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## APPLICATION OF SUBSENSORY INFLUENCE TECHNOLOGY FOR PSYCHOCORRECTIONAL WORK AMONG PATIENTS WITH DEPRESSIVE DISORDERS

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The aim of the study was to test and assess the effectiveness of the method of complex visual-perceptive subsensory psychocorrectional influence for conducting psychocorrectional work with patients with depressive disorders. We have created a special method of visual-perceptive subsensory psychocorrectional influence, which is based on the use of transient subsensory visual stimuli. 52 patients with various clinical forms of depressive disorders (F31.3; F32.0; F32.1; F33.0; F33.1; F33.11; F34.1; F43.1; F43.2) were examined, the main group consisted of 28 patients, the comparison group consisted of 24 patients. Patients of the main group received, along with treatment and rehabilitation according to clinical protocols and guidelines approved by the Ministry of Health of Ukraine, sessions of complex subsensory influence, in patients of the comparison group subsensory stimulation was not performed. To assess the effectiveness of subsensory psychocorrectional influence, a psychodiagnostic examination was carried out before the start of psychocorrection and after its completion. The following psychodiagnostic methods were used: the "Self-Esteem" method, the Resilience Scale, the Hospital Anxiety and Depression Scale (HADS), "Tolerance for Uncertainty", the Zimbardo Time Perspective Questionnaire. Patients who underwent subsensory psychocorrectional influence showed a significant increase in resilience, a more pronounced reduction in depressive and anxiety symptoms, a decrease in fatalistic attitude towards the present; in addition, the perception of one's own future improved. Thus, the use of complex subsensory psychocorrection in patients with depressive disorders contributes to a reliable reduction of symptoms of four main psychological clusters as basic target objects for conducting psychocorrection work, namely: reduction of depressive and anxiety symptoms (cluster "Emotional disorders"); increase in the level of resilience (cluster "Masadaptive-behavioral changes"); harmonization of self-esteem (cluster "Perception of the world and self-image"); reduction of fatalistic attitude towards the present. The perception of one's future also improves (cluster "Chronoperception").

**Keywords:** *perceptual-informational processes, psychocorrection, subsensory influence, perception, personality, psychological clusters, depressive disorders*

### Problem statement

The existence of the phenomena of subsensory perception, informational and psychosemantic processing of subliminal stimuli at an unconscious level, as well as a certain influence of such stimuli on human mental activity has been proven to date in modern science. The main directions of practical application of such scientific developments in medicine and psychology are the improvement of the system of providing psychological

assistance to patients taking into account the influence of subsensory stimulation. Currently, in Ukraine, the problem of treatment and rehabilitation of patients with post-stress mental disorders, including depressive ones, is extremely relevant, which necessitates the need for fundamental improvement of the main strategies of psychocorrectional and psychotherapeutic work with these groups of patients (Кожина & Зеленська, 2023; Лінський et al., 2025). The use of subsensory psychocorrectional technologies can

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significantly expand the possibilities and effectiveness of psychological assistance to the population.

Based on the results of our previous research, new theoretical and conceptual data were established regarding the regularities of the functioning of unconscious perceptual-informational processes, namely: for the first time, two new psychological phenomena were isolated, objectified and conceptualized: 1) the effect of perceptual-mnemonic fixation of subsensory verbal stimuli and 2) the effect of the directed influence of unconscious stimuli on the processes of formation of associative reactions. The first effect consists in the combination of unconscious perception, involuntary memorization, subsequent retention and heightened significance of stimuli demonstrated with individual subliminal exposure. The effect of the directed positive influence of unconscious stimuli on the processes of formation of associative reactions consists in a significantly more frequent occurrence of positively colored verbal associations with a suprasensory stimulus (Шестопалова & Луцик, 2021; Шестопалова & Луцик, 2022). The properties of unconscious perception and trace significance of subsensory verbal stimuli and semantic components of involuntary perceptual-informational processes in patients with various forms of affective disorders were also determined. These effects are detected and confirmed at the psychophysiological level in both patients and healthy individuals, i.e. they belong to the most universal, stable and durable informational-perceptual mechanisms of the unconscious level and represent the main form of the course of subsensory processes (Шестопалова & Луцик, 2020).

