

психопатологічні особливості адиктивної поведінки, а також принципи формування залежного стану.

Ключові слова: аддиктивна поведінка, психоактивні речовини, підлітки, формування залежних станів.

pathological characteristics of addictive behavior and principles of formation dependent conditions were revealed in the study.

Key words: addictive behavior, psychoactive substances, adolescents, formation dependent conditions.

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FEATURES OF SOCIAL DYSFUNCTION IN STUDENTS WITH CONGENITAL HEART DISEASE, AND PRINCIPLES OF PSYCHOCORRECTION

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Summary. Persons with CHD are characterized by basic social dysfunction: high levels of reactive anxiety, neurotic and emotionally labile profiles, unstable motivation to success, the presence of destructive psychological defense mechanisms in the presence of stress, such as "Suppression", "Compensation" and "Rationalization"; intersubjective relationship to disease ("Sensitivity" and "Self-centered"); reduced physical component of quality of life, namely indicators of physical functioning general health. Students with SVD CSS disorders obtain a high level of reactive anxiety and trait anxiety, and depressive symptoms; profiles of spontaneous aggression, depression, irritability and poor balance, stability of the low motivation to succeed, the presence of destructive mechanisms to protect the type of "regression", "Replacement" and "Denial"; observed intrapsychic orientation relationship to disease ("Anxiety", "hypochondriac" and "neurotic"); reduced mental health component (mental health, role functioning due to emotional state, vital activity and the physical component of quality of life (physical functioning and role functioning due to physical condition. The findings of the factor analysis were formed by two types of social dysfunction in patients with CHD and one common one for individuals with SVD CVS, "Reactive-the sensitive" type of social dysfunction in individuals with "white" heart defects, "Reactive-self-centered" type of NSF in patients with "blue" heart defects, "Rigid-fixation" in patients with SVD CVS.

Keywords: congenital heart disease, somatoform autonomic dysfunction, social dysfunction, individually-typological features, social integration, quality of life, psychological correction, psyches educational training.

The urgency the study

Cardiovascular disease (CVD), including congenital heart disease (CHD) still continue to be one of the most important medical and social problems due to their frequency and the adverse effects that lead to disability and even death [1–4]. Congenital heart defects are among the most serious and common birth defects. Comorbidity of mental disorders with CHD is one of the major health problems in the European region and the world, in terms of prevalence, severity of disease and disability [5]. Therefore, the problem of health in young people named as one of the priorities of the WHO in the XXI century [6].

The negative trend of deteriorating health of young people enrolled in higher education institutions (HEI) are due to medical and social, psychological and other factors [7].

Pay special attention to himself category of persons enrolled in institutions of higher learning and have an innate pathology of the cardiovascular system, which in turn provides the status of the disabled. Deterioration of physical and mental health of people with CHD, stated in the recent reduction in stress and cognitive functions is the subject of special attention of researchers [8]. Increased psycho-emotional stressors of the

environment is the determining factor in this situation [9–10].

Acquires the continued relevance of research foundations pathopsychological social dysfunction (PSF) of the students with CHD, primarily due to the load of the first year of training and conditions of information and emotional stress, significant mental and physical stress [11].

All this makes it necessary to pay attention to comprehensive treatment methods, taking into account the factors that contribute to the PSF in individuals with the Air Force, psychological methods of correction and prevention of reduced quality of life. What matters most is the search for new effective pathogenetic methods of psychological correction in young people with the Air Force in connection with the possibility of a significant positive impact on quality of life, hard work, the level of social functioning and facilitate the further course of diseases of the cardiovascular system.

The foregoing and led to the relevance and necessity of this research.

The purpose of research — based on the study of medical and psychological factors PSF develop a differentiated model of psychological correction PSF persons with CHD to improve the quality of life and optimize the level of social functioning.

According to the aim sought to define the tasks of research:

1. Determine the status of the emotional sphere in patients with CHD.
2. To investigate the individual psychological characteristics of patients with CHD.
3. Determine the level of social adjustment and quality of life in patients with congenital heart disease.
4. Classify the types of social dysfunction in individuals with congenital heart disease.
5. Develop, implement a model of psychological correction of disorders of social functioning in individuals with congenital heart disease and to evaluate its effectiveness.

Research methods

In the course of the thesis used a set of theoretical (theoretical and methodological analysis of the problem, organize scientific literature, comparison and integration of data), empirical (observation, standardized interviews, psychodiagnostic methods) and mathematical-statistical (t-Student test, λ -Kolmogorov criterion Smirnov, φ — Fisher, Spearman's correlation coefficient) methods.

