https://doi.org/10.33266/2070-1004-2021-4-55-60
UDC 351.74:159.99:616.3-008.1

Original article

STRUCTURE OF PROTECTIVE AND COPING RESPONSE IN POLICE OFFICERS SUFFERING FROM SOMATOFORM VEGETATIVE DYSFUNCTION OF GASTROINTESTINAL TRACT, IN RELATION TO PSYCHOHYGIENE TASKS

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Abstract. *The aim of the study* was to identify differences of protective and coping behavior and its dynamics in conditions of asthenization and anxiety-depressive response in employees of internal affairs bodies, suffering from somatoform vegetative dysfunction of the gastrointestinal tract.
Materials and methods of research. To reveal structural and dynamic characteristics of the protective response and character of the asthenization depression and anxiety influence on the internal affairs employees, 64 police officers with somatoform vegetative dysfunction of the gastrointestinal tract (F. 45.3) according to criteria of ICD-10 were investigated.
Results of the study and their analysis. The study revealed that the differences were both purely individual and cross-cutting, reflecting a pronounced intrapersonal conflict. This indicates the weakness of the defense system in police employees suffering from somatoform vegetative dysfunction of the gastrointestinal tract, regardless of gender identity, emphasizing their low adaptive capacity, making it difficult to recognize the problems. The basic socio-professional characteristics of police officers are reflected and their role in protective and coping response is shown. The results of the study are offered to use in psychohygienic work with employees, prone to somatoform reactions.

Key words: *coping behavior strategies, mechanisms of a protective reaction, police officers, psychohygiene, somatoform vegetative dysfunction of gastrointestinal tract*

For citation: Bezchasniy K.V. Structure of Protective and Coping Response in Police Officers Suffering from Somatoform Vegetative Dysfunction of Gastrointestinal Tract in Relation to Psychohygiene Tasks. *Meditsina katastrof* = Disaster Medicine. 2021;4:55-60 (In Russ.). https://doi.org/10.33266/2070-1004-2021-4-55-60

https://doi.org/10.33266/2070-1004-2021-4-55-60
УДК 351.74:159.99:616.3-008.1

Оригинальная статья

СТРУКТУРА ЗАЩИТНО-СОВЛАДАЮЩЕГО РЕАГИРОВАНИЯ У СОТРУДНИКОВ ОРГАНОВ ВНУТРЕННИХ ДЕЛ, СТРАДАЮЩИХ СОМАТОФОРМНОЙ ВЕГЕТАТИВНОЙ ДИСФУНКЦИЕЙ ЖЕЛУДОЧНО-КИШЕЧНОГО ТРАКТА, В СВЯЗИ С ЗАДАЧАМИ ПСИХОГИГИЕНЫ

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Резюме. *Цель исследования* – выявление различий защитно-совладающего поведения и его динамики в условиях астенизации и тревожно-депрессивного реагирования у сотрудников органов внутренних дел (ОВД), страдающих соматоформной вегетативной дисфункцией желудочно-кишечного тракта (СВД ЖКТ).
Материалы и методы исследования. С целью выявления структурно-динамических характеристик защитно-совладающего реагирования и характера влияния астенизациии, депрессии и тревоги на сотрудников органов внутренних дел были обследованы 64 пациента, у которых в соответствии с критериями МКБ-10 были диагностированы соматоформные вегетативные дисфункции желудочно-кишечного тракта (F. 45.3).
Результаты исследования и их анализ. В ходе исследования было выявлено и показано, что различия защитно-совладающего поведения у обследованных носят как сугубо индивидуальный, так и сквозной характер, что отражает выраженную внутриличностную конфликтность. Это указывает на слабость системы защиты у сотрудников ОВД, страдающих СВД ЖКТ, независимо от их гендерной принадлежности, подчеркивает их невысокие адаптивные возможности, затрудняющие осознание проблем. Отражены основные социально-профессиональные характеристики сотрудников ОВД и показана их роль в защитно-совладающем реагировании. Результаты исследования предложено использовать в психогигиенической работе с сотрудниками ОВД, склонными к соматоформному реагированию в условиях несения службы, что будет способствовать их профессиональной успешности.

