

Social and psychological features of affective disorders in people during crisis periods of life

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ABSTRACT: The study's relevance is due to the association between mental disorders and environmental instability. A frequent consequence of stress is post-traumatic disorder, which can significantly affect the personality and disrupt adaptation, causing subjective suffering. The purpose of the article is to update information on the structure and dynamics of socio-psychological features of affective personality disorders in the crisis period of life in the Ukrainian population associated with the war. The article uses the following methods: clinical and psychological, psychometric, and statistical (in particular, descriptive statistics) methods. The results of the study demonstrate various course of bipolar affective disorders of the continuum type with the transformation of their dynamics. The study showed a significant increase in the negative symptoms of affective disorders under the influence of stress. The researchers demonstrated the severity of both depressive and manic phases of affective disorders under the impact of stress factors. The results indicate an exacerbation of the course of affective disorders in people under difficult life circumstances. The findings have theoretical significance and are promising for further research on typologisation, classification and identifying clinical and biological manifestations to represent the specifics of pathogenesis.

KEYWORDS: mental health, environmental instability, psychocorrection, katathym type, mature personality

INTRODUCTION

The relevance of the study is due to the increase in the frequency of mental disorders with account of a high degree of uncertainty in the environment where humanity is today. Modern events have caused dramatic changes in psychophysical well-being, transforming life and understanding of the world and creating the need to

adapt to the new reality (Levchenko, 2020). Affective disorders are a heterogeneous group of mental disorders where the consequence and main symptom is a violation of the affective area. According to the ICD 10 revision, these include manic episodes, bipolar affective disorder, depressive episode, recurrent depressive disorder, and chronic (affective) mood disorder (this category includes cyclothymia and dysthymia). The most studied and researched topic in the article is depressive disorders caused by the widespread prevalence of the disease. The affective disorders in their development can sustain impact by external factors or have an endogenous nature (Bobyrov et al., 2014).

As the scientific literature notes, the term “crisis” usually means a breakdown, rapid turn, acute shortage (Bloomfield et al., 2021). The authors E. Longden et al. (2020) position the crisis event as a sudden change in life circumstances that is unfavourable and negatively affects the individual’s sense of security. That is why the crisis is a kind of litmus test, a trigger for the development of various pathopsychological states of people’s minds, in particular, affective disorders. The specific features of human behaviour in the above situations have traditionally been the subject of research by scientists. T. Nath (2022) cites several studies of certain aspects of stress in these situations and suggests programs for stress management and post-stress recovery. N. Mavrides and C.B. Nemeroff (2022) mention a body of works dedicated to crisis events and ways of overcoming them during acute stress. The emotional reaction during a stress event determines the *katathym* type of response. It is relatively short and labile, which is how neuroses and reactive psychoses arise. Chronic affective states are usually associated with endogenous processes and belong to the *holothym* type of response. The study of the relationship between these two types of conditions is of scientific and practical interest.

The authors F. Schirmbeck et al. (2022) studied the contribution of anxiety and depression to the formation of various affective states. The participants fell into one of three latent trajectory groups: steadily low, ascending and descending. The authors demonstrated that a past depressive episode might be a particularly relevant risk factor for adverse outcomes. In psychodiagnostics, the diagnostic protocols may not be revised for a long time despite the fact that new scientific data on disorders is constantly emerging. In this regard, the protocols following modern data need to be updated. In particular, this applies to affective disorders provoked by crisis events (Kresan, 2020).

The core of the modern toolkit for diagnosing and correcting the psychoneurological consequences of war is the concept of delayed reactions to traumatic events and the stress caused by them. Another name for this is post-traumatic stress disorder. The authors M. Harrow et al. (2022) position it as a delayed life experience of a stressful event that is dangerous in nature. Usually, these events are universalised (natural disasters, terrorist attacks, torture) and cause stress to anyone. They lead to a *katathym* type of emotional response, notably neuroses and reactive psychoses. Statistically, around 18-20% of people who have experienced traumatic stress are diagnosed with post-traumatic stress disorder (PTSD). Naturally, PTSD is more common among combatants (professional military and citizens who witnessed/because victims

of these events). The authors S. Tschoke and L. Kratzer (2023) report a figure of more than 30% of cases. PTSD manifests itself in parallel with other mood disorders, mostly easily diagnosed. I.M. Lytovchenko (2020) points out that this kind of disorder does not occur itself but is a reaction to previous stress.

