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Psychosomatic Health as a Factor of Human Social Adaptation in the Postmodern Society

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Abstract: The article is dedicated to the study of the correlation between psychological resilience and psychosomatic health of a personality. Theoretical analysis of approaches to the problem personality psychological resilience is realized. Psychological factors and the structure of personality psychological resilience are analysed. Based on the obtained research results, the complex method of formation of psychological stability is developed including emotional, motivation, and intellectual components.

The complex of psychodiagnostic methods is provided and tested. It is proved that psychological resilience is provided with several physiological, social and personal factors. The results of the investigation reveal the higher adaptability of representatives of the control group and their rational approach to vital capacity than those of the experimental group who possess a pessimistic way of lifestyle. The existence of a correlation between the somatic health of a personality and the psycho-emotional factor is shown.

It is established that the most expedient conditions of increasing psychological well-being and forming professional and personal stability through development of self-regulation system are forming an active life position, responsibility, skills of correction and abilities to organize own motivational sphere. The results of this study are directly relevant to the establishment of international cooperation in the study of programs and projects in the context of the transformation of the health care system following international partnership standards and the implementation of cultural exchange programs in education and culture between countries.

Keywords: *personality psychological resilience; self-actualization; psychosomatic correlates; psychological health; reflexive mechanisms.*

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1. Introduction

The defining features of the new socio-cultural environment in post-modern society are the radical changes in the development of economic, political, educational systems, modern effective human activity requirements in the professional sphere, the constant intensification of information space, growth of intellectual load, increase in the pace of life.

Correspondence to the new life realities requires the harmonious individual and social development and the transformation of the constant value, that would balance the contradictions between the demands of society and the needs of the individual. The high level of modern living requirements calls for special attention to the problem of mental health, largely determining the stability and reliability of the individual. The flip side of social development and progress is psychosomatic diseases. The extension of psychosomatic disorders and traumas, "psychological barriers" regarding innovation, fatigue, emotional tension, unstable conditions, etc. contribute to the future life path disharmony of the individual. Preservation of psychological stability of the person is an urgent problem, and solving this problem results in the achievement of the person's harmonious development and optimum mental health maintenance during all life.

2. Analysis of recent research and publications

Psychological stability is ensured by several physiological, personal and social factors. There is a need to identify and specify the characterological human resources to determine their vitality, personal potential and contribute to maintaining psychosomatic health, willingness for change, personal development and self-development in professional activities, which is important for building a correctional model of psychological stability. in psychosomatic patients.

Laczkovics et al. (2018) state that protective mechanisms are activated through mediating the maladaptive effect on adolescent mental health. Dagani, Buizza, Ferrari, and Ghilardi (2020) offered psychometric validation on the cultural adaptation of the Italian questionnaire, carried out on students-aggressors. Juneau et al. (2020) substantiated the reliability of the equivalence questionnaire: two-factor equality scale (EQUA-S). Acquadro Maran and Begotti (2020) revealed teachers' anxiety in the context of emotional burnout, disconnection and their self-efficacy regarding the manifestation of violence in the workplace, difficult situations of increased discomfort and risk. Grub, Wydra, Kaefer, and Koellner (2017) reveal changes in motor balance during inpatient psychosomatic rehabilitation.

