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## PECULIARITIES OF DIAGNOSTICS AND IDENTIFICATION OF PSYCHOSOMATIC PATHOLOGY IN CHILDREN AND ADOLESCENTS

*The article considers the features and results of clinical and epidemiological studies of the prevalence of psychosomatic diseases in children and adolescents. The study used: methods of diagnosing self-esteem Ch. D. Spielberger; Y. L. Khanin (scales of personal and reactive anxiety); Methods of multifactorial study of the personality of R. Kettel (Raigorodsky, 2000) and the author's questionnaire “Method of diagnosing persistent stereotypes of the psycho-emotional response of children and adolescents” (Mozgova, Sinyov, Beketova, 2009). Clinical features and risk factors for the formation of psychosomatic pathology in children and adolescents are highlighted.*

*It is established that the prevalence of psychosomatic pathology in children with psychophysical development disorders does not differ significantly from those studied without psychophysical development disorders. It is determined that in the structure of psychosomatic pathology in children with psychophysical development disorders and without them, two nosological forms predominate – bronchial asthma and duodenal ulcer. Half of the subjects with psychophysical development disorders had a duodenal ulcer, bronchial asthma – in 26.0 %, diabetes mellitus and ulcerative colitis are slightly pronounced. In children without psychophysical development disorders, the opposite trend was observed: bronchial asthma was found in more than half of the subjects, duodenal ulcer in 12.0 %, diabetes and rheumatoid arthritis are also mild.*

*Peculiarities of the clinical course of psychosomatic pathology in children with psychophysical development disorders were their longer duration and severity in comparison with the studied ones without psychophysical development disorders. The cardinal complex psychological markers of psychosomatic pathology development in children and adolescents with and without psychophysical development disorders have been specified, namely: high level of personal and reactive anxiety, low self-esteem, emotional lability, poor efficiency and high rates of deviation from the autogenic norm.*

*The results of the study can be used by physicians and psychologists to diagnose and detect psychosomatic pathology in children and adolescents, by psychologists to develop, on this basis, a comprehensive program of psychoprophylaxis, psychocorrection and psychotherapy of psychosomatic disorders.*

**Key words:** psychosomatic pathology, psychophysical development disorders, children, adolescents, risk factors, anxiety, self-esteem.

**Introduction.** The problem of psychosomatic relations is one of the most difficult issues in modern medicine and psychology, despite the fact that the close relationship between mental and somatic has been established and studied since the time of Hippocrates, Plato, Aristotle. In the process of medical development, the question of the influence

of the psyche on the course of the somatic disease was not initially considered. However, today, at the new media age, reduced motor activity, the impact of adverse environmental factors, it becomes important to consider mental and physical health in the unity of their impact on each other, that is, psychosomatics [1; 2; 3].

The problem of psychosomatic pathology (PSP) in a broad sense is the problem of human existence [2; 3]. In fact, psychosomatic diseases or so-called adaptation diseases are a wide range of disorders that combine somatic and psychological disorders [3; 4; 9]. Traditionally, psychosomatic pathology includes hypertension and gastric and duodenal ulcers, ulcerative colitis, diabetes mellitus, rheumatoid arthritis, bronchial asthma – diseases that have a progressive course and are accompanied by a number of different psychological and somatic disorders that sometimes lead to life-threatening disorders of human [2; 3; 4].

The effect of natural selection changes significantly through human sociality. In psychosomatic, there are more common points than significant differences in the study of individual diseases. PSP as a general pathological process has the following features: it is present only in humans because the psyche acts as a significant component of objective disorders of life; characterized by a non-stereotyped response to the action of causally significant factors and is characterized by the absence of genetically determined unified protective adaptive mechanisms [4; 7; 12].

Thus, it is obvious that two main components play a leading role in the occurrence of psychosomatic diseases: the traumatic factor and the condition of the subject who is affected. In this case, the decisive factor is the style of behaviour of the individual in various adverse situations. A person focused on search in various fields of activity, with a high level of creativity, is much more likely to determine the nature of interaction with the world and social environment. That is why the orientation of the patient to his maximum creative self-realization in the treatment and prevention of psychosomatic diseases is essential.