The most common type of disorder that has a chronic course is mixed-mood affective episodes (ICD-10), although both phases are not always diagnosed at once. Their main features are the presence of symptoms of both depression and mania at the same time and the duration of the episode is at least two weeks, with a pronounced impairment of social functioning (Bobyrov et al., 2014). The authors Y. Huang et al. (2023) demonstrated in their review that mixed episodes involve a number of cognitive impairments in attention, memory, and executive functions in the stages preceding the manifestations of the disorder. They relate them to a number of genetic and physiological mechanisms. The association with environmental factors, particularly stress, can help understand the mechanisms of disease manifestation. The main criteria for a depressive episode (according to ICD-10) are depressed mood, loss of interest and pleasure, drop in energy and decreased concentration and focus. Others have lowered self-esteem and feelings of self-doubt up to ideas of guilt and sinfulness, pessimistic vision of the future, as well as self-harm or suicidal thoughts or actions. These also include sleep disturbances, decreased appetite and episode duration of at least two weeks with pronounced impairment of social functioning. The authors N. Brimmel et al. (2023), in their study of depressive disorders, conclude that their development and dynamics cover a number of characteristic features and environmental factors, including stress and exposure to media content.

Manic episodes in isolation are less common than in the previous groups of disorders. The main symptoms include inadequately elevated mood from joyful manifestation to uncontrollable excitement, increased energy up to hyperactivity, increased speech production up to speech pressure and decreased need for sleep. These also include inflated self-esteem with possible ideas of overestimation up to ideas of greatness, attention deficit with increased distractibility and episode duration of at least one week with notable impairment of social functioning (Bobyrov et al., 2014). An analysis of scientific sources on the social and psychological characteristics of affective disorders in people under crisis shows that updating assistance approaches with the use of modern tools helps to develop a sense of control over the situation in general. In turn, this contributes to improving the dynamics of overcoming the problems faced by the subject in times of crisis periods of life (Sarzhevsky, 2021).

Therefore, work with reactions to a crisis event in general (in particular, a traumatic event and stress) that causes post-traumatic stress disorder should aim at triggering the person's available resources to overcome it. The prognostic work is also effective, i.e. the development of stress management skills life planning. The article aims to study the structure and dynamics of socio-psychological features of affective personality disorders in a crisis period of life.

MATERIALS AND METHODS

The study used several general scientific and unique research methods. Clinical and psychological method helped to conduct clinical studies of the psychological state of the respondents and to determine the level and nature of affective disorders. The authors used the cognitive method to assess the complexity of life situations. According to E.V. Bityutskaya (2004), the methodology consists of a person's multiple cognitive and emotional assessments of his or her position in a life situation. Evaluated: significance of the situation, correspondence to personal motives, success in pursuing goals, as well as controllability and predictability of the situation and degree of subjective complexity. Psychometric research methods. Used to assess the respondents' depressive symptoms with the help of independent research methods. The following methods were applicable (Black and Grant, 2014):

- (1) Hamilton scale. Used to assess the severity of depression.
- (2) Young scale. Used to assess the respondents' manic symptoms.
- (3) Scale of personal and social functioning. Used for a general assessment of the psychological state of respondents. A conditional division into favourable, relatively favourable, relatively unfavourable and unfavourable state of mind took place.

The authors applied statistical research methods to analyse and verify the data obtained. They used STATISTICA 11.0 software package in the study. The following descriptive statistics methods were used in the study: Student's test, Pearson's test, and nonparametric Mann-Whitney U test. The choice of statistical method consisted of the affinity of two compared indicators to the same sample. The authors analysed the scientific literature to identify the current state of research on the issue of affective disorders using general scientific research methods. This helped to update the information on the history of the disorder in clinical practice by means of analysis and synthesis. The authors analysed the views of different scientists on the issue of affective personality disorder in a crisis using the comparative method.