Prior and Bond (2014) substantiated the content and temporal stability of the abbreviated questionnaire of psychosomatic diseases (31 items). Nakao and Ohara (2014) revealed the perspectives of psychosomatic medicine regarding the influence of religion on the interrelation between soul and body in Japan. Quaglietti (2020) used a conversation to increase hope for veterans in restoring health through photography and painting. Mills, Li Anthony, and Nower (2020) conducted a research on the study of general motivation and basic psychological needs in terms of gaming development: within the theory of self-determination. Chen and Olsen (2020) examined the priorities of psychosocial gaps in EQ-5D: empirical support for four measurable changes. Engel-Yeger (2020) revealed the role of negative motor coordination in predicting the quality of life of adults. Andrews et al. (2017) applied postmodernism, positive psychology regarding post-traumatic growth in a Christian ideological environment. Svetlak et al. (2015) measured emotional stability at the stage of a pilot study of psychometric properties by adapting the scales of the Czech method of determining emotional competence. Willroth et al. (2019) assessed individual differences in life satisfaction (IDELS) in terms of short-term life awareness. Strong and Gore (2019) assessed the mediating role of the locus of control between the stability of social resources and psychological well-being. Fierro-Suero, Almagro, and Sáenz-López (2020) substantiated the validity of the Emotional Achievement Questionnaire (AEQ-PE). Kim and Cho (2020) calculated the correlation between preventive behavior and human psychosocial health based on South Korean leisure in the context of the COVID-19 crisis. Lawrence (2020) investigated the psychological and social factors associated with the mental health of uniformed personnel in domestic detention camps in Nigeria. Takahashi et al. (2020) state that dispositional awareness mediates the interrelation between sensitivity to sensory processing and anxiety, well-being, and psychosomatic symptoms. Trudel-Fitzgerald et al. (2019) reveal the essence of psychological well-being in discussions of health care.

The aim of the article is to determine the features of psychosomatic health as a factor in sustainable human life.

Research hypothesis: psychological stability of the individual provides a level of psychological adaptation and balance in a situation of psychosomatic disorders in early psycho-diagnostics and the use of a set of psychological measures aimed at improving the reliability and efficiency of activities.

3. Research methods

3.1. Participants in the experiment

The experiment was conducted on the basis of the Vinnytsia State Mykhailo Kotsyubynsky Pedagogical University, the general sample of students consists of students, according to their potential peculiarities, the psychosomatic health as a factor of sustainable human life was revealed. The experimental study involved 204 people, including 100 psychosomatically healthy people (control group - CG), selected based on the results of medical consultative conclusion and 104 people with psychosomatic disorders (experimental group - EG). In case psychosomatic disorders are featured, clinical diagnosis was acknowledged according to the research psychodiagnostic criteria in the section of the International Classification of Diseases 10th revision (ICD-10: Class V. Mental and behavioral disorders): F 45.0 - psychosomatic disorders - and DSM-V diagnostic criteria. The age of the participants of the experiment: 18 - 25 years. All the participants of the experiment were informed about the modalities for participation before the study was conducted and agreed to participate. The experiment was conducted by the decision of the specialized academic council of Vinnytsia State Mykhailo Kotsyubynsky Pedagogical University (protocol № 17 of June 25, 2019). The ethical rights of all participants are respected. The study was conducted in the natural conditions of the educational process of higher educational institutions, with the provision of general conditions for participation in the experiment: the same time and duration of the training, the same measuring materials to diagnose the level of psychological stability according to the criteria for assessing psychosomatic health.

The absence of psychological stability of the individual indicates its inability to synthesize certain qualities and abilities, to self-organization and self-regulation. Structural components of psychological stability are social environmental factors and personal factors, namely, individual attitude (including self-esteem), personality spirituality, emotions and feelings, cognitive sphere, behavioral (active) sphere, communicative sphere, self-realization, hope, mental strength (subjectivity)), self-discover and self-development, readiness for change, etc.

According to this approach, psychological stability is considered as a complex integrative individual quality, that provides high productivity and adequate behavior in difficult life circumstances, harmonization of personal and socio-cultural values; as a component of intellect that contributes to the maintenance of high functional activity in stressful conditions by adapting to

them or as a result of a high level of development of emotional and volitional self-regulation; as a feature of temperament, allowing a person to reliably perform the objectives of the activity through the optimal use of resources of neuropsychological energy.

It should be noted that resilience in overcoming difficulties, maintaining self-confidence, self-sufficiency, the perfection of mental self-regulation - an integral part of mental life. The ability to maintain a constant mood level, to feel the emotional saturation of life, to have diverse interests, the poly motivation of vital activity - signs of a harmonious characterological status of man.

