

*psi hol o{ ko -pedago{ ki
pregl ed*

PSI HOTERAPI JA NA DETSKI STRAVOVI PRI ZABOLUVAWA I SOMATSKI POVREDI

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Rezi me

^ove-kata civilizacija vo site fazi na razvojt e pridru` uvana od raznovidni stravovi povrzani so bolest, smrt, povreda, razdelba, bolka, osamenost, mrak, izmisljeni su{testva, prirodni pojavitn. Stravot stanuva postojanen del od ~ovekovoto `iveewe i postojano barsvoevidni mehanimi za odbrana. Zna~ajno e da se ka` e deka tie se manifestiraat kaj decata. Stravovite dobi vaat specif i~na forma kaj decata so tel esna i nval i dnost, bolnite, kaj decata so slabo zdravje i dr.

Golem broj avtorigi objasnuvaat **detski te stravovi** od pove}e aspekti povrzani so faktori te i manifestaciete na dadenite obl i cina strav kaj decata.

Vo taa smisla se istaknuva deka pri~inite za stravot kaj decata mo`at da bidat podeleni vo tri kategorii: vrodeni, pre`iveani i zamisljeni (voobrazeni).

Kako kaj vozrasnite, taka i kaj decata, stravot go pridru`uvaat konkretni fiziolo{ki procesi prvenstveno od bi ohe mi ska i f unkcional na pri roda.

Klu-ni zborovi: *det ski str avovi, et i o- lo{ ko pot eklo, f akt ori, psi hot erapi ja.*

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*psychological and
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PSYCHICAL THERAPY OF CHILDREN'S FEARS DUE TO DISEASES AND SOMATIC INJURIES

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Abstract

Human civilization in all phases of its development has been accompanied by different kinds of fear related to disease, death, injury, separation, pain, loneliness, darkness, imagined creatures, natural appearances etc. Fear has become a constant part of human life and it has always required appropriate mechanisms for defense. It is very important to be mentioned that fears occur with children as well. Fears acquire specific form with physically disabled, ill children and children with poor health etc.

A great number of authors explain **children's fears** from many aspects connected with the factor and manifestations of certain forms of children's fear.

In that sense, it is pointed out that the reasons for children's fears can be divided in three categories: innate, endured and imagined.

Fear, both with adults and children, is accompanied by concrete physiological processes mainly of biochemical and functional nature.

Key words: *children's fears, etiological origin, factors, psychotherapy*

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Stravot e ve~en sopatnik vo `ivotot na ~ove{ tvoto. Bezumni ot strav na prvobi tniot ~ovek od pred 20.000 godini, deka sonceto { to zao|a, slednoto utro nema da izgree, denes e transformiran vo strav od nepoznat sudar na na{ava planeta so nekoje drugo kosmi ~ko telo. ^ove-kata ci vilizacija vo site fazi od razvojot e pridru`uvana od raznovidni stravovi vrzani so bolest, smrt, povreda, bolka, razdelba, osamenost, nastapuvaweto na no}ta, i zmi sleni su{testva, prirodni pojavi itn. Stravot se pretvora vo osnoven del od ~ovekovoto `iveewe, od koe ne mo`e da se otka`e.

Osobeno silno se izrazeni detski te stravovi. Tie, od svoja strana, dobi vaat karakterno specifi~na forma kaj deca so telesni pre~ki, bolnite i kaj decata so slabo zdravje. Postojat razni eksperimenti za klasifikacija na detski te stravovi. Vo Enciklopedijata za psihologija na Raymond J. Corsini, se razgrani~uvaat dva vida detski strava: *fobija*-intenziven, donekade iracionalen strav, konkretno povrzan so opredeleni objekti, su{testva, situacii i *rast roenost* - nepoznato ~uvstvo na strav, neizvesnost ili pretstojna opasnost bez opredelen nositel (6, s. 222). A. A. Kovalev zboruva za: nametlivi, namerni, no}ni, nediferencirani i nevrzani detski stravovi (3, s. 270, 271).

