

Psychology students showed a statistically significant relationship between social support and empathy,  $r = 0.45$ , with significance  $p = 0.01$ . This relationship suggests that young people who receive more support from loved ones, friends and family are more empathic. However, one can also assume that psychology students, who are mostly female and empathic because of their professional skills, receive more social support.

A statistically significant relationship was found between the level of perceived social support and empathy for children with a correlation coefficient of  $r = 0.26$ , with a significance level of  $p = 0.04$ . A statistically significant relationship was determined between the general level of perceived social support and the manifestation of empathy for the heroes of fiction. The correlation coefficient is  $r = 0.25$ , with a confidence level of  $p = 0.03$ . This suggests that students experience empathy for characters in fiction, depending on perceived social support from significant others. A significant correlation between perceived social support and the manifestation of empathy for parents, animals, the elderly and unfamiliar people was not found in the group of psychology students.

Based on the analysis of scientific research, it can be concluded that social support and the system of social ties in the context of a person's normal social functioning allow him to feel closeness and unity with other people, provide him with a sense of social belonging, give him the opportunity to live and adaptively experience stressful life situations, satisfy his basic needs, including the need for security. The researchers argue that social support is a multi-level volumetric construct and, therefore, various approaches are possible to it, in terms of the quantitative composition of the support received (how often he or she receives or expects to receive the necessary support from others) and its qualitative composition (satisfaction with the support received, its sources, appearance and form). Isolation or lack of social support leads to poorer health than social support per se improves health. The perception of received and provided social support is associated with subjective well-being: the general level of well-being and satisfaction with life. A key factor in subjective well-being is satisfaction with perceived social support. To improve the quality of social support, the following components are necessary, such as listening carefully to the individual, encouraging him, giving the necessary advice, providing opportunities for communication and all possible assistance. To improve the quality of social support, the following components are necessary, such as listening carefully to a person in need of help, encouraging him, giving the necessary advice, providing opportunities for communication and all possible assistance. For the development of empathy in another person, it is necessary to develop the cognitive-cognitive sphere of his personality, i.e. develop such mental processes as speech, thinking, memory, perception, attention, imagination, representation, sensation.

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#### **RELATIONSHIP BETWEEN PSYCHOSOMATIC SYMPTOMS AND ANXIETY OF PSYCHOLOGY STUDENTS**

*The article deals with the problem of psychosomatics of adolescents. The theoretical relationship between psychosomatic symptoms and anxiety is analyzed. A study was conducted that showed a significant relationship between the level of situational anxiety and the manifestations of psychosomatic symptoms in psychology students.*

At present, interest continues to grow in the problem of anxiety, which affects the emotional and behavioral status, somatic health and performance. The relevance of the anxiety syndrome remains very high for many branches of modern clinical medicine and medical psychology. The importance of this neuropsychological symptom complex for occupational medicine, other medical and psychological areas associated with extreme conditions of professional activity and everyday life is especially significant. The phenomenon of anxiety (mainly situational) is of great importance for professional medicine, since there is a tendency to increase the complexity and potential danger of many types of industries.

In the life of a modern person, psychosomatic disorders occur more and more often. And this is not surprising, since now there are plenty of factors leading the body to a stressful state. These include sudden illness, divorce, the death of a loved one, being fired from a job, failing an exam, and more.

Subjectively, the state of anxiety can be described by feelings of tension, anxiety, gloomy forebodings, and physiologically by activation of the autonomic nervous system. In students with increased anxiety, the performance of activities in stressful conditions causes significant neuropsychic stress, due to their excessive demands on themselves. Such people experience a state of anxiety more often and more intensely. This is especially evident in situations that threaten their self-esteem, for example, in interpersonal relationships in which their personal adequacy is assessed. For this reason, there is a shift in the motive of activity, in which a person, instead of actively searching for a solution to a way out of the situation, focuses on the quality of the success of his activity, overestimating the significance of the mistakes made and the responsibility for them.

But when a situation of insoluble conflict arises, which cannot be avoided, fear turns into anxiety, and then psychosomatic symptoms appear.