The identified features of psychosomatic disorders allowed to obtain information about the factors, determining the behavior and manifestations of mental properties of the experimental group and form psychodiagnostic tools for the next stage of the study. In this context it's important in determining the state of anxiety, assess the importance of life events and ways to react to them, adaptive potential, diagnosis of the subjects' emotional sphere, the level of self-actualization and features of the characterological construct of personality. By gender, we note the increased anxiety in this distribution of subjects. As can be seen from Table 1, increased anxiety during the educational process is also characteristic of the CG, which inclines us to think about the low effectiveness of students in learning.

Table 1. Distribution of subjects by gender
Source: Authors' own conception

Gender	CG	EG	Total	%
Female	56	67	123	60.3
Male	44	37	81	39.7
Total	100	104	204	100

3.2. Methods of conducting a pedagogical experiment

To study the individual characteristics of maintaining the optimal human functioning and the resources of individual psychological stability, several reliable and valid psychological diagnostics were used. To determine the motivational and value structure of personality we used the methodology "Test of meaningful life orientations" offered by Leontiev (1988), to assess the level of human adaptive abilities development we used a method of

diagnosing the social level of personality offered by Maklakov and Chermjanin (2001), to assess the characterological and personal characteristics of man and to assess ways of processing conflicts - "Wiesbaden Questionnaire" (Pezeshkian, 1996).

Methods for assessing the level of development of adaptive abilities of the individual (MLO) offered by Maklakov and Chermjanin (2001) highlights the possibilities of active adaptation of the individual to the conditions of the physical and social environment at all functioning levels of an organism and concerning the formation of the person, and is directed on measuring the level of adaptive and communicative skills, neuropsychic stability and moral normativeness of students acting as indicators of students' adaptive potential. Indicators of the methodology enable us to obtain data on the ability of respondents to interact effectively in the process of communication and joint intellectual activity, willingness to resist a set of factors due to the adaptive situation, as well as the ability to accept the norms and requirements of the new scientific and educational environment.

According to the Wiesbaden questionnaire of Pezeshkian (1996), designed to assess the character and personality traits and assess the ways of conflict resolution, we identified a number of differences caused by disharmony of life values and psychosomatic health disorders. The subject of research is asked to answer the submitted statements on a 4-point system and indicate on the form: 4 points for "always", 3 points - "often", 2 points - "rarely", 1 point - "never". The results are processed for each property separately by summing the scores related to this property, followed by entering the data in the responses.

According to the methodology "Test of meaningful life orientations" (MLO) (Leontiev, 1988), we define the meaning of personal life as a holistic structure of life. The methodology is based on such meaningful life orientations as purposefulness and richness of life, satisfaction with self-realization, locus of control-I (the ruler of life), and locus of control-life (management of life).

The need to determine the structure and functions of psychological stability of the individual in a situation of psychosomatic disorders, and, to develop tools for its recovery led to the following research scheme on this basis, namely, establishing causal links between phenomena, the formation of a phenomenon and studying its impact on people with different characteristics. The construction of the experiment according to this scheme enabled us to find the structure of altered and preserved forms of mental activity, to establish causal interrelation between the studied phenomena and to form a correction and restoration method of the studied phenomenon.

For this reason, the research scheme combines ascertaining, formative strategies and comparison strategy.

The main structural and substantive stages of the experimental program are: definition of structural elements (variables, experimental hypotheses, etc.); measurement of the total sample by the nominative marker "psychosomatic health"; selection of equivalent (randomized) according to the study needs of the reference control group (CG - psychosomatically healthy individuals) and experimental group (EG - individuals with psychosomatic disorders); ascertaining diagnostic section (measurement) in CG and EG using a number of psychodiagnostic techniques to determine the main parameters of measuring the individual psychological stability in case of psychosomatic disorders and their interrelation with other parameters of the study; qualitative and quantitative analysis of results to establish statistically significant differences between CG and EG; construction of the program of psychocorrective influences on restoration of psychological stability at persons of experimental group on the basis of results of a statement stage of research; conducting a formative experiment in a group with psychosomatic disorders (EG); control diagnostic cross-section (measurement) in EG and CG after the study; qualitative and quantitative results analysis in order to identify the psychocorrective effect: comparison and comparison of results in groups with different characteristics; systematization and generalization of the results of theoretical and empirical research.