The research took place on the premises of the Territorial Medical Association "Psychiatry" (Kyiv). The study involved 86 patients suffering from affective disorders aged 17 to 46, including 27 women and 59 men, with written consent to participate in the study provided by all patients or their guardians. The study participants were divided into experimental and control groups. This structure ensured that the results were evidence-based and comprehensive. The experimental group included the respondents who subjectively associated their condition with a problematic current life situation. The number of respondents in the experimental group was 42. The control group included patients who were not in a "difficult life situation" at the time of the study. The number of respondents in the control group was 44.

RESULTS

The study showed that the manifestation of affective states predominantly correlates with a number of situations that were psychologically traumatic. This includes in-

creased workload conflicts with colleagues and/or family, friends and acquaintances. As a rule, the above components came together with a rapid loss of the causal link between the actual experiences and the circumstances that caused them. This leads to a conclusion about the existence of an endoreactive mechanism for the formation of a psychoemotional state. Therefore, it is about atomization, the development of both depressive and manic episodes and partial coincidence with subjectively correlated events. These observations are typical for the respondents in both control and experimental groups, which, in turn, emphasises only notable research factors. Interestingly, the vast majority of the analysed episodes during the experiment suggested a depressive nature. In addition, the inversion dynamics of the affection pole demonstrated a number of differences stratified by the following parameters: duration and clinical manifestations.

The structural features of the affective phases of the respondents in difficult life situations are also worth special attention. There was a tendency to form specific constructs with a highly valuable existential nature, which are characteristic of a person in a mentioned state. In addition, the subjects experienced dysmorphophobic episodes and psychopathic disorders combined with classical affective episodes. The dynamics of affective states mostly resulted from external events observed for a long time, which were unfavourable in nature. Another explanation was to associate these problems with the subject's "deficiency of upbringing". The inherent simplicity of forming auto-aggressive actions (more than 66% of cases) was due to the categorical nature of the stressful state, combined with a lack of sufficient awareness of the value of life. This resulted in a decrease in the fear of losing one's life and, thus, in the devaluation of death. The above state has produced a number of dramatic events related to cases of auto-aggressive actions in more than 40% of respondents. Naturally, this kind of dramatic event was the reason for the patients to seek consultations in psychiatric departments of hospitals, but it was postponed for years.

The main characteristic of the study is an atypical variant with a specific nature of the development of the affective state. Therefore, its specifics involved the occurrence of the affective triad, in which one pole had a phenomenological affinity with certain components of the opposite pole. At the same time, the basis for the development of mixed states was the frequency of changes in the general trend of borderline states of the respondents who experienced difficult life situations. The aforementioned basis was representative of the existence of mixed states. Therefore, the clients experienced all three spectrums of affective states: depressive, manic and mixed (which may have different cycles and dynamics). It should be noted that the results obtained after the research indicate the possibility of developing borderline disorders under the influence of difficult life circumstances. The identified specifics were solely attributable to the respondents who found themselves in difficult circumstances. This is influenced by a number of factors: physiological background, emotional lability and individual characteristics of the cognitive and emotional areas.

Hypertrophied reactions of protest and opposition secondary to affective instability led to a high probability of antisocial behaviour patterns. Work (all respondents) and social maladjustment (about half of the respondents) often led to severe cogni-

tive disorders, which mostly hide depression or manic manifestations. The analysis of general characteristics of a cohort of specific age-related mood disorders helped to determine the distribution of affective mood disorder types by the cyclic nature of symptoms. The influence of the clinical course and differentiation of the modification of phenomenological manifestations were notable features in the development of the disease. The authors identified the typological features of the development of endogenous mood disorders by comparing the frequency and structure of changes in the affective disorders as well as their stratification in the context of psychopathology of phenomenized manifestations of diseases (Table 1).

