

THE USE OF ERICKSON'S HYPNOSIS IN THE CORRECTION OF AFFERENT MOTOR APHASIA AT AN EARLY STAGE OF REHABILITATION IN PATIENTS WHO HAVE SUFFERED ACUTE CEREBRAL CIRCULATORY DISORDERS

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Introduction. Clinical manifestations of cerebral circulation disorders are diverse. The main significant post—stroke disorders that cause impaired vital activity and persistent disability of patients are motor defects, sensitivity disorders and disorders of higher mental functions. Speech disorders have a special place among the consequences of ACCD leading to social maladaptation. Approximately in 25-30% of cases of acute cerebrovascular accident, aphasia occurs. 52 % of all afatic cases

These disorders are complex motor aphasia (afferent and efferent), which arose as a result of damage to the postcentral and premotor zones of the left (dominant in right-handers) hemisphere. Despite the fact that many issues of neuropsychological and speech therapy diagnostics and correction of speech disorders after stroke are successfully solved, speech restoration in patients with aphasia is still associated with difficulties and is not always effective. This is due to various factors: the nature and severity of the stroke, the age of the patient, the general somatic status, the complexity and multilevel organization of speech as the highest mental function. In this regard, it remains relevant to search for new approaches and methods to overcome speech disorders that occur after focal brain lesions. This article discusses the experience of using Erickson's hypnosis in the correction of post-stroke speech disorders by the type of efferent motor aphasia.

Materials and methods. The study involved 32 patients with acute cerebrovascular accident, who do not have motor deficits. 16 people (8 men and 8 women) were part of the control group (CG), another 16 people (8 men and 8 women) were part of the experimental group (EG). All the subjects were hospitalized in the cardiology department of the ASMI clinic in the period from 2021 to 2023. Based on the results of neurological examination and neuroimaging studies (CT/MRT) in patients were diagnosed with foci of ischemia in the premotor and parietal regions of the left hemisphere of the brain. In the speech therapy status, the leading defect was efferent motor aphasia of moderate severity with elements of afferent. The age of patients is from 28 to 45 years.

In addition to medical treatment and standard rehabilitation procedures (correctional sessions with a speech therapist and neuropsychologist, physiotherapy and physical therapy), daily sessions of Erickson hypnosis were conducted for 15 days for patients of the experimental group. The main task of hypnotherapy was to create a resource state and recovery settings. Along with the main task, an additional task was also set — disinhibiting the patient's own speech. In speech therapy correction, this problem is solved by updating highly automated, involuntary speech skills. The patient is asked to count aloud, list the days of the week in order, the names of calendar months, etc. In our work, this problem was solved with the help of a metaphor. A metaphor describing the mechanism of the speech defect was selected for each trance. Efferent motor aphasia is based on defects in the kinetic organization of words, pathological inertia of the course of nervous processes. The dynamic structure of speech and highly automated speech motor skills are disrupted. To overcome this violation in hypnotherapy, we used metaphors describing free movement: a river that flows slowly, then quickly, freely bends around obstacles; the fingers of a pianist running freely on the keys at different tempos,

etc. Since consciousness control is removed in the trance state, in Erickson hypnosis, as well as in speech therapy correction, involuntary processes are actualized.

Results and conclusions. We evaluated the results using neuropsychological techniques. Neuropsychological methods of VPF research are crucial for the diagnosis, control of the dynamics of the rehabilitation process and evaluation of the effectiveness of therapeutic rehabilitation measures [3]. Unfortunately, the traditional assessment of speech disorders in scores from 0 to 5 (the method proposed by Vaserman, Dorofeeva, Meyerson) is not applicable for this study. The study was conducted in a short period of time (21 days) and the dynamics in speech recovery was not sufficiently pronounced for a point assessment. Therefore, as a criterion for changes, we considered the number of speech errors that patients made in tasks of equal complexity before the start of hypnotherapy and at the end of the course. The possibility of patients to repeat syllables, words, sentences (repeated speech), naming household objects and objects in the picture (nominative function of speech), in some cases — the presence of speech perseverations (the fewer perseverative episodes in speech are allowed by patients, the more successfully the pathological inertia of speech processes is overcome, the freer the independent speech of patients).

At the end of the experiment, the following results were obtained. A preliminary assessment of the differences was carried out using the statistical criterion G (criterion of signs). Both in the control group and in the experimental group, the dynamics in speech recovery is positive. Further, using the statistical criterion of differences — the Wilcoxon–Mann–Whitney U criterion, an assessment of the number of speech errors made by patients before and after the start of the experiment was carried out. The samples were considered as disconnected, the measurement was carried out in a scale of intervals [2]. The calculated empirical value of the criterion U fell into the zone of significance. Thus, it can be concluded that the use of Erickson hypnotherapy according to the proposed method (with an embedded metaphor describing the mechanism of breakdown in efferent motor aphasia) leads to a statistically significant reduction in the number of errors and contributes to more effective speech recovery in the acute period of stroke.

The main disadvantage of our research is the weak reproducibility of the results. This is primarily due to the difficulties of standardizing the process of inducing trance. Hypnability and suggestibility of a person are individual. The depth of the patient's immersion in hypnosis depends on various variables, which cannot be predicted it is possible, since most of them are located in the unconscious of a person. The art of the hypnotherapist also plays an important role. When different specialists work with the same client, trance states are not repeated, each trance is unique [1]. But the weak reproducibility of the results, despite all the disadvantages, is at the same time an undoubted plus. Trance work organized by another hypnotherapist, at a different time and in different conditions, can be more effective and lead to more significant results.

Literature:

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