These data formed a theoretical and methodological basis for the creation of personalized psychocorrectional programs using the effects of directed subsensory influence. The results obtained are of significant importance for the optimization and improvement of new approaches to the psychological correction of individual-personal disorders in depressive disorders, including with the use of subsensory influence. Solving these complex issues requires, first of all, the creation of special experimental and psychological methods of subsensory influence, their testing and assessment of the dynamics and patterns of variability of clinical and psychological characteristics of patients with depressive disorders in conditions of subsensory perception.

### **Research objective**

The purpose of the study was to test and evaluate the effectiveness of the method of complex visual-perceptive subsensory psychocorrectional influence for conducting psychocorrectional work with patients with depressive disorders.

### **Sample description**

52 patients with different clinical forms of depressive disorders (F31.3; F32.0; F32.1; F33.0; F33.1; F33.11; F34.1; F43.1; F43.2) were examined, of which 14 (26.92%) were women, 38 (73.08%) were men, the average age was  $(41.87 \pm 13.23)$  years (min = 18, max = 73). The main group consisted of 28 patients, 7

(25.00%) were women, 21 (75.00%) were men, the average age was  $(43.64 \pm 11.09)$  years (min = 20, max = 63). The comparison group included 24 patients, 7 (29.17%) women, 14 (70.83%) men, mean age  $(39.79 \pm 15.35)$  years, (min = 18, max = 73). In general, the main and comparison groups were homogeneous in terms of basic socio-demographic characteristics. Patients in the main group received, along with treatment and rehabilitation according to clinical protocols and guidelines approved by the Ministry of Health of Ukraine, sessions of complex subsensory influence, patients in the comparison group did not receive subsensory stimulation. The intervention algorithm included up to 5 sessions, which were carried out with an interval of 3-5 days.

### **Methods**

Based on the results of scientific research, we created a special method of visual-perceptive subsensory psychocorrectional influence (Шестопалова, Луцик, & Войтенко, 2025). The equipment includes a personal computer of standard desktop architecture with two manipulators and two monitors with a maximum screen refresh rate of 144 Hz (144 frames per second). The technique involves the use of fast-moving subsensory visual stimuli, i.e. some words displayed on the screen fall on the retina at the same time as the target (key) suprasensory word, but, unlike the latter, do not have time to be perceived at the level of recognition and comprehension due to the peculiarities of their graphic representation. Six specially created stimulus video fragments were used, identical in duration and storyboard, but recorded with different frame rates (from 144 fps to 40 fps). Thus, the exposure time of a single frame varies, which makes it possible to demonstrate the target word and subsensory stimuli for a period of 7 to 25 ms.

The direct target of psychocorrection was the psychosemantic concepts of the most general categories of time, i.e. the concepts of "future" and "present", and positive verbal stimuli were presented subsensorily, forming positive associations with the target concept. In addition, the psychocorrection effect was directed at emotional disorders, maladaptive behavioral changes, self-esteem and other personal parameters of patients with depressive disorders, as well as at holistic individual chronoperceptive structures. In general, four psychological clusters were identified as basic target objects for psychocorrection: "Emotional disorders"; "Maladaptive behavioral changes"; "Perception of the world and self-image"; "Chronoperception" (Шестопалова, Луцик, & Войтенко, 2024). To assess the effectiveness of the subsensory psychocorrection effect, a psychodiagnostic examination of patients of both groups was carried out in dynamics: before the start of psychocorrection and after its completion. The following psychodiagnostic methods were used: the "Self-Esteem" method (Бурлачук, 2007), the Resilience Scale (Smith et al., 2008), the Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983), "Tolerance for Uncertainty" (Budner, 1962), and the Zimbardo Time Perspective Questionnaire (Zimbardo & Boyd, 1999).