N. Silamy od svoja strana go vrzuvaa stravot so ~uvstvoto za nespokoistvo, ispituvano pri izgled za opasnost ili pri pomislata za nea (17, s. 276). Nekoi germanski psiholozi celosno go identifikuvaa stravot so zagri`enosta (16, s. 617). Vo slu~ajov vo osnovata na vzajemno zamenuvawe se soodvetnite fiziolo{ki sostojbi, a najmnogu vzbudata. Psihoterapevtite od {kolata za psihoterapija go razgleduvaa stravot kako izraz na konflikt me|u soznajnite i nesoznajnite streme`i. Toj se javuva nejasno na izrazenite usilbi da se potisnat agresivnite i seksualnite instiktivni `elbi i esignal za pomo{, ako potisnuvaweto ne e celosno uspe{no.

Fear has been an eternal companion of human life. Insane fears of the pre-historical people 20.000 years ago, that the sun sets and it will not rise the next morning, has been transformed in fears of unknown, fear that our planet will collide with other celestial bodies (cosmic objects). Civilization and its developmental phases have been accompanied by various frights related to disease, death, injuries, pains, separation, loneliness, falling of the night, invented creatures, natural phenomena etc. Fear has become the basic part of human life, its inevitable part.

Strongly expressed are children's frights. They acquire characteristic and specific forms with physical disabilities, ill and children of poor health.

There are different experiments that classify children's fears. In psychology encyclopedia by Raymon J. Corsini two children's fears are indicated: *phobia*-an intensive, somehow an irrational fear, concretely linked to certain objects, creatures, situations and *disturbance* - an unknown feeling of fear, uncertainty or expected danger without a definite bearer (6. p.222). A. A. Kovalev talks about intrusive, intentional night fears, undifferentiated and incoherent children's fears (3, p.270, 271).

N. Silamy connects fear to the feeling of restlessness investigated at occurrence of danger or at thought of it (17, p. 276). Some German psychologists identify fear with disturbance (16, p. 617). In this case, in the basics of mutual interchange are appropriate physiological conditions, mostly the excitement. The psychotherapists from the school of psychotherapy consider fear as an expression of conflict between knowledgeable and unknowledgeable desire. It arrears unclearly to the expressed attempts to squeeze through the aggressive and sexual instinctive wishes and it is a signal, if the squeezing through has not been entirely successful.

Vo pra{alnata teoriya zagri`enosta se razgl eduva kako kreati vno psi hi ~ko dosti gnuvawe, a ne kako refleksi li ednostavno i nstik tivo dejstvuvawe. (5, s. 18).

Pri ~ini tel ite, koi predizvi kuvaat strav kaj decata, nezavisno od ni vni ot psi hosomatski status, se najrazli ~ni. Faktori te { to gi uslovuvaat, mo`at da bi dat podel e ni vo tri kategorii:

1. **Vrodeni.** Takvite se vo tesna vrska so sostojbata na povi sokata nervna dejnost, temperament i pol. I ma deca, { to o~ig ledno pol esno i po~esto od drugi te demonstriaat reakcii na strav vrz baza na karakteristiki te na temperamentot.
2. **Pre`iveani.** Povrzani se so neposredni te slu~uvawa. Mo`e da bi dat postojani ili kratkotrajni, da se transformiraat, da se zgol emuvaat, multipl iciraat.
3. **Mislewe i vobrazuvawe.** Tuka detski te stravovi mo`e da bi dat provocirani od nepravilni pretstavi, idej, razumni zaklu~oci, nepoznati situacii i tn.

Kako kaj vozrasnite, taka i kaj decata, stravot go pridru`uvaat konkretni **fiziolo{ki pokazateli, prvenstveno od biohemiska i funkcionalna pri~ina. Raste adrenalina, pulsot, sistoli~niot krven pritisok i za~estenosta na di{eweto. Se naru{uva volevata mozo~na funkcija, problemi so krvotokot, se pojavuvaat ~uvstva za bode`i vo gradite, poto~no vo srcevata oblast, se pojavuva zadi{uvawe, nem`nost za dvi`ewe na ekstreni tetite, afektivni gr~evi. Se demonstriaa ko~ewe, no}no mokrewe, treperewe, pripalawa, gubewe zdiv, natraplivosti, nevrozi, agresija, samagresija, neprijatni misli, iznudeno tiransko i problemati~no povedenie, te{ kotii pri zaspivaweto, aktivni protesti, dezintegracija, srame`livost, ottu|uvawe i dr.**

Po pravi lo kaj pomali te deca, oosbeno kaj tel esno i nvali dni te, bolni te i zdravstveno slabi te, stravovite se podinama ~ni, poitenzivi ni, prodol`itelni, otkol ku kaj pogol emi te, ml adinci te i vozrasni te.

