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Iryna ROZINA

Special features of designing a correction program for adolescents who have signs of psychosomatic disorders

IRYNA ROZINA. **Special features of designing a correction program for adolescents who have signs of psychosomatic disorders.** *The relevance of the research is related to the need for studying the character of psychosomatic disorders in adolescence, which is insufficiently investigated and requires more in-depth research, in particular designing a comprehensive program that includes a system of training exercises to overcome psychosomatic disorders. The problem of studying psychosomatic relationships is one of the most difficult problems of modern psychology and medicine, despite the fact that the close connection between mental and somatic has been studied for several centuries. Mental trauma is a leading cause of neuroses formation and progress, its pathogenic significance is determined by the complex interaction with many other factors being a result of an individual's life, formation of his body and personality, especially in adolescence. The subject of the research is to study special features of psychosomatic disorders, as well as to design a program for adolescents with signs of neurotic disorders. The subject matter of the research is the peculiarities of psychosomatic disorders manifestation and neurotic signs in adolescence. The article presents a theoretical analysis of modern approaches in psychology to the study of psychosomatic disorders*

peculiarities, their classification, considering the signs of neurotic disorders in adolescence. The work analyzes age characteristics of psychosomatic disorders in adolescence. Modern adolescents are exposed to various stressors, to the impact of audiovisual information, school overload, extra classes, exams, and a special problem that is a change in quality of life and prevalence of alcoholism, smoking, drug addiction, especially drug addiction among adolescents. The complex of these factors has negative consequences both on a psychological and physical level. Most authors who study the causes of psychosomatic illnesses recognize the important role of parents in the development of mentally and physically healthy children. Many studies highlight the role of early mother-child relationships in the formation of psychosomatic pathology. Various violations of this relationship usually lead to abnormalities in a child's development. (M. Mahler, E. T. Eidemiller, Yustitskis, D. Winnicott, M. Klein). The results of an empirical study aimed at identifying signs of psychosomatic disorders are considered. The following methods were used: observation, questionnaires, and such methods as diagnosis of neurotic disorders in adolescence (DND), diagnosis of the level of school anxiety by Phillips, "Non-existent animal" by M.Z. Drukarevich. The peculiarities of designing and testing the correction program, which is aimed at reducing the signs of neurotic manifestations in adolescence, are revealed. Objectives of the correction program are: searching for interaction of adolescents with society, finding and testing skills of effective response to external stimuli; increasing the level of self-esteem; removal of emotional tension; reducing anxiety. The results confirm the possibility of reducing the signs of neurotic manifestations of adolescents and help to delay or completely stop a possible personality disorder.

Key words: psychosomatics, psychosomatic disorders, neurotic disorders, emotional manifestation, affective behavior, correction program, adolescence.

Introduction. Psychosomatic disorders are a significant part of "civilization diseases" and over the past century have been the subject of intensive research. There are a huge number of factors that can cause psychosomatic illnesses. The development of knowledge in the field of etiology of psychosomatic diseases is not the final process. The urgency of the phenomenon of somatic disorders' mental aspects is due to the frequency of detection and annual increase in sickness rate among adolescents in recent years.

Psychosomatics is a section in general pathology that examines diseases and disorders that occur under the direct action or indirect

influence of emotional stress (for example, mental actions to which a person is exposed). The meaning of the term “psychosomatic disorder” follows from the words “soul” and “body”, that is a disorder in the functioning of internal organs or systems, the formation and course of which are directly related to the mental response of the individual or develop under the influence of mental trauma, stress and other powerful psychological factors (S.Kulakov, 2003).

In literature, psychosomatics refers to a scientific field that studies mutual influence of the psyche and body functions, as well as the influence (including pathogenic) of emotions on the functioning of the body and the formation of its disorders. At the same time, psychosomatics is a branch of medicine that investigates and treats pathological somatic disorders caused by psychogenic factors.

The problem of manifestation of psychosomatic disorders was dealt with by such prominent scientists as: P.K. Anokhin, M.O. Bernstein, O.W. Zaporozhets, O.R. Luria, I.P. Pavlov, I.M. Sechenov, etc. Modern researchers of psychosomatics are O.V. Verbovska, L.M. Gaziuk, N.Ye. Korenkova, G.F. Kumarina, V.P. Murza, Yu.M. Oleynik and others.

The aim of our work is to study the features of psychosomatic disorders, as well as to design a program for adolescents with signs of neurotic disorders.