Special attention, in this plan, needs children with psychophysical development disorders (PDD). Developmental disorders are a universal form of the body's response to any negative influence not only of biological but also of adverse socio-psychological factors.

To define developmental disorders in children the domestic scientific literature uses different terms: developmental abnormalities, children with special needs, children with special educational needs, children with psychophysical development, and so on. All these concepts reflect different aspects of the manifestations of developmental disorders, but the most common signs of such disorders are characterized by the term “dysontogenesis”, which was proposed by E. Schwalbe in 1927 to define abnormalities in fetal formation. At present,

this concept is understood as various forms of disorders of ontogenesis, first of all, of the nervous system (NS), which cover all periods of childhood (up to 3 years), when the morphological systems of the body have not yet reached maturity [2; 5; 6].

Nervous system disorders are usually caused by biological and social factors that can act both separately and in combination, complicating the child's development. The most severe underdevelopment of mental functions occurs due to the influence of negative factors in the period of intensive cellular differentiation of brain structures, that is, in the early stages of embryogenesis.

It is known that the development of a child with PDD violations has a number of its own patterns. The complexity of the structure of abnormal development is the presence of a primary defect caused by a biological factor and secondary disorders that occur under the influence of the primary defect in the process of further abnormal development. The further the primary causes (primary defect of biological origin) and the secondary symptom (disturbances in the development of mental processes) are “separated”, the more opportunities open up for the correction and compensation of the latter with the help of a rational system of education and upbringing. However, data on the prevalence, structure and features of PSP in children with PDD in scientific sources we have not found.

**The purpose of the article:** to present and describe the results of clinical and experimental study of the pathogenetic role of medical and psychological factors in the occurrence and progression of psychosomatic pathology in children and adolescents.

**Task:** 1) to establish the prevalence of psychosomatic pathology in children and adolescents with disorders of psychophysical development and without one; 2) identify the factors that cause psychosomatic pathology in children and adolescents with and without psychophysical development disorders; 3) use the obtained data to determine complex psychological markers of psychosomatic pathology development in children and adolescents with and without psychophysical development disorders.

**Methods and Research Methodology.** The study was based on the assumption of the possibility of diagnosing and detecting psychosomatic pathology in children and adolescents with psychophysical development disorders and without disorders.

The survey involved 199 children aged 7 to 17 years with PSP, of which 111 – without PDD and 98 with PDD. Diagnoses are verified according to ICD-10.

The cohort-epidemiological method allowed to establish the prevalence of PSP in children and adolescents with and without psychophysical development disorders.

The socio-demographic method was used to analyze the factors that influenced the formation of the PSP. The survey, according to our questionnaire, collected information about the child, his family, living conditions, health, hereditary burdens, bad habits, the presence of conflict and other psychogenic situations, success and the nature of interpersonal relationships.

Clinical and psychological method was used to study psychopathological features in children and adolescents with PSP.

Clinical and psychological research was carried out using the following methods:

- the use of the scale of personal and reactive anxiety C. D. Spielberger, J. L. Khanin allowed to determine the level of anxiety as a constitutional feature of the patient or the consequence of a painful condition or the reaction of the individual to stressful events [1; 8];

- methods of multifactorial study of the personality of R. Kettel (identification of personality traits that form in the acts of human relations a kind of unity of motivations, actions and experiences, which allowed to establish the integrity of the individual) [1; 8];

- to determine the general psycho-emotional state of children was used our questionnaire “Method of diagnosing persistent stereotypes of psycho-emotional response of children and adolescents”, the priority of which is confirmed by the Declaration Patent of Ukraine on utility model № 44347 from 25.09.2009 (Mozgova, Sinyov, Beketova, 2009);

- complex neurophysiological diagnostics using topographic mapping of the spectral power of the main rhythms of the electroencephalogram (EEG) and its spectral analysis;