Anxiety is considered as one of the main parameters of individual differences. As a rule, it is increased in neuropsychiatric and chronic somatic diseases, as well as in healthy people experiencing the consequences of mental trauma, in people with deviant behavior. Anxiety in the structure of integral individuality refers to the level of personality traits and is understood as the expectation of an unfavorable outcome in relatively neutral situations that do not contain a real threat. Psychologists consider it an indisputable fact that any emotional states, especially long-term, protracted negative emotions, are accompanied by changes in the functional systems of the body and are inseparable from them. Numerous studies show that reactions of anxiety, aggression, fear, etc., being chronic, cause a persistent ensemble of affective changes that are directly related to the pathogenesis of psychosomatic diseases, developing according to the mechanism of strong and long-acting emotional overstrain. To date, it has been revealed that chronic anxiety can pathogenically affect the functioning of the hormonal, central and autonomic nervous system. According to the WHO recommendation on the diagnosis, nomenclature and classification of mental illness, held in 1970 in Basel, psychophysiological disorders with emotions are considered as the main element of psychosomatic diseases. In general terms, the mechanism of occurrence of psychosomatic diseases, or, as they are also called, psychosomatosis, can be represented as follows: a mental stress factor causes affective tension that activates the neuroendocrine and autonomic nervous system with subsequent changes in the vascular system and internal organs. Initially, these changes are functional in nature, but with prolonged and frequent repetition, they can become organic, irreversible. An increased level of anxiety is also one of the leading factors in the emergence and development of cardiovascular diseases.

Psychosomatic disorders are understood as symptoms and syndromes of disorders of the somatic sphere (various organs and systems), due to the individual psychological characteristics of a person and associated with the stereotypes of his behavior, reactions to stress, and methods of processing intrapersonal conflict [8]. For psychosomatic disorders, it is characteristic to recognize the importance of psychological factors, both in the occurrence and in their conditioning of the strengthening or weakening of somatic (physical) suffering. According to the authors, the criterion for classifying an existing specific physical disease or suffering as psychosomatic is the presence of psychologically significant stimuli from the environment, which are associated with the occurrence or exacerbation of this physical disorder in time [9]. A psychosomatic illness is understood as such a

somatic suffering, in the etiopathogenesis of which the central role belongs to psychological factors, such as, in particular, unreacted emotions. "Somatopsychic-psychosomatic" G. Engel and A. Schmale call diseases "in which predisposing biological factors not only take place from the moment of birth or from infancy, but directly or indirectly participate in the development of the mental apparatus. This does not mean that biological factors necessarily predominate; they may have a common undifferentiated matrix. But at some stage, the "controversial" somatic system begins to influence mental development in a specific way" [3].

In general terms, the term "psychosomatic disorders" is understood by most authors to mean dysfunctions of internal organs and systems, the emergence and development of which is most associated with neuropsychic factors, the experience of acute or chronic mental trauma, and specific features of the individual's emotional response. Thus, the criterion for classifying an existing specific physical illness or suffering as psychosomatic is the presence of psychologically significant stimuli from the environment, which in time are associated with the occurrence or exacerbation of this physical disorder. This understanding of psychosomatic disorders is considered to be broad, because these include all violations of the functions of internal organs and systems, the emergence and development of which is closely related to neuropsychic factors, the experience of acute or chronic psychological trauma, or with specific features of a person's personal-emotional response to the environment.

The analysis of numerous scientific works allows us to highlight the main negative aspects of a high level of personal anxiety. Researchers often note that a high level of anxiety negatively affects the development of a personality and can lead to its maladjustment and neuroticism. It is believed that anxiety underlies a number of developmental disorders that cause the formation of various negative changes in the functional state. A person with a high level of anxiety tends to perceive the world around him as containing threat and danger to a much greater extent than a person with a low level of anxiety. A high level of anxiety poses a threat to the mental health of the individual, contributes to the development of neurotic conditions. A constantly high level of anxiety is also considered as a condition leading to the development of psychosomatic pathology. As one of the components of emotionally negative mental states, anxiety is included in the structure of asthenic, depressive, hypochondriacal and other disorders. On the other hand, on the basis of anxiety as a personality trait, its socio-psychological properties such as shyness, understood as sensitivity to social influences, or victimization, that is, readiness to be the object of criticism or physical attack, can be formed. Anxiety is one of the fundamental properties that modify the structural and functional organization of the personality of both healthy and sick people.