In accordance with the subject, the following tasks are identified:

1. To conduct a theoretical analysis of literature on the study of psychosomatic disorders
2. To consider basic theories and models of psychosomatic disorders.
3. To reveal age features of psychosomatic disorders in adolescence.
4. To conduct an empirical study of special features of psychosomatic disorders that have the sign of neurotic manifestations in adolescents.
5. To design and test a correction program aimed at reducing the level of neurotic symptoms.

The body text. Psychosomatics in modern medical science is represented by various studies (clinical, laboratory, epidemiological, psychological) that consider the impact of stress on the mechanism of origin and development of psychogenic diseases. Initially, the class of “psychosomatic” included only diseases in the emergence and development of which the main role belongs to adverse factors (e.g. bronchial asthma, peptic ulcer of the stomach and duodenum, hypertension, coronary heart disease), which traumatize the psyche. Now this term has two meanings:

the first meaning is associated with its use in medicine, and the second meaning refers to diseases in which psychological factors are decisive (Y.P. Nikonenko, 2016).

The peculiarity of psychosomatic diseases is that they are difficult to diagnose and most patients are treated by general practitioners, receiving only a slight short-term improvement of their state of health and not achieving full recovery. According to the WHO, more than 40% of all patients treated in therapeutic hospitals belong to the group of so-called. psychosomatic patients, i.e. almost quantitatively not inferior to acute respiratory disease. Also, according to the WHO, everyone has had depression at least once in their life, which manifested itself in minor somatic disorders (E.V. Melnyk, 2016).

In general, it should be noted that scientists study psychosomatic influences not only from the standpoint of medicine, but also from different fields of knowledge: physiology (to study physiological processes of disorders), psychology (to study psychological factors leading to disorders), psychiatry (to search adequate influences on mental disorders that lead to the formation of psychosomatic disorders), sociology (to determine the influence of social factors on the formation of psychosomatic disorders), etc.

According to the definition of A.B. Smulevich, psychosomatic disorders are a group of painful conditions that arise from the interaction of mental and somatic factors and are manifested by somatization of mental disorders that reflect the reaction to a somatic disease or the development of somatic pathology under the influence of psychogenic factors. As can be seen from the definition, psychosomatic disorders are nosologically nonspecific, i.e. they can occur in various diseases (A.B. Smulevich, 1999)

Much attention is paid to the problem of studying psychosomatic disorders, there are good a number of theories and models of psychosomatic diseases and ways to classify them. We believe that it is important to consider the main ones.

Characteristically there are directions and typologies of personality. In ancient times, Hippocrates and then Galen described people with different types of temperaments – sanguine, choleric, melancholic and phlegmatic. This statement was further developed in psychological theories of the constitution by Ernst Kretschmer (Kretschmer, 2000) and William Sheldon (Sheldon, Stevens, 1942).

Psychoanalytic concepts. The scientific basis on which psychosomatic research was further developed was laid by S. Freud, who created a

conversion model, according to which repressed emotions generate conversion symptoms. Together with Breyer, he proved that "suppressed emotion", "mental trauma" by means of "conversion" can express themselves as a somatic symptom. Freud noted that socially unacceptable instincts (aggressive, sexual) break through taking one or another symbolic form. Theories of this direction also include: Shur's theory of de- and resomatization, Engel and Schmale's model of renunciation of faith in the future, Freiburger's conception of object deprivation. Thus, many psychogenic factors lead to various manifestations of stress, anxiety, depression, which can lead to disruption of normal body function and disease.

In 1950 Franz Alexander first proposed a theory according to which the symptoms of autonomic neurosis are not an attempt to express a depressed feeling, but the physiological accompaniment of certain emotional states. Alexander speaks of autonomic neurosis in the case of constant physiological support of emotional states of tension in the absence of action directed outward and relieving tension. In the second stage, reversible functional symptoms lead to irreversible changes in the organs (F.Alexander, 2002).

In addition to the above psychosomatic concepts and models, scientists identify the following concepts:

- the concept of alexithymia – inability to emotional resonance and "efficient thinking" (specific thinking, freedom from dreams), the inability to express the own feelings, emotions and feelings, the inability of a person to be in contact with his own inner world. Alexithymia is considered as a set of signs that characterize the mental composition of individuals, leading them to psychosomatic diseases (Abramson, Numata).

Theory of stress (Cannon, Cellier) results in experimental-psychological, clinical-physiological, biochemical and cytological studies of the effects of emotional stress, establish the impact of extreme and chronic stressful situations on the susceptibility and features of pathogenesis, course and therapy of psychosomatic diseases.

