PSYCHOLOGY

Comprehensive individualy-typological (ambivertive) and factor comparative analysis of psychosomatic health boy and girl students of Kyiv National Taras Schevchenko University

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Abstracts. Based on of results of decades (2006-2009 years) of empirical research presented individual-psychological and factors (ambivertive) analysis of psychosomatic boy/girl-students health of Kyiv National Taras Shevchenko University**.** The complex individual psychological and factor analyzes of two samples studied boys / girls students (n = 118/111) taking into account the complex dynamics of total 45 indicators of four blocks psychodiagnostics methods. Published similar results for the boy(ambiverts n = 118) in the Science and Education a New Dimension. Pedagogy and Psychology this current year III(30),Issue 59,2015 we have finished research project on the example of girl(ambiverts n = 118). The results confirmed for the second time our assumption of a leading role and effects of two-factor H.Eysenk personality theory (introvertion/extavertion, emotional stability/instability on psychosomatic health of the studied boy/girl student.

Keywords: *psychodiagnostics, psychosomatic boys, girls-ambivertion health, H.Eysenk personality theory*

Introduction. Relevance of the problem above psychosomatic health of students, conditions of its maintenance and preservation occupies a definite place in the list of leading research complex issues of life safety of the individual. Attention is drawn by the publication of Russian specialist T. Kolesnikova [4, pp.5] "*The psychological world of the individual and his security*" with emphasis on raising the question of health as a factor of national security. Therefore how relevant is the question valeological values of education, by which we mean medical and psycho-pedagogical body of knowledge on prevention, tools and practices to ensure the health and survival (learn pedagogy health). Ukrainian researcher examines the issue from the other side Kuzminskyy A."*The role of higher education in the preservation and strengthening of health of students*" [9]. Promising conclusion of author is that task of psychological services is preventive work, which should be applied basic (individual counseling, group training sessions, active social psychological studies) and passive (meeting with the students-mates on adaptation to training, thematic discussions, curatorial hours , psychological debates etc.) methods of psychological help to ensure the readiness of the higher nervous system as the bearer of psychic phenomena to significant loads while studying at the university. A survey of Russians revealed that special attention should be given to the development of self-control students who have non-standard individual psychological characteristics and pronounced neuropsychic instability, high levels of anxiety and conflict, poor motivation, conformity, self-actualization, susceptibility to depression and exaltation in the background psychological stuck [14].

Problems of modern youth mental health concern many in the psychological science and practice. These factors and ways to overcome in Ukraine investigated N.V. Gayova, S. Kudin, T.V. Mazur, [1,pp.103-104]. Within the context the ways to overcome neurotic states students A. Hlivna, describing individual psychological characteristics of students mental health [16,pp.257-262], Y. Moseychuk, studying the features of prevention of socio-psychological adaptation of students [10].

Analysis of the Latest Researchers on the Issue. Among the foreign researchers mental health problems the students explored M.A. Kitzrow arguing that in recent years in the United States observed a marked increase in both the number of students with serious psychological problems, and the number of students in need for psychological assistance [19, pp.167-181]. The results of longitudinal studies S.A. Benton, and collaborators have shown that students who received psychological counseling services at universities, in recent years compared with previous years, students often have more complicated problems, which include both for typical students (difficulties in interpersonal relations and problems of transition period of life) and more serious problems: anxiety, depression, suicidal thoughts and personality disorders [18, pp.66-72]. Among the one-third of America's population of ten citizens in his life turned to a psychologist or other mental health professional sphere [15]. However the majority of Russians, according to research Y. Levady [14], in solving their psychological problems rely on their own strength, avoiding requests for specialized help.

The author of the current article also examines the issue from the perspective of safety and the maintenance of psychosomatic health of young people (students) in the structure of the educational process by the example of many years of research (2006-2015 years) at different faculties of Kyiv National Taras Shevchenko University in the aforementioned publications O.V. Kornienko [5, pp.312-318; 6, pp.251-256].

Relevant case studies on girls ambivertive subgroup (n= 111) were successfully carried out, and the resulting theoretical and empirical results reported in previous work O.V. Kornienko [7, pp.30-35].