Organization and database research. The study was conducted during 2010-2013. HPU in «Kharkiv City Hospital Student», which was attended by students with special needs with congenital heart disease (CHD) and students from somatoform vegetative dysfunction of the cardiovascular system (SVD CVS). The study involved 153 students who are studying in higher education: 78 students from the GCC, with congenital heart disease and 75 students from SVD CCC.

The results of the study

When informed consent in compliance with the principles of bioethics and ethics During 2010–2013. The study included students from the GCC, who are studying in higher education institutions. Kharkov. Of 153 people surveyed 78 students with congenital heart disease group (47 — 1 intervention group and 31 people — the control group 1), in the comparison group included 75 students from somatoform autonomic dysfunction without disability, of which 45 people — formed the intervention group 2 and 30 — control group 2.

In turn, the intervention group 1 was divided into two subgroups: subgroup with the «blue» heart defects included 17 people, and in the subgroup with «white» heart defects — 30 people.

First, in the study group were analyzed complaints. Individuals likely to occur Force application, namely on the overall health status of a feeling of fatigue and total 93.58 % 92.31 % to weakness; complaints concerning the adherence of the day, as a feeling of congestion in 89.74 % and insufficient rest in 88.46 % and relative complications learning 61.53 %. In patients with SVD CVS significantly more frequent complaints about the general state of health 96.00 %, headache — to 97.33 %, a sleep disorder — 69.33 %, poor appetite — to 76.00 %, pain in the heart — 64.00 %, reduced emotional background (in a bad mood, frequent mood swings) in 94.67 % and 93.33 % decrease in efficiency;

relative difficulty in learning the selected faculty — at 86.67 %, the level of achievement in school — in 81.33%; interpersonal relationships in the form of conflict — in 85.33 %, and poor relations in the team in 68.00 % and in the family — at 84.00 %.

Analyzing the complaints presented by the persons with CHD, it was clear that they were concerned the failure to overcome the difficulties and manage their physical strength to conduct an effective learning process. This, in turn, leads to lower levels of efficiency, a sense of fatigue and weakness.

Psychodiagnostic study showed that people with «white» heart defects is characterized by: high rates of reactive anxiety in 33.33 %, a moderate level of 76.67 % in the personal anxiety and easy depressive symptoms in 56.67 %. Whereas those with «blue» heart defects significantly more frequent high reactive anxiety (70.59%, with $p < 0.01$) and reactive anxiety (52.94 %, with $p < 0.01$), mild depression was observed in 41.18%. State of emotional sphere in patients with SVD CCC significantly different from the intervention group 1: a high level of RT in 86.67 % (with $p < 0.05$), personal anxiety in 66.66 % (with $p < 0.01$) and a moderate level of depression to 62.22 % (with $p < 0.05$).

For individual psychological characteristics in patients treated with CHD: a personal profile of the maximum values must scale «emotional lability» (8.41 ± 1.07 and 8.34 ± 1.45) and «neuroticism» (7.82 ± 0.94 and 7.64 ± 0.91); overcome stress situations is the dominant destructive defense mechanisms (MOH): «Compensation» (93.40 ± 2.76) and «oppression» (94.9 ± 3.81) for people with «white» heart defects, «rationalization» (94.30 ± 3.05) — with the «blue» heart defects; expressive motivation for avoiding failure in 48.93 % patients with «blue» heart defects she met significantly more frequently — in 70.58 % (12 people); expressive interpsychic focus of his illness, where people with «white» heart defects reliably characteristic «the sensitive» type, and for those with «blue» heart defects — «self-centered» model.

For persons with SVD CVS were characterized by: a significant peaks on the scales «spontaneous aggression» (8.52 ± 1.06), «depression» (8.11 ± 0.84), «irritability» (7.83 ± 0.97); leading types protection mechanism «regression» (91.30 ± 3.27), «denial» (88.60 ± 3.71) and «substitution» (89.70 ± 3.64); degree of motivational orientation to the avoidance of high-level failures in 80.00 %; intrapsychic focus of his illness «hypochondriac» type — in 82.22 %, «alarm» and «neurotic» type — in 80.00 %.

