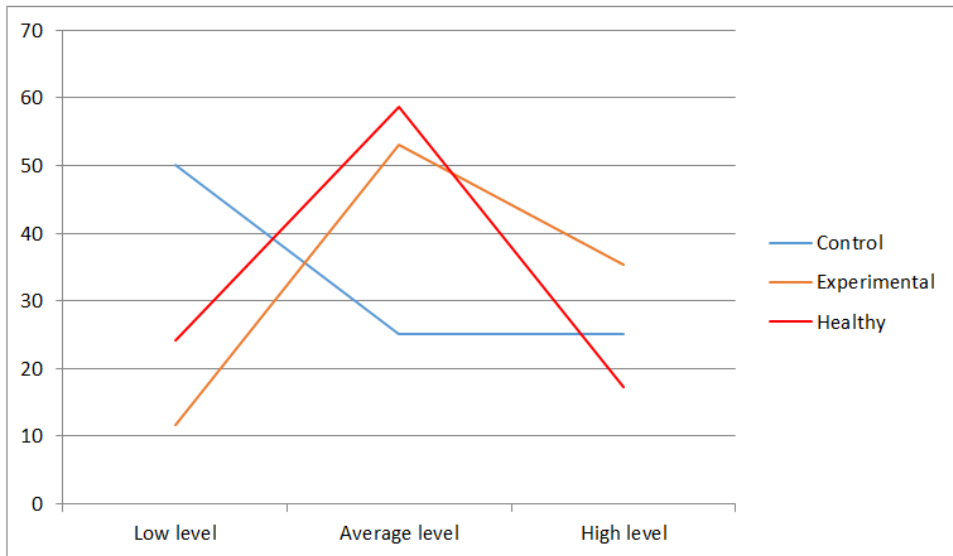




**Chart 4.** The state of well-being with the SAN test in the studied groups.



**Chart 5.** Activity Status according to the SAN test in the studied groups.



**Chart 6.** The mood state according to the SAN test of the studied groups.

As it can be seen from the above diagrams, the state of health and activity in patients with neurotic disorders improved significantly, although they did not reach that level in the group of relatively healthy individuals, at the same time we note that the mood in the experimental group after the training was even slightly better than in the healthy one. It is explained by the fact that the mood indicator is the most labile; it can change quickly, while well-being and activity are more inertial characteristics. On the other hand, such data indicate a significant effect of the Symbol Drama method on the emotional sphere, which was reflected in the long-term improvement of mood after the correctional training.

When examining mental states using the Eysenck questionnaire, we obtained the following results (Table 7). Positive dynamics was also observed by the Eysenck test. Moreover, the most expressed dynamics was manifested in a decrease in the level of anxiety ( $p < 0.05$ ), the dynamics in a decrease in the levels of rigidity and aggressiveness was slightly less pronounced, a slight positive dynamics, which was not statistically significant, was observed in terms of frustration.

