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V. N. MYASISHCHEV'S PSYCHOLOGICAL CONCEPT OF RELATIONS: NEUROSIS THEORY AND PSYCHOTHERAPY¹

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Abstract. The high scientific potential of the idea of a relation as a unit of psychological analysis created by V.N. Myasishchev is confirmed by the holistic approach to the problem of personality, its disorders and psychological interventions aimed at their correction. The theory of personality relations, the concept of psychological origin of neurotic disorders and the psychotherapeutic system, united by the conceptual unity, is a unique approach in domestic psychology, which fills the lack of a clear theoretical grounding in psychotherapeutic practice. The article attempts to examine the content of V.N. Myasishchev's pathogenetic neurosis concept and psychotherapy in connection with the psychology of relations.

Keywords: history of psychology, psychology of relations, self-other system disorder, neuroses, psychogenias, neurotic conflict, pathogenetic neurosis concept and psychotherapy, personality-oriented (reconstructive) psychotherapy.

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An article that attempted to systematize V.N. Myasishchev's psychological concept of relations and show its high potential for theoretical and practical psychology was published in the *Psikhologicheskii zhurnal* [Psychological Journal] in 2020 [11]. In the most explicit and finished form the ideas put forward in the theory of relations were translated into reality by its author, his students and followers in clinical psychology and medicine.

V.N. Myasishchev's personality theory as a system of relations was the methodological basis for the formation of the psychological concept of the origin of neurotic

disorders and the psychotherapeutic system (the pathogenetic neurosis concept and psychotherapy). All three concepts form a theoretical unity which is a distinctive feature of the main directions of psychotherapy, which have received practical application and empirically confirmed their effectiveness [3; 5; 6; 10].

The problem of the theoretical validity of psychotherapeutic interventions is extremely relevant since the methods of psychotherapy widely used in practice do not always have in their basis distinct theoretical ideas of norm and pathology, the presence of which is a necessary condition for the formation of any therapeutic system. The theoretical validity of various directions of psychotherapy consists in their interrelation with psychological theories, first of all, the concepts of personality, which, along with ideas about the structure, motivation and development of personality, contain ideas about psychological well-being and mental health,

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personality disorders and their causes, possibilities of changes in the process of psychotherapy. Psychological theories provide possibilities for revealing the specific for a given psychotherapeutic system content of the concepts of “normality” and “pathology” as applied to a personality. The concept of norm is the concept of personality, which defines the basic determinants of development and functioning of the person. The concept of pathology is the “etiology” (causes and conditions of emergence and development) of neurotic disorders, which are viewed in the context of the corresponding conceptions of normality. Theoretical conceptions that reveal the psychological content of the concepts “norm” and “pathology” define the general orientation of psychotherapeutic interventions, their tasks, tactics and strategy of the psychotherapist, methods, duration, and intensity of influence.

In domestic psychology, there are certainly psychological concepts which could serve as a basis for the development of insight into the psychological nature of neurotic disorders and the creation of the corresponding psychotherapeutic system. A.N. Leontiev’s psychology of activity should be mentioned here in the first place. However Moscow psychological school was traditionally connected with psychiatric and neurosurgical clinics, which contributed to the creation of such powerful branches of native clinical psychology as pathopsychology and neuropsychology. Prior to the ’70s of the 20th century the problem of neurotic disorders was not in the focus of attention of the Moscow school of psychiatry and clinical psychology. Leningrad school of clinical psychology, whose founder V.N. Myasishchev was a student of the outstanding Russian scientists V.M. Bekhterev and A.F. Lazursky, on the contrary, was most closely connected with neurosology, which created possibilities for the development of both theoretical notions about the nature of neurotic disorders and their psychotherapy and the practical use and empirical testing of the developed psychotherapy system.

