COGNITIVE STYLES AND IRRATIONAL BELIEFS IN PATIENTS WITH NEUROSES

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Significance of this research: Studying of the structural organization of mental experience, regulation and management of cognitive activity is relevant to pathopsychology, since perception, evaluation, and subsequent interpretation of what is happening has a direct impact on the behavior formation.

Nonproductive cognitive styles and irrational beliefs influence the distorted perception of a reality, thereby defining qualitative characteristics and a level of realization. Thus, the important characteristics of cognitive styles and irrational beliefs, in terms of their pathological characteristics, is the adaptive potential.

The aim of the study was to examine irrational beliefs and cognitive styles, their structure and connection with neurotic disorders, in patients with neuroses.

The following methods were chosen for the study: The Matching Familiar Figures Test, MFFT - impulsivity/reflectivity; Embedded Figures Test (EFT) - Field dependence/independence; Stroop J.R. Studies of interference in serial verbal reactions - Rigidty-flexibility cognitive control; R. Gardner «The test of a free sorting objects» - narrow/wide range of equivalence; Irrational Belief Scale, A. Ellice.

The study involved 59 people, an experimental group of 30, a control group of 29 people. Age tested from 25 to 60 years.

The results of the empirical study made it possible to establish cognitive-style specificities for patients with neuroses according to the following cognitive styles.

Impulsivity/reflectivity: "fast and inaccurate" style was revealed in 46% of the experimental sample, and "slow and inaccurate style was detected in 38% of groups of patients with neuroses. Thus, it is more difficult for neurotic patients to isolate essential elements from the field, which may underlie the formation of erroneous cognitions, and reveal the difficulties of involuntary control of the speed of intellectual activity.

Field dependence/independence": patients with neuroses characterized by a division into "fixed field-dependent" style, which was detected in 46% of subjects, and "fixed-dependent", found in 30% of the experimental sample, indicating a reduced level of intellectual control in patients with neuroses.

Rigidity-flexibility cognitive control": for patients with neuroses is characterized by the presence of rigid cognitive control, the style is revealed in 56% of subjects, which is displayed in difficulty of changing the ways of processing information in a situation of cognitive conflict.

"Narrow/wide range of equivalence": for patients with neuroses, a wider range of equivalence is found, which is found in 53% of the experimental sample, thus indicating a tendency to use "soft" evaluation criteria or poorly differentiated scales, which can make it difficult to create a realistic picture of the world.

Among the group of patients with neuroses, all subjects has shown the presence of irrational beliefs. The most pronounced irrational attitude: "obliging yourself" - the conviction that the patient is "obliged" to others, leading to psychoemotional stress, in 41% of the experimental group. "Compliance with others" - the conviction that the other people are "obliged" to patient is found in 31% of patients with neuroses. A relationship was revealed between the cognitive style "fast and inaccurate", "fixed field-dependent", "fixed field-independent" and the presence of pronounced irrational settings (p<0.05).

Conclusion: Patients with neuroses tend to be characterized with nonproductive cognitive styles, the presence of irrational beliefs. The relationship was revealed between nonproductive cognitive styles and irrational beliefs in patients with neuroses. Thus, we found the presence of unproductive cognitive styles and irrational settings in the structure of neurotic disorders that adversely affect the quality characteristics and the level of adaptation.