



MATERNAL NEUROTIC CONDITIONS AND THEIR INFLUENCE ON THE COURSE OF AGE CRISES IN CHILDREN

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Abstract

This article explores the clinical psychological characteristics of maternal neurotic conditions and their influence on the course of age crises in children. The research highlights how maternal anxiety, depressive tendencies, and hypochondriacal traits affect the intensity and manifestations of developmental crises in children. Empirical findings indicate significant correlations between maternal neuroticism and the severity of crisis-related emotional and behavioral symptoms in children. These results emphasize the importance of clinical psychological support for mothers in order to prevent maladaptive development in children.

Keywords: Maternal neuroticism, age crises, clinical psychology, child development, anxiety, depression.

Introduction

The family environment, particularly the psychological state of the mother, plays a decisive role in shaping the emotional and cognitive development of children. Maternal neurotic conditions, such as anxiety, depression, and hypochondria, may directly affect the child's ability to cope with developmental crises. In clinical psychology, age crises are considered natural transitional phases in ontogenesis; however, the presence of maternal psychopathology may complicate these transitions. Understanding these dynamics is crucial for both preventive and corrective interventions in medical psychology.



Literature Review

Several international studies have demonstrated the strong relationship between parental psychological well-being and child development outcomes (Goodman et al., 2011; Murray, 2014). Mothers with heightened levels of anxiety or depression often exhibit less consistent parenting, which in turn negatively influences the child's adaptation to new developmental stages. Clinical studies conducted in Uzbekistan (Bekmirov, 2023) further emphasize that maternal neuroticism is a key predictor of maladaptive responses in children during crises of early and middle childhood.

Theoretical models of Vygotsky (1934) and Erikson (1950) on developmental crises provide a conceptual framework for understanding how external stressors, particularly maternal psychopathology, may amplify crisis manifestations in children.

Methodology

The research employed a clinical-psychological design, combining psychodiagnostic assessment of maternal neurotic symptoms with evaluation of child crisis behaviors. Mothers (N = 120) with children aged 3–7 years were assessed using standardized inventories for neurotic conditions. Parallel diagnostic procedures were carried out with children to determine the severity of age-crisis manifestations (e.g., oppositionality, heightened emotionality, regression). Statistical analysis focused on correlation patterns between maternal and child variables.

Results and Discussion

The findings revealed significant positive correlations between maternal anxiety levels and the severity of oppositional behaviors in children ($r = 0.41, p < 0.01$). Depressive symptoms in mothers were associated with heightened emotional instability in children, particularly during the 3-year crisis. Hypochondriacal tendencies showed a moderate relationship with regression and dependency behaviors in children ($r = 0.29, p < 0.05$).

These results suggest that maternal neurotic conditions serve as both direct and indirect risk factors for maladaptive crisis progression in children. The presence



of maternal psychopathology increases the likelihood that a child will experience intensified emotional conflict, difficulties in socialization, and maladaptive coping strategies during transitional developmental phases.

From a clinical perspective, the findings underscore the need for integrative interventions that combine psychological assistance for mothers with preventive programs aimed at children in crisis periods. Early identification of maternal neurotic traits may help minimize negative developmental outcomes in children.

Conclusion

The research confirms that maternal neurotic conditions significantly influence the course of age crises in children, shaping their emotional stability and adaptive capacities. Anxiety, depression, and hypochondria in mothers intensify crisis symptoms in children, increasing the risk of maladaptive development. The findings point to the necessity of clinical-psychological interventions targeting mothers, as improving maternal well-being directly contributes to healthier child development trajectories.

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