Unfortunately, V.N. Myasishchev, the author of *Psychology of Relations*, did not leave a separate work in which the presentation of the psychology of personality, the concept of neurosis and the psychotherapy system would be systematically presented in its entirety. In this article, an attempt has been made to examine the psychological content of V.N. Myasishchev’s pathogenetic conception of neuroses and psychotherapy in close connection to the psychology of relations on the basis of an analysis of his theoretical conceptions of personality as a system of relations, as well as the results of many years of research carried out at the V.M. Bekhterev St. Petersburg Research Institute for Psychiatry and Neurology under the supervision of B.D. Karvasarsky,

a student and follower of V.N. Myasishchev who made a huge contribution to the further development and practical implementation of his teacher’s ideas. [1; 2; 4–10; 12; 13; 18; 20; 21].

PATHOGENETIC CONCEPT OF NEUROSES BY V.N. MYASISHCHEV

The approach to understanding the nature of neurotic disorders has historically been characterized by two directions: biological and psychological [8]. V.N. Myasishchev’s pathogenetic conception of neuroses is the only one in Russian neurosology, which is a conception of neurotic disorders of psychological origin.

The existing approaches to understanding the etio-pathogenesis of neurotic disorders, which take into account, along with other factors, the role of a psychological factor, as a rule, understand it rather narrowly. Neurosis is viewed either as dysfunction of any organ or body system under the influence of strong experiences or as a consequence of blocking of a leading need or as a result of the presence of certain “neurotic” personality traits. V.N. Myasishchev considers neurosis as a global personality disorder and defines it as a disorder of psychogenic origin, “...which is based on an unsuccessful, irrational and nonproductive resolution of the contradiction between the personality and the reality significant to it, which causes a painfully oppressive experience for it... Inability to find a rational and productive way out entails psychic and physiological disorganization of the personality”. [14, p. 424].

V.N. Myasishchev formulated a number of provisions that reveal the content of the category “psychogenic illness” [14]. First, the occurrence of psychogenic illness is connected with the personality and relationships of the patient, with the psychotraumatic situation and its subjective intractability, i.e. the inability of the personality with its certain features to solve this situation. Second, the occurrence and course of neurosis are connected to a pathogenic situation and the personality’s experiences; there is a certain correspondence between the dynamics of the patient’s clinical condition and the changes in the psychotraumatic situation. Third, the clinical manifestations of neurosis are a pathological fixation of certain experiences and are associated in their content with the most significant relationships and the strongest and deepest needs and aspirations of the personality. Fourth, psychotherapeutic methods are more effective than biological ones.

The pathogenetic concept understands neurosis as “...a psychogenic (usually conflictogenic) neuropsychiatric disorder resulting from the disturbance of especially significant relationships of personality and

manifested in specific clinical phenomena in the absence of psychotic phenomena" [14, p. 15]. Considering neurosis as a result of disorder of self-other system, V.N. Myasishchev, in fact, nowhere precisely discloses the content of concepts of "disorder of relations" or "disorder of self-other system". He only indicates that "for neurosis as a disease of the personality, disorder of relations is initial and determining" [14, p. 27]. Despite the absence of a clear definition of the concept of "disorder of relations", in V.N. Myasishchev's writings we find an indication that he understands *disorder of relations* as an impairment of its individual characteristics. In this connection, it seems that when analyzing the categories of "disturbed relationship" and "self-other system disorder", we should rely on the essential characteristics of the relation identified by V.N. Myasishchev — integrity, consciousness, selectivity, activity, and also consider the relation in the context of cognitive, emotional and behavioral components and their imbalance.

Disturbance of essential characteristics of the relations is shown in inadequate reflection of its object in all its completeness, disintegration of its various sides and characteristics, and also in imbalance of characteristics of the object and the subject presented in the relationship (*integrity*), in insufficient level of awareness (*consciousness*), inadequate assessment of true importance of the concrete relation (*selectivity*), inability to carry out function of regulation of behavior (*activity*).

Disorder of the *cognitive* component is caused both by insufficient knowledge about the object of the relationship, and insufficient disclosure and understanding of its essence and meanings. Impairment of the *emotional* component of the relation consists, first of all, in its inconsistency (presence of pronounced positive and negative components), hypertrophy, which, in turn, breaks selectivity of the relation and reduces its activity. Disorder of the *behavioral* component can be seen as secondary, connected with distortion of the cognitive and emotional components, which leads to formation of inadequate ways of reacting to the relation object and to more general behavioral stereotypes.