### Results of the study and their discussion

Before the start of treatment and rehabilitation, patients of both groups, according to the "Self-Evaluation" method, rated themselves the highest in such parameters as "faith" ( $2.57 \pm 2.92$  and  $2.38 \pm 2.46$ ), "hope" ( $2.36 \pm 2.98$  and  $2.75 \pm 1.89$ ) and "attitude to the future" ( $1.54 \pm 3.20$  points and  $1.79 \pm 2.30$  points) ( $p > 0.05$ , the difference is statistically insignificant). The lowest scores were received by "attitude to the present" (respectively,  $0.68 \pm 3.21$  and  $0.21 \pm 2.80$ ), "well-being" ( $1.00 \pm 3.16$  and  $-1.04 \pm 3.18$ ), and "mood" ( $1.14 \pm 2.70$  points and  $-0.25 \pm 3.26$  points) (Table 3.11). That is, the structure of self-esteem in patients of both groups was almost the same. It should be noted that in general, the level of self-esteem according to the indicated parameters was below average or low. After the completion of treatment, positive dynamics of varying degrees of severity were noted in both groups for almost all self-esteem indicators: "well-being" ( $0.93 \pm 1.82$ ,  $p < 0.01$  and  $0.93 \pm 1.82$ ,  $p < 0.01$ , resp.); "mood" ( $0.89 \pm 1.59$ ,  $p < 0.01$  and  $1.13 \pm 2.03$ ,  $p < 0.01$ , resp.) and "attitude to the present" ( $1.07 \pm 2.88$  and  $1.38 \pm 2.75$ ,  $p < 0.05$ , resp.). These data allow us to state that during treatment, patients in both groups experience quite pronounced positive changes and transformations of self-esteem processes.

Using the "Resilience Scale", the phenomenon of psychological resilience was investigated as a personal property that underlies the ability to overcome stress and difficult life periods in a constructive way. Analysis of the obtained resilience indicators shows that in patients in both groups they correspond to the lower average level. In the first study, the level of resilience was ( $14.11 \pm 4.98$ ) points in the main and ( $15.04 \pm 4.36$ ) points in the comparison group, in the second - respectively, ( $15.43 \pm 5.04$ ) points and ( $15.96 \pm 4.55$ ) points). In patients in the main group, there was a significant increase in resilience ( $1.32 \pm 2.65$ ) points and ( $0.92 \pm 3.23$ ) points,  $p < 0.05$ ), that is, the use of subsensory stimulation helps to increase stress resistance and the ability to overcome stress and crisis situations in constructive and effective ways.

The results of the study of emotional disorders in patients and the nature of their dynamics using the HADS method indicate that the level of general anxiety in patients of the main group was ( $12.36 \pm 3.51$ ) points, and in patients of the comparison group - ( $11.29 \pm 4.58$ ) points, which corresponds to the level of clinically significant anxiety disorders. The depression index was ( $9.29 \pm 5.03$ ) points and ( $10.38 \pm 4.60$ ) points, which corresponds to clinically significant symptoms of depression. After psychocorrectional intervention in the main group, the level of anxiety decreased by ( $-1.29 \pm 2.12$ ) points, ( $p < 0.01$ ), and the level of depression - by ( $-1.07 \pm 2.54$ ) points, ( $p < 0.05$ ). In patients of the comparison group, these indicators also improved ( $-0.21 \pm 3.09$ ) points and ( $-0.71 \pm 3.96$ ) points, but the difference did not reach a statistically significant level ( $p > 0.05$ ). That is, under the influence of psychocorrection with the involvement of subsensory stimulation, patients experience a statistically significant decrease in the severity of depressive and anxiety symptoms.