Ключевые слова: *механизмы защитного реагирования, психогигиена, соматоформная вегетативная дисфункция желудочно-кишечного тракта, сотрудники органов внутренних дел, стратегии совладающего поведения*

Для цитирования: *Безчасный К.В.* Структура защитно-совладающего реагирования у сотрудников органов внутренних дел, страдающих соматоформной вегетативной дисфункцией желудочно-кишечного тракта, в связи с задачами психогигиены // Медицина катастроф. 2021. №4. С. 55–60. https://doi.org/10.33266/2070-1004-2021-4-55-60

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A fundamental feature of somatoform disorders according to the International Classification of Diseases, 10th Revision (ICD-10) is the recurrent presentation of somatic symptomatology. It is combined with insistent demands for medical examinations despite negative results and lack of physiological basis for the complaints presented. Somatoform disorders have a polymorphic clinical picture. Therefore, reducing somatoform pathology to an assessment of perceptual functional limitations leads to a duplication of the traditional clinical method. This method is valuable medically, but insufficient for realization of the biopsychosocial approach[1, 2]. Only an in-depth study of the dependencies between the biological and psychosocial levels, as well as the inter- and intralevel connections that determine the patterns of patients' full sense of well-being and its dynamics, can ensure its realization. Such research is possible only on an interdisciplinary basis. Their results can be used for the development of psychoprophylactic and psychohygienic programs [3-7].

The aim of the study was to identify the differences of protective and coping behavior and its dynamics in asthenization and anxiety-depressive response in employees of internal affairs suffering from somatoform vegetative dysfunction of gastrointestinal tract.

Materials and methods of research. A total survey of 184 employees of internal affairs bodies who applied for psychiatric care in the clinic of the Federal State Institution of Health Care "Medical and Sanitary Unit of the Russian Ministry of Internal Affairs of Moscow" in 2019-2021 was carried out. For further study, 64 employees who were diagnosed with somatoform vegetative gastrointestinal dysfunction according to ICD-10 criteria (F.45.3) were selected. All respondents were divided into 2 groups: Group 1, 30 men (49%), mean age (36.8±2.6) years; Group 2, 34 women (51%), mean age (35.2±1.6) years. Clinical and experimental-psychological methods were also used, using the psychosocial questionnaire we developed and a battery of tests. The Asthenic State Scale (Malkova L.D., 1977) [8]; Depression Detection Questionnaire (BDI) (Beck A., et al., 1961) [9]; Scale of Personal and Situational Anxiety (Spielberger C.D., L. Khanin, 1976) [9]; the Plutchik-Kellerman-Konte Life Style Index (1979) [9]; Lazarus' Co-occurring Behavior Strategies questionnaire (1988) [8]. The material was statistically processed using the SPSS-22.0 software package and Student's t-criterion; Pearson's criterion (r) was used to determine the mutual influence of psychopathological disorders and socio-psychological characteristics. The level of statistical significance was $p \leq 0.05$.

Results of the study and their analysis. Clinical manifestations of gastrointestinal somatoform disorders in both groups of respondents were represented by the following symptomatology. The clinical picture was defined by the symptomatology of intestinal crisis, where in addition to somato-vegetative manifestations, fears for the own health dominated. Fears were connected with discomfort, unpleasant sensations in abdominal cavity and characterized by insuperability of their occurrence and subjective awareness of their strangeness. Critical attitude to fears of missing intestinal gases or intestinal contents and attempts to actively overcome them persisted. Patients considered their fears unreasonable and denied the presence of serious gastrointestinal disease, though admitting the possibility of its development. Patients willingly engaged in general physical training. Thus, they proved to themselves that success in sports was an indicator of their physical well-being. But the persisting vegetative-somatic manifestations made them doubt it. The distressing character of the disorders for patients was determined by the contradictory attitude to the clinical symptomatology. The experience of fear with the understanding of its unreasonableness continued, there was a feeling of internal clamping and at the same time the persistence of fear. Patients could not resist it and tried to get rid of it by any means. A combination of insecurity and stenicism in achieving one's own goals was characteristic. At the same time, the most pronounced were the affective intensity of experiences, an excruciating struggle with fears accompanied by bashfulness and aspiration to overcome them. Somatoform vegetative dysfunction of the gastrointestinal tract developed in persons with anxious character traits after long overwork or conflict situations at work. The disorder was manifested by abdominal pain of a pressing, aching nature, localized and prolonged in duration. Gradually anxious attitude to one's health, fear of possible onset of severe disease of abdominal organs, fear of missing intestinal gas and intestinal contents were formed. Patients noted slightest fluctuations of well-being and constantly monitored their state of health. Because of this, the range of their interests narrowed, being limited to questions of somatic well-being. The patients ceased to aspire to improvement or maintenance of their professional status, chose quieter activities and even lost their wages. The provoking factors for that were various deleterious influences — alcoholic excess, smoking, coffee consumption, temperature overheating, physical overexertion, and acute respiratory viral infections.