In the question theory, disturbance is considered as a creative psychic achievement, and often, as a reflex or a simple instinctive activity (5, p. 18)

The reasons which cause fear with children regardless of their psycho-somatic status are various. The factors that cause them can be divided in three categories:

1. **Innate.** They are closely related to conditions of higher nervous activity, temperament and sex. There are children who, obviously, more easily and frequently than others demonstrate reactions of fear on the base of temperamental characteristics.
2. **Endurable.** They are related to certain happenings. They can be constant or short. They can transform themselves, increase and multiply.
3. **Thoughtful and imaginary.** Herewith the children's fears can be provoked by abnormal appearances, ideas, reasonable conclusions, unknown situations etc.

Fear, both with children and adults, is accompanied by concrete **physiological indicators, firstly of biochemical and functional reasons. The adrenaline increases, as well as the pulse, systolic blood pressure and there is frequent breathing. Brain willing function is disturbed, problems with blood circulation appear, feeling of pains in the chest occurs, in the hearth region, hard breathing, motionless extremities, affective spasms. Other occurrences are demonstrated: inflexibility, night urinating, shivering, fainting, loosing breath, intrusion, neurosis, aggression, self-aggression, unpleasant thoughts, tyrant and problematic behavior, difficulties in falling asleep, active protests, disintegration, shyness, alienation and etc.**

As a rule, fear with little children, especially disabled ones, ill people and those with poor health, are more dynamic and more intensive, prolonged than with elder children and adults.

"Osnovni te#stravovi kaj decata vo ranata voзраст se vrzani najpove}e so nepoznatoto-nepoznati lica, {umovi, svetlini, predmeti. Decata osobeno te{ko ja pre`i-vuvaat razdelbata me|u 6 mese~na voзраст i 4 godini. Reakciite se raznovidni i zavisat od povi sokata nervna aktivnost, temperamentot, voзраст na deteto, uslovite na neposrednata okolina po razdelbata, vidot na vrskata. Vo po~etnata u~ili{na voзраст decata go osoznavaat stravot od smrtta, bolesti te, katas trof ite, i }e pove}e se voznemiruvaat od prirodni fenomeni (buri, grmotevici, zemjotresi, poplavi). Vo sredno u~ili{nata voзраст decata stravuvaat od eventualen razvod ili nevrabotenost na roditelite, narkomanijata, nasilstvoto od prestapnici, politiki stresovi. Vistinski slabi te deca (no ne vo smisol na Frojd) razvivaat strav ili fobija od u~ili{teto, pri~ini od u~ewe i od li~nosti.

Osobeno karakteristi~ni se detskite stravovi pri zaboluvawe (najpove}e hroni~no) i pri telesni pre~ki. Postojat pove}e od 3.000 nelogi~ni edinici i mnogute{ko da se povrzat sostojbite so konkretnite pojavi na strav. Po pravilo pri sekoe zaboluvawe se naru{uva, vo razli~ni stepeni, celosnata psiholo{ka karakteristika na li~nosta (11, 12, 21).

Pri polesni bolesti, {to ne prodol`uvaat, stravot, normalno e pomal. Pri hroni~ni zaboluvawa, {to ~esto prodol`uvaaat cel`ivot, slikata e sosema poinakva. Taka na primer, zabolente od dijabet postojano stravuvaat da ne padnat vo hipoglikemi~na koma. Takvi se sostojbite kaj licata so srcevi mani, astma, mukovici doza, hemofilija, epilepsija i drugi zaboluvawa na promenata na materiite, stoma~no-crevni te i bubre`nite povredi. Decata so cerebralna paraliza do`i vuvaaat pani~en strav pred pretstojna hirur{ka intervencija, bolnite so karcinom`iveat vo pani~en u`as od smrtta. Nekoi hroni~ni zaboluvawa poteknuvaat vrz osnova na udari, stresovi, zabaveni podobruvawa i se menuvaat vo brzi vlo{uvawa, na