Neurophysiological direction (Anokhin, Gubachov, Sudakov) is based on the desire to establish relationships between individual psychophysiological characteristics and the dynamics of visceral manifestations (activation of organ functions). This direction studies the neurophysiological support of persistent pathological conditions and explains the occurrence of psychosomatic disorders by means of disturbed cortico-visceral relationships.

The presented basic concepts of psychosomatic pathology show that it is impossible to single out isolated specific mental or physiological constellations that would cover the full range of manifestations in this type of disease. However, all hypotheses agree on one thing: social maladaptation is the main cause of psychosomatic pathology.

According to modern ideas, psychosomatic diseases and disorders include: Conversion symptoms. Neurotic conflict receives a secondary somatic response and processing. The symptom is symbolic, and the demonstration of symptoms can be understood as an attempt to resolve the conflict, the conversion manifestations are mostly arbitrary motility and sense organs. Functional syndromes. This group includes "problem patients" who often come to the reception with unidentified complaints that may affect the cardiovascular system, gastrointestinal tract, musculoskeletal system, respiratory system or genitourinary system. Doctor's helplessness regarding these symptoms is explained, among other things, by the variety of concepts that affect these complaints. Alexander described these bodily manifestations as accompanying signs of emotional stress without characteristic features and marked them with organ neuroses (F.Alexander, 2002).

Thus, in the modern understanding of the pathogenesis of psychosomatic diseases, multifactoriality in the explanation of nature is recognized. Somatic and mental influence of predisposition and environment, the actual state of the environment and its subjective processing, physiological, mental and social influences in their entirety and complementary – all of them are important as interacting factors of psychosomatic diseases.

The modern teenager is exposed to various stressors, adolescence is a difficult period of determining the one's "Ego". Phenomena such as individual-typological features of personality and child-parent relations require special study.

Most authors who study the causes of psychosomatic illnesses recognize the important role of parents in the development of mentally and physically healthy children. From the point of view of F. Dolto, great importance in the emergence of psychosomatic diseases belongs to unspoken family conflicts. According to her "everything that is silenced in the first generation, the second carries in his body." A disease is a result of "interpersonal relationships, relationships between children and adults, and adults with children." A child suffering from a psychosomatic illness is a "symptom of parents" (N.A. Rychkov 1998, A.Y. Oorzhak 2019).

Many studies highlight the role of early mother-child relationships in the formation of psychosomatic pathology. Various violations of this relationship usually lead to abnormalities in the child's development. (M. Mahler, E. T. Eidemiller, V. V. Yustitskis). The idea of the key role of dysfunctional relations between mother and child of early age in the development of psychosomatic diseases is developed in the works of D. Winnicott and M. Klein. According to Melanie Klein, somatization is one of the protective mechanisms. Somatization is a primitive defense mechanism and is used with a very weak ability of the individual to process mental experience, typical of young children. Unsatisfactory relationship between child and mother being a psychological protection is a factor of psychosomatic disorders (N.Vernich, 2004).

Thus, many psychogenic factors lead to various manifestations of stress, anxiety, depression, which can lead to disruption of the normal functioning of the body and the emergence of the disease in adolescence.

Mental trauma is the leading cause of the development and formation of neuroses, its pathogenic significance is determined by the complex interaction with many other factors that are the result of entire life of an individual, the formation of his body and personality. Neurosis is a psychogenic disease of a developing personality, so it is affected by everything that can complicate the process of personality formation in children and contribute to the general increase in mental stress in parents. These factors include the reasons of socio-psychological, socio-cultural and socio-economic nature (K. Horney, 2000).

For a long time, neurosis in adolescence was considered to be a minor and transient disorder that disappeared with the acquisition of life experience. Quite often, neurotic disorders remain unrecognized, and adolescents suffering from these diseases cannot receive timely psychological help. This is primarily due to the fact that most neurotic symptoms are latent in nature and, unlike the symptoms of behavioral disorders, do not pose a social threat, which allows them to remain unnoticed for a long time.