**Table 7.** Mental conditions in the studied groups according to Eysenck (%).

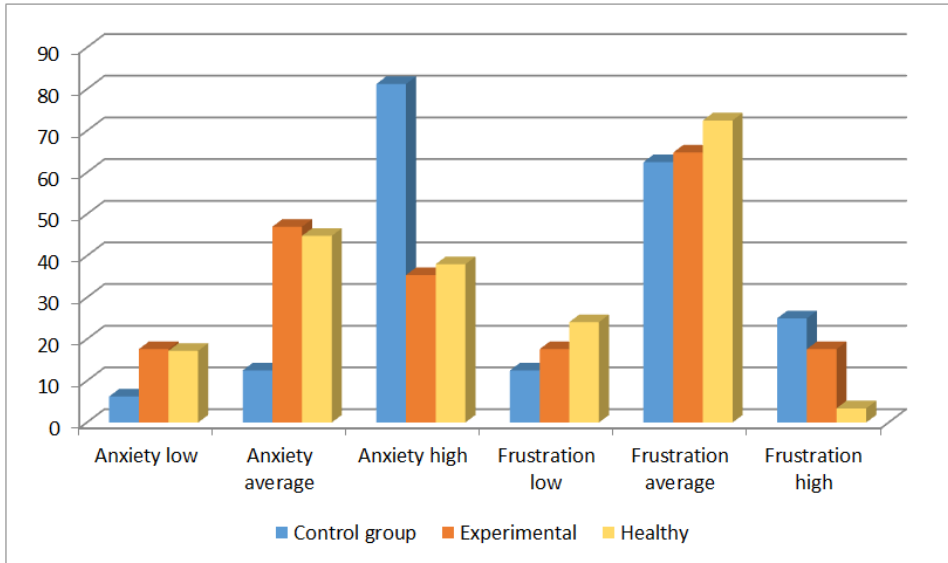
Group	Experimental group (n=17)			Control group (n=16)		
	Low	Average	High	Low	Average	High
Anxiety	17,6	47,0*	35,4*	6,25	12,5	81,25
Frustration	17,6	64,8	17,6	12,5	62,5	25
Rigidity	23,5	41,2	35,3	12,5	25	62,5
Aggressiveness	82,3	11,8	5,9*	62,5	6,25	31,25

Note \* - changes in indicators are significant ( $p < 0.05$ ).

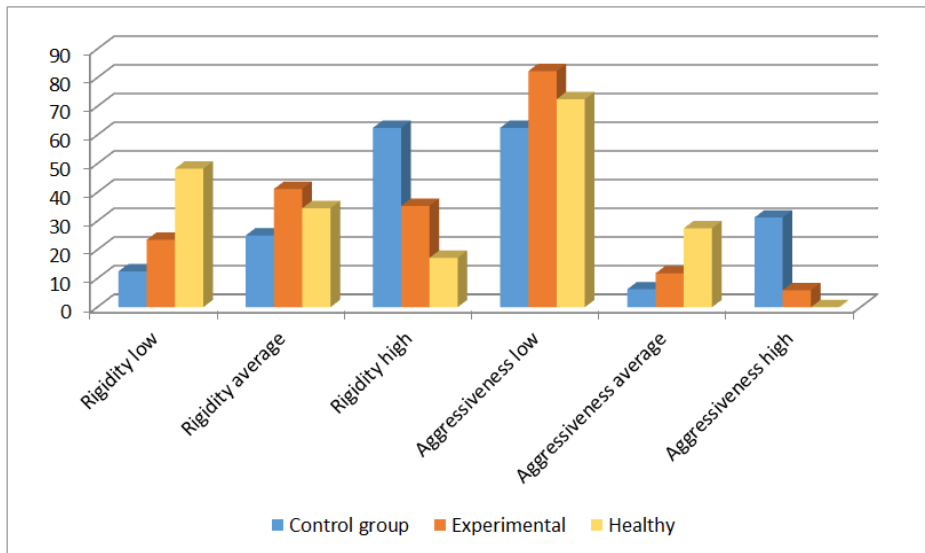
Thus, according to our data, changes in the state of anxiety occurred due to a significant increase in the average level of anxiety (47% in the experimental group after the training versus 12.5% in the control group where the training was not conducted) and a decrease in the high level indicators (35.4 % in the experimental group versus 81.25% in the control, respectively) ( $p < 0.05$ ). And the level of aggressiveness, on the contrary, has changed due to an increase in the low level (82.3 against 62.5%, respectively) and a decrease in the high level (5.9 against 31.25%, respectively,  $p < 0.05$ ).

We also considered it appropriate to conduct a cross-cutting comparison of the obtained indicators in the control, experimental groups with indicators in the group of healthy individuals. The results of our comparison are shown in the diagram. 7.-8.

According to our data, the Symbol Drama has shown itself best when it affects the state of anxiety and aggressiveness, which almost returned to normal (by which we consider this situation among healthy people), the effect on rigidity and frustration is less expressed.