The results of the "Coping Behavior Methods" technique revealed that the scales were generally within the normative interval (40-60 T-points). This indicated a moderate degree of strategy preference. In a comparative analysis, the most pronounced significant differences were on the scales of "seeking social support," "taking responsibility," "positive reassessment" and "distancing". The scales of "seeking social support," "planning problem-solving," "positive reevaluation," and "distancing" were significantly preferred by men. The significantly more frequent use of these strategies indicates that men, as compared to women, were more frequently oriented toward increased support from others. They often aspired to systematic and purposeful decision of problems with an opportunity of positive reassessment of a problem situation. At the same time they made attempts to cope with the stressful situation by decreasing its significance for

themselves and by not being emotionally involved in it. Besides, they were significantly less inclined to self-blaming and self-criticism (Table 1).

Women used the strategies "self-control" and "acceptance of responsibility" significantly more often. This indicates attempts to reduce internal tension and anxiety by avoiding problem solving, by self-blaming, by being too demanding of oneself, and over-controlling one's behavior. At the same time, it is necessary to pay attention to the women's difficulties in expressing their feelings, to their weak desire to speak out in the conversation with the doctor, and to their low motivation to open up about their feelings.

In both groups of respondents, "self-control", "problem-solving planning", "escape", and "confrontation" strategies were observed. This indicated an aspiration to self-control, high behavior control, and restraint of emotions. At the same time, attempts to systematically search for a way out of a difficult situation were characterized by excessive rationality, low spontaneity and intuitiveness. They were carried out by shifting attention, self-effacement and humor. It allowed to lower the emotional stress quickly, however, it had a short-term effect and led to an accumulation of psycho-emotional tension, the realization of which was delayed. Thus, the stable character of coping strategies in individuals suffering from gastrointestinal somatoform disorders, irrespective of their gender identity, testifies to their low adaptability, which makes it difficult to realize intrapersonal problems.

The analysis of the structure of protective response mechanisms, according to the "Life Style Index" methodology, showed the following significant differences in men and women. The total tension of protective mechanisms did not exceed the threshold value of 50 points: for men — (18,9±3,8) points, for women (28,15±2,4) points. This testified to the absence of significant unresolved conflicts. The mechanisms of "regression", "projection", "hypercompensation" and "rationalization" prevailed significantly more often in women. This can be seen as a propensity for dependent behavior, as a way to increase self-esteem, when values and attitudes borrowed from others are used in behavior, but do not become part of the personality itself. And high demandingness to others allows to justify own behavior, motives and intentions, which also contributes to an increase in self-esteem. Along with this, women were characterized by hypertrophied sociality and normativity. It speaks about suppression of aspirations which are socially disapproved. One of the basic mechanisms of protective reaction in women is "rationalization". It is the development of one's own conception of illness, as well as the behavioral choices associated with it. The defense has a passive-defensive nature, acquiring pathological forms and reinforcing patients in the role of the sick. In an effort to suppress anxiety and fear for their health, patients, first of all, sought help from internal medicine doctors. They underwent numerous examinations and received symptomatic treatment, which brought them short-term relief or had no effect at all. Restrictive behavior formed an adaptive response style in the patients and contributed to the expansion of the circle of compulsions. They developed obsessive-compulsive perceptions and defensive behaviors. Patients, experiencing fear for their health, tended to continue to work and to perform their daily duties. The hypochondriac condition was not formed in them, the phobic syndrome had monothematic character, protective actions were united by an uniform plot. The patients maintained a critical attitude toward their own painful experiences and had a desire to get rid of them as quickly as possible. However attempts to independently overcome fears and concerns were not successful. In the majority of cases, they led to the formation of "phobophobia" — fear of the occurrence of intestinal crisis and the acute sense of shame accompanying it. The results of comparison of male and female protective mechanisms testify that the preferable use by women of immature, unconstructive mechanisms allows us to say that they (the mechanisms) are based on the feeling of insecurity, lack of self-sufficiency, fear of self-expression and self-disclosure, fear of revealing their experiences to others (Table 2).