Subjective assessment of the quality of life is low, most patients are dissatisfied with CHD physical condition, namely, reduced rates of physical functioning ($PF-34.70 \pm 2.52$) and general health ($GH-36.30 \pm 2.17$). Whereas patients with SVD CVS reduced the physical component of health: physical functioning (28.34 ± 2.67) and role functioning, mediated by the physical state (31.69 ± 2.06); and the psychological component of health: mental health (23.64 ± 1.98), role functioning mediated emotional state (26.49 ± 1.72) and vital activity (32.74 ± 2.19).

Indicators of social adaptation were reduced in the scales: «self-perception» (9.01 ± 1.45), «internality» (8.94 ± 1.57) and «emotional comfort» (6.16 ± 1.20). Ambivalent attitude toward themselves and the circumstances in patients with CHD are key in violation of social adaptation. For persons with SVD CVS high rates of «escapism» (19.5 ± 2.27) and low — «to take other» (9.60 ± 1.34) «internality» (11.50 ± 2.12) and «emotional comfort» (8.30 ± 2.06).

As a consequence of the study was a comparison of individual psychological properties of individual groups of intervention.

The emphasis in the intervention groups 1 and 2, are worthy of high emotional state destabilization, motivational orientation on the avoidance of failures and disharmonious type of attitude to the disease. High rates of reactive anxiety and avoidance motivation inherent failures as people with «white» handicapped and persons with «blue» heart defects. It characterizes the intervention group 1 as «affective-reactive.» Certain expressive stress levels, which determines the degree of a person with CHD, is launching an emotional response in the form of destructive anxiety, which does not allow the adaptation of domestic resource mobilization, which in turn leads to a negative result, followed by a feeling of exhaustion and fixation motivation for avoiding failure. For students from SVD CVS also characteristic high reactive anxiety and motivation of avoiding failure. However, the reason for increasing the level of these indicators lies in their individual psychological qualities. Also there is a difference in the expression of the type of attitude to the disease and the mechanisms of protection of individuals with «white» and «blue» heart defects. For 92.20 % of those with «white» shortcomings inherent in «the sensitive» type of attitude to the disease, and the leading mechanism of protection is the «oppression» and «compensation». For those with a «blue» defects in 82.40 % expressive «self-centered» type of attitude to the disease with the Ministry of Health of the type «rationalization».

In the future, was conducted factor analysis, which allowed us to determine the leading factors of social dysfunction (PSF) in patients with CHD. 6 output on the relationship of measured social dysfunction in patients with VVS using factor analysis revealed two actions of latent variables (factors).

For those with «white» Sun were singled out two factors after Viramaks turn. By a factor of 1, the maximum loads are interchangeable №1 (reactive anxiety) and №2 (motivation for avoiding failure). This «cognitive model of anxiety», formed on the emotional experiences, has some irrational cognitive setting expectations danger motivational focus on avoiding failure. The second factor with a maximum load variables №3 («the sensitive» type of attitude to the disease), №5 («depression») and №6 («compensation») formed a maladaptive pattern relevant to the circumstances. Any problem that arises in the somatic condition (deterioration of the cardiovascular system, mood, fatigue, sleep disturbance, etc.) with the help of the Ministry of Health in an «oppression» is leveled, as the main

cause of failure in the social and educational activities for the opinion people with «white» sun is the status of «disabled since childhood.» Therefore especially important for them to «hide» the presence of the disease and choose a model of behavior in the form of «neglect» of the disease. In general, these two factors form a certain type of social dysfunction in people with «white» heart defects — «reactive-aware.»

Those with «blue» Sun Viramaks-turnover factor 1 (F1) maximum load have replaceable №1 (reactive anxiety) and №2 (trait anxiety) and №3 (motivation for avoiding failure). Formed a «cognitive model of anxiety» that is, the reaction in the form of anxiety, which is characteristic of any severity stress situation. This in turn leads to the depletion of resources human personality. Constant anxiety, which is supported by a high level of personal anxiety in the form of constant expectation of failures in its work, family conflicts or illness of a family member, the deterioration of his health, etc. But, in contrast to those with «white» HD in persons with «blue» HD there are certain differences in the other factor (F2), where the maximum loads are interchangeable «self-centered» type of attitude to the disease and the municipality «rationalization». In this case, the disease is a means of achieving the result, and the mechanism of protection helps to reduce the personal significance of the disease, as a measure of disability and the associated status «disabled since childhood.» According to the analyzes of the factors of a particular type of PSF in persons with «blue» sun — «reactive self-centered.»