**Chart 7.** The state of anxiety and frustration in the studied groups (according to the Eysenck test)



**Chart 8.** The state of rigidity and aggressiveness in the studied groups (according to the Eysenck test)

In our opinion, we note such selective efficacy of the activity of Katathym-imaginative Psychotherapy precisely because it actively influences the personality indirectly through the emotional sphere, therefore, states in

which the emotional component is expressed, such as anxiety, aggressiveness, are better exposed to the Symbol Drama method. We were interested in the fact whether the effectiveness of the Katathym-imaginative Psychotherapy on the state of anxiety during the anxiety test according to the O. Kondash scale would be confirmed (see Table 8).

**Table 8.** Anxiety state on the O. Kondash scale in patients with neurotic disorders in the control and experimental groups.

Group	Control group (n=16)		Experimental group after correction (n=17)		Fisher index
	Ađc.	%	Ađc.	%	
Levels of anxiety					$\varphi$
Professional					
High	13	81,25	6	35,3	2,79
Average	2	12,5	6	35,3	1,58
Low	1	6,25	5	29,4	1,84
Self-esteem					
High	3	18,75	4	23,5	0,33
Average	2	12,5	9	53,0	2,61
Low	11	68,75	4	23,5	2,71
Professional anxiety					
High	4	25	1	5,9	1,60
Average	7	43,75	7	41,2	0,15
Low	5	31,25	9	52,9	1,27

On the O. Kondash scale, positive dynamics in all indicators of anxiety was expressed. So, professional anxiety had a decrease in a high level (35.3 in the experimental group after correction versus 81.25% in the control group) and an increase in the low level (29.4 against 6.25%, respectively) ( $p < 0.05$ ). In terms of self-esteem, in the group of patients with neurotic disorders after correction, we noted a statistically significant increase in the average level (53 versus 12.5%) and a decrease in the low level (23.5 versus 68.75%, respectively) ( $p < 0.05$ ). Interpersonal anxiety also showed an increase in the low level, despite this indicator, and that there is no statistical confirmation, we are able to claim that the Symbol Drama method affects all aspects of anxiety according to O. Kondash, also improving the overall self-esteem of the person.

It was important for us to record how the Symbol Drama method affects the results of the PEN questionnaire (see Table 9)

**Table 9.** The results of the examination of the control and experimental groups according to the questionnaire "PEN".

Scales	Experimental group after training (n=17)	Control group (n=16)	t
Psychotism	14,24±1,17	17,22±1,11	1,85
Extraversion/introversion	6,46±2,09	6,33±1,99	0,05
Neuroticism	18,19±1,01	19,2±1,16	0,66
Sincerity	4,88±2,11	5,01±1,89	0,05

We did not notice statistically significant changes in the indicators of mental states in the PEN questionnaire, although we noted some decrease in the indicators of psychotism and neuroticism. In our opinion, these indicators are rather inert, therefore, waiting for changes for a rather short period of time (2 weeks after the training) is not logical. We believe that monitoring of stable or inert indicators of mental conditions should be carried out at least 1 month after which the training is adjusted, preferably after 2.

## Conclusions

Having analyzed domestic and foreign scientific literature on the problem of studying neurotic disorders and their correction, we can draw the following conclusions: 1) Psychogeny is a mental disorder that occurs in connection with the experience of adverse situations and circumstances (problems). Psychogenesis is divided into neurotic reactions, neuroses, reactive psychoses. Neurotic reactions are characterized by acute onset and short-term course. These are violent emotional and vegetative outbreaks with sobbing, motor disorders, autonomic disorders. 2) Therapy of neuroses - etiological, pathogenetic and symptomatic - is based on general principles. The etiological focuses on the awareness and deactivation by patients of the content of the psychogenic conflict situation. The pathogenetic effect includes the influence on the leading links of syndromogenesis: Pathopsychological, neurochemical, integrative-regulatory. Symptomatic is considered the effect on specific mental, somatic and autonomic painful manifestations. 3) Katathym-imaginative Psychotherapy (KIP, Symbol Drama) - the psychodynamic method, which was founded by the German psychotherapist H. Loyner in 40<sup>th</sup> - 50<sup>th</sup> of the past century and, having shown high effectiveness in psychotherapy of neurosis, disorders associated with neurotic personality development and psychosomatic diseases, in 1995 was introduced into psychotherapy as a scientifically based method. 4) We