In both groups of respondents there was a cross-cutting character of the mechanisms of "displacement," "substitution," "denial," and "compensation," which can be interpreted as a tendency to form an internal conflict. This reflects the inflexibility of the defense system, indicating difficulty in recognizing one's own problems and the inability to cope with them. Passive behavioral stance, ignoring problematic situations, devaluing own efforts and intentions, determining the refusal of effective coping — all this significantly limits the possibilities of constructive resolution of interpersonal problems and contributes to the occurrence of somatoform disorders.

During the study of the respondents it was possible to find out that the indicators of the main mental states (asthenia, depression, personal anxiety, situational anxiety), regardless of gender identity and the leading clinical syndrome, had a complex structural and syndromal configuration. Characteristic features of the disorders were: decreased working capacity; pronounced fatigue after minimal physical exertion; signs of physical fatigue in the form of decreased efficiency of solving professional tasks and everyday problems due to difficulties in concentration, irritability, unstable mood, vegetative lability, sleep disturbances when falling asleep and frequent awakenings at night. Even with minor deviations from the established

Таблица 1 / Table No.1

Структура стратегий совладающего поведения у мужчин и женщин, по тесту Лазаруса, баллы, (M±m)

Structure of coping strategies in men and women, according to Lazarus test, points (M±m)

Шкалы Scales	Мужчины Men	Женщины Women	P	T
Самоконтроль Self-control	51,14±7,21	56±5,76	-	1,112
Поиск социальной поддержки Seek social support	60,28±5,13	56,7±5,4	0,05	1,327
Принятие ответственности Accept responsibility	49,7±5,7	56,13±4,8	0,001	-2,708
Планирование решения проблемы Problem solving	66,7±0,9	64±3,1	-	0,268
Положительная переоценка Positive revaluation	61,7±6,8	53±3,33	0,005	3,274
Дистанцирование Distancing	63,57±7,6	54,87±6,06	0,001	2,815
Бегство/избегание Escape/avoidance	54,57±5,05	53±6,7	-	1,233
Конфронтация Confrontive coping	58,14±6,7	54±5,3	-	0,502

Таблица 2 / Table No. 2

Механизмы защитного реагирования у мужчин и женщин по методике «Индекс жизненного стиля», баллы, (M±m)

Protective response mechanisms in men and women according to the "Life Style Index" methodology, points, (M±m)

Шкалы Scales	Мужчины Men	Женщины Women	P	T
Вытеснение Displacement	17,14±4,74	13,75±3,24	–	1,049
Регрессия / Regression	14,3±4,8	25,13±5,2	0,005	-2,890
Замещение Replacement	8,5±4,04	12,5±4,1	–	-0,267
Отрицание / Denial	32,1±8,18	34,9±6,4	–	0,954
Проекция / Projection	21,95±8,8	40,64±4,3	0,001	-3,502
Компенсация Compensation	18,57±6,3	20±6,8	–	0,654
Гиперкомпенсация Hypercompensation	5,7±2,9	27,5±4,1	0,001	-4,579
Рационализация Rationalization	36,7±7,21	45,8±5,45	0,001	-3,026

order, patients complained about deterioration of well-being, sleep disorders, heaviness and weakness in the whole body, and difficulties in concentrating. These manifestations were combined with attention deficit and with difficulties in assimilating and reproducing information. Sleep disorders were permanent, lasted less than a month, and were accompanied by a lack of recovery after sleep. As a result, significant fatigue during the day was observed. Patients restricted their life by the framework of narrow interests, imperceptibly lost their earlier social activity, cheerfulness, there was a reduction of the feeling of satisfaction with life. In the structure of asthenia, phenomena without a shade of vitality dominated, against which vegetative-somatic disorders became predominant and sounded more grievous.