The complexity of the coverage of the basic diagnosis principles is characterized by the methods multimodality of collecting information on the disease etiology. In its context, the ability to integrate information obtained by different methods in terms of psychodiagnostic approach is taken into account.

At the first stage of the experiment, a comprehensive research program was developed, focusing on the defined tasks of this stage of work. At the second stage of the experiment, a study was conducted to obtain data on the presence of psychological resilience and its indicators of significance in CG and EG students. At the third stage of the experiment - the study of the main factors influencing the indicators of the formation of vitality in students during learning difficulties. At the fourth stage - the processing of the obtained results was carried out, which provided for the implementation of generalizing procedures using methods of quantitative and qualitative processing of information, graphical methods of analysis of results.

In the process of *statistical processing of psychodiagnostic data*, the method of checking the probability of sample differences in the distribution of traits using Pearson's criterion χ^2 , that enable us to assess the strength and

direction of changes consistency between the two traits, and Student's t-criterion, related to the equality checking of GPA (average score) in the two samples.

The general sample according to the nominal marketing "psychosomatic health" was formed according to the medical consultative conclusion. Using the author's psychodiagnostic questionnaire using quantitative and qualitative evaluation criteria, three groups of people psychosomatic disorders were selected, namely, people with cardiovascular defects (CV), with gastrointestinal dysfunction (GI) and skin defects (SD).

The presented and tested author's questionnaire is designed to measure the propensity to psychosomatic disorders, which highlights the presence of somatic complaints of cardiac type, skin disorders and gastrointestinal dysfunction. We ignored other organ systems of the human body as there were no references to them during the questionnaire and interviews with respondents. According to the questionnaire, a high number of points indicates a psychosomatic predisposition in the subject on the following parameters:

- from 0 to 10 points - this result indicates the absence of propensity to psychosomatic disorders, which in some cases may mean paying more attention to their physical health and hardening of the body;
- from 11 to 20 points - means a low propensity to the disease, since the test may indicate the importance of medical examinations and responsibility concerning their health;
- from 21 to 30 points - this number of points means a strong concern about possible diseases, which indicates high anxiety about their health and real psychosomatic symptoms;
- from 31 to 40 points - means a high probability of one of the forms of psychosomatic manifestations. To confirm or deny this fact, it's worth consulting a specialist.

We identified frontal, group and individual classes as the main work form with the EG to optimize psychological stability. Frontal work was carried out during 16 classes, once a week, with additional recommendations for overcoming psychological instability and homework. Classes on the optimization of psychological stability in extracurricular time were held twice a month with dancing and relaxation exercises. Besides, some exercises to correct the state of maintaining the optimal functioning of the body were a part of other classes. For instance, 15 - 20 minutes were dedicated to the formation of psychological stability in classes on physical education, valeology, ethics, etc. Individual work on the restoration of psychological

stability was carried out in free time with those students whose psychological stability according to the results of the research was low.

The psycho-correction program contained a set of training exercises aimed at improving psychological culture, development of self-knowledge, self-actualization, improvement of reflexive personality traits, and provided mastering the techniques of arbitrary mental and psychophysical self-regulation of the condition. Psycho-correction complex combined techniques of self-regulation of emotional state, control and change of somatic manifestations of emotions, methods of normalization of the psychoemotional state through physical body condition, namely, physical therapy exercises, methods of relaxation and removal of psychological barriers, harmonious breathing techniques, psychophysical training. The development of individual properties and mental functions of the individual, which determine psychological stability, involved the correction of self-esteem, the study of personality strengths, the development of self-confidence, the formation of volitional qualities, training of voluntary attention, visualization.

In the first class, the group members got acquainted with the specifics of future classes and features of the training to restore the psychological stability of the individual. The following classes worked out the following components: self-regulation of psycho-emotional state in a situation of psychosomatic disturbance (exercises: "Soothing breathing", "Float in the ocean", "Rest", "Exam preparation", etc.), regulation of emotional stress