have proposed a comprehensive program for the study of mental conditions in patients with neurotic disorders, which includes the Minnesota multi-aspect personality questionnaire MMPI, the SAN technique (well-being, activity, mood), self-assessment of mental conditions from Aysenck, the O. Kondash social and situational anxiety scale, PEN questionnaire. In our opinion, the data obtained during the study will become the basis for creating corrective training of mental states by the method of Katathym-imaginative Therapy (Symbolic Drama). 4) According to the empirical data of our study, it is known that in patients with neurosis such psychological phenomena are observed that characterize changes in their psychological state: according to the MMPI profiles, these are high levels of neuroticism and hysteria, and indicators indicating pathological abnormalities are high and significantly more than healthy ones, possessing average results. According to the SAN method, we found in patients with neurosis a decrease in health, activity and mood indicators, which in the healthy group were in the region of average values (the difference was statistically significant,  $p < 0.05$ ). We found high levels of anxiety and rigidity in patients with neurosis, also noted a higher average level of anxiety in the healthy group, further research indicates that patients with neurosis have high levels of professional anxiety with a low level of self-esteem, and in healthy people the anxiety profile is different - anxiety prevails in interpersonal relationships, with an average level of self-esteem. According to the PEN questionnaire, we found in the group of patients high rates of psychotism and neuroticism, in contrast to healthy ones, where these indicators are low (statistically significant,  $p < 0.05$ ). At the same time, patients with neurosis have an overwhelming tendency to introversion, as opposed to healthy, more prone to extrovert. Correction of mental states by the Symbol Drama method showed that after the correction in the group of patients with neurosis, we observed a tendency to a decrease in the indicators of the neurotic and hysterical profiles, and an increase in the indicators of a harmonious profile, however, these trends did not have statistical confirmation. Positive changes were also observed in all three indicators according to the SAN test (health, activity, mood), which were also statistically significant ( $p < 0.05$ ). Changes occurred due to a decrease in the percent of lowered indicators and an increase in average indicators. Positive dynamics was also observed by the Eysenck test. According to our research, it is advisable to use Symbol Drama to stabilize the anxiety and aggressiveness, which practically returned to normal (by which we consider this situation in healthy individuals), the effect on rigidity and frustration is less expressed. We have the opportunity to claim that the method of Symbol

Drama affects all aspects of anxiety according to O. Kondash, while significantly improving the overall self-esteem of the person. We did not find statistically significant changes in the indicators of mental states according to the PEN questionnaire, although there was some decrease in indicators of psychotism and neuroticism.

Thus, we believe that the Symbol Drama effectively influences the dynamic, labile indicators of mental states, in the components of which there is a high content of the emotional component due to the fact that the Katathym-imaginative Therapy affects the emotional component of the personality, causing changes through appropriate emotional responses. At the same time, those mental states that are less dependent on the emotional component are more stable, less affected by the Symbol Drama method.

In our opinion, further improvement of the proposed correctional training is the need to strengthen and consolidate the influence of the Symbol Drama, we propose to conduct the training again after 2 months. Evaluating its effectiveness is more appropriate 1 month after a second cycle. In the structure of the classes themselves, we also consider it appropriate to make certain adjustments: it is necessary to increase the time for the introductory part of the training, pay more attention to explaining the principles of the action of Katathym-imaginative Therapy, and pay more attention to the participants getting a positive mood for the training and the trainer.

### **Prospects for further research**

It is required to conduct a detailed study of the mechanisms of the influence of Katathym-imaginative Psychotherapy on the features of correction of neurotic disorders of various etiologies and in people of different age categories.

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