Anxiety and depression included vegetative and somatosensory components. Their occurrence and dynamics created a "tangled pattern" of the somatovegetative reaction itself. According to the study, a mild degree of depression and anxiety were significantly more prevalent in women. The duration of disorders, as a rule, ranged from several weeks to two months. The clinical symptomatology was represented as a decrease in mood, depression, narrowing of the range of interests, decrease in professional interest and social activity, and was involved in the formation of somatoform autonomic dysfunction (Table 3).

As for marital status, married men prevailed among the surveyed men, and unmarried and divorced women prevailed among women — Fig. 1.

As for the educational level, those with specialized secondary education prevailed among men, and those with higher education among women, which characterizes the desire of the latter for career advancement — Fig. 2.

Data on the composition and length of service of internal affairs officers (men and women) suffering from somatoform disorders of the gastrointestinal tract are presented in Fig. 3, 4.

The results of the analysis of socio-professional characteristics showed that men were characterized by: average age — (36,8±2,6) years; predominance of privates and junior officers; length of service — 5-10 years; predominance of persons with specialized secondary education; predominance of married persons. Women were characterized by: average age — (35.2±1.6) years; predominance of senior officers (major, lieutenant colonel); 5-10 years' seniority; predominance of persons with higher education; predominance of unmarried and divorced persons. It is noteworthy that many police officers, both men and women, with higher education remain in junior commanding positions. This can be explained by the fact that many are satisfied with the work schedule (per diem shifts, internal posts), it gives an opportunity to make extra money or leaves more time for household and domestic activities. Attention should also be paid to the large proportion of divorced women (12%), which should be taken into account when forming groups "at risk of developing psychosocial maladaptations in the future".

Conclusion

Differences in the style of the protective and coping response were manifested as follows. Men significantly more often resorted to the search for social support as a coping behavior, considering various ways of solving the problem, along with social distancing with elements of confrontation. They were inclined to search for people who could help, with whom they could discuss their difficulties. For women, strategies of "problem-solving planning" and "distancing" were characteristic, which indicates a constructive approach to solving difficult situations — the ability to purposefully analyze the situation, to develop a tactical plan of action taking into account living experience. From the point of view of mechanisms of a protective reaction, men gave preference to such mechanisms, as "displacement", "denial" and "rationalization", which led to "flight into an illness", while "pleasant conditionality and desirability" of existing disorders were absent. In women, "regression", "replacement", "projection" and "hypercompensation" mechanisms were significantly more prevalent, which may be regarded as an infantile attitude toward dependent behavior. Women were characterized by high demandingness to others, excessive sociality and a pronounced desire to conform to generally accepted standards of behavior, which indicates the suppression of aspirations that are socially disapproved. In both groups of respondents, there was a cross-cutting character of the mechanisms of "denial," "compensation," and "rationalization. This can be interpreted as a marker of prolonged and pronounced intrapsychic conflict. The tension of professional activity and high demands imposed on police officers caused the unfolding of adaptive mechanisms focused on stabilizing the intrapersonal state. The structure of adaptive

Таблица 3 / Table No. 3

Проявления астении, депрессии и тревоги у мужчин и женщин по методикам «Шкала астенического состояния», «Опросник для выявления депрессии» (BDI), «Шкала личностной и ситуативной тревожности», баллы, (M±m)

Asthenia, depression, and anxiety in men and women according to the "Asthenia Scale," "BDI— Beck Depression Inventory", "Personal and Situational Anxiety Scale," scores (M±m)

Вид расстройства Type of disorder	Мужчины Men	Женщины Women	P	T
Астенические проявления / Asthenic manifestations	41,43±6,9	45,38±3,06	-	1,049
Депрессивные состояния / Depressive states	6,29±3,29	9,87±2,77	0,005	2,890
Тревога личностная Personal anxiety	41,43±3,03	48,87±4,54	0,001	2,267
Тревога ситуационная Situational anxiety	37,29±3,87	43,5±3,9	0,001	3,075

