International Journal of Medical Sciences And Clinical Research

VOLUME Vol.05 Issue12 2025
PAGE NO. 109-112
DOI 10.37547/ijmscr/Volume05Issue12-24

Psychodiagnostic Misery Of Psychoemotional Disorders In Adolescent Athletes

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Received: 28 October 2025; **Accepted:** 17 November 2025; **Published:** 23 December 2025

Abstract: The purpose of this article is to compare changes in vegetative status, psychogenic asthma, and disorders in the psycho-emotional sphere in the pre-competition period among adolescent athletes.

Keywords: Medical and psychological questionnaire, psychoemotional status, vegetative status, psychodiagnostics.

Introduction: In modern sports, athletes may experience various physical and mental difficulties on the way to achieving high results.

Among all the factors that negatively affect the athlete's performance, psychopathological problems also occupy a prominent place.

It is impossible to draw conclusions only from the physical condition of athletes without knowing their mental health, character, state, nervous system characteristics, temperament, character, abilities, and motives. The introduction of psychodiagnostics into physical education and sports to determine these indicators is associated with the high importance of the psychological factor in sports activities [1,3,8].

As is known, psychogenic asthma in athletes, especially in those engaged in individual sports, is observed after acute and chronic shortness of breath. This is an attack of shortness of breath. After acute stress and emotional stress, conditions such as shortness of breath and suffocation are often found in patients with neurosis. One of the most characteristic symptoms of psychogenic asphyxia is difficulty in breathing rather than exhaling: they complain of “not being able to breathe fully, not being able to get air to the end of the lungs.” This condition can later become chronic, and the patient begins to experience attacks similar to asthma. This condition provides a reserve function of the cardiorespiratory system of athletes. Sympathicotonia is mainly observed during training. Also, according to many literary sources, an increase in the sympathetic tone of the autonomic nervous system is observed when athletes overtrain before a competition or during excessive exertion [4,5]. It is known that athletes with a weak nervous system demonstrate higher sports performance than athletes with a strong nervous system. This is explained by the high sensitivity of athletes with a weak nervous system to other psychological qualities, such as motivation, intelligence, willpower, and these qualities compensate for their low indicators compared to those with a strong and average nervous system [7].

Psychoemotional disorders in psychogenic asthma serve as the initial sign of impaired adaptation to stress, which leads to a decrease in performance. When reserve capacities are exhausted, regulatory vegetative disorders at the suprasegmental and segmental levels occur, which is often a pathogenetic factor in the formation of neurorespiratory syndrome [8,9].

Research objective: To assess psychoemotional indicators in adolescent athletes.

METHODS

For the purpose of the study, 64 adolescent athletes who are engaged in the National Taekwondo Association were recruited. The average age of the subjects was 15±2.1 years. Of these, 33 were male and 31 were female athletes. We studied the athletes by dividing them into two groups, namely the national team and the reserve team.

To assess the psycho-emotional status of athletes and identify psychogenic asthma, a medical-psychological questionnaire, a psychological interview, the Wayne questionnaire for assessing vegetative status, and the

psychological scale “Express diagnostics of psycho-emotional disorders in athletes” were used in our research work.

The scale “Express diagnostics of psycho-emotional disorders in athletes” is a method for informatively assessing emotional changes in athletes before the competition, which helps to determine the degree of psycho-emotional disorders of the tested individual. This technique is notable for its relative simplicity, efficiency, low time spent on working with the technique, the fact that the questions are specifically aimed at athletes, and the ability to identify several emotional changes in one technique.

Psychodiagnostic examinations of athletes were conducted 2 months before the competition. All participants in the study are masters of sports and candidates for the category in this sport.

RESULTS

We began medical psychological diagnostics in adolescent athletes with a psychological interview, collection of a psychological history and Wayne's questionnaire. As is known, vegetative changes, which are the basis of psychoemotional disorders, directly affect the course of this condition.

2-Table.

Results of Wein Questionnaire assessment among groups of athletes

Indicators	Group 1		Group 2		Total: n-64	
	abs	%	abs	%	abs	%
Normal condition	23	71,9±8,1*	17	53,1±9,0**	40	62,5±7,0
A state of vegetative dysfunction	9	28,1±8,1*	15	46,9±9,0**	24	37,5±7,0

Note: (*-P<0.05; **-P<0.01) significant difference between the tested groups

At the end of this questionnaire, 23 athletes in group 1 had a normal vegetative state (71.9±8.1), and 9 athletes had