The Formulation of the Goals and Objectives of the Article. Considering the above views of experts around the world are statistical results and the purpose of this article is:

We formulated the following tasks theoretical and empirical research:

1. Research the general statistical data – boy- ambiverts second subgroup (n = 118)
2. Conduct correlation analysis of data on the subgroup example 45 indicators according to four blocks psychodiagnostics methods.
3. Implementation of factor analysis boy-ambiverts (n = 118).
4. Presentation of consolidated data mediated correlation of boy-ambiverts (n = 118) studies the material factor analysis and comparison of the results obtained girl-ambiverts (n = 111).

Materials and Methodology of Research. Methods. We were allocated four blocks psychodiagnostics methods, detailed their study, testing in the dissertation author's works and other professionals, textbooks, monographs presented in the sources.

1. First level: individual-psychological and psychophysiological (EPI introversion, ambiversion, extroversion, emotional stability / instability adapted A.G. Shmelev [13, pp.133-141] for D.Y. Raigorodskii; integrity of temperament by Y. Belov [2, pp.360], especially the feeling and perception (representative system of man "Visuality", "Kinesthetic", "Audiality") for T.N. Orlova and O.M. Dobrorodnyevym [11, pp.29-31].

2. Second level: personality-oriented character of accentuation on H.Shmishek by L.A. Holovey, E.F. Rybalko [12, pp.589-597]; methods of temperament diagnosis Y. Strelyau [11, pp.589-597] the scale of self-esteem and personal situational/anxiety on C. Spielberger by V.L. Marishchuk and others.[17, pp.62-63].

3. Third level: Psychosomatic-oriented (psychosomatic) method of differential diagnosis of depression V.A. Zhmurova [3, pp.202-207]; Hisenskyy questionnaire adapted to the mental institute of Bekhterev [12, pp.14-17]; Methods for rapid diagnosis of neurosis C. Hake and I. Hesa [13, pp.169-171].

4. Forth level: interpersonal-oriented method of diagnostics of interpersonal relationships by T. Leary [13, pp.408-418].

Results and discussion. For the starting point of presented research article data discussion we are orienting interested scientist in the field of psychosomatic students health to read previous author's article Kornienko O. [8, pp.62-65]. We are including some conclusion from above mention article. We were allocated frequency response factors of first signs deterioration psychosomatic health of boys-ambiverts (n = 118) ranked 45 on the example of the correlation indices. We consider it appropriate to focus on the maximum repetition frequency correlations of factors first signs of deterioration psychosomatic health of boys-ambiverts (n = 118). "*Situational anxiety*" (7 time repetition), "*Ambivertion*"(4), "*Dysthymia*"(4), "*Likelihood neurosis*"(4), "*Intensity of patients complaints*"(4), "*Phlegmatic*"(4), "*Depressive state*"(3), "*Melancholic*"(3), "*Personality anxiety*"(3), "*Intensity of complaints*"(2), "*Stomach complains*" (2), "*Emotional stability/instability*"(2), "*Exhaustion*"(1).

The next complex factor analysis on the sample boy (ambiverts) (n = 118) will be our next stage for the detailed discussion. The table №1; 1.1 consists of two separate data analysis group.

Tabl. №1. Indirect correlation of adolescent boy- ambiverts (n = 118) studies the material factor analysis