Adolescent neurotic and borderline disorders are caused by a number of internal (increased anxiety, worry, hypersensitivity, distrust) and external social factors. The latter include: improper upbringing in the family and school, psychologically illiterate influence on the child, which often leads to inadequate self-esteem, inability to assert themselves in the group, to build their relationships with adults and peers (Y.A. Feseenko, 2020)

To determine psychosomatic disorders and overcome the signs

of neurotic manifestations in adolescence, it is necessary to develop and experimentally implement a system of work. It can be presented in the form of a comprehensive program that includes a system of training exercises to overcome the signs of neurotic manifestations in adolescence. The program includes the following tasks: ways to find self-confidence; removal of emotional tension; help in removing fears and anxieties; ability to control aggressive behavior. The tasks are implemented in the following areas of preventive and corrective work: the formation of adequate forms of behavior; awareness and regulation of their own emotional manifestations; correction of affective behavior; development of forms of communication; formation of a positive attitude of the adolescent to his "Ego", the development of a focus on a positive assessment of the qualities of peers; learning relaxation techniques.

A complex approach is used to solve the set tasks, which consists of combining theoretical analysis of scientific sources and ascertaining experiment.

In the course of empirical research a set of methods for diagnosing the manifestation was selected: anxiety, signs of neurotic disorders in adolescents. The set of methods includes the following: diagnosis of neurotic disorders in adolescence (DND), diagnosis of the level of school anxiety by Phillips, "Non-existent animal" by M.Z. Drukarevich.

According to the results of the diagnosis of school anxiety by Phillips, we can see that 25% of children have low anxiety, 45% – medium anxiety, 20% have increased anxiety, and 10% of students have high anxiety. High school anxiety can be a manifestation of one of the following pathological conditions: School neurosis is an unconscious anxiety associated with school attendance. This can manifest itself in behavior and in the form of symptoms such as headache, nausea and vomiting before school. School phobia is a variety of fears associated with school attendance. They are obsessive, irresistible, often meaningless and not related to any apparent reason. Didactogenic neurosis is a type of neurosis that is associated with the child's attitude to the learning process itself.

The results obtained by the method of "Non-existent animal" showed that the testees are dominated by an average level of anxiety – 50%, in 24% of them there was found a low level of anxiety, and in 26% – a high level. This means that 26% of adolescents experience stress, fear, this can be facilitated by: stress in performing tasks, assessment by teachers and peers; tension in relationships with parents, peers. Such a high level of

anxiety can negatively affect all areas of adolescent activity and cause psychosomatic disorders.

Based on the data obtained by the method of diagnosis of neurotic disorders in children of primary and secondary school age (DND), we observe that according to the depression scale a low risk is 55%, medium risk – 25% and high risk of this symptom is 20%. According to the asthenia scale, the low level is 65% of students, the average risk of asthenia is 20%, and the high risk is 15%. The scale of behavioral disorders shows a low level of risk of this symptom in 70% of students, the average level – 15%, a high level is observed in 15% of students. The scale of autonomic disorders is dominated by low and medium risk of this symptom – 45%, and 10% of students have a high risk of this symptom complex. The scale of anxiety is dominated by low risk – 57%, the average level is 30%, 13% have high the level of risk of anxiety.

To overcome the features of psychosomatic disorders that have a sign of neurotic manifestations in adolescents, a systematic work was developed and implemented, which includes diagnostic work, a correction program to reduce the level of neurotic signs and consultative work.

Diagnostic work involves conducting diagnostics according to the specified methods. Consultative work is aimed at providing individual consultations to parents on the individual psychological characteristics of children.

Correctional and developmental work involves psychological training to overcome the signs of neurotic manifestations in adolescence. The designed training is aimed at: a) relieving emotional stress; b) reduction of aggression, c) reduction of anxiety; d) awareness and regulation of the own emotional manifestations; e) correction of affective behavior. The training uses the following forms of work: group discussions, role-playing games, the method of positive therapy, methods of art therapy, the use of metaphorical maps. The structure of each lesson includes greetings, main content, reflection. The psycho-correctional program is designed for 10 lessons over 2 weeks lasting 45 minutes (1 lesson). The form of correctional work includes a group work

The correction program was conducted with a selected group of testees who had high levels of anxiety, a high level of risk of depression, a high level of risk of a certain symptom complex, high rates on a scale of behavioral disorders.

The purpose of the correction program is the interaction of adolescents with society, finding ways to level neurotic outbursts, finding and testing

skills to respond effectively to external stimuli, increase self-esteem, relieve emotional stress, reduce anxiety.