Tolerance to uncertainty is a property of a person that allows them to withstand crisis manifestations associated with the uncertainty of the semantic foundations of their own existence. For a person tolerant to uncertainty, the attraction to uncertain situations, the ability to accept the unknown, the ability to perceive new, unfamiliar and risky situations as stimulating; willingness to adapt to an uncertain situation are characteristic.

For an intolerant person, the perception of uncertain situations as a source of threat, the attraction to obvious and unconditional acceptance or rejection in relations with others are characteristic people, tendency to react with anxiety to incomprehensible situations; seeking security and trying to avoid uncertainty, giving preference to the familiar, rejecting everything unusual. The results of the study of tolerance to uncertainty and its dynamics during the treatment process indicate that patients in both groups were characterized by an average level of tolerance, respectively, ( $62.14 \pm 7.02$ ) points and ( $64.79 \pm 12.22$ ) points (first study) and ( $61.10 \pm 6.10$ ) points and ( $63.64 \pm 6.48$ ) points at the second examination ( $p > 0.05$ ), the total shift of the indicator was ( $-1.05 \pm 6.95$ ) points and ( $-1.14 \pm 9.47$ ) points,  $p > 0.05$ ). Analysis of the main factors and components of the decrease in tolerance indicates that in patients in both groups before the start of psychocorrection, intolerance to conditions of complexity was most pronounced ( $37.95 \pm 3.72$ ) points and ( $39.07 \pm 8.35$ ) points), which corresponds to a high level, somewhat less - intolerance to the novelty of situations and problems ( $13.52 \pm 4.21$ ) points and ( $13.93 \pm 4.80$ ) points) and a feeling of their intractability ( $10.67 \pm 2.06$ ) points and ( $11.79 \pm 3.21$ ) points,  $p > 0.05$ ), which corresponds to the limits of the average level. When re-examining patients in both groups, the general tolerance slightly increased ( $61.10 \pm 6.10$ ) points and ( $63.64 \pm 6.48$ ) points); the shift - ( $-1.05 \pm 6.95$ ) points and ( $-1.14 \pm 9.47$ ) points ( $p > 0.05$ ), a certain positive dynamics of the components is also noted tolerance-intolerance, but the difference does not reach the level of statistically significant.

The results of studying the dynamics of the characteristics of perception of the passage of time and time perspective using the Zimbardo time perspective questionnaire showed that the average values of indicators reflecting the processes of personal chronoperception dominated in the examined patients. The patients assessed their past as negative: ( $3.33 \pm 0.83$ ) points in the first group and ( $3.41 \pm 0.63$ ) points in the second ( $p > 0.05$ ), were less satisfied with the present, respectively, ( $3.30 \pm 0.49$ ) points and ( $3.33 \pm 0.46$ ) points ( $p > 0.05$ ). The ideas about their future were generally quite pessimistic, respectively, ( $3.53 \pm 0.53$ ) points and ( $3.51 \pm 0.52$ ) points ( $p > 0.05$ ). After psychocorrection using subsensory influence, patients in the main group significantly decreased their fatalistic attitude to the present ( $0.14 \pm 0.36$ ) points compared to ( $0.11 \pm 0.57$ ) points in the second group, ( $p < 0.05$ ). It should be emphasized that these patients also significantly improved their perception of their future - ( $0.14 \pm 0.31$ ) points and ( $-0.07 \pm 0.30$ ) points, ( $p < 0.05$ ).

Analysis of the dynamics of the complex of psychodiagnostic indicators in patients with depressive

disorders who received various options for treatment and rehabilitation measures shows that certain positive changes were noted in patients in both groups. These changes concerned, first of all, disorders in the emotional sphere (levels of anxiety and depressive experiences) and the self-esteem system. At the same time, there are significant, statistically significant differences between the nature and severity of dynamic changes in psychodiagnostic parameters in patients of the two groups. Thus, in patients who underwent subsensory psychocorrectional influence, a significant increase in resilience was noted, a more pronounced reduction in depressive and anxiety symptoms, a decrease in fatalistic attitude to the present; in addition, the perception of one's own future improves. Such psychological formations as tolerance to uncertainty and patterns of significance of parameters of personal chronoperceptive processes turned out to be more stable.