- special instrumental methods of research (medical ultrasound exam of abdominal organs, thyroid gland, kidneys, fibro esophagogastroduodenoscopy, if necessary with targeted biopsy with subsequent histological examination of biopsies, intragastric pH-metry, spirometry);

- general clinical, biochemical, enzyme-linked immunosorbent assays, diagnostic methods;

- statistical methods: processing of the obtained data was carried out by methods of mathematical statistics (correlation analysis) on a PC using SPSS and “Excel” from the package “Microsoft Office 2003”, “STATISTIKA 8.0”, “EPIINFO 5.0”. During

the formation of representative samples to calculate a sufficient number of subjects, we used the program STATCALC from the package EPIINFO, V.5.0;

**Results and discussions.** The study revealed the prevalence of psychosomatic pathology among children with and without PDD, as well as to identify the main risk factors for the formation and progression of PSP.

Table 1

**Psychosomatic pathology in children without psychophysical developmental disabilities (n=111)**

Rating place	Nosology	Absolute values	%
I	bronchial asthma	84	68
II	peptic ulcer of the duodenum	17	12
III	diabetes mellitus	6	5
IV	rheumatoid arthritis	4	4
Total	psychosomatic pathology	111	89

Table 2

**Psychosomatic pathology in children with psychophysical developmental disabilities (n=98)**

Rating place	Nosology	Absolute values	%
I	peptic ulcer of the duodenum	63	56
II	bronchial asthma	30	26
III	ulcerative colitis	4	3
IV	diabetes mellitus	2	1
Total	psychosomatic pathology	98	86

As can be seen from Tables 1 and 2, the prevalence of PSP among children with and without PDD is almost the same and is 86 % and 89 %, respectively ( $p>0.05$ ). However, in the structure of PSP, the most significant nosologies in children, both with PDD and without one, were bronchial asthma (BA) and duodenal ulcer.

However, in children without PDD, the prevalence of asthma (68 %) significantly exceeded the prevalence of peptic ulcer disease duodenum (12 %) ( $p<0.001$ ), which in the words of F. Alexander (Alexander, 2002) is the “queen of psychosomatics.” In children with PDD, on the contrary, there is a statistically significant prevalence of peptic ulcer disease over asthma – 56 % and 26 %, respectively ( $p<0.001$ ).

The ratio of girls and boys in groups I and II was 1:1.

The vast majority of children in both groups (62.2 % and 73.0 %, respectively) were aged 11 to 17 years. Most likely, this is due to the fact

Table 3

Distribution of patients with PSP by age and sex (n=199)

Groups Children	Number of children	Age, years				Sex	
		5–6	7–10	11–13	14–17	boys	girls
I group (n=98)	abc. numeric	7	30	32	29	49	49
	%	7,2	30,6*	32,7	29,5	50,0	50,0
II group (n=111)	abc. numeric	6	23	41	39	55	56
	%	5,4	21,7	36,9	36,1	49,5	50,5

Note: the difference is significant ( $p < 0.05$ ) \* – between patients 7–10 and 14–17 years; Group I – children with PDD; Group II – children without PDD.

that in most sick children the onset of the disease occurs at early school age (7–10 years), and for the formation of chronic pathology, it usually takes 2–4 years. At the same time, the risk of chronic disease increases significantly in the prepubertal and pubertal period, which is explained by the peculiarities of the functioning of the child’s body in these periods. Heterochronicity of the formation of processes of regulation of various physiological functions determines the so-called critical periods of development of the child’s body, which is the basis of the child’s hypersensitivity to environmental influences and the development of desynchronization – one of the first nonspecific manifestations of many pathological conditions [8; 12].

The analysis of risk factors for the formation of PSP, taking into account their diversity and multifactorial, justifies the need to identify their statistically significant combinations. This will allow in the early stages of the disease to predict the likelihood of its further course.

During the cohort-epidemiological study, the data on the presence/absence of pathological symptoms for comparative analysis with the assessment of the frequency of symptoms and the calculation of the values of diagnostic coefficients and measures of informativeness were digitized. The numerical expression of symptoms was carried out through calculations of an integrated indicator of the intensity of symptoms depending on the severity and frequency of symptoms. A questionnaire was filled out for each child with a list of different risk factors.

