



## Mental Emotional Changes in Children and Adolescents with Bronchial Asthma

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### ABSTRACT

The problem of the mechanisms of occurrence, course and treatment of psychosomatic disorders in children is becoming increasingly relevant for modern psychological science. The article presents an analysis of medical, social and psychological characteristics of children suffering from bronchial asthma, and from the risk group for its formation.

### Keywords:

children with bronchial asthma, risk group, preschool age, atopy, social factors, psychological status, family education.

**Relevance.** The problem of psychosomatic relationships in childhood is not only extremely important, but also has its own specific features. The negative impact of the disease on the psyche in childhood, as a rule, leads to more severe or even irreversible consequences, especially if we are talking about a long-term, chronic, serious illness [2,5].

The factors that cause asthma attacks in children are diverse: allergens, viral respiratory infections, changes in weather conditions, environmental effects of xenobiotics, tobacco smoke, physical and psycho-emotional stress, etc. It is generally recognized that adult bronchial asthma refers to psychosomatic diseases and local bronchial spasm can be triggered by both exposure to a specific allergen and emotional factors. The question of the relationship and interaction between somatic and psychological factors that provoke asthma

attacks in children and aggravate its course remains debatable to date [1,3].

Despite a lot of work on the study of bronchial asthma, little attention is paid to the study of how children and adolescents with bronchial asthma respond to stressful situations, unconscious and conscious defensive strategies (psychological defense mechanisms, coping strategies), their subjective perception of the quality of their own lives, ways to react to negative emotions [2,4].

In studies of primary school children, personal characteristics in the formation of a pathological psychosomatic functional system are not sufficiently taken into account. In the sources available to us, there is no indication of a connection between the age of a sick child and his internal picture of the disease, protection from an unfavorable psychological situation, the way of perceiving the disease and other features. In this connection, the task of studying

the contribution of individual psychological characteristics of children and adolescents to the formation of a pathological psychosomatic functional system is actualized [3,6].

**The purpose of the study.** The purpose of this study is to study the psychological characteristics of children and adolescents suffering from bronchial asthma for experimental and methodological substantiation of the principles of prevention of psychosomatic disorders. The main task of mass psychoprophylactic examination is to reliably identify the risk group for subsequent in-depth examination.

**Research methods.** For these tasks, we have developed a formalized express questionnaire that reveals a predisposition to a psychosomatic form of adaptation due to a violation of emotional response. It is shown that the developed express questionnaire identifies three groups of health in adolescents: "healthy", "borderline" (adolescents without any chronic disease, but with health complaints, mainly of a psychogenic nature, "psychosomatic patients"). The results of the study. In children and adolescents suffering from bronchial asthma, affective reactions are insufficiently realized in behavioral patterns and are blocked by "intellectual" control.

Patients with bronchial asthma differ from healthy peers by greater adherence to social norms, increased responsibility, dependence on other people's opinions, caution, a depleted repertoire of feelings and a lack of spontaneity. Behavioral manifestations of emotional experiences of healthy adolescents are characterized by a large repertoire and flexibility. In children and adolescents with bronchial asthma, the content and range of these manifestations are much narrower and described by a smaller set of logical rules, which causes limitations of their adaptive capabilities and increases the risk of the disease. The identified and described "simitomocomplexes" allow differentiating various mechanisms of emotion control and emotional response style in patients with bronchial asthma.

Similar mechanisms of emotional response and behavioral manifestations identified in patients with bronchial asthma and adolescents in a "pre-painful state" allow us to consider the blocking of the behavioral component of the emotional response due to control mechanisms as one of the risk factors for the development of psychosomatic diseases.

The proposed psychodiagnostic algorithm makes it possible to identify a "risk group" during mass preventive examinations of students and, therefore, provides an increase in the effectiveness of primary and secondary psychoprophylaxis of psychosomatic diseases in educational institutions. Correction of maladaptive features of emotional and behavioral reactions is a necessary condition for optimizing psychocorrective counseling programs used in group and individual work with children and adolescents.

For asthmatic children and children at risk for the development of bronchial asthma, the initial functional failure of morphological, immunological and metabolic processes of the preschool child's body is characteristic, leading to disharmonious development of the child and disruption of the course of adaptive processes.

The low burden of social history in the studied groups makes it possible to classify them as prosperous. Preschoolers with AD and from the risk group for the development of AD have a high level of anxiety and aggressiveness in their psychological status, while asthmatic children are more likely to have a low level of social behavior.

Parental education in the studied families is characterized by a high degree of family disorganization. 90% of families raising children with BA, and 63% of families raising children at risk for the development of BA, have various violations of parental education.

The level of anxiety in mothers raising asthmatic children is significantly higher, and the level of aggressiveness is significantly lower than in mothers raising children from a high-risk group. Inadequate self-esteem in mothers raising asthmatic children is more common. Mothers raising children from the GWR are more likely to show egocentrism. High values for factor B (intelligence), low values for factor F

(impulsivity) and low values for the second-order factor (extraversion) in mothers raising children at risk for the development of AD are significantly more than in mothers raising asthmatic children.

**Conclusion.** The revealed psychological factors contributing to the violation of somatic health in childhood and adolescence allowed us to substantiate the directions of psychological correctional work in order to prevent diseases and strengthen the health of students. A formalized express questionnaire has been developed for psychoprophylactic examinations of students in order to timely identify risk groups for the development of psychosomatic disorders (persons in the initial stage of the formation of a "structural attractor of the disease").

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