Disturbance of the relation, arising either in the process of its formation, or as a result of its rigidity, inability to flexibly change after changes of the object or real situation, can, in particular, be expressed in the prevalence of characteristics of the subject over characteristics of the object and be considered as a result of imbalance between cognitive and emotional characteristics of the relations or their inadequacy. The most frequent variant of such imbalance consists in the prevalence of a hypertrophied emotional component over a distorted cognitive one.

Thus, the term "*relational disorder*" should be understood as a disorder of its characteristics of different levels, leading to the inability of a relation to perform its two main functions — adequate reflection of reality and effective regulation of behavior. It should be emphasized that inaccuracies in the reflection of reality are not related to cognitive deficits, but are the result of an imbalance between the object and subject characteristics represented in the relationship. The predominance of subject characteristics in relations means, in fact, the dominance of the emotional component of the relationship, which, when hypertrophied (in both positive and negative modalities), can significantly distort the perception of reality.

It seems that in the described context the concept of "disorder" should be considered not so much in relation to individual relationships, but to the entire system as a whole. Disorder consists, first of all, in system discordance that is connected with its major property — hierarchy and is expressed in disorganization of hierarchical communications within the system, presence in it of equally significant for the person, but contradicting each other relations, rupture of communications between separate relations or between blocks of relations.

Disturbances of a self-other system are formed in the course of individual development under the influence of various factors. *Microsocial influences*, first of all features of upbringing, emotional and psychological influences in childhood and throughout a person's life, have the greatest value both for understanding the content of a particular relation and the reasons for its inadequacy. The self-other system formed as a result of adverse psychological influences is characterized by the presence of inadequate relations or impairment of its structural (hierarchical) coherence, as a result of which the self-other system becomes incapable of providing full-fledged functioning and further development of the personality. V.N. Myasishchev has emphasized that the major factor in the development of these disorders is the place of a relation in the hierarchy of the entire system. Disturbance of relations becomes a source of painful experience, psychological problems and conflicts in the event that they "occupy a central or at least *significant* place in the system of personal relations. Their *significance* (italics added) is a condition of affective tension and affective reaction" [14, p. 237]. Thus, disturbance of the most significant elements of the self-other system entails the most "severe" consequences for the personality, at that personal functioning is disturbed in a wider range, more deeply and more intensively.

The results of the research conducted under the supervision of B.D. Karvasarsky allowed us to define more clearly the character of the disorders of the system of relations [1; 5; 20; 21]. Empirical data indicate that

disturbances of the self-other system in neuroses are more pronounced than disturbances of individual most significant relations of a personality and consist of disintegration of the whole system due to disturbances of practically all significant relations [1; 2; 4; 5; 20]. At the heart of such global disorder are the inadequate self-concept and the self-esteem connected with it which, being system-forming, involves practically all significant relations of the personality in this process. By *self-concept* disorder, we mean both insufficient realization or distortion of many aspects of one's own "I" (cognitive component) and an emotionally unfavorable assessment of oneself (emotional component).

The results of research testify to the fact that low self-esteem is characteristic of neurotic patients, regardless of the form of neurosis. Being a result of individual development under the influence of a number of unfavorable factors, first of all, features of upbringing, it plays the major role in formation, amplification and fixation of infringements of all system of relations. Emotionally unfavorable self-concept finds expression not only in low self-esteem, but also in attitudes toward those objects or the phenomena which can be seen as results of own achievements. Insufficient awareness of these attitudes in combination with their emotionally unfavorable coloring leads to a disturbance of the regulatory function, as a result of which individual relations and the system of relations as a whole cannot act as an adequate regulator of behavior, but carry out a protective function, limiting the activity of the personality to areas that do not threaten self-esteem. The forming restrictive behavior causes an objective decrease in the real level of achievements, which has a secondary negative impact on the self-concept and self-esteem.