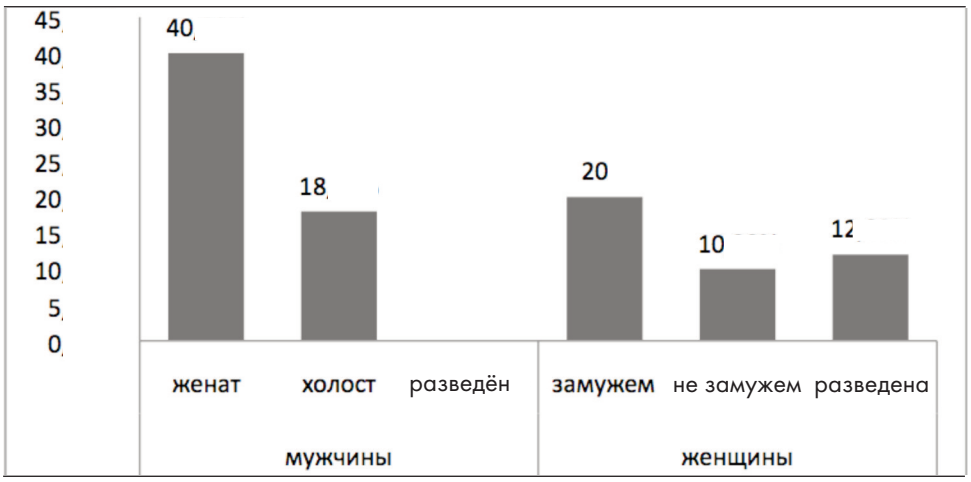

Рис.1. Семейное положение сотрудников ОВД (мужчины и женщины), страдающих СВД ЖКТ, %
Fig.1. Marital status of police officers (men and women) suffering from GI vegetative dysfunction syndrome, %

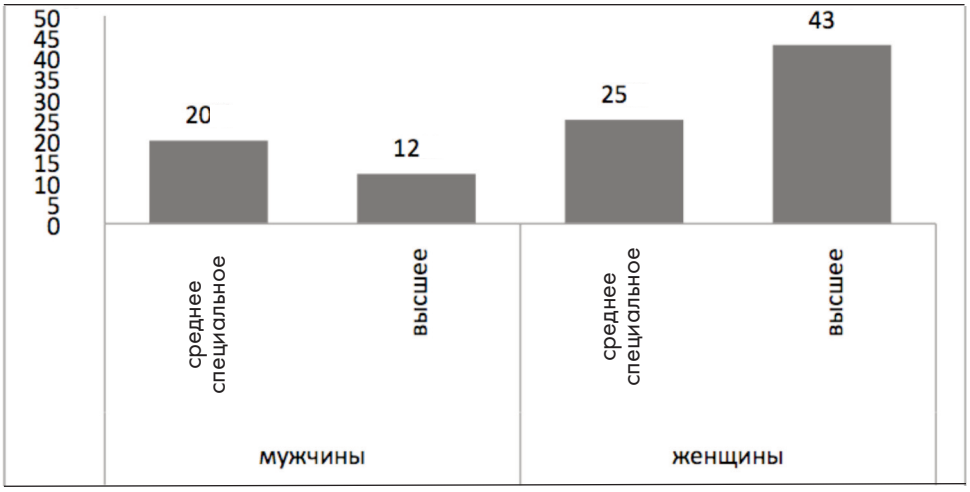

Рис.2. Образовательный уровень сотрудников ОВД (мужчины и женщины), страдающих СВД ЖКТ, %
Fig.2. Educational level of police officers (men and women) suffering from GI vegetative dysfunction syndrome, %