In group work it is possible to apply various forms of work: game therapy, sand therapy, fairy tale therapy, application of metaphorical cards. These techniques help to overcome the once depressed feelings. Thus, fairy tale therapy provides an opportunity to identify with the heroes of fairy tales and together with them to experience difficult emotions, internal personal conflicts and successfully resolve them. According to the age the adolescents in an accessible form receive psychological knowledge that enable them to cope with feelings of loneliness, inferiority, insecurity, feelings of guilt, shame. Further drawing of fairy tales also gives the opportunity to express their emotions through images, symbols, and hence to get rid of depressing emotions (E.Dobiata, 2020)

With the help of these methods during the game we give the teenager the opportunity to: process the psychotraumatic situation on a symbolic level; respond to negative emotional experiences while playing with their characters; to change the attitude to oneself, to one's past, present and future, to express one's deepest emotional experiences, to get rid of fears. With the help of metaphorical cards a teenager has an opportunity to touch his own psychotraumatic situation on a symbolic level, follows the experience of reacting to negative emotions.

Program of psychological correction of neurotic signs in adolescence

№	Lesson topic	Aim	Tasks	Exercise
1	Meeting	set up to work in a group; establish an atmosphere of trust in the group; establish feedback in the group	self-determination of group members; creating an atmosphere in the group that promotes self-knowledge and self-expression; formation of a positive attitude towards oneself and others.	"Visual portrait" "Self-assessment of emotional state", "Compliment"

3	Never lonely	transcultural thinking; psychological support; disclosure of family relationships.	working out of individual strategies and tactics of effective communication; consideration of human relations with other "Me-Us"	"Problem metaphor" "Me-family" "Portrait" Exercise "Fairytale Family"
4	Me and You	develop the ability to provide feedback; the ability to read the state of another by nonverbal manifestations.	reflection on changes that occur with group members; feedback; awareness of themselves and their place in society.	"I understand you". "What I give to people and what I get from them" Game "Fairytale box"
5	Myths, metaphors.	development of emotion control skills; processing of aggressive outbreaks; positive interpretation of anxiety.	rethinking anxiety; search for the "nature of aggression"; reflection.	Application of metaphorical maps Working with myths
6	Me and my fears	disclosure of fears; positive interpretation of fears	provide an opportunity to change your attitude to yourself, to your past, present and future to get rid of fears	Writing a composition "Every person is unique" Exercise "Tell your fear" Exercise "House of Horrors"
7	Me and my anxiety	Disclosure of nature of anxiety; positive interpretation of fear and anxiety	express the deepest emotional experiences; ability to reduce anxiety	"Me-anxiety", "Me-aggression", "Me-fear" Exercise "I'm not afraid of you"
8	Resource in conflict	expand understanding of the nature of the own conflict	disclosure of forms of protection of response in the conflict	Metaphors, myths

9	Me-my goal	filling the achievements of the own desires or goals; disclosure of consciousness	comprehension of the surrounding reality; disclosure of the dynamics of achieving the goal	The scheme of achieving the goal: goal → options for achieving the goal → choosing the best option → developing an action plan → step-by-step implementation of the plan.
10	Me-successful	behave freely and confidently; expanding plans for the future	awareness of responsibility for the implementation of the plan and the introduction of a system of rewards for success	“Good memories” “Success in life for me” “Map of my life” Reflection.

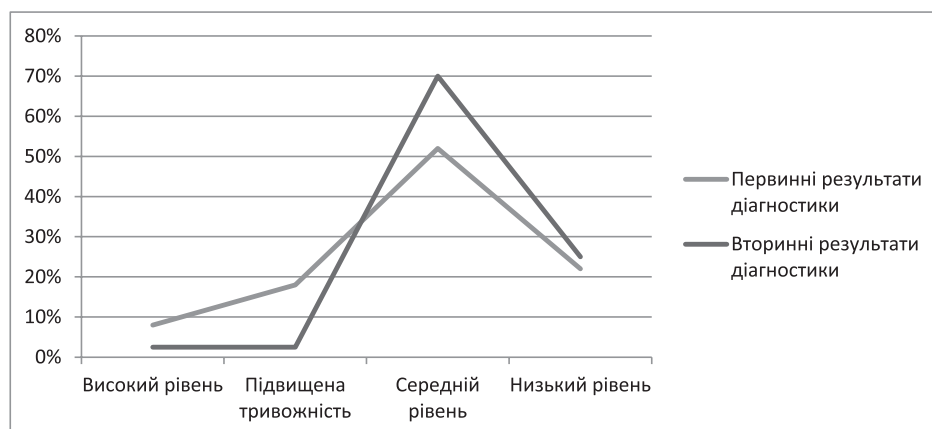


Fig. 1. Comparative graph of levels of anxiety of primary and secondary diagnostics