Factor №1 "Individual- typological modality"					
Factorloading					
Specialty (-0,973)	Ambivertion (0,959)	Visuality (-0,895)	Sanguine (0,877)	Choleric (0,814)	Emotional stability/ instability (0, 691)
Indirectcorrelation					
Choleric (-0,761**)	Choleric (0,743**)	Hypertimity (-0,586**)	Visuality (-0,791**)	Visuality (-0,682**)	Choleric (0,636**)
Sanguine (-0,829**)	Sanguine (0,823**)	Disthymia (-0,185*)	Kinesthetic (-0,471**)	Kinesthetic (-0,482**)	Sanguine (0,492**)
Phlegmatic (-0,281**)	Phlegmatic (0,288**)	Cyclothymia (-0,215*)	Hypertimity (0,695**)	Hypertimity (0,644**)	Visuality (0,635**)
Melancholic (0,577**)	Melancholic (-0,577**)	Strength processes of excitation (0,195*)	Anxiety (-0,205*)	Cyclothymia (0,222*)	Kinesthetic (-0,426**)
Hypertimity (-0,665**)	Emotional stability/ instability (0, 670**)	Personal anxiety (-0,218**)		Intensity of patients complaints (0,208*)	Hypertimity (0,428**)
Disthymia (-0,197*)	Visuality (-0,855**)	Situational anxiety (-0,239**)		Likelihood neurosis (0,190*)	Disthymia (0,331**)
Cyclothymia (-0,192*)	Kinesthetic (-0,645**)			Selfishness (0,192*)	Pedantry (0,215*)
Ambivertion (-0,947**)	Hypertimity (0,677**)			Aggressiveness (0,197*)	Cyclothymia (0,268*)
Sincerity (0,190*)	Cyclothymia (0,227*)			Suspiciousness (0,215*)	Depressive state (0,315**)
Emotional stability/ instability (-0, 676**)	Friendliness (0,187*)			Situational anxiety (-0,199*)	Exhaustion (0,228*)
Visuality (0,868**)	Situational anxiety (0,211**)				Stomach complaints (0,266*)
Kinesthetic (0,652**)					Intensity of complaints (0,214*)
Friendliness (-0,193**)					Intensity of patients complaints (0,301**)
Altruistic (-0,207**)					Likelihood neurosis (0,539**)
Situational anxiety (-0,185**)					Suspiciousness (0,274**)
					Personal anxiety (0,434**)
					Situational anxiety (0,326**)

Tabl. №1.1. Indirect correlation of boy- ambiverts (n = 118) studies the material factor analysis

Factor №1 "Individual- typological modality"					
Factorloading					
Kinesthetic (-0,663)	Melancholic (-0,664)	Phlegmatic (0,289)	Sincerity (-0,217)	Age (0,317)	Year of study (-0, 392)
Indirectcorrelation					
Hypertimity (-0,404**)	Hypertimity (-0,590**)	Hypertimity (-0,590**)	Anxiety (-0,288**)	Choleric (-0,253**)	Course of study (-0,325**)
Pedantry (0,191*)	Anxiety (0,823**)	Excitability (-0,220*)	Phlegmatic (0,318*)	Ambivertion (0,346**)	Specialty (0,487**)
	Demonstrative (-0,218*)	Visuality (-0,370*)	Ambivertion (-0,182*)	Emotional stability/ instability (0,319*)	Choleric (-0,300**)
	Visuality (0,459**)	Kinesthetic (-0,217**)	Emotional stability/ instability (-0,463*)	Choleric (0,224*)	Sanguine (-0,253**)
	Kinesthetic (-0, 262**)	Intensity of patients complaints (-0,209**)	Hypertimity (-0, 205*)	Sanguine (0,295**)	Melancholy (0,202**)
	Depressive state (0,183*)	Likelihood neurosis (-0,387**)	Anxiety (-0,306**)	Phlegmatic (0,224**)	Visuality (0,284**)
	Likelihood neurosis (0,284**)		Cyclothymia (-0,214*)	Visuality (-0,362*)	Kinesthetic (0,228*)
	Situational anxiety (0,233**)		Depressive state (0,384**)	Kinesthetic (-0,308*)	Hypertimity (0,285*)
			Stomach complaints (-0,218*)	Personal anxiety (0,235*)	Dysthymia (-0,244**)
			Intensity of complaints (0,211**)	Situational anxiety (0,230*)	Exaltation (0,199*)
			Intensity of patients complaints (-0,257**)		Friendliness (-0,231**)
					Altruistic (-0,248**)

Accordingly to Tables №1; 1.1 twelve factor loadings are presented on the basis of detailed visual indirect correlation of psychosomatic factors and comprehensive manifestations of mental and physical health boy- ambivertive (n = 118). For better perception, convenience and clearly structured, logical explanation of proposed correlation conditional division 12 factor loadings on four functional subgroups with slight color background shading.