In patients with SVD CVS Viramaks after turnover by a factor of 1 maximum loads are interchangeable № 1 (high levels of depression) and №2 (trait anxiety) and №3 (scale «depression»). This factor combines state of emotional sphere and typological characteristics, which may precede the psychological and emotional reactions of the individual. Factor 2 variables are №4 («alarming» type of attitude to the disease), №5 («hypochondriac» type of attitude to the disease), №6 («negation») № 7 («replacement»). This factor reflects the strategy of behavior of people with SVD CCC, which is passive - avoidant style. Joint analysis of the data obtained in the group with SVD CVS was received «rigid-fixation» type of social dysfunction, which is characterized, on the one hand, the monotony of the emotional response to the stress of the situation (in the form of swelling reactive anxiety), and on the other hand, unconscious tendency to preserve the proven model of behavior, which, in their opinion is a positive experience (the use of disease). The analysis showed that individuals do not pass the first stage adaptation - mobilization.

In the process, the following methods were used correction: play therapy, art therapy (compilation of stories, music therapy, projective drawings), behavioral therapy (a method of systematic desensitization, the elements of the imago method and psychodrama), rational therapy.

Basic psychocorrectional program included: a psychoeducational work, group and individual

sessions, which were implemented graded and consisted of differentiated power units:

1. Block «psychoeducational program» is gradually implementing a system of information and psycho influence. Aimed at psychocorrection social dysfunction and preservation of mental health in individuals with the Air Force and SVD CVS who are studying in higher education institutions. The main task of this unit: an adequate understanding of the disease (depending on nosology), the definition of the basic principles of preservation of mental health of individuals, working out consistently high level of quality of life.

2. «Stabilization of psycho-emotional state» is associated with improvement of the state of the emotional sphere, by reducing the level of anxiety and depression, mining models constructive response to stress, a critical assessment of the situation and restore the transaction in the «man-environment», the duration of the course 4 lessons.

3. «Training of personal growth» differentiated depending on the type of social dysfunction in the group with CHD and those with SVD CVS. Thus were formed three subgroups for psychocorrectional intervention.

The «short» course «Formation of skills of organization activities» aimed at learning the organization of its activities, included persons who

had «reactive-aware» type of PSF. Course Duration 3 lessons

In the «full» course «of forming a type of response to stress situations» includes a person with a «reactive self-centered» type of PSF. Course duration 5 lessons aimed at strengthening the skills and principles of organization of life adjustments.

For a group of students from SVD CVS was formed course «Work with personal resources» aimed at working with personal qualities, for the formation of self-esteem and critical evaluation of others and lasted for 6 sessions

4. Block «Testing of socio-adapted life skills» is aimed at the creation of new patterns of behavior, consolidation of acquired skills. «Full» course, which continued to face a «reactive self-centered» and «rigid-fixation» type, aimed at consolidating the acquired skills in improving the quality of life, development of skills of organization of life. Course Duration 3 lessons.

Thus, psycho events in the group with CHD focused on social learning activities, such as: the ability to allocate time between exercise and rest, adaptively respond to stressful situations, to control their emotional state. Whereas in the group of students with SVD CVS psychocorrection aimed at testing of individual behavioral characteristics.

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ОСОБЛИВОСТІ ПОРУШЕННЯ СОЦІАЛЬНОГО ФУНКЦІОНУВАННЯ В ОСІБ З ВРОДЖЕНИМИ ВАДАМИ СЕРЦЯ ТА ПРИНЦИПИ ЇХ ПСИХОЛОГІЧНОЇ КОРЕКЦІЇ

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Для осіб з ВВС характерні базові ПСФ: високі показники РТ, невротичний та емоційно-лабільний профілі, нестійка мотивація до успіху, наявність деструктивних механізмів психологічного захисту при наявності стресу, такі як «пригнічення»,

ОСОБЕННОСТИ НАРУШЕНИЯ СОЦИАЛЬНОГО ФУНКЦИОНИРОВАНИЯ У ЛИЦ С ВРОЖДЕННЫМИ ПОРОКАМИ СЕРДЦА И ПРИНЦИПЫ ИХ ПСИХОЛОГИЧЕСКОЙ КОРЕКЦИИ

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Для лиц с ВПС характерны базовые НСФ: высокие показатели реактивной тревоги, невротический и эмоционально-лабильный профили, неустойчивая мотивация к успеху, наличие деструктивных