Type of affective mood disorder			
	Rhythmic type	Dysrhythmic type	Pseudorhythmic type
Control group	31.24%	43.76%	25.0%
Experimental group	25.5%	48.2%	26.3%

Table 1. Frequency of different types of bipolar disorders

The rhythmic type of the continuum run of the affective disorders consists of alternating polar phases of the affective disorder with a certain constant periodicity. This helps to conclude that the above disorders have a characteristic rhythmic clinical picture. This type of deployment of affective disorders has a seasonal stratification with a pronounced autumn-winter cyclical manifestation of depressive symptoms and manic symptoms in spring and summer. This kind of rhythmic clinical picture of the course of affective disorders was workload-dependent for all respondents. This approach to the disease course usually took place for a long time. The level of this type of disorder in the control group was 31.24%, and 25.5% in the experimental group (the data are not statistically significant).

Another characteristic type is the dysrhythmic alternation of the affective states, which consists of changing the structure of the episodes that differ in strength and duration. The type mentioned above has the most pronounced association of a number of affective symptoms with a set of psychopathological symptom complexes. At the same time, these complexes are crucial for the clinical picture: psychopathic disorders are supervaluable constructions that have a dysmorphophobic and existential nature. In addition, this type of affective disorder has the onset in adolescence (12-13 years) with a complex of various conditions: from a prolonged sub-depressive state with dysthymia (lasting up to 3 years) gradually replaced by hypomanic states (lasting from a month to a year at the age of 15-16), usually coinciding with the onset of puberty. The level in the control group was 43.76%. In contrast, in the experimental group, it was 48.2%, which indicates an increase in the level of uncertainty in phase change in the experimental group compared to the control group. In turn, this indicates that adverse environmental effects can disrupt the cyclic pattern of polar phase changes in bipolar disorders.

The pseudorhythmic type has a special structure of rhythms of alternating polar states at each stage of the disease. The specificity of the change in patterns and their

manifestations in the course of the clinical picture helped to assess their general rhythm as false. The dynamics of representation of affective disorders had a specific picture in respondents with this type: initial increase in amplitude with differentiation of symptoms at later stages. The structures of the conditions and the vivid progression of productive symptoms complicated the dynamics as mentioned above. The affective triad manifested itself through a harmonious developmental pattern where the respondents experienced mild psychotic episodes in a number of cases (usually at the initial stage). The mild psychotic episodes involved the ideas of relation, intense illusions intertwined with elements of depersonalization, and persecutory and illusory ideas limited to a few hours. The pseudorhythmic type was present in 25% of patients in the control population and in 26.3% of patients in the study population. As can be seen, there were no significant differences in these groups, as expected, since this type of disorder is constitutionally determined.

When assessing the results of the continuum run of the affective disorders, the authors identified clinical symptoms of varying degrees of severity (productive and negative) associated with variability in marital status and social level. They determined the following patterns according to the scale of personal and social functioning: positive – symptoms not normally observed: mania, severe depression, and delusions (which included relatively positive symptoms). Negatives: moderate depression, decreased social contacts, anhedonia, alexithymia (which also had relatively positive symptoms). The data is presented in Figure 1.