Subgroup №1 "***Specialty***" (-0,973) "***Ambivertion***" (0,959) "***Vizuality"*** (-0,895) with thirteen psychosomatic oriented indirect links. We draw attention to the existence of an extensive network correlation, namely the next group relations. We draw attention to the existence of an extensive network correlation, namely the next group relations. ***"Speciality"*** (-0,973), "***Phlegmatic***" (-0,281**), "***Melancholic"*** (0,577**), ***"Dysthymia"*** (-0,197**) ***"Ambivertion"*** (-0,947**), "***Emotional stability / instability*** N. Eysenk "(-0,676**),"***Situational anxiety"(-***0,18**). Considering such maximum exposure factor loadings for "***Ambivertion***" (0,959) "***Vizuality***"(-0,895) view it as typological and psycho-physiological factor influencing on complex psychosomatic health of the group.

Subgroup №2 ***"Choleric"*** (0,814), "***Emotional stability / instability*** N.Eysenk" (0,691) includes twelve other groups correlation dependencies with opposite orientation. In particular we emphasize the influential group of indicators relating to the second load factor "***Dysthymia"*** (0,331**), ***"Depressions"*** (0,315**) ***"Exhaustion"*** (0,228*), ***"Gastric complaints"*** (0,266*), "***The intensity of complaints***" (0,214 *), "***Intensity complaints of patients"*** (0,301**), "***Probability neurosis"*** (0,539**), ***"Personality anxiety"*** (0,434**), ***"Situational anxiety"*** (0,326**) with the level of manifestation correlation dependencies Pearson (p <0,05; 0,01).

Subgroup №3 ***"Melanholic"*** (-0,664), ***"Phlegmatic"*** (0,289) with the inclusion of five psychosomatic oriented criteria. We believe that functionally significant is the presence of two pairs of data correlation factor loadings of the ***"Likelihood of neurosis"*** (0,284**), (-0,387**) with important diagnostic indicators (direct and inverse correlation). We assume one psychodiagnostical assumptions and concluded that an increase in negative indicator "***Probability neurosis***" could decrease the level of manifestation ***"Phlegmatic"*** of the group.

Subgroup №4 "***Sincerity"*** (-0,217), ***"Age"*** (0,317), ***"Year of study"*** (-0,392) includes sixteen-oriented psychosomatic correlations. The unifying correlation and indirect indicator for this subgroup is ***"Ambivertion"*** (-0,182*; 0,346**; -0,325**) and its links with the three aforementioned factor loadings. "***Emotional stability / instability*** N. Eysenk" (- 0,463**; 0,319*) is also a leading role in maintaining of optimum functioning boundary (transition prepainful normally healthy state to painful sick state) of psychosomatic health. Needs further psychodiagnostic explanation and interpretation of the following parameters: ***"Dystymia"*** (-0,244**), temperament integrity: ***"Melancholic***" (0,202*), ***"Phlegmatic"*** (0,224**; 0,318**), ***"Depressions"*** (0,384**), four indicators of psycho-emotional complaints "***Gastric complaints***" (-0,218*), ***"Intensity of complaints"*** (0,211*), "***Intensity of healthy group complaints"*** (-0,245**), "***Intensity of patients groups complaints***" (-0,257**). Probably a significant impact on psychosomatic health boy- ambivertive (n = 118) have such significant parameters as ***"Personal"*** and "***Situational anxiety***" (0,235; 0, 230*).

In accordance with article stated objectives we include empirical research data girls-ambivertive (n = 111) for comparison with detailed and visually presents the results of boy-ambivertive (n= 118). For convenience of description and perception we include data Table №2 for further discussion.

Tabl. 2. Indirect correlation of girl- ambiverts (n = 111) studies the material factor analysis