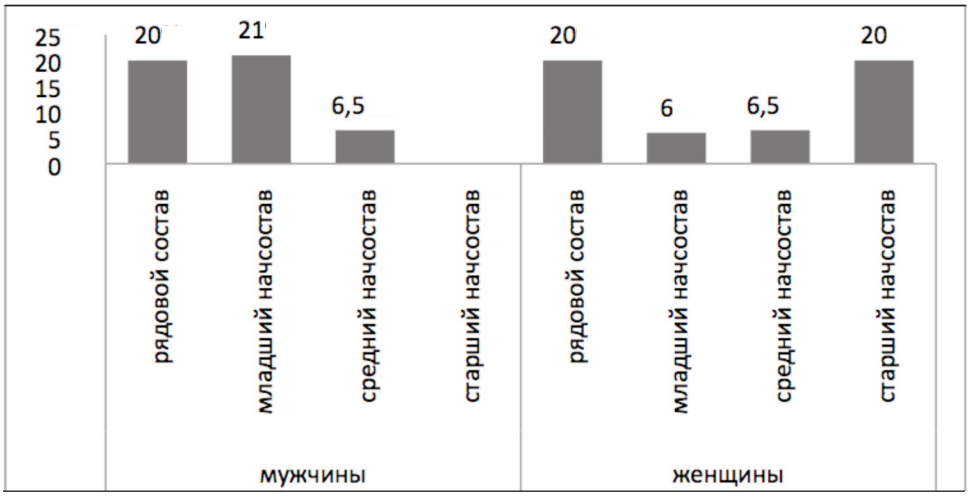

Рис.3. Состав, к которому относятся сотрудники ОВД (мужчины и женщины), страдающие СВД ЖКТ, %
Fig.3. Contingent to which police officers (men and women), suffering from GI vegetative dysfunction syndrome, belong, %

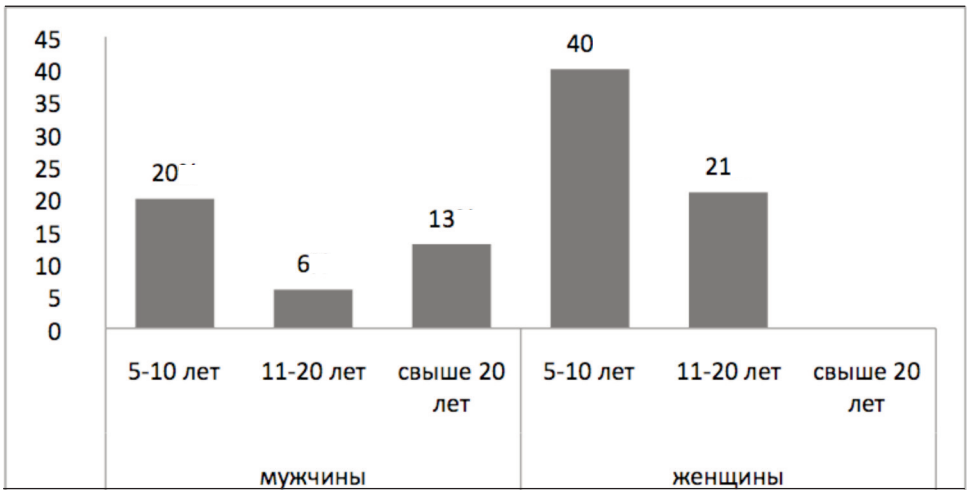

Рис.4. Выслуга лет у сотрудников ОВД (мужчины и женщины), страдающих СВД ЖКТ, %
Fig.4. Length of service of IAB employees (men and women) suffering from Gastrointestinal ENS, %

behavior, hierarchy of its elements, qualitative uniqueness of its interrelations are the key to reliable prediction of the style of adaptive response, increasing the effectiveness of its accompaniment programs and formation of optimal adaptive effects as well as of the provision of timely and highly qualified medical care. The spectrum of possibilities for realization of adaptive behavior is wider, and therefore the design of these mechanisms is more diverse, which looks very optimistic. From the point of view of innovative development of departmental health care and management of health risks, protection of mental health of law enforcement officers represents an important social task, occupying an important place in the hierarchy of therapeutic and preventive priorities.