"Basic" fears in the early childhood are connected to unknown – unknown people, sounds, lights, objects. Children do not easily endure separation, especially from the age of 4 months to 4 years. The reactions are different and they depend on higher nervous activities, temperament and child's age, as well as the environmental conditions after the separation and the kind of relationship. Children at school age get to know the fear of death, diseases, catastrophes and they are even more disturbed by natural phenomena (storms, thunderstorms, earthquakes, flood). Children at secondary school age fear of eventual divorce or unemployment of their parents, drug addiction, violence and criminals, political stress. Real weak children (not only according to Freud, develop fear or phobia of school, learning certain subjects as well as fear of certain people.

Children fear of diseases (mostly chronic ones) and physical disabilities are very characteristic. There are more than 3000 illogical units and it is very difficult to match conditions with each disease, the entire psychological personal characteristic is disturbed at different level (11, 12, 21).

People fear less if the disease is less severe or not chronic one. The picture is different with chronic diseases that continue throughout their lives. For instance, people with diabetes permanently fear not to fall in hypo-glycemic coma. Such are the conditions in people with hearth disease, asthma, mucovici doza, hemophilia, epilepsy and other diseases of substance changes, stomach and intestine as well as kidney injuries. Children with cerebral paralysis, experience panic fear before surgical intervention, people with oncology problems live in panic horror of death.

Some chronic diseases are caused by injuries, stress, slow recoveries and change to fast aggravated condition, for ex.

pri mer, pri vospal eni e na crevni ot trakt ili tumori. Stravot od pojavata na soodvetna situacija celosno go menuva `ivo-tot na zasegnati te deca (a isto taka i na ni vnite rodni ni). Malite deca, { to, sé u{ te, ne go poznaaat mestoto na vnatre{ -ni te organi i ni vnoto f unkcioni rawe go zamenuvaat znaeweto so fantazii { to { irat stravovi.

Pacienti te od bolni ci te i sanatori umi -te se objekt na operacii, bolni manipula-cii, svedoci na stresni pojavi, duri i na smrt vo sosedni ot krevet. Tie so u`as go gl edaat istekuvaweto na krvta od ni vni te tela ili prestanokot na dvi `ewe na ni -nite tela i ekstremi te. **Nenadejanata sme-na na doma{ nata sredina so bolni ~ka, sa-natorium, razdelbata so bliskite, oso-beno so majkata, isto taka, gi zasiluvaat reakciite na strav i formirawe fobii.** R. Dju Boa, poso~uva na konkretni pri ~ini koi gi svrstuvaat detski te stravovi od bol est:

1. Deteto e nesvesno za negovata sostojba.
2. ^uvstvo na strav kaj rodi tel i te zaradi zdravstvenata sostojba na deteto.
3. Magi ~na mi sl a deka bol esta nastapi la kako kazna zaradi lo{ oto povedeni e na deteto.
4. Magi ~ni pretstavi { to ja pridru `uvaat bol kata-tel oto }e se zdrobi ili }e is~ezne. Ne{ to zapla{ uva~ko se javuva vo nego.
5. ^uvstvo na bespomo{ nost i zaguba na kontrol a vrz tel oto i okol nata sredi na.
6. Razdel ba i zaguba.
7. Fi ks-i deja, zad koja se kri jat probl emi na sozrevaweto i razdel uvaweto (hi pohon-drija).
8. Zapoznavawe na vi stinski te ne{ ta kaj lekari te i vo bol ni cata (5, s. 145).

Pote{ ki ot moment vo psi hodi jagnosti ka-ta e mereweto na stravot. Za taa cel se pretpo~i ta i intervju so otvoreni pra{ awa { to dava pove}e i nf ormaci i za stravovi -te kaj lu|eto, otkol ku pra{ al ni ci te.

inflammation of the intestines or tumors. Fear of certain situation appearance changes the life of concerned children (their next of keen, too). Little children who do not yet know the place of the inner organs and their functioning replace knowledge with imaginations that spread fears.