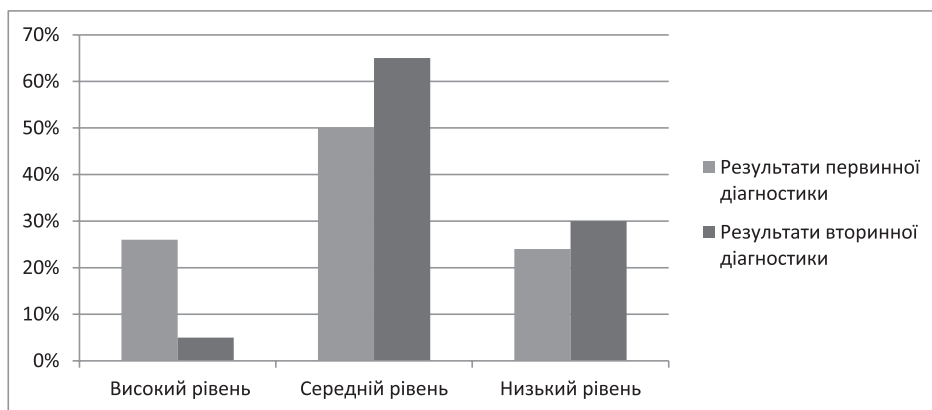


Fig. 2. Comparative diagram of primary and secondary diagnostics
Based on the data in Figures 1. and 2. we can observe a decrease in anxiety after corrective exercises.

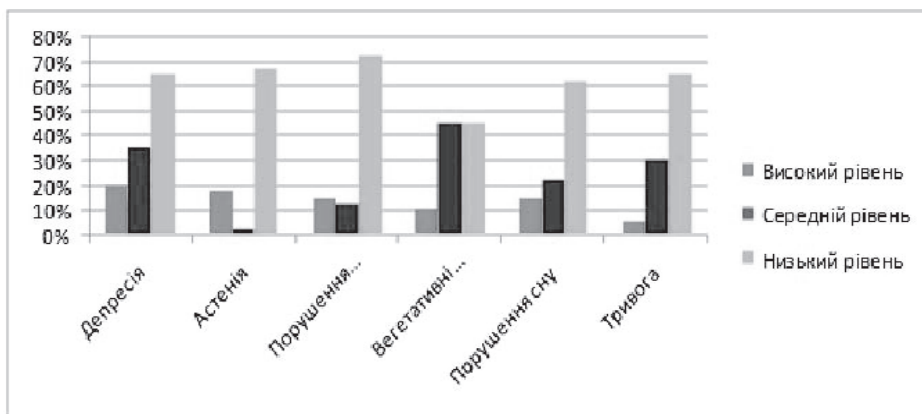


Fig. 3. The results of primary diagnosis by the method of diagnosis of neurotic disorders in children of primary and secondary school age (DND)

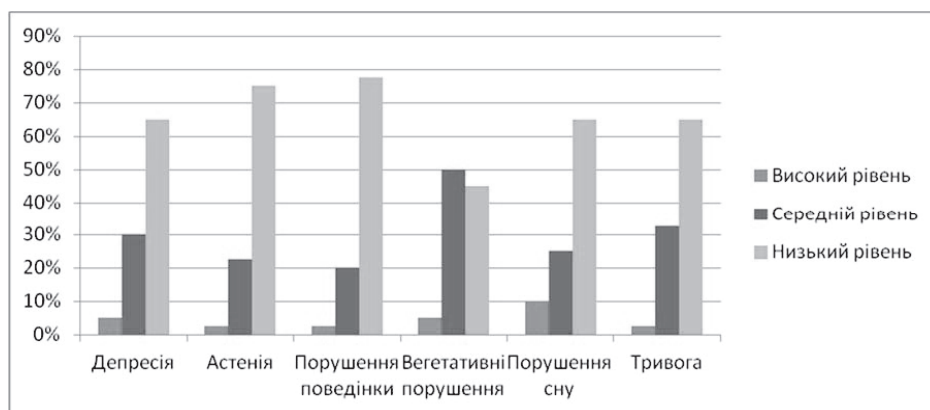


Fig. 4. The results of secondary diagnosis by the method of diagnosis of neurotic disorders in children of primary and secondary school age (DND).

Figure 3 and Figure 4 show that a high level according to the depression scale decreased by 10% and an average level increased by 15%. According to the asthenia scale, the high level of risk decreased by 10%, the average level of risk increased by 5% and the low level increased by 10%. The scale of behavioral disorders shows a decrease of the high level of risk by 12.5%, an increase of the average level by 7.5% and an increase of the low level by 5%. According to the scale of autonomic disorders, the high level of risk decreased by 5%, and the average level increased by 5%. The alarm scale shows a 5% decrease of the high level and a 2% increase of the average level of risk, a decrease of 7% of the low level.