The questionnaire data were recorded in the protocol. A comprehensive study allowed to create of a prognostic table (table 4) to assess the risk of PSP in children. All statistically significant factors were summarized in this table and arranged in it in the order of decreasing modules of their diagnostic coefficients (that is, in the order of decreasing their “prognostic power”). Risk assessment using the above tables is carried out by applying the sequential procedure of Wald in the modification of E. Gubler (Gubler, 1978).

Table 4

Prognostic table for risk assessment of psychosomatic pathology in children with PDD

Risk factors and anti-risk	DC	J
<b>Risk factors</b>		
Conflicts in the family (between parents)	10,48	2,45
Poor or no search activity	9,48	2,45
Unsatisfactory nutrition	8,34	1,42
Conflicts in the family (children – parents)	8,23	1,33
Alexithymia	7,24	1,12
Unsatisfactory social status of parents	3,77	0,68
History of head and spine injuries	3,67	0,57
Weather sensitivity	3,46	0,51
Death of parents	2,28	0,41
Incomplete family	2,25	0,39
Pathology in childbirth	2,24	1,23
Does not participate in creative circles	2,23	0,36
Does not play sports	2,03	0,34
Presence in the family of chronic somatic diseases	1,86	0,32
The presence of congenital malformations in the family	1,82	0,31
Diseases in the mother during pregnancy	1,76	0,28
Poor school performance	1,66	0,28
Conflicts at school	1,56	0,22
Perinatal lesions of the CNS	1,54	0,17
Frequent SARS in the anamnesis	1,12	0,02
Accidents and catastrophes in the anamnesis	1,12	0,02
One in the family	1,11	0,01
<b>Anti-risk factors</b>		
Harmonious relations in the family	-5,95	0,95
Search activity (creativity)	-4,68	0,64
Rational nutrition	-3,66	0,54
A complete family	-3,54	0,45
Satisfactory social status of parents	-1,08	0,24
Classes in creative circles	-0,98	0,19
Not Burdened heredity	-0,89	0,18

The essence of the procedure was that the diagnostic coefficient (DC) of the inherent features of the person is added to each other until the desired level of reliability of the prognosis is

reached. For example, the reliability of the forecast at the level of  $p < 0,05$  corresponds to the value of the sum of diagnostic coefficients  $\Sigma DC > 13$ , at the level of  $p < 0,01$  –  $\Sigma DC > 20$ , and at the level of  $p < 0,001$  –  $\Sigma DC > 30$ . In this sense, it becomes clear that none of the identified risk factors are self-sufficient for a reliable forecast (of all the factors presented in Table DC < 13), and, therefore, a reliable forecast is possible only when risk factors are used together.

The study also identified seven anti-risk factors for the formation of PSP. Their power varies from small (unencumbered heredity –  $DC = -0.89$  at  $J = 0.18$ ) to moderate (harmonious relations in the family –  $DC = -5.95$  at  $J = 0.92$ ). However, the presence of the anti-risk factors listed in Table 4 together will ensure the reliability of the prediction of resistance at the level of  $p < 0.01$ , because in such a combination of factors the module  $\Sigma DC = -20.77$  is more than 20 – the limit value for this level of reliability.

The clinical and paraclinical features of the course of PSP in children with and without PDD, the main syndromes and symptoms of this pathology have been studied.

The main clinical and pathological trends in the psychological and neurophysiological status of the examined children of both groups, which can

be diagnosed in the early stages of the disease, are identified.

The clinical picture of PSP in children with PDD and without one was characterized by a polymorphism of complaints and clinical syndromes. The main syndromes in children with IB duodenum were abdominal pain (93.8 % and 91.7 %), dyspeptic (65.2 % and 58.4 %), chronic intoxication syndrome (38.8 % and 38.7 %), respectively, which did not differ significantly in both groups ( $p > 0.05$ ).