Inadequacy of the self-other system leads to the inability of the person to resolve his or her own intrapsychic and interpersonal conflicts in a constructive way. However, intrapsychic conflicts are not neurotic in themselves, but can be seen as essential factors in the development of human personality. It should be emphasized that in the very nature of the self-other system there is a latent activity, a choice between the dominance at a given moment of this or that relation, the choice of the relation that at a particular point in time will regulate the behavior and activity of the individual. Awareness, analysis, resolution and overcoming of such conflicts presuppose intense activity of the personality, development of its most diverse abilities, formation of a higher level of development and hierarchy of needs. The result of such activity is an increase in the functional capabilities of the person, the improvement of his/her system of relations, i.e. activation of the process of personal development. However, the disturbed self-other system (especially if broken, inadequate are the most

significant relations for the personality, first of all the self-concept) does not allow the person to resolve the internal psychological conflict in a constructive way, is characterized by individual and relative insolubility. This leads to the growth of *nervous-psychic tension* (anxiety), "the brightest and most noticeable side of which is affective tension; it, in turn, aggravates contradiction, makes rational decision difficult, creating conflicts, increasing the instability and excitability of the person, deepening and painfully fixing experiences" [14, p. 239]. Emerging new conflicts in the sphere of interpersonal interaction, already secondary intensify internal conflict, aggravating and generating new difficulties and contradictions, which, in turn, leads to a new round of growth of neuropsychological tension. Escalating anxiety entails functional disorganization of the personality, which manifests itself both at the personal level and at the level of physiological shifts. Activation of *psychological defense mechanisms* can lead to a certain decrease in anxiety only for a short time. As a whole their action in a situation of chronic internal conflict caused by disturbances in the self-other system is not effective, since it leads not to constructive resolution of the conflict, but, on the contrary, to its chronicity.

The *pathogenic (psychotraumatic) situation* provoking a manifestation of neurotic disorders, as a rule, is not objectively highly traumatic. V.N. Myasishchev emphasized that "the concept of a pathogenic situation is widely used, but is often incorrectly identified with the concept of external conditions. A pathogenic situation represents the situation in which a person finds himself, with his qualities (advantages and disadvantages), a combination of conditions, persons with whom he interacts, with a set of circumstances that create an insoluble set of external and internal difficulties. In this situation, a number of subjective experiences of a contradictory nature arise". [14, p. 238].

Consequently, a pathogenic situation is characterized by subjective intractability, i.e. by the inability of a specific person with his or her specifics to solve this situation. The psychotraumatic situation plays only a role of the trigger mechanism actualizing the pre-existing inadequacy of the self-other system. In conclusion, it is necessary to emphasize once again that the neurosis, as it is understood within the limits of the pathogenetic concept, is based not on a secondary inadequacy of the self-other system, which appears under the influence of an external psychotraumatic situation, and not in itself an internal psychological conflict, but on inadequacy of the self-other system, which has arisen in the process of development of the personality, conditioned by its entire history and provoking subjectively unsolvable intrapsychic and interpersonal conflicts.

PATHOGENETIC PSYCHOTHERAPY BY V.N. MYASISHCHEV

The main goal of pathogenetic psychotherapy was defined by its author as restoration and reorganization of the disturbed self-other system of the patient. [9; 14; 15; 17; 19].

V.N. Myasishchev formulated specific tasks for psychotherapy, reflecting the stage-by-stage nature of the psychotherapeutic process: from studying the personality of the patient, including by the patient, through various stages of realization to change (reconstruction) of the disturbed self-other system.

V.N. Myasishchev defines the first task as a comprehensive study of the personality of the patient with neurosis, the features of formation, development and disorders of his or her self-other system. Thorough examination of the personality of the patient is given special attention here. V.N. Myasishchev has repeatedly emphasized that disorders of the self-other system have an individual character connected with the importance of relations. Significant relations occupy a central place in the hierarchy of relations and can be considered as dominant and, consequently, as most expressed in behavior. For this reason, one of the most important aspects of the study and analysis of the patient's personality is the identification of significant relations and the formation by the psychotherapist (and subsequently by the patient) of ideas about the hierarchy of the system of relations and the hierarchical connections between the relations that have been formed.