REFERENCES

1. Pribytkov A.A., Erichev A.N. Somatoform Disorders: An Integrative Treatment Model (Part 1). *Obozrenie Psikhiatrii i Meditsinskoy Psikhologii im. V.M. Bekhtereva*. 2017;1:3-9. (In Russ.).
2. Pribytkov A.A., Erichev A.N. Somatoform Disorders: Cognitive-Behavioral Psychotherapy (Part 2). *Obozrenie Psikhiatrii i Meditsinskoy Psikhologii im. V.M. Bekhtereva*. 2017;2:10-16. (In Russ.).
3. Bezchasnyy K.V. Features of the Adaptive Response of Employees of Internal Affairs Bodies, as a Reflection of the Potential of the Individual in Conditions of the Disease with Somatized Disorder. *Psikhicheskoe Zdorovye*. 2021;1:22-28 (In Russ.).
4. Bezchasnyy K.V., Marilov V.V. Features of the Formation of Risk Groups for Increased Incidence of Somatoform Disorders among Employees of the Internal Affairs Directorate of the Russian Federation (in Connection with the Tasks of Psychohygiene). *Meditsinskiy Vestnik MVD*. 2018;3:71-75 (In Russ.).
5. Bezchasnyy K.V. Bezchasny K.V. Somatoform Disorders in Employees of Internal Affairs: Features of Protective Coping Mechanisms – the Basis of Adaptive Behavior. *Meditsina Katastrof* = Disaster Medicine. 2019;4:33-37. https://doi.org/10.33266/2070-1004-2019-4-33-37 (In Russ.).
6. Bezchasnyy K.V. Features of Somatization of Employees of the Internal Affairs Bodies of Russia Suffering from Somatoform Disorders: Compensatory-Adaptive Mechanisms. *Voprosy Psihologii Ekstremalnyh Situatsiy*. 2018;4:49-55 (In Russ.).
7. Bogdasarov YU.V., Ichitovkina E.G., Solovyev A.G. The Structure of the Incidence Rates of Mental Disorders in Employees of Internal Affairs Bodies. *Prakticheskaya Meditsina*. 2019;3:73-78 (In Russ.).
8. Vasserman L.I., Ababkov V.A., Trifonova E.A. *Sovladanie so Stressom. Teoriya i Psikhodiagnostika* = Coping with Stress. Theory and Psychodiagnostics. St. Petersburg, Rech Publ., 2011. 191 p. (In Russ.).
9. *Klinicheskaya Psikhologiya* = Clinical Psychology. Ed. B.D. Karvasarskiy. St. Petersburg, Piter Publ., 2004. 1024 p. (In Russ.).

СПИСОК ИСТОЧНИКОВ

1. *Прибытков А.А., Еричев А.Н.* Соматоформные расстройства: интегративная модель лечения (часть 1) // Обозрение психиатрии и медицинской психологии им. В.М. Бехтерева. 2017. №1. С. 3-9.
2. *Прибытков А.А., Еричев А.Н.* Соматоформные расстройства: методика когнитивно-поведенческой психотерапии (часть 2) // Обозрение психиатрии и медицинской психологии им. В.М. Бехтерева. 2017. №2. С. 10-16.
3. *Безчасный К.В.* Особенности приспособительного реагирования сотрудников органов внутренних дел как отражение потенциала личности в условиях заболевания соматизированным расстройством // Психическое здоровье. 2021. №1. С. 22-28.
4. *Безчасный К.В., Марилов В.В.* Особенности формирования групп риска повышенной заболеваемости соматоформными расстройствами среди сотрудников ОВД РФ (в связи с задачами психогигиены) // Медицинский вестник МВД. 2018. № 3. С. 71-75.
5. *Безчасный К.В.* Соматоформные расстройства у сотрудников ОВД: особенности защитно-совладающих механизмов как основа приспособительного поведения // Медицина катастроф. 2019. № 4. С. 33-37.
6. *Безчасный К.В.* Особенности соматизации сотрудников органов внутренних дел России, страдающих соматоформными расстройствами: компенсаторно-приспособительные механизмы // Вопросы психологии экстремальных ситуаций. 2018. № 4. С. 49-55.
7. *Богдасаров Ю.В., Ичитовкина Е.Г., Соловьев А.Г.* Структура уровней заболеваемости психическими расстройствами сотрудников органов внутренних дел // Практическая медицина. 2019. № 3. С. 73-78.
8. *Вассерман Л.И., Абабков В.А., Трифонова Е.А.* Совладание со стрессом. Теория и психодиагностика. СПб: Речь, 2011. 191 с.
9. Клиническая психология / Под общей ред. Карвасарского Б.Д. СПб.: Питер, 2004. 1024 с.

The material was received 19.03.21; the article after peer review procedure 02.12.21; the Editorial Board accepted the article for publication 13.12.21
Материал поступил в редакцию 19.03.21; статья принята после рецензирования 02.12.21; статья принята к публикации 13.12.21