### Conclusions

1. The nature of the dynamics of clinical and psychological characteristics of patients under subsensory psychocorrectional influence is objectified: a significant increase in resilience, reduction of depressive and anxiety symptoms, optimization of the self-esteem system, reduction of fatalistic attitude towards the present and improvement of perception of one's future are established.

2. The use of complex subsensory psychocorrection in patients with depressive disorders contributes to the reduction of symptoms of four main psychological clusters as basic target objects for conducting psychocorrectional work, namely: a) reduction of depressive and anxiety symptoms (cluster "Emotional disorders"); b) increase in the level of resilience (cluster "Masadaptive behavioral changes"); c) harmonization of self-esteem (cluster "Perception of the world and self-image"); d) reduction of fatalistic attitude towards the present and improvement of perception of one's future (cluster "Chronoperception").

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### ЗАСТОСУВАННЯ ТЕХНОЛОГІЇ СУБСЕНСОРНОГО ВПЛИВУ ДЛЯ ПРОВЕДЕННЯ ПСИХОКОРЕКЦІЙНОЇ РОБОТИ ЗІ ХВОРИМИ НА ДЕПРЕСИВНІ РОЗЛАДИ

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Метою дослідження було апробація та оцінка ефективності методики комплексного зоро-перцептивного субсенсорного психокорекційного впливу для проведення психокорекційної роботи з хворими на депресивні розлади. Нами створено спеціальну методику зоро-перцептивного субсенсорного психокорекційного впливу, яка базується на використанні швидкоплинних субсенсорних зорових стимулів. Було обстежено 52 хворих з різними клінічними формами депресивних розладів (F31.3; F32.0; F32.1; F33.0; F33.1; F33.11; F34.1; F43.1; F43.2), основну групу утворили 28 хворих, групу порівняння увійшли 24 пацієнта. Пацієнти основної групи отримували наряду з лікуванням та реабілітацією згідно затверджених МОЗ України клінічних протоколів та настанов, сеанси комплексного субсенсорного впливу, у хворих групи порівняння субсенсорна стимуляція не проводилась. Для оцінки ефективності субсенсорного психокорекційного впливу було здійснено психодіагностичне обстеження до початку психокорекції та після її завершення. Застосовувались наступні психодіагностичні методики: методика «Самооцінка», Шкала резильєнтності, Госпітальна шкала депресії та тривоги (HADS), «Толерантність до невизначеності», опитувальник часової перспективи Зімбардо. У хворих, які зазнавали субсенсорного психокорекційного впливу, відзначалися достовірне зростання резильєнтності, більш виражена редукція депресивної та тривожної симптоматики, зменшення фаталістичного ставлення до сьогодення; крім того, поліпшується сприйняття власного майбутнього. Таким чином, застосування комплексної субсенсорної психокорекції у хворих на депресивні розлади сприяє достовірній редукції симптомів чотирьох основних психологічних кластерів як базових об'єктів-мішеней для проведення психокорекційної роботи, а саме: редукція депресивної та тривожної симптоматики (кластер «Емоційні порушення»); зростання рівня резильєнтності (кластер «Деадаптивно-поведінкові зміни»); гармонізація самооцінки (кластер «Світовідчуття та образ Я»); зменшення фаталістичного ставлення до сьогодення. Також поліпшується сприйняття свого майбутнього (кластер «Хроноперцепція»).

**Ключові слова:** перцептивно-інформаційні процеси, психокорекція, субсенсорний вплив, перцепція, особистість, психологічні кластери, депресивні розлади.

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