The focus on the fullest possible study of the personality is also conditioned by the fact that the internal psychological conflict, considered by virtually all authors as an important etiopathogenetic factor, is characterized in each specific case not only by its individual intractability, but also by its uniqueness and cannot be reduced to some general content emphasized by various concepts as universal. The second task of pathogenetic psychotherapy is formulated as revealing and studying the etiopathogenetic mechanisms of the neurotic condition. It is not only about information which the psychotherapist receives, but also about the partial realization by the patient of the psychological mechanisms of his or her disease already in the early stages of psychotherapy. In a number of psychotherapeutic systems, this process is not given much importance or is even denied as being necessary. Actually, such realization has no therapeutic value proper, but it promotes the understanding by the patient of the orientation of psychotherapy and creates the necessary motivation for his or her active participation. It is necessary to note that the desirable activity of the patient in the course of psychotherapy has various character. The therapist can induce the patient to

produce free associations, memories of the past, fixation of attention on the thoughts preceding the manifestation of symptoms, current experiences, etc. Accordingly, the patient's awareness of the psychological mechanisms of his or her illness directs the patient's activity in a certain direction corresponding to the orientation of the psychotherapeutic process within the framework of a particular theoretical orientation. At subsequent stages, the patient and the psychotherapist again address the etiopathogenetic mechanisms of neurotic illness, but already at a new level and using deeper personal material.

The third and fourth tasks (3 — realization of cause-and-effect relations between the situation, the personality, and the disease, between features of disturbances in its system of relations and the disease; 4 — realization of the character of disturbances in its own system of relations) are interconnected and can be considered together. Revealing cause-and-effect relations between the situation, personality and illness, in fact, represents positive diagnostics (revealing of psychogenic character of the illness) of neurotic disorder by the psychotherapist and, subsequently, the realization of these relations by the patient. At the outset, most patients point to organic reasons for their disorder or adverse psychological factors of an external order, without giving importance to their own contribution to what is going on and, especially, to the "substance" of this contribution. The sequence of the psychotherapeutic process assumes at first the identification of the psychologically traumatic situation which has caused manifestation of neurotic symptomatology, and then a careful analysis of the given situation with a focus on the patient's own role in its occurrence and chronicity. Starting with analysis of the specifics of behavior and emotional reactions in a psychologically traumatic situation, the psychotherapeutic process develops towards the understanding by the patient of his or her own role in its occurrence. The basic mechanism of pathogenetic psychotherapy is *the realization by the patient* of his or her own relations, their hierarchical relations and their role in the regulation of behavior. The most significant relations of the individual are analyzed first of all from the point of view of their essential characteristics — the exactness of their representation in relation to characteristics of the subject and object, the true assessment of their importance and the level of awareness. A special place belongs to realization of inconsistency of significant relations, which plays a major role in the formation of intrapsychic conflict. Pathogenetic psychotherapy is characterized by its own methodological approach to the achievement of awareness. Traditionally, the establishment of etiopathogenesis is an intermediate step in achieving the main goal, the choice of therapeutic tactics. In pathogenetic psychotherapy, the process of establishment of

pathogenesis serves as the therapeutic means. According to V.N. Myasishchev, the patient will recognize intrapersonal conflict being the root cause of his or her illness if he or she can consistently trace and understand the entire history of the origin and development of the illness. In order to do this, it is necessary for him or her to establish clear connections of the arisen illness with various relations significant for him or her. In order to become aware of the neurotic conflict, the patient needs to establish the etiopathogenesis of his psychogenic illness himself, since the cause-and-effect chain of pathogenesis presented to the patient in a ready-made form by the psychotherapist as an end result of his mental life, his psychological organization, does not allow the patient to become aware of his neurotic conflict. This is a fundamental feature of the mechanism of awareness as a therapeutic method in pathogenetic psychotherapy

It is important to emphasize that the entire cause-and-effect chain of the patient's comprehension of the development of his disease must unfold in all three components that describe the category of "relation" — cognitive, emotional and motivational-behavioral. The patient's internal picture of the emergence and development of the disease must become new knowledge, which has a corresponding emotional and motivational-behavioral basis.