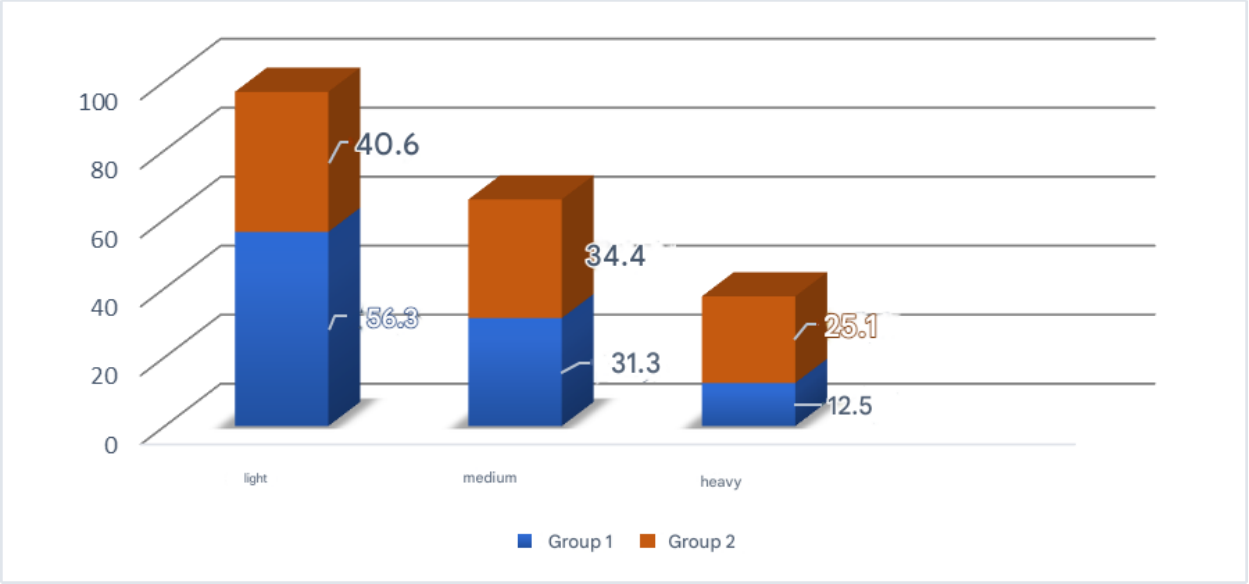
the state of getative dysfunction (28±8.1) was determined (r<0.05). When the participants of 2 groups were examined, 17 of them had a normal vegetative state (53.1±9.0), and 15 had a vegetative dysfunction (25±1.05) (Table 1).

According to the indicators studied during the monitoring, the results of the participants of both groups were divided into 3 groups; namely vagotonics, eutonics and sympathotonics (Table 3).

№	Athletes according to VNS priority	Research groups	
		Group 1	Group 2
1.	Vagotonic	43,75%	25,01%
2.	Eutonic	37,50%	28,12%
3.	Sympathotonic	18,75%	46,87%

As can be seen from the table, 43.75% of the main 14 participants of the first group were vagotonics, 37.05% eutonics in 12 athletes, and 18.75% sympathotonic athletes in 6. 46.87% of the main 15 participants of the second group were sympathotonic, 28.12% eutonic in 9 athletes and 25.01% vagotonic in 8 athletes. The results of the research revealed that the main part of the participants of the first group were vagotonics, i.e. parasympathetics, and the dominance of sympathotonics was shown in the participants of the second group. Eutonics were moderately absent in both groups of participants.

We used another methodology in our research to determine the structure of psychoemotional disorders developed in taekwondo players, the scale "Express-diagnosis of psychoemotional disorders in athletes" (Fig. 1).



1- picture

Assessment among groups of indicators of The Express-diagnostic scale of psychoemotional disorders in athletes

The study found that group 1 athletes had three-level emotional changes, including (n-18) athletes with mild levels of emotionality (56.3±8.9), (n-10) athletes with moderate levels of emotionality (31.3±8.3), and (n-4) athletes with severe levels (12.5±5.9). Group 2 athletes were also found to have psychoemotional changes in the tri-level, including (n-13) taekwondo practitioner with mild levels of emotionality (40.6±8.8), (n-11) athlete with intermediate levels of emotionality (34.4±8.5), and (n-8) athlete with severe levels (25.0±7.8).

CONCLUSION

The results of the study showed that the above-mentioned medical-psychological diagnostics of sportsmen revealed the need to diagnose their psychosomatics, vegetative status, pre-competition psycho-emotional sphere, and resistance to pre-competition stressful situations at an early stage.

For sports doctors and psychologists, it is necessary to pay attention to the vegetative status of each athlete, the athlete's psychosomatics, and the priority of the VNS during training and competitions.

Through psychodiagnostics, the psychosomatic state, vegetative, subjective and objective psychosymptomatics of adolescent athletes were determined, which indicates that vegetative symptomatology should be diagnosed and corrected before the competition, without negatively affecting the condition of athletes during the competition.

These psychodiagnostic examinations can also be used in all sports federations, sports clubs, associations, and in the practice of shaping the preparation of athletes for the prevention of pre-competition medical and psychological pathologies.

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