As for the astheno-neurotic syndrome, it was significantly more common in children with PSP and PDD (95.9 % and 52.1 %) ( $p < 0.001$ ). The same trend was found among those examined with bronchial asthma. However, it was found that in children without PDD (group II) a small duration of the disease (1–2 years) occurred in more than half of patients (53.4 %), up to 5 years – in 29.9 %, more than 5 years – in 16.7 %. As for patients with PDD (group I), they showed a significant increase in the duration of the disease: 1–2 years – in only 26.9 % of patients, while up to 5 years – in 41.9 % and more than 5 years in 31.1 % of children ( $p < 0.05$ ) (table 5). That is, this is associated with a longer and significantly more severe course of the disease in children with PDD (table 5).

In the age structure of PSP in children with PDD revealed a significantly earlier onset of duodenal

Table 5

**Distribution of patients by duration of PSP (n=194)**

Groups of children	Nosological Form	Duration of the disease, years			Total
		1–2 years	up to 5 years	more than 5 years	
		abc. ч. (%)	abc. ч. (%)	abc. ч. (%)	abc. ч. (%)
I group (n=93)	bronchial asthma	4 (4,3)	16 (17,2)	10 (10,7)	30 (32,5)
	peptic ulcer disease	21 (22,6)	23 (24,7)	19 (20,4)	63 (67,5)*
<b>Total</b>		25(26,9)	39(41,9) ^	29(31,1) +	93(100)
II group (n=101)	bronchial asthma	45 (44,6)	23 (22,8)	16 (15,8)*	84 (83,2) *
	peptic ulcer disease	9 (8,8)	7 (7,1)	1 (0,9)	17 (16,8)
<b>Total</b>		54(53,4) #	30(29,9)	17(16,7)	101(100)

Note: \* – the difference is significant ( $p < 0.05$ ) between patients with asthma and IUD of the duodenum; # – between the duration of PSP 1–2 years; ^ – up to 5 years; + – more than 5 years.

Table 6

**Distribution of patients by severity of PSP (n=194)**

Groups of children	Nosological Form	The severity of the disease			Total
		Easy	Average	Heavy	
		Abc. n (%)	Abc. n (%)	Abc. n (%)	Abc. n (%)
I група (n=93)	bronchial asthma	2 (6,7)*	10 (33,3)*	18 (60,0)*	30 (100,0)
	peptic ulcer disease	8 (12,7)*	23 (36,5)*	32 (50,8)*	63 (100,0)
<b>Total</b>		10 (10,8)*	33 (35,4)	50 (53,8) *	93 (100)
II група (n=101)	bronchial asthma	45 (44,6)	23 (22,8)	16 (15,8)	84 (100,0)
	peptic ulcer disease	9 (8,8)	7 (7,1)	1 (0,9)	17 (16,8)
<b>Total</b>		54 (53,4)	30 (29,9)	17(16,7)	101(100)

Note: \* – the difference is significant ( $p < 0.05$ ) between groups I and II.

IH compared with children without psychophysical developmental disabilities ( $10.5 \pm 0.7$  and  $14.2 \pm 0.5$  years, respectively) ( $p < 0.05$ ). The severe and prolonged course of PSP was also determined in the vast majority (53.8 %) of patients with PDD against 16.7 % in children without them ( $p < 0.001$ ) (table 6).

Determining the psychological state can be considered as an integral part of a child's health because it is on the personal level that the problems we plan to identify in the diagnostic process are focused on. In addition to the objective situation of each person (life circumstances, real health), it is important to determine his subjective attitude to this situation, as well as assess their own reactions to life's difficulties, individual resources of resistance and development. It is known that the lack of defence mechanisms complicates the processes of recognition and expression of emotions reduces the child's ability to mentally process stress, reduces the ability to manage intense negative experiences. The latter can serve as a basis for the subsequent formation of various psychosomatic disorders, which can be considered as a separate personal response [6; 10; 11].