In order to identify the psychological symptomatic status, the psychodiagnostic method "Symptomatic Questionnaire SCL-90-R" was used. To diagnose the psychosomatic state, the scale "Somatization" was used. The disturbances, called somatization, reflect the distress that comes from feeling bodily dysfunction. This includes complaints fixed on the cardiovascular, gastrointestinal, respiratory and other systems. The components of the disorder are also headaches, other pains and discomfort of the general muscles and, in addition, somatic equivalents of anxiety. All of these symptoms and signs may indicate the presence of a disorder, although they may also be manifestations of real medical conditions. To determine the level of anxiety, the questionnaire "Spielberg-Khanin Scale for Determining Personal and Situational Anxiety" was used. This psychodiagnostic technique is an informative way of self-assessment of the level of anxiety at the moment (reactive anxiety as a state) and personal anxiety (as a stable characteristic of a person). Reactive anxiety occurs as a person's reaction to various socio-psychological stressors and is characterized by tension, anxiety, and nervousness. Very high reactive anxiety causes disturbances in attention, sometimes a violation of fine coordination. Personal anxiety characterizes a stable tendency to perceive a wide range of situations as threatening, to respond to such situations with a state of anxiety (increased reactive anxiety). Very high personal anxiety directly correlates with the presence of a neurotic conflict, with emotional and neurotic breakdowns, and with psychosomatic diseases.

The aim of the study is to study the relationship between the level of manifestation of psychosomatic symptoms and the level of anxiety, in particular, personal and situational. The study

was conducted on the basis of Gomel State University named after Francysk Skoryna. Students of the Faculty of Psychology took part in the study. The total sample size was 52 people. The age of the subjects was 19-21 years. The study showed that the average value of the manifestation of psychosomatic symptoms (M) for this sample was 0.77 with a standard deviation (SD) of 0.55. The minimum value (Min) is 0.00 and the maximum value (Max) is 2.5. The minimum value for situational anxiety is 11, the maximum value (Max) is 57, and the mean value (M) is 37 with a standard deviation (SD) of 12.6. The minimum value (Min) for the indicator of personal anxiety was 22, the maximum value (Max) - 61, the average value - 44.7 with a standard deviation (SD) of 7.3. The data obtained allow us to conclude that this sample of students corresponds to a high level of personal anxiety, in contrast to situational anxiety, as well as a high level of manifestations of psychosomatic symptoms. So, for comparison, in Tarabrina's study, the average value of the level of manifestation of psychosomatic symptoms in students was 0.55, which is significantly lower than the level of 0.77 found in our study, which indicates the presence of psychosomatic symptoms in this sample. When comparing the data obtained in our study and the data obtained by Z.A. Bakirova, S.M. Mochalov, P.A. indicator of situational anxiety in patients with psychosomatic pathology is  $M=43.76\pm 1.67$ , and personal anxiety  $M= 49.22\pm 1.40$  [32]. Thus, the indicator of situational anxiety in our study, when compared, is much lower than in patients with psychosomatic pathology, but the indicator of personal anxiety is really close to the indicator of these patients. Thus, students of the Faculty of Psychology more often noted weakness or dizziness, headaches, back pain and a feeling of weakness in various parts of the body. To identify the relationship between the two studied parameters, a correlation analysis was carried out using the Spearman method. Correlation analysis according to Spearman established a statistically significant relationship between the level of manifestation of psychosomatic symptoms and the level of situational anxiety, correlation coefficient  $r=0.32$ , with a significance level  $p=0.02$ . Such a coefficient indicates a direct relationship between the two parameters, and in this study, that a higher level of situational anxiety leads to a more pronounced manifestation of psychosomatic symptoms. Correlation analysis did not reveal a statistically significant relationship between the level of manifestation of psychosomatic symptoms and the level of personal anxiety, since  $r=0.219$  at  $p=0.11$ .

A relationship has been found between the manifestation of psychosomatic symptoms and situational anxiety, and an increased level may indicate insufficient emotional adaptation to those other social situations. Students with this level show an attitude towards themselves as weak, inept. Anxiety colors the attitude towards oneself, other people and reality in gloomy tones. From this we can conclude that in students with increased anxiety, the performance of activities in stressful conditions causes significant neuropsychic stress, due to their excessive demands on themselves. Such people experience a state of anxiety more often and more intensely. Based on the foregoing, we can conclude that students with a high level of anxiety in tense situations exacerbate psychosomatic diseases. These diseases are often a reaction of the body to conflict experiences, manifested as a nervous strain, and pathology on the part of one or another organ. In this case, most often a person does not talk about his traumatic experiences, but reports bodily symptoms and ailments.

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