The control experiment allowed us to trace the dynamics of the reduction of signs of neurotic manifestations of the experimental group. At this stage, the effectiveness of the proposed correction and development program was confirmed. The more a teenager has the means to overcome difficulties, the more effective his interaction with others is, the easier it is to find a way out of a conflict situation and achieve positive results.

Conclusions and prospects for further researches in this direction.

Our study showed that in the process of becoming a teenager is constantly faced with difficult situations, which sometimes acquire a pronounced crisis for him. The leading role in the emergence of psychosomatic disorders and the manifestation of signs of neurosis is played by the family, negative attitude, not accepting the child in the family, as well as constant conflicts between parents become the main determinants

of neurosis, there is increased anxiety and general vulnerability. So the change of social environment, status becomes a stressful situation that causes emotional tension with which a vulnerable child's psyche cannot always cope. This leads to neurotic symptom complexes.

It is established that overcoming neurotic disorders in adolescence depends on the following areas of preventive and corrective work: the formation of adequate behaviors; awareness and regulation of their own emotional manifestations; correction of affective behavior; development of forms of communication; work with the own fears and anxieties; formation of a positive attitude of the child to his "Ego"; ability to correctly assess and characterize the features of their appearance; the ability to see their shortcomings and highlight their strengths; learning techniques of relaxation and reflection.

The study does not cover all aspects of studying the problem of psychosomatic manifestations in modern society. Prospects for further research are considered in the study of other properties of increasing the level of psychosomatic disorders in adolescence.

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The Author

Rosina Iryna
*Candidate of Psychological Sciences,
 Associate Professor of
 Psychology of Development and
 Social Communications Department,
 State Institution "South Ukrainian National
 Pedagogical University
 by K.D. Ushinsky",
 Odessa, Ukraine
 ORCIDID: 0000-0001-6565-728X
 E-mail: rozinai.vi@gmail.com*

Abstracts

ІРИНА РОЗІНА. Особливості розробки корекційної програми для підлітків, які мають ознаки психосоматичних порушень. Актуальність дослідження пов'язана з необхідністю вивчення особливостей прояву психосоматичних порушень у підлітковому віці, що є недостатньо вивченим і потребує більш глибокого дослідження, зокрема, розробки комплексної програми, що включає систему тренінгових вправ для подолання психосоматичних порушень, які мають ознаки невротичних проявів у підлітковому віці. Проблема вивчення психосоматичних співвідношень – одна з найскладніших проблем сучасної психології, медицини, незважаючи на те, що тісний зв'язок між психічним і соматичним вивчають протягом кількох століть. Психічна травматизація є провідною причиною розвитку та формування неврозів, її патогенне значення визначається складною взаємодією з багатьма факторами, які є результатом формування і організму індивіда, і його особистості,

особливо у підлітковому віці. Метою статті було вивчення особливостей психосоматичних порушень, а також розробка програми для підлітків, які мають ознаки невротичних розладів. Предмет дослідження - особливості прояву психоматичних розладів, та невротичних ознак у підлітковому віці. У статті представлено теоретичний аналіз сучасних підходів у психології до вивчення особливостей психосоматичних порушень, їх класифікації, розглянуто ознаки проявів невротичних розладів у підлітковому віці. В роботі проведено аналіз вікових особливостей психосоматичних розладів у підлітковому віці. Сучасний підліток схильний до дії різних стресових чинників: вплив аудіовізуальної інформації, перевантаження в школі, додаткові заняття, іспити, а також особливу проблему складає зміна якості життя і поширеність алкоголізму, куріння, токсикоманії, особливо - наркоманії - серед підлітків. Комплекс цих чинників залишає за собою негативні наслідки як на психологічному, так і на фізичному рівні. Більшість авторів, що вивчають причини виникнення психосоматичних захворювань, визнають важливу роль батьків у розвитку психічно і фізично здорової дитини. У багатьох дослідженнях особливо виділяється роль ранніх взаємин матері з дитиною у формуванні психосоматичної патології. Різні порушення цих відносин призводять, як правило, до відхилень у розвитку дитини (М. Малер, Е.Т. Ейдемільер, Юстіцкіс, Д. Віннікотт, М. Кляйн). Розглядаються результати емпіричного дослідження, яке спрямоване на виявлення ознак психосоматичних порушень. Використовувалися наступні методи: спостереження, анкетування, та методики: діагностика невротичних розладів у підлітковому віці (ДОН), діагностика рівня шкільної тривожності Філіпса, «Неіснуюча тварина» М.З. Друкарович. Розкрито особливості розробки та апробації корекційної програми, яка спрямована на зниження ознак невротичних проявів у підлітковому віці. Завдання корекційної програми: пошук взаємодії підлітків з суспільством, знаходження та апробація навичок ефективного реагування на зовнішні подразники; підвищення рівня самооцінки; зняття емоційної напруги; зниження рівня тривожності. Одержані результати підтверджують можливість зниження ознак невротичних проявів у підлітків та допомагають відстрочити або ж зовсім зупинити можливий розлад особистості.