Analysis of psychological research data allowed to establish seven markers of susceptibility to PSP, namely: high personality levels and reactive anxiety (according to the Spielberger-Khanin test), low self-esteem and high levels of anxiety and emotional mobility (according to R. Kettel's test), low article high rates of deviation from the autogenic norm (according to the projective test "Good" and "Evil" with the choice of colours), the priority of which is protected by the Declaratory Patent of Ukraine for the invention [7].

As can be seen from Table 7, some of the established markers, such as high personal anxiety and high reactive anxiety on the Spielberger-Khanin test, and low performance and deviation from the autogenous norm on the projective test "Good" and "Evil" with colour choice are self-sufficient for probable determination of risk-anti-risk, because their DC is high enough, but less than the threshold value 13, which ensures the accuracy of the diagnostic conclusion at  $p < 0.05$ , so they will provide the necessary reliability of diagnostic conclusions only when used together with other methods.

Table 7

**Prognostic table of markers of risk-anti-risk of formation of psychosomatic pathology (psychological research)**

Methods	Sign	Feature range	DC	J
<b>Risk markers</b>				
Test Spielberger-Khanin	high personal anxiety	>50	4,53	0,21
		46–50	<b>7,84</b>	<b>0,13</b>
	high reactive alarm	>45	2,33	0,07
		36–45	7,30	0,21
R. Kettel's method	low self-esteem	≤3,0	0,57	0,01
		3,1–5,0	<b>7,34</b>	<b>0,45</b>
	low emotional stability	≤3,0	0,68	0,14
		3,1–5,0 балів	<b>6,70</b>	<b>1,38</b>
	high anxiety	6,0–7,0 балів	<b>1,95</b>	<b>0,12</b>
		8,0–9,0	<b>7,35</b>	<b>0,31</b>
Projective test "Good" and "Evil" with the choice of color	low efficiency	30–45	<b>7,40</b>	<b>0,23</b>
	low efficiency	46–50	<b>2,84</b>	<b>0,18</b>
	deviation from autogenic	30–45	<b>4,71</b>	<b>0,27</b>
	deviation from autogenic	46–50	6,30	0,11
<b>Anti-risk markers</b>				
Test Spielberger-Khanin	low personal anxiety	<36	-1,68	0,27
		36–40	-4,38	0,42
	low reactive alarm	<26	-0,73	0,07
		26–30	<b>-3,71</b>	<b>0,47</b>
R. Kettel's method	high self-esteem	>7,0	-0,57	0,01
		6,0–7,0	<b>-7,91</b>	<b>0,46</b>
	high emotional stability	>7,0	-0,68	0,05
		6,0–7,0	<b>-1,02</b>	<b>0,02</b>
Projective test "Good" and "Evil" with the choice of color	high level of efficiency	≥50–60	<b>-1,07</b>	0,16

**Conclusions.** The study showed that the prevalence of psychosomatic pathology in children with psychophysical development disorders does not differ significantly from psychosomatic pathology in subjects without psychophysical development disorders and is 89 and 86 people per 1000 subjects.

It is determined that the structure of psychosomatic pathology in children with psychophysical development disorders and without one is dominated by two nosological forms – bronchial asthma and duodenal ulcer. However, in the subjects with psychophysical development disorders, the duodenal ulcer has a more specific weight, which was detected in 56 %, bronchial asthma was 26 %, and diabetes mellitus and ulcerative colitis are slightly pronounced (1 % and 3 %, respectively). In children without psychophysical development disorders, the opposite trend was found – bronchial asthma was found in 68 % of subjects, duodenal ulcer – in 12 %, diabetes and rheumatoid arthritis are also mild (5 % and 4 %).

In the age structure of children with psychosomatic pathology with psychophysical development disorders significantly earlier onset of duodenal ulcer disease compared with children without psychophysical development disorders ( $10.5 \pm 0.7$  years and  $14.2 \pm 0.5$ , respectively).

The clinical features of the course of duodenal ulcer in children without psychophysical development disorders were determined: the presence of small and asymptomatic clinical forms in 29.0 % of subjects; detection of the first clinical signs of the disease in the form of complications (gastrointestinal bleeding,

scar-ulcer deformation of the duodenal mucosa) in 8.1 %. The same pattern is observed in children with PDD. However, their incidence of complicated forms of the disease was significantly higher (14.7 %).