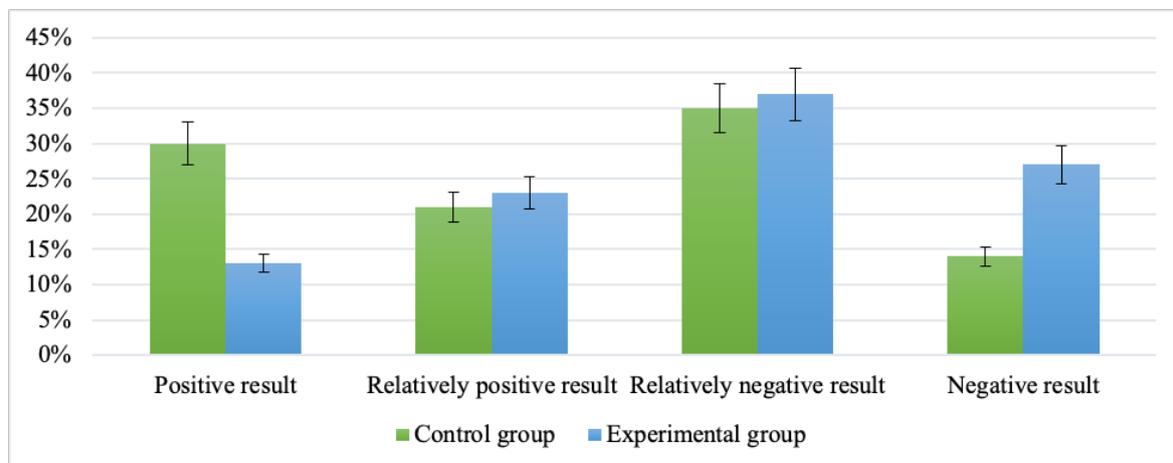


Figure 1. Integrative assessment of the respondents' results

As can be seen from the diagram, the number of respondents with a predicted positive result in the control group is cumulatively higher than the number of respondents in the experimental group. When comparing the selected types of the continuum run of affective disorders at the time of the catamnesis, the researchers established a statistically relevant difference in the differentiated outcomes ($p < 0.01$). The authors compared and summarized the outcomes of the assessment under two scales of manic and depressive states. Figure 1 presents the results of the analysis expressed as a percentage. As can be seen from the diagram, the control group had a higher number of respondents with moderately high depression and moderately high mania than the

experimental group. High rates of both depression and mania prevailed in percentage terms in the control group. The difference was statistically significant when comparing the identified types of the continuum run of affective disorders ($p < 0.01$). This indicates that the complication of the course of affective disorders is katathym in nature and has association with the influence of stress factors established for the study group.

Another important aspect that requires assessment to determine the severity and specificity of the course of the borderline condition is the frequency of auto-aggressive behaviour. The study showed a high frequency of cases and attempts at self-harm among respondents. In the present study, each of the distinguished types demonstrated its own specificity of suicidal and non-suicidal auto-aggressive behaviour (Figure 2).

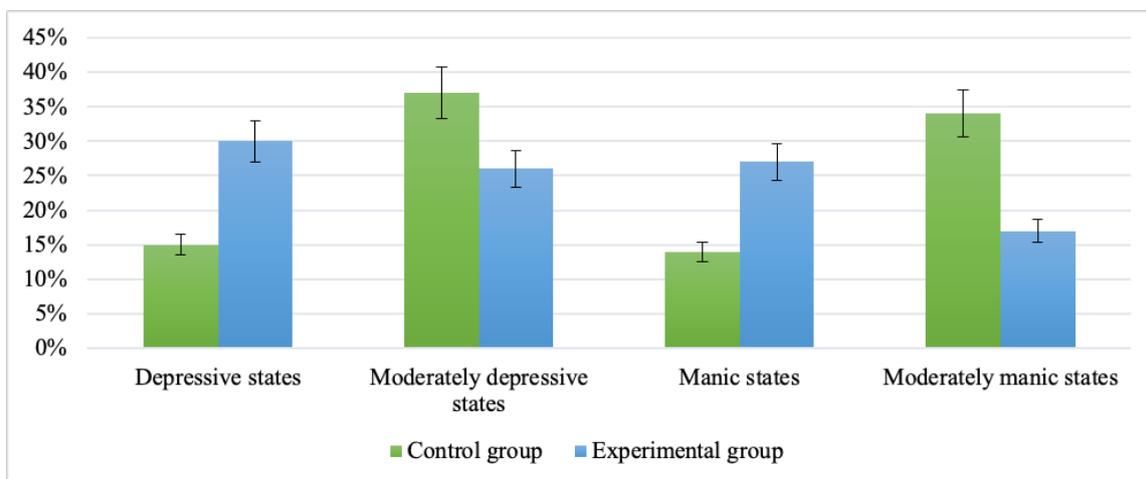


Figure 2. Distribution of assessment results for depressive and manic states

The data presented in Figure 2 demonstrate the difference between various forms of auto-aggressive behaviour depending on the life situation. They lead to the conclusion that being in a “difficult life situation” contributes to an increase in auto-aggression and the severity of auto-aggressive actions, including suicide attempts. For example, this type of behaviour in one-third of cases manifested through a combination of non-suicidal self-injury and suicide attempts. One-third of them made repeated suicide attempts: the development of these tendencies occurred during depression or transitional states (when the two affective phases overlapped). It should be noted that suicide attempts and other auto-aggressive actions were often the reason for seeking psychiatric help. At the same time, the patients successfully hid this behaviour from loved ones or disguised it as an accident.