Patients in hospitals and sanatoriums are sub-jects of operations, ill manipulations, witness of stressed appearances, even death of patient ly-ing in bed nearby. They watch with horror their body bleeding or their body and extremities stop moving. **Sudden replacement of home envi-ronment with hospital, sanatorium, separa-tion from relatives, especially from their mothers, also enforces their reactions of fear and creation of phobia.** R. De Boa, indicates concrete reasons which list children's fear of diseases:

1. Children's unawareness and ignorance about their condition.
2. Parents' feeling of fear due to their child's health condition.
3. Magic thought that the disease occurred as a punishment for child's bad behavior.
4. Magic thoughts that accompany pain – the body will be smashed and vanish. Something threatening appears in child.
5. Feeling of helplessness and loss of the con-trol over body and environment.
6. Separation and loss.
7. Fix idea that hides problems of maturity and separation (hypochondria).
8. Information about real things about doctors and hospital (5, p.145)

A more difficult moment in psycho diagnosis is fear assessment. Interview with open questions that give more information on people's fear is preferred to questionnaires.

Slovenostavo sobirawe podatoci i ni vnata obrabotka se uslovuva od diferenci raweto me|u samoto poso-uvawe, deka stravot postoi i sostojba na vi stinski i ntenzi ven strav od ne{ to. Ednovremeno i nterpretirawe na rezultatite se uslo` nuva ako istra` uva-ot ne ja zeme predvi d silata na poso-eni te stravovi (6, s. 1179). Na{ eto prou-uvawe napraveno so 220 u-enici na voзраст od 12 do 15 godini vo u-ili{ niot sanatorium za deca so cerebralna paraliza vo Momin Premin, u-ili{ niot sanatorium za deca so diabet vo Vr{ ec, u-ili{ niot sanatorium za deca so zaboluvawa srcevi -sadovi vo Bankja, sanatorium ESPU za deca so alergi~ni i nespecifi~ni zaboluvawa vo Sandanski, sanatorium ESPU vo Ardino i 99-to medicinsko u-ili{ te vo Sofija poka` a specif i~na slika i nejzini karakteristi~ni parametri vrz osnovna na stravovite kaj telesno invalidnite, bolnite i decata so slabo zdravje. Vo intervju to so otvoreni pra{ awa se dobi ja slednite rezultati:

1. "Se pla{ am za zdravjeto#-navele 192 deca (87,2%).
2. "Se pla{ am deka nema da se oporavam (ozdravam, izlekuvam)#-navele 163 deca (74%).
3. "Se pla{ am od operacija (lekarska gre{ ka, medicinska manipulacija)# -navele 159 deca (72,2%).
4. "Se pla{ am od vlo{ uvawe na mojata sostojba#-navele 112 deca (50,9%).
5. "Se pla{ am od bolka#-navele 111 deca (50,4%).
6. "Se pla{ am od nerealni su{ testva (duhovi, ~udovi{ ta, prizraci, vampiri "-navele 110 deca 50%).
7. "Se pla{ am od u-ili{ teto i od u-ili{ nite materijali, od u-ewe lekci i -navelo 101 dete (45,9%).
8. "Se pla{ am za moite rodni ni #-navele 74 deca (33,6%).
9. "Se pla{ am od vojna#-navele 74 deca (33,6%).

The complexness of gathering data and their processing is conditioned by differentiation between pointing out that fear exists and the condition of real intensive fear of something. Simultaneous interpretation of the results becomes complicated if the examiner does not take into consideration the strength of presented fears (6, p.1179). We made a study of 220 students from the age of 12 to 15 years. Children were from school sanatorium for children with cerebral paralysis in Momin Premin, school sanatorium for children with diabetes in Vrshec, school sanatorium for children with heart diseases in Bankja, sanatorium ESPU for children with allergic and nonspecific diseases in Sandanski, sanatorium ESPU in Ardino and at the 99th Medical School in Sofia. The study showed a specific picture and characteristic parameters on the base of fears with physically disabled and ill people and children with poor health. The interview with open questions showed the following results:

1. "I fear for my health" – stated 192 children (87,2%).
2. "I fear that I will not recover (get better, get treated)" – stated 163 children (74%).
3. "I fear surgery (doctor's mistake, medical manipulation)" – stated 159 children (72,2%).
4. "I fear my condition getting worse" – stated 112 children (50,9%).
5. "I fear pain" – stated 111 children (50,4%).
6. "I fear unreal creatures (ghosts, monsters, visions, vampires" – stated 110 children (50%).
7. "I fear school, school subjects, learning lessons" – stated 101 children (45.9%).
8. "I fear for my relatives" – stated 74 children (33,6%).
9. "I fear war" – stated 74 children (33,6%).