Peculiarities of the clinical course of psychosomatic pathology in children with psychophysical development disorders were their longer duration (73.0 %) and severity (53.8 %) against 46.6 % and 16.7 % in patients without psychophysical development disorders.

Cardinal complex psychological markers of psychosomatic pathology development in children with and without psychophysical development disorders were identified, namely: high levels of personal and reactive anxiety (according to the Spielberger-Khanin test), low self-esteem and high levels of anxiety and emotional lability. Kettel), low efficiency and high deviations from the autogenous norm (according to the projective test “Good” and “Evil” with the choice of colour).

Thus, given the identified psychological markers of psychosomatic pathology, it can be argued that the introduction of psychological influences to reduce anxiety, increase self-esteem in children and adolescents with psychosomatic pathology, harmonize their family microclimate will help overcome their psychosomatic disorders.

The results of the study can be used by physicians and psychologists to diagnose and detect psychosomatic pathology in children and adolescents and by psychologists to develop, on this basis, a comprehensive program of psychoprophylaxis, psychocorrection and psychotherapy of psychosomatic disorders.

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### **Мозгова Г.П., Ставицька С.О., Ставицький Г.А., Ханецька Т.І. ОСОБЛИВОСТІ ДІАГНОСТИКИ ТА ВИЯВЛЕННЯ ПСИХОСОМАТИЧНОЇ ПАТОЛОГІЇ У ДІТЕЙ ТА ПІДЛІТКІВ**

У статті розглядаються особливості та результати клініко-епідеміологічного дослідження поширеності психосоматичних захворювань у дітей та підлітків. У дослідженні використано: методика діагностики самооцінки Ч. Д. Спілбергера, Ю. Л. Ханіна (шкали особистісної та реактивної тривожності); методика багатofакторного дослідження особистості Р. Кеттела (Райгородський, 2000) та авторський опитувальник «Спосіб діагностики стійких стереотипів психоемоційного реагування дітей та підлітків» (Мозгова, Синьов, Бекетова, 2009). Висвітлено клінічні особливості та фактори ризику формування психосоматичної патології у дітей та підлітків.

Встановлено, що поширеність психосоматичної патології у дітей з порушеннями психофізичного розвитку суттєво не відрізняється від досліджуваних без порушень психофізичного розвитку. Визначено, що в структурі психосоматичної патології у дітей з порушеннями психофізичного розвитку та без них переважають дві нозологічні форми – бронхіальна астма та виразкова хвороба дванадцятипалої кишки. У половини досліджуваних із порушеннями психофізичного розвитку виявлена виразка дванадцятипалої кишки, бронхіальна астма – у 26,0 %, цукровий діабет та виразковий коліт незначно виражені. У дітей без порушень психофізичного розвитку спостерігалася протилежна тенденція: бронхіальна астма виявлена у більше половини досліджуваних, виразка дванадцятипалої кишки у 12,0 %, цукровий діабет та ревматоїдний артрит також незначно виражені.

Особливостями клінічного перебігу психосоматичної патології у дітей із порушеннями психофізичного розвитку були їх більша тривалість та тяжкість протікання порівняно з досліджуваними без порушень психофізичного розвитку. Уточнені кардинальні комплексні психологічні маркери розвитку психосоматичної патології у дітей та підлітків з порушеннями психофізичного розвитку та без них, а саме: високий рівень особистісної та реактивної тривожності, низька самооцінка, емоційна лабільність, погана ефективність та високі показники відхилення від аутогенної норми.

Результати дослідження можуть використовуватися медиками і психологами з метою діагностики та виявлення психосоматичної патології у дітей та підлітків і розроблення психологами, на цій основі, комплексної програми психопрофілактики, психокорекції та психотерапії психосоматичних розладів.

**Ключові слова:** психосоматична патологія, порушення психофізичного розвитку, діти, підлітки, чинники ризику, тривожність, самооцінка.