The authors note that the vast majority of the respondents spoke frankly about their suicidal thoughts and actions, but this was more a sign of a lack of understanding of the danger of the above than real cooperation with a specialist. The trends can be identified towards an increased risk of auto-aggressive manifestations in the experimental sample. This phenomenon can be explicable by the respondents’ exposure to unfavourable socio-cultural factors of an open and uncertain environment. When analysing the data, it is necessary to pay special attention to the role of the continuum

run of mood disorders and the dynamics of the disease. These data can further help to prescribe an effective course of therapy that can lead to long-term remission.

The data analysis shows that the respondents with the rhythmic type of the disorder had no mental and behavioural abnormalities before the manifestation of the disorder. The dominance of characteristic traits that refer to the psychasthenic type occurred in the vast majority of patients with a rhythmic kind of alternation of phases during an individual therapeutic conversation. Thus, this creates the basis for the formation of accentuations under this type and characteristic neurotic dynamics under stress. The features inherent in the schizoid behavioural pattern prevailed in the patients with dysrhythmic type. It should be noted that the above does not affect the level of social interaction among respondents. Such behaviour can be easily explained by the fact that the respondents' psyche comes under the influence of the negative factors of the open environment on the one hand and by the pole of affection on the other hand, which is determined individually based on the personal differentiation of each respondent. Therefore, it can be stated that the majority of respondents have a mosaic personality, which is generally characteristic of a clinical sample.

The specifics of neurocognitive functioning were studied using the tools described in the methods section to establish statistically significant differences in both groups of respondents. The authors used the Mann-Whitney U test to assess differences between independent samples. The differences in the main parameters obtained using the criterion are statistically significant. Thus, the Mann-Whitney U test helped to establish statistically significant differences in the results between the two samples. To visualise the results of the analysis, Table 2 was compiled.

	Control group	Experimental group	Asymptotic significance
Hamilton scale	51±9.6	64.1±13.4	0
Young scale	44.1±5.6	50.1±12.2	0.001
Scale of personal and social functioning	69.7±14.3	90.1±24.9	0.003

Table 2. The Mann-Whitney U-test for both samples

Therefore, a number of significant differences were present between the control and experimental groups. At the same time, the representatives of the experimental group demonstrated a nonspecific neurocognitive deficit during the psychotherapeutic conversation, which manifested itself in the slowdown of arbitrary information processing as well as the specificity of the work of certain mental functions. The respondents of this group performed all operations longer compared to the respondents of the first group, which suggested that their psychomotor speed slowed down.

DISCUSSION

The scientific research findings emphasised the relevance and prospects of the problem under study. In particular, the authors confirmed the controversial nature of the distinction between affective spectrum disorders, the specifics of their diagnosis, as

well as causes and methods of treatment. Thus, a number of scholars, including A. Damsbo et al. (2019) and W. Streeck (2023), are looking for the causes of the problem in the chemical reactions that take place in the human brain and the specifics of brain saturation with neurotransmitters, in particular, serotonin. It affects a number of brain functions, including cognition. The serotonin transporter (SERT) regulates the level of serotonin in the brain via reuptake by neurons. The gene encoding this transporter, the SERT gene, has several functional polymorphisms that affect the number of transporters and, consequently, serotonin levels. The SERT gene expression may be necessary for cognition, and selective serotonin reuptake inhibitors (SSRIs) can improve cognitive function. That is why the researchers analysed the relationship between SERT genotypes, cognitive functions and early treatment of patients without affective mood disorders. In addition, it is productive to develop the issues of crisis periods in a person's life in the context of the represented socio-psychological characteristics. Therefore, the experimental group showed a more severe course of the disease.

