

*Materials of a Conference***THE PSYCHOLOGICAL PROBLEMS CAUSED BY CONSTITUTIONAL-TYOLOGICAL INSUFFICIENCY OF THE HIGHER NERVOUS ACTIVITY AND THE PERSONALITY**

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It is obvious, that taking into account temperament type in diagnostics and correction of various disorders is necessary. There are concepts of temperament giving the estimation of interrelation of its nature and psychosomatic condition of the person. So, E. Krechmer (1930) considered temperament as, the factor fatally predetermining occurrence of one or another form of pathology. By H.J. Eysencks data (1967) in considerable strengthening of neurotizm combined with pronounced introversion develops dysthymia with obtrusiveness, fears, in the combination with extroversion develops psychopathy and a hysteria. I.P. Paul considered that choleric persons are inclined to neurasthenia, and melancholiacs are inclined to hysteria.

There are the works of the Russian researchers describes the study of features of temperamental characteristics in persons with different chronic somatic diseases (E.J. Petrosjan, J.I. Savchenkov 1995, 1996). It was found that chronic somatic diseases etiological various in a stage of remission appropriately leave traces on temperamental characteristics at young men and girls (age of 18-20 years). And character of this influence has determined by sexual differentiation and depends on nosology so for example, characteristics of girl's temperament in the presence of chronic somatic diseases in a stage of remission turns out more stable, than young men's temperamental characteristics.

Authors concludes that the temperament does not determine an appearance of this or that disease, namely illness causes such changes of characteristics of temperament at which their general combination is stacked in frameworks of new style of the behavior which is distinct from what was inherent the person before occurrence of illness.

From foreign works the research of temperament and surroundings in formation of behavior disorders by S. Chess and A. Thomas retains attention. Authors have found out, that the connection between temperament and development of behavioral disorders is especially appreciable in children whose disorders were noticed at early age. In this period disorders first of all are caused by organic changes, not by surroundings which influence will have an effect later and will amplify with age.

In research of features of temperament of children and teenagers, healthy and with residual-organic mental disorders, G.A. Makarova had inspected 788 children, 688 healthy children (391 boys and 297 girls) and 100 diseased children (50 girls and 50 boys) in the age from 6 months to 16 years. The

typology of temperament is put in a basis of studying of temperament of A. Tomas and diagnostic clusters presented in works of W. Fullard, S.C.Mc. Devitt and W.B. Carey (1987). Findings about distribution of types of temperament among healthy children are compared with two researches, conducted in the USA and with one research in Russia.

An American sample included 309 children in the age from one year to four years (W. Fullard, S.C. McDevitt, 1987) and 187 children in the age from 8 to 12 years (Hegvik R. 1982). In the American population of healthy children there were more children with type of temperament "the easy child" (37,9%) and less with type "the difficult child" (12,3%) and "slowly warming up" (6,2%). In E. Slobodskaya's work (1995) there were inspected 89 healthy children in the age from half-year to two years from full-grown families (84%), visiting a day nursery. In the investigated population there were more children with type of temperament "the difficult child" (17,3%) and "slowly warmed up" (11,5%). Type of temperament "the easy child" made 25,2% and met rarer, than in our and American groups of the surveyed children. Type of temperament "the easy child" made 25,2% and spreaded less often, than in our and American groups of surveyed children. Types of temperament "middling high" and "middling low" made in the sum of 43-46% in all three researches. In R. Hegvik's work (1982) distribution of types of temperament among healthy children at age from 8 to 12 years, essentially did not differ from ours, fluctuations made 1-2%.

Summarizing it is possible to assume, that the typology of properties of temperament by A. Tomas (A. Thomas, Chess S. 1994-1996) who uses six diagnostic cluster-types of temperament at children, allows to describe variants of temperament, both healthy children, and children suffering mental infringements. It is an indirect attribute of organic lesion of a brain if the deviation from mean-aged norm in children in the age from half a year to 12 years more than on +0 for two and more of the following parameters of properties of temperament: "activity", "adaptability", "approaching", "intensity", "mood", "rhythmicity". It may be the ground for consultation of the child with the medical psychologist or the children's psychiatrist.

Among Russian researches our attention has drawn the work written by E.R. Slobodskaya (2000) "Temperament as the factor of adaptation of the person in the critical periods of development". She allocates three levels of individuality: an organism, the individual, the personality. The subject of scientific research on a level of the individual was the temperament. In the early childhood behavioral manifestations of temperament are associated with regulation mechanisms of a cardiac rhythm. Numerous interferences between social factors and temperament are indicating about surrounding's influences on temperament, and

about the selecting and forming a surroundings by temperament. The singular children are more active and more easy get used to changes, in new educational conditions the mood is lastingly worsened. Children with a heightened interest to the new have rather young fathers, both of their parents aspire to receive education, and the family lives in a hostel, while children with avoidance of the new often live in big families – three-generational, with several children. An absence of intersexual distinctions, typical for others cultures, in temperament of the Russian teenagers can explain social-psychological mechanisms of formation of a sexual role.

An absence of relations between the temperament and a disease in the early childhood is explained by equal adaptive possibilities of the constitutional types. The orderliness is positively influences progress for teenagers; high activity, intensity and approach are promoting the behavioral deviations, and sensitivity – causes an emotional disorders. So, there is a persistent interference of external and internal factors and of the intermediate results taking place during the individual development.

The researches of I.V. Boev, O.A. Ahverdova, and N.N. Voloskova are pointing to residual-organic insufficiency of the central nervous system as "ground" which causes dysontogenesis of the age development.

N.N. Voloskova (2001) shows that prenatal, natal and early postnatal exogenous influences are promoting the formation of the constitutional-typological insufficiency of the higher nervous activi-

ty and/or the personality. At the point of the view of O.A. Ahverdova (1998) and I.V. Boev (1999), the etiopathogenetic mechanisms causes an abnormal personal variability, may be various exogenous influences. I.V. Boev (1999) has allocated a constitutional-typological personality continuum, where the boundary abnormal person occupies an intermediate position between psychological norm - the character accentuation and the pathological mental constitution - the psychopathy.

N.N. Voloskova (1996-2000) develops and proves the theoretical proposition about the formation of an exogenous-organic origin abnormal personality variability caused by prenatal, natal and early postnatal destructive consequences of the exogenous influences.

So, constitutional-typological insufficiency of the higher nervous activity and/or the personality causes children's behavioral changes in the form of a lowering of adaptive ability, of an occurrence of uneasiness, an excessive obstinacy, high distractibility, of increasing or lowering of activity. These displays may be accompanied by vegetative symptomatology; the favorable social conditions can lower changes in the child's behavior, and the adverse social conditions - to strengthen.

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