The unity of new knowledge with rich emotional experiences makes this knowledge a deeply felt conviction, subjectively necessary for the patient to reconstruct his self-other systems.

The fifth task of pathogenetic psychotherapy is restoration, correction of the disturbed self-other system. V.N. Myasishchev predominantly used the term "readjustment". However, due to the ideological events of the late 1980s, the term has acquired political connotations and has practically dropped out of the given context. From our point of view, when describing the dynamics of an individual relation the term "change" is more appropriate, and when describing the system of relations as a whole — "reconstruction".

The realization by the patient of his or her own relationships and own "contribution" to formation of problems and conflicts is not the final stage of psychotherapy. The final stage assumes a corrective analysis of the disturbed relations of the person from the point of view of their essential characteristics (integrity, activity, selectivity, consciousness), and also from the position of the maintenance and balance of the cognitive and emotional components of the relation. As it was already specified earlier [11], the relation is not so much the attitude directly toward an object (event), as to its content, representing this object (event) in a person's psyche. A disturbed relation contains an insufficiently accurate or inadequate representation of the object,

which is connected not so much with an inaccurate reflection of object characteristics as with a person's internal experience and other relations. The change of representation of the object in consciousness due to processing of the material from previous stages of psychotherapy is one of the major mechanisms of the psychotherapeutic process. This factor acquires particular importance when it comes to the self-concept of the patient. The psychotherapeutic process is an extremely intense experience for the patient, in which analysis touches upon the most significant relations, needs, conflicts and problems of the person, and touches upon *the core* of the self-other system — the person's self-concept. A change of this concept entails significant changes in other relations and in the system of relations as a whole, in particular in its hierarchical coherence. In real life, such changes are also possible, but they usually occur spontaneously under the influence of extraordinary events and experiences. Psychotherapy strives to create special conditions for such changes.

In conclusion, we would like to once again emphasize the specific features of V.N. Myasishchev's pathogenetic psychotherapy. First, the tasks of the psychotherapeutic system are focused mainly on cognitive components. Second, special attention is paid to careful research of the patient's personality outside of the framework of any theoretically defined problems. Third, the identification and study of the etiopathogenetic mechanisms of the neurotic condition is regarded as an important step in the psychotherapeutic process. Fourth, the realization by the patient of his or her own relations and "contribution" to the development of disorders is not the final stage of psychotherapy. It becomes changes, reconstruction of the disturbed self-other system — a process which is carried out with the support of the psychotherapist.

Further development of V.N. Myasishchev's ideas in the 1970s is connected to the creation of personality-oriented (reconstructive) psychotherapy [2; 4–6; 9; 19; 20]. This psychotherapeutic system reflects a new stage in the development of the pathogenetic psychotherapy of V.N. Myasishchev, which has allowed development of the concepts of goals and tasks of pathogenetic psychotherapy, mechanisms of therapeutic action, forms and methods, patient–psychotherapist relationships, psychotherapeutic process and its stages. The developed model of person-centered (reconstructive) psychotherapy found wide application in practice and confirmed its effectiveness [1; 2; 4; 5; 7; 12; 13; 20; 21]. In conclusion, we would like to note that the value of theoretical ideas is largely determined by their potential for development and is tested by time and practice. The psychological category "relation", introduced into psychology in the first decade of the past century by A.F. Lazursky

and his pupils and followers V.Y. Basov and V.N. Myasishchev, certainly fully meets these requirements. V.N. Myasishchev's theory of personality and, later, theories of neuroses and psychotherapy serve as confirmation of the scientific fruitfulness of his ideas about a relation as the unit of psychological analysis. As time has shown, these concepts, which have a basic theoretical basis, contain sufficient degrees of freedom to develop, thus possessing considerable potential for their further comprehension and creative enrichment with new knowledge.

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