A number of interesting studies by researchers relate the specifics of the deployment of affective disorders to the genetic structure of the patients. The authors N. Kang et al. (2020) and A. P. Getman et al. (2023) emphasize the specifics of the course of affective disorders, focusing on the gender differentiation of these processes. According to the researchers L. Zhao et al. (2020), the prevalence and clinical picture of mood disorders (in particular, in times of crisis) differ between men and women. The authors compared gender-based genetic differences in the above study using qualitative and quantitative research methods. They noted a greater influence of the environment on the ratio of cyclic and acyclic phases, which may refer to the formation of these types of affective disorders more than the constitutionally defined pseudocyclic type. In general, the revealed impact of the stressful situation, which played the role of environmental factors in this study, indicates the contribution of these factors to the manifestation of the disease and the change of phases.

The study by the authors N. Kang et al. (2020) and L. Zhao et al. (2020), focusing on qualitative analysis, identified five genetic markers potentially associated with increased risk of the disorder. These include three variants (rs201432982 within PDE4A, and rs62640397 and rs79442975 within FDX1L) mapping to chromosome 19p13.2 and two novel variants (rs820182 and rs820148) within MYO15B at the chromosome 17p25.1 locus. Quantitative analysis showed that the genetic burden of truncated proteins and deleterious variants was higher in men than women. Therefore, it provided new genetic evidence that the higher prevalence of mood disorders in women may relate to heritable variants.

Some researchers pay attention to the association between affective disorders and eating disorders. A correlation between affective disorders and body mass index (hereinafter referred to as BMI) of patients was the subject of the study by A. Miola et al. (2022). The authors state in their scientific paper that BMI in 1884 subjects ranged from 23.4 kg/m² with anxiety disorders to 27.6 kg/m² with psychotic disorders and averaged 24.1 kg/m² among 1469 subjects with affective mood disorders. The authors note that the risk of being overweight or obese was highest in psychosis, lowest in anxiety, personality and minor affective disorders and intermediate in severe mood

disorders. Therefore, the study revealed several probable risk factors for high BMI in the subjects with affective mood disorders.

The authors M. Niemantsverdriet et al. (2022) studied affective disorders in terms of delirium intensity and differentiation. They determined that the point prevalence of delirium was 26%, with an average rate of severe delirium. The participants with persistent hallucinations experienced more comorbid psychiatric disorders. They differed from those with intermittent or sporadic hallucinations in that their hallucinations were the subject of a higher frequency, causing greater intensity of distress and impairment of daily or social activities. In the present study, similar productive symptoms occurred in the group with severe pseudocyclic affective disorders (frequency 25.0% and 26.3%, respectively, in the control and study groups).

The authors, D. Preece et al. (2022), who have studied affective disorders in the context of the dynamics of psychopathy, analysed the strong association between this disease and alexithymia. Researchers have always overlooked this kind of association because its nature has not been the subject of sufficient studies. In their study, the authors suggested and empirically tested the hypothesis that alexithymia has an association with symptoms of affective mood disorder because it disrupts people's ability to regulate their emotions. The scientists note that alexithymia, difficulties with emotion regulation, and mood disorder symptoms have significant correlations in the two-dimensional Pearson correlation matrix. When modelling direct and indirect effects, alexithymia has an indirect association with the symptoms of an affective disorder due to difficulties in regulating emotions. Alexithymia occurs in patients in a state of sub-depression and depression. In this study, alexithymia was present in almost all patients with high-severity depressive disorders in both control and experimental groups.

The authors F. Schirmbeck et al. (2022) conducted an in-depth study of the characteristics of affective disorders through the study of anxiety and/or depression in subjects at ultra-high risk of developing psychosis. The researchers reveal in their paper the specifics of the impact of affective comorbidities on the prospective course of attenuated psychotic symptoms (APS). The participants fell into one of three latent trajectory groups: (1) steadily low, (2) ascending, and (3) descending. The authors demonstrated that a past depressive episode might be a particularly relevant risk factor for adverse APS outcomes. At the same time, early mood disorders can be applicable to accelerate the detection, prognosis and development of clinical strategies. In the present study, all patients had previous episodes of affective mood disorders associated with the influence of external stress triggers.