Ключові слова: психосоматика, психосоматичні розлади, невротичні розлади, емоційний прояв, афективна поведінка, корекційна програма, підлітковий вік.

IRYNA ROZINA. Cechy opracowania programu korekcyjnego dla nastolatków z objawami zaburzeń psychosomatycznych.

Aktualność badania wiąże się z koniecznością zbadania specyfiki zaburzeń psychosomatycznych w okresie dojrzewania, które są niedostatecznie zbadane i wymagają bardziej dogłębnych badań, w szczególności opracowania kompleksowego programu obejmującego system ćwiczeń treningowych do przezwycięzania zaburzeń psychosomatycznych, które przejawiają objawy nerwicowe w okresie dojrzewania. Problem badania relacji psychosomatycznych jest jednym z najtrudniejszych problemów współczesnej psychologii i medycyny, mimo że ścisły związek między psychicznym a somatycznym jest badany od kilku stuleci. Uraz psychiczny jest wiodącą przyczyną rozwoju i powstawania nerwic, o jego patogenym znaczeniu decyduje złożona interakcja z wieloma innymi czynnikami, które są wynikiem życia jednostki, kształtowania się jego ciała i osobowości, zwłaszcza w okresie dojrzewania. Celem artykułu było zbadanie cech zaburzeń psychicznych, a także opracowanie programu dla młodzieży z objawami zaburzeń nerwicowych. Przedmiotem badań jest specyfika przejawiania się zaburzeń psychicznych i objawów nerwicowych w okresie dojrzewania. Współczesna młodzież jest narażona na różnego rodzaju stresory, wpływ informacji audiowizualnych, przeciążenie w szkole, dodatkowe zajęcia, egzaminy, a szczególnym problemem jest zmiana jakości życia i rozpowszechnienie alkoholizmu, palenia tytoniu, toksykomanii, zwłaszcza narkomanii wśród młodzieży. Kompleks tych czynników ma negatywne konsekwencje zarówno na poziomie psychologicznym, jak i fizycznym. Większość autorów badających przyczyny chorób psychosomatycznych dostrzega ważną rolę rodziców w rozwoju dzieci zdrowych psychicznie i fizycznie. Wiele badań podkreśla rolę wczesnych relacji matka-dziecko w powstawaniu patologii psychosomatycznej. Różne naruszenia tej relacji zwykle prowadzą do nieprawidłowości w rozwoju dziecka. (M. Mahler, E. T. Eidemiller, Justitskis, D. Winnicott, M. Klein). Rozważono wyniki badań empirycznych, których celem była identyfikacja objawów zaburzeń psychosomatycznych. Zastosowano następujące metody: obserwacja, kwestionariusze oraz techniki: diagnostyka zaburzeń nerwicowych w okresie dorastania (DON), diagnoza poziomu lęku szkolnego Phillipsa, „Nieistniejące zwierzę” M.Z. Drukarewycz. Określono osobliwość opracowania i aprobachji programu korekcyjnego, który ma na celu redukcję objawów redukcję objawów neurotycznych w okresie dojrzewania. Zadania programu korekcyjnego: poszukiwanie interakcji młodzieży ze społeczeństwem, znajdowanie i testowanie umiejętności

skutecznego reagowania na bodźce zewnętrzne; podniesienie poziomu samooceny; usuwanie napięcia emocjonalnego; zmniejszenie niepokoju. Uzyskane wyniki potwierdzają możliwość zmniejszenia objawów nerwicowych u młodzieży. Pomagają również opóźnić lub całkowicie zatrzymać ewentualne zaburzenie osobowości.

Słowa kluczowe: *psychosomatyka, zaburzenia psychosomatyczne, zaburzenia nerwicowe, przejaw emocjonalny, zachowania afektywne, program korekcyjny, dorastanie.*