10. "Se pla{ am od smrt#-navele 56 deca (25,4%).

11. "Se pla{ am od kra` ba#-navele 52 deca (23,6%).

12. "Se pla{ am deka nema da se oma` am /o` enam#-navele 32 deca (14,5%).

Taka karakteristi~ni te stravovi za zdravi deca-senzi ti vni, pri rodni, ekolo{ ki, socijal ni, semejni, poli ti~ki itn. ne se intersni za ispitani cite vo bolni cite, sanatoriumi te i u~ili{ tata za ozdravuvawe.

I ma raznovidni na~ini za le~ewe na stravot i rastrevo` enost, no, glavno mes-to zazema psihoterapijata. Me|u mnogubrojnite psihoterapevtski metodi kako najpogodni, R. Dju Boa gi spomnuva sled-nite tri: semejna terapija, terapija za povedeni eto i psihoterapija (5).

Vo ramki te na semejnata terapija se ko-ristat nejzini te dve varijanti-analiti ~kata semejna terapija i sistemskata tera-pija.

I sklu~i tel no perspektivna, sodremena i ef i kasna semejnata terapija e razrabote-na kako metod i na~ini dadeni od psiho-terapevti kakvi { to se P. Watslavich, J. H. Beavin, D. D. Jackson (1967), M.S. Selvini-Palzzoli (1978), J. Haley (1980), Ph. Barker (1981), M.P. Nichols (1984), G. Burnham (1991) (vidi poop{ irno 9, 15, 24, 25). Semejnata psihoterapija ima ~etiri osnovni { kol i: teorija za predmetni te odnosi, teorijata na Bouen, strukturna semejna terapija i teorija za komuni kacija (vidi poop{ irno 6, s. 1098, 1101).

Pri semejnata psihoterapija, semejstvoto se razgl eduva kako cel osen si stem. Zaradi toa, integrativni ot metod e osobeno do-bar za rabota so semejstvo so telesno povredeno, bol no ili dete so slabo zdrav-je, kade { to stravovite se prenesuvaat vzaemno.

Semejnata psihoterapija se potpira vrz tri osnovi pretpostavki: **"1. Stravot na deteto se nao|a vo vzaemna vrska so pove-denieto na drugite ~lenovi od semej-stvoto.**

10. "I fear death" – stated 56 children (25,4%).

11. "I fear theft" – stated 52 children (23,6%).

12. "I fear that I will not get married" – stated 32 children (14,5%).

Fears that are characteristic for healthy children - sensitive, natural, ecological, social, family, political and so on do not occur with examined children in hospitals, sanatoriums and medical schools. There are various methods for curing fear and disturbance but the most important place is given to psychotherapy. Among a great number of psychotherapeutic methods as the most convenient, R. De Boa mentions the fol-lowing three: family therapy, behavioral therapy and psychotherapy (5).

Within the family therapy, its two variants are used – analytic family therapy and systemic therapy.

Exclusively perspective, contemporary and effi-cient family therapy is a method prepared and given by psychotherapists such as P. Wat-slavich, J. H. Beavin, D. D. Jackson (1967), M. S. Selvini-Palzzoli (1978), J. Haley (1980), Ph. Barker (1981), M. P. Nichols (1984), G. Burnham (1991) (9, 15, 24, 25). Family psychother-apy has four basic schools: theory for subject relations, Bouen theory, structural family ther-apy and theory for communication (see more detailed 6, p. 1098, 1101).

The family is considered as a whole system at the family psychotherapy. Therefore, the inte-grative method is especially good for working with family of physically disabled, ill or child with poor health, where fears are mutually transferred.