Factor №1 "Specialization course"		Factor №2 "Objective age assessment"		Factor №3 "Ambivertive assessment"	
Factors loading					
Specialty (0,908)	Course of study (0,754)	Age (0,942)	Sincerity (0,212)	Balance of excitation and inhibition (0,548)	Ambivertion 0,517)
Choleric(-0,243**)	Specialty (0,651**)	Course of study (0,560**)	Hypertimity (0,187*)	Sanguine (-0,232*)	Choleric (0,395**)
Dysthymia (0,312**)	Audiality (-0,194*)	Stomach complaints (-0, 250**)	Emotionality (-0, 218*)	Melancholic (0,269**)	Sanguine (0,209*)
Pedantry (-0, 221**)	Pedantry (-0, 271**)	Pain different body parts(-0, 190*)	The strength processes of excitation (0,195*)	Audiality (0,237*)	Phlegmatic (-0,251**)
Strength processes of excitation (0,205*)	Stuck personality (0, 190*)	Friendliness (0,253**)	Depressive state (-0,191*)	Anxiety (0,468**)	Visuality (0,194*)
Strength processes of inhibition (0,285**)	Depressive state (-0,284**)		Selfishness (0,225*)	Pedantry (0, 202*)	Mobility of nervous processes (0,313**)
Depressive state (-0,195*)	Situational anxiety (-0,187*)		Situational anxiety (-0,255**)	Demonstrative (-0,216**)	Intensity of health complaints (-0,188*)
Heart complains (0,194*)				Exaltation (0,221*)	Intensity of patients complaints (-0,225*)
Friendliness (-0,218*)				Strength processes of excitation (-0,229*)	
				Strength processes of inhibition (-0,371**)	
				Depressive state (0,329*)	
				Exhaustion (0,279**)	
				Stomach complaints (0, 234*)	
				Pain different body parts (0, 284**)	
				Heart complains (0,332**)	
				Intensity of complaints (0,358**)	
				Intensity of health complaints (0,261*)	
				Intensity of patients complaints (0,306**)	
				Probability neurosis (0, 609**)	
				Authoritarianism (-0,204*)	
				Suspiciousness (0,268*)	
				Usefulness (0,268*)	
				Dependence (0,345**)	
				Friendliness (0,191*)	

So, we have three major factors: factor №1 "***Specialization course***" factor №2 "***Objective age assessment***" factor №3 "***Ambivertive assessment***" by girls –ambivertive (n = 111). The direction and character of indirect correlations significantly different. Detailed description of empirical data girls-ambivertive (n = 111) provided in a previous publication by Kornienko O.V. [7, pp.30-35]. The main diagnostic and quantitative indicators among these three factors in a group of girls were expressed by ambivertive concentration of complex indicators as emotionally charged psychosomatic complaints accordingly to Hisenskyy questionnaire.

We consider it appropriate to introduce the generalized, summary table №3 as an illustrative demonstration of comparative analysis of correlation manifestations, frequency of recurrence as psychosomatic health factors deteriorating among boys / girls ambivertive (n = 118,111).

Tabl. 3. The comparative analysis of dynamic correlation manifestations, rank positions, recurrence frequency as psychosomatic health factors deteriorating among boys / girls ambivertive (n = 118,111)

N/ rank	Boy-ambitertive (n= 118)			Girl-ambibertive (n= 111)		
	Psychosomatic health factors (n=45)	Indicators correlation	Degree factor	Psychosomatic health factors (n=22)	Indicators correlation	Degree factor
1.	*Situational anxiety* (7)	(-0,185*- 0,326**)	40,67±9,62	*Depressive state* (4)	(-0,191*-0,329**)	24,11±12,65
2.	*Phlegmatic* (4)	(0,224*-0,318**)	27,72±8,33	*Situational anxiety* (2)	(-0,187*- (-0,255**)	43,71±11,25
3.	*Ambivertion* (4)	(-0,182*-(-0,947**)	10,14±3,26	*Stomach complaints* (2)	(-0,234*- (-0,250**)	1,72±2,30
4.	*Dysthymia* (4)	(-0,185*-0,331**)	10,27±3,63	*Pains in different body parts* (2)	(-0,190*- 0,284**)	4,95±3,47
5.	*Emotional stability/ instability* (4)	(0,319*-(-0,676**)	7,77±5,42	*Heart complains* (2)	(0,194*- 0,332**)	2,45±3,11
6.	*Probability neurosis* (4)	(0,190*-0,539**)	14,38±3,63	*Intensity of patients complaints* (2)	(-0,225*- 0,306**)	31,42±22,35
7.	*Intensity of patients complaints* (4)	(0,208*-0,301**)	16,94±14,54	*Intensity of health complaints* (2)	(-0,188*- 0,261**)	49,81±29,21
8.	*Melancholy* (3)	(0,202*-(-0,577**)	20,74±9,20	*Phlegmatic* (1)	(-0,251**)	24,65 ± 8,19
9.	*Personal anxiety* (3)	(-0,218*-0,434**)	40,03 ± 7,05	*Melancholy* (1)	(0,269**)	18,62 ± 7,84
10.	*Depressive state* (3)	(0,183*-0,384**)	25,77±18,52	*Dysthymia* (1)	(0,312**)	8,88 ± 3,75
11.	*Stomach complaints* (2)	(-0,218*-0,266**)	1,69 ± 2,26	*Intensity of complaints* (1)	(0,358**)	16,55± 10,33
12.	*Intensity of patients complaints* (2)	(0,211**-0,214*)	16,94±14,54	*Exhaustion* (1)	(0,279**)	7,72 ± 5,09
13.	*Exhaustion* (1)	(0,228*)	5,41 ± 4,03	*Probability neurosis* (1)	(0,609**)	18,86±6,79