The authors V. Korniyenko et al. (2021) and M. Baranowski (2023) investigated the problem of rehabilitation of persons with affective disorders. The crisis periods of one's life produce a large number of subjects with mood disorders whose rehabilitation is significantly complicated due to the specifics of a particular situation. They are talking about the uncertainty of the prospects for socio-political development, which makes it challenging to design a person's life path. Their work becomes more relevant due to the increasingly unstable social situation of personal development in the conditions of the modern Ukrainian state.

The theoretical significance of the study is to investigate the structure and dynamics of bipolar affective disorders under the influence of environmental stress factors, in particular in times of crisis. This is because its results are a significant scientific contribution to the theory and practice of the problem of affective disorders that arise during a crisis. The results obtained regarding the specifics of the occurrence and interrelationships between the patterns of changes in the affective phases indicate the possibility of producing a special kind of pattern of the above disorders, a continuum disorder. This type involves the presence of a number of endogenous mechanisms stratified by different types of diseases. At the same time, the differences in the frequency, duration, and features of psychopathologies became the basis for the typology developed by the author, which is diagnostic in nature and produces clinical differentiation of patients with a continuum of affective disorders. The practical significance lies in the search for a methodology for studying the socio-psychological characteristics of affective disorders by analysing the clinical course of the disease.

Despite the comprehensive nature of the methodological framework used, the study had a number of limitations. There were difficulties with separating the relevant cluster of respondents from the general population in the process of generating the sample, who would represent the current state of the problem under study. It would lead to a methodological problem, in particular, the lack of modern research methods that would allow for a comprehensive study of all aspects of the occurrence of affective states in crisis times.

CONCLUSIONS

The results of the study showed that the manifestation of the affective state of respondents of both experimental and control groups occurred when they were under the influence of psychotraumatic factors. The psychotraumatic factor for the respondents of the experimental group was the occurrence of unfavourable life circumstances, which, in their case, caused the manifestation of the disorder. The integrated affective disorders identified in the respondents of the above groups were of bipolar type and had psychopathological heterogeneity. The vast majority of complexes and their formations were atypical or alternative. Patients with psychasthenic personality traits with limited levels of accentuation predominated among patients of the rhythmic type. There was a pronounced tendency to increase the severity of both manic and depressive states (the number of high-severity episodes was higher in the experimental group compared to the control group).

The frequency of auto-aggressive actions was higher in the experimental group that was under stress factors. The suicidal actions were usually demonstrative and blackmailing in nature and aimed at drawing the attention of others to the patient's condition. Non-suicidal self-injuries were more common in patients prone to psychopathic or depersonalization disorders. This is due to the nature of the above actions: impulsivity produced by external stimuli and growing anxiety have an affective nature. The purpose of these actions was to get rid of tension and ease their condition. At the same time, the patients with a dysrhythmic type of the disease demonstrated

emotional instability mosaic nature of their personality (in cases of different levels of disorders, it was more than 70%. Instead, the patients with pseudorhythmic type showed schizoid features (more than half). There is a tendency to increase the dysrhythmic type in relation to the rhythmic type in the experimental group, which may be due to the possibility of changing the course of the disease under the influence of external circumstances.

The results clearly indicate the impact of difficult life circumstances on patients with affective personality disorders. The statistical analysis of the research results revealed statistically significant indicators that confirm the conclusions about the scope of impact. The comprehensive nature of the material presented in the study, the complexity of the examination methodology (integration of clinical and psychopathological, clinical and cathartic, psychometric methods) and the statistical analysis of the results confirm the completeness, sufficiency and reliability of the course of this research, its scientific provisions and conclusions. The complexity of the approach reveals a number of reliable, tested and recognized methods used in this study, ensuring the solvability of the outlined tasks and representing the relevance, scientific nature and completeness of the work and further conclusions.

Further studies should focus on the specifics of the course of affective disorders depending on the nature of the impact of psychotraumatic factors. Establishing the nature of the relationship between character traits and the specifics of the affective states requires special attention. Summarizing these data with the information from the current study will help develop an approach to predicting and preventing the development of affective mood disorders.

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