Family psychotherapy relies on three basic as-sumptions: **"1. Child's fear is in mutual rela-tion with the behavior of other members of the family.**

Najdobro e deteto voop{ to da ne se tretira kako pacient. Eventualno, celoto semejstvo bi mo`elo da se razgleduva kako pacient. 2. Stravot na deteto se stava vo strukturata na semejni vrski, vo "sistemot na semejstvoto". 3. Vo semejni te vrski se krije silata za promena koja na krajot od kraik tata e vo polza na isplac`enoto dete, iako, se stravuva deka takvite promeni deteto je se obide da gi vrati# (5, s. 193). Osobeno va`no e vo slu~ai te, koga deteto ne vleguva vedna{ vo bolnica ili sanatorium pa postoji mo`nost za podgotvitelen period koj { to optimalno treba da se iskori sti.

Pravilnata prethodna podgotovka vo semejnata sredina za prestop vo zdravstvena (sanatorijska) institucija go namaluvavremeto za adaptacija vo nego. Osobeno opasni za detskata psiha se slu~ai te kade roditelite namerno gi plac`at decata so lekari, medicinski sestri, bolnici, i nekici i sli~ni raboti. Na takovna~in neuslovniot refleks na stravot postepeno se zamenuva so usloveni decata, smesteni vo bolnica ili sanatorium, iska`uvaat strav od bolest samo koga }e vidat bel mantil (14).

Vidni pretstavnicina *psihoterapija na povedenieto* se J. Wolpe, R.S. Lazarus, S. Rachman, D. Shapiro, A. J. Yates, H. J. Eysench, T. Ayllon, L. Homme, J. Cautela. Psihoterapijata na povedenieto go vkluvava iskori stuvaweto na principite razvieni vo eksperimentalnata i socijalnata psihologija. So nea se minimiziraat ~ove~kite stradawa i ograni~uvawa vo dejstvuvawe.

Taa gi vkluvava prestrukturaweto na sredinata na opkruvawe i socijalnite vzajemno dejstvuvawa kaj decata i ja pomagapromenata na somatskite procesi. Glavnata cel e da formirai da poddr`uvamo`nosti za dejstvuvawe i zasiluvawe na samokontrolata. Kanfr i Filips klasificiraat 4 vida na psihoterapija na povedenieto-"kategorizacija koja, se u{te, se koristi: interaktivna terapija, baraserija intervjuava vo koi verbalnoto povedeniena terapevtot se koristi za kataliza-

The best way is the child not to be treated as a patient. Actually, the whole family may be considered as a patient. 2. Child's fear is put in the structure of family relations, in "family system". 3. In family relations, the power for changes is hidden for the benefit of the frightened child, although the child will try to return such changes" (5, p. 193). It is very important in these cases when the child does not immediately enter the hospital or sanatorium, so there is a possibility for preparatory period, which has to be optimally used.

Previous correct preparation in the family environment for stay in health (sanatorium) institution reduces the adaptation time. It is especially dangerous for child's psyche when parents deliberately frighten the children with doctors, nurses, hospitals, injections and similar things. In that way, unconditional reflex of fear gradually changes to conditional and children in hospitals and sanatoriums fear disease whenever they see white medical uniform (14).

Distinguished representatives of *behavioral psychotherapy* are J. Wolpe, R. S. Lazarus, S. Rachman, D. Shapiro, A. J. Yates, H. J. Eysench, T. Ayllon, L. Homme, J. Cautela. Behavioral psychotherapy includes use of principles developed in experimental and social psychology. Psychotherapy minimizes human sufferings and activity limitations.

It includes environmental restructuring and social interactions with children and helps the change of somatic processes. Its main aim is to form and support possibilities for acting and strengthening of self-control. Kanfr and Phillips classify 4 types of behavioral psychotherapy – "categorization that is still in use. Interactive therapy that requires series of interviews and where the therapist's verbal behavior is used as catalyst

cija na promeni te kaj pacientot; pottik-
nuva~ka terapija, iskoristuva anga` ira-
nost i zada~i za da pacientot nau~i da
bide svoj sopstven terapevt; terapija so
povtoruvawe pri koja odnesuvaweto se
menuva so povtoruvawe na kri ti ~ni ot seg-
ment od `ivotot na pa~ientot vo tera-
pevtskata sesija; intervenciska terapija
ili odstranuvawe opredeleni reakcii od
strana na terapevtot, se pojavuva vo vzaem-
no dejstvo na pacientot so negovata pri-
rodna sredi na# (6, s. 805).