«компенсація» та «раціоналізація»; інтерпсихічна спрямованість ставлення до хвороби («сенситивний» та «еґоцентричний» типи); знижений фізичний компонент якості життя. За допомогою отриманих результатів факторного аналізу були сформовані два типи порушення соціального функціонування в осіб з ВВС і один загальний для осіб з СВД ССС: «реактивно-сенситивний» тип ПСФ у осіб з «білими» ВС; «реактивно-еґоцентричний» тип ПСФ у осіб з «синіми» ВС; «ригідно-фіксаційний» у осіб з СВД ССС. Сформовані блоки психокорекційної програми для осіб з ПСФ, науково обґрунтована, розроблена і впроваджена в практику система психокорекції осіб з ВВС та СВД ССС, ефективність застосування якої підтверджена даними психодіагностичного дослідження.

Ключові слова: вроджені вади серця, соматоформна вегетативна дисфункція, порушення соціального функціонування, індивідуально-типологічні властивості, соціальна адаптація, якість життя, психокорекція, психоосвітня робота, тренінг.

механізмів психологічної захисти при наявності стресса, таких як «подавлення», «компенсація» і «раціоналізація»; інтерпсихіческая направленность отношения к болезни («сенситивный» и «эгоцентричный»); сниженный физический компонент качества жизни. С помощью результатов факторного анализа были сформированы два типа нарушения социального функционирования у лиц с ВПС и один общий для лиц с СВД ССС: «реактивно-сенситивный» тип НСФ у лиц с «белыми» ПС; «реактивно-эгоцентричный» тип НСФ у лиц с «синими» ПС; «ригидный-фиксационный» у лиц с СВД ССС. Сформированы блоки психокоррекционной программы для лиц с НСФ, научно обоснована, разработана и внедрена в практику система психокоррекции лиц с ВПС и СВД ССС, эффективность применения которой подтверждена данными психодиагностического исследования.

Ключевые слова: врожденные пороки сердца, соматоформная вегетативная дисфункция, нарушение социального функционирования, индивидуально-типологические свойства, социальная адаптация, качество жизни, психокоррекция, психообразовательная работа, тренинг.

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СУЧАСНИЙ СТАН І ПЕРСПЕКТИВИ РОЗВИТКУ ПСИХОТЕРАПІЇ І МЕДИЧНОЇ ПСИХОЛОГІЇ В УКРАЇНІ

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Харківська медична академія післядипломної освіти

Анотація. У статті подано огляд сучасного стану психотерапевтичної та медико-психологічної служби в системі надання медичної допомоги населенню України. Наведені деякі статистичні дані та діючі нормативні документи, які регламентують функціонування цієї служби. Розглянуто питання, які стосуються оптимізації перспектив розвитку психотерапевтичної та медико-психологічної служби України.

Ключові слова: психотерапія, медична психологія, стан, розвиток.

Вступ

У 2006 р. на нараді ВООЗ в Гельсінкі Україна приєдналася до Європейської декларації охорони психічного здоров'я і Європейського плану дій [1, 2]. Це суттєво підвищує значущість медико-психологічної і служби в системі охорони здоров'я України.

Європейським планом дій з охорони психічного здоров'я, до якого Україна приєдналася в 2005 р. на Конгресі ВООЗ в Гельсінкі передбачено:

«Забезпечити надання послуг у галузі охорони психічного здоров'я з урахуванням вікових та гендерних особливостей службами первинної медико-санітарної допомоги та спеціалізованими установами, що функціонують у рамках єдиної мережі.

Забезпечити доступ до психотропних препаратів і простим психотерапевтичним процедурам на рівні первинної медико-санітарної допомоги при найбільш поширених, а також важких психічних розладах, особливо щодо осіб з три-

валими і стабільними психічними розладами, які проживають в даній громаді.

Надавати за місцем проживання комплексну та ефективну лікувальну допомогу (включаючи психотерапію та медикаментозне лікування) з найменшими побічними ефектами, особливо коли мова йде про молодих людей, у яких вперше розвилася проблема психічного здоров'я».

Мета дослідження

В цьому сенсі істотно зростає роль психотерапії та медичної психології як у загальній системі надання медичної допомоги населенню, так і в її спеціалізованій ланці — соціально-орієнтованій психіатричній допомозі. У структурі загальносоматичної мережі психокорекція та психотерапія повинні застосовуватися як основний метод у лікуванні таких розповсюджених патологічних станів, як психосоматичні захворювання, невротичні та депресивні розлади, які перебігають під «маскою» соматичних захворювань [1, 2].