In this way, comprehensive empirical data table №3 quite obviously demonstrate formation features of first deterioration signs in psychosomatic health of boys, girls ambivertive (n = 118,111). The first difference is significant variability in concentration of 45 indirect factors individual psychological and psychosomatic orientated in boys-ambivertive (n = 118), as opposed to 22 integrated indicators girls (n = 111). The table №3 allows for independent visual comparative analysis of selected the most important key factors that confirms phased psychosomatic manifestations in deteriorating health of two studied groups.

Conclusions

1. The received results of complex psychodiagnostics boys- ambivertive (n = 118) open new prospects for implementation of screening and individual psychophysiological and typological approach in the structure Ukrainian higher education institution. Considering publications results of national and foreign experts in the field of clinical psychology, health psychology, psychotherapy, physical culture about worrying trend in general health deterioration status of psychosomatic pupils and students. The most publications in recent years declared idea that in the first place – boundary nonpsychotic disorders – about 70%, the second – organic disorders (schizophrenia, severe depression) – 17-18%, mental retardation -11-12%. Therefore, to date, remains topical issues of early diagnostic screening among pupils and students of Ukraine with the use of express diagnostic psychological complex methods that can be easily available to the participants of the educational environment.

2. The individual psychodiagnoctics presented results on the example of boy-ambivert (n = 118) and empirical findings similar to previous group of boys- introvert (n = 122) confirmed influence of leading two-factor Eysenk H., personality theory of introversion / extraversion- emotional stability / instability based on 45 working studied psychosomatic health criteria divided into four blocks psychodiagnostics methods: individual psychological and psychophysiological (first block), personality-oriented (second block), psychosomatic oriented (third block) interpersonaly-oriented (fourth block). Comprehensive results provided an opportunity to develop new approach for early diagnostic screening first signs of the personality transformation from boundary (before painful) state to (disease state) of mental and physical health.

3. Preliminary comparative analysis of empirical data revealed the following table №3 promising results. In our view first obtained comprehensive individual psychodiagnostical and psychosomatic-oriented factors of first signs of deterioration psychosomatic health of boys and girls ambivertive (n=118,111) considering empirical results of four blocks psychodiagnostics methods. Present approach may be considered and used in practice in structure of educational process at various levels.

4. Further analysis requires the linear sequence displays first signs of deterioration psychosomatic health indicators confirmed thirteen indirect correlation dependencies in boy-ambivertive (n = 118): "***Situational anxiety***" – "***Phlegmatic***" – "***Ambivertion***" – "***Dysthymia***" – "***Emotional stability / instability***"- "***Probability neurosis*** "- "***Intensity of patients complaints***"- "***Melancholy***"- "***Personality anxiety***"-"***Depressive state*** "- "***Stomach complaints***"- "***Intensity of patients complaints*** "- "***Exhaustion***". In contrast to girls – ambivertive (n = 111) is obvious different sequence above indicators: "***Depressive state***" – "***Situational anxiety***" – "***Stomach complaints***" – "***Pains in different body parts*** " – "***Heart complaints***" – "***Intensity of patients complaints***" – "***Intensity of healthy people complaints***" – "***Phlegmatic***" – "***Melancholy***" – "***Dysthymia***" – "***Intensity of complaints***" – "***Exhaustion***" – "***Probability of neurosis***". We have also identified a fundamental difference in the structure of the first signs of deterioration factors of psychosomatic health between the two groups. For example, in girls- ambivertive (n = 111) allocated the presence of: "***Pains in various parts of body***," "***Heart complaints***", "***Intensity of healthy people complaints*** ", "***Intensity of complaints***".

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