Psihoterapijata ima dolga istorija i
datira u{ te od krajot na 19 vek. Nejzi n
osnovopol`nik e Sigmund Frojd (Sigmund
Freud). Nekoi sovremeni specijalisti uka-
`uvaat na izme{ ani ~uvstva i postojat
mnogubrojni dokazi za nesomneno zna~ewe
pri le~ewe strav kaj telesno povredeni,
bolni i deca so slabo zdravje. Vo toj kon-
tekst G. Fidgor Dori, govori za psihoanal i-
ti~kata pedagogija vo bolni~koto u-i-
li{ te (vidi poop{ irno 19). Psihoterapi-
jata bara izlez na detski ot strav vo pre-
`iuvaweto, protivre~nosti te i napre-
gawata mnogu od damni na.

Spored prezumcijata, prirodna na stra-
vot proizleguva od drevni ot del na nerv-
niot sistem, koj e op{ t kaj ~ovekot i
ci ca~ite. So nego se regul iraat modeli te
na povedeni e, agresivni te i samoagresi v-
ni te ~uvstva, instiktot za samoi shrana.
Spored psihoanal iti~arite, problemot
na stravot e prisuten vo osnovni ot psi-
hi ~ki konflikt.

Detski ot strav kaj telesno invalidni te,
bolni te, i oni e so slabo zdravje e posled-
ni ot pottik za lekuvawe i povik za po-
mo{ . Samoto lekuvawe vkl u~uva raznovi d-
ni pri odi : vra}awe vo mi natoto, vo svetot
na fantazi ite, slobodni te asocijaci i,
spontani te reakcii i snovi denija na deca
i ni vni te rodi tel i. Nasoki te na dejstvu-
vawe vo psihoterapijata se odreduvaat od
deteto i rodi tel ite. Terapevtot vo dade-
ni ot slu~aj stoi vo zaden plan. Pri menata
na psihoterapijata kaj detski te stravovi

for patient's changes. Motivation therapy uses
the engagement and tasks in order to teach the
patient to become one's own therapist. Repeat
therapy where the behavior is changed with
repetition of critical segment of patient's life
during the therapeutic session. Intervention
therapy with removal of certain reactions with
assistance of the therapist, interacts with mutual
activities of patient and environment" (6, p.
805).

Psychotherapy has the longest history and dates
from the end of 19th century. Its founder is Sig-
mund Freud. Some contemporary specialists
indicate mixed feelings and there are a lot of
proves for a great importance in curing fear
with physically disabled, ill and children with
poor health. In this context, G. Fidgor Dori
speaks about psychoanalytic pedagogy in medi-
cal school (see more detailed 19). Psychother-
apy has required outlet of child's fear through
endurance, contradiction and strain for ages.

According to the presumption, the nature of fear
comes from the ancient part of nervous system,
which is common in people and mammals. It
regulates models of behavior, aggressive and
self-aggressive feelings and the instinct for self-
nutrition. According to the psychoanalysts, the
fear is present in the basic psychic conflict.

Child's fear with physically disabled, ill and
children with poor health, is the last incentive
for cure and cry for help. The treatment includes
various approaches: returning to the past, fan-
tasy world, free associations, spontaneous reac-
tions and visions of children and their parents.
The child and the parents determine the direc-
tions for psychotherapeutic activity. The thera-
pist in that case stands behind. The implemen-
tation of psychotherapy with children's fears
does not take place

ne se slu~uva vo strogo naso~eni i precizirani grani ci. Najl esno se sogl asuvaat za u~estvo introvertni te deca, koi i maat potreba od za{ titni ~ko, toplo odnesuvawe. Ekstroverti te deca se ~uvstvuvaaat postegnati od i skori stuvaweto na takvi ot psihoterapevtski metod (5).

in strictly directed and precise borders. Introvert children most easily agree to participate since they need protective and warm behavior. Extrovert children feel stiffer when such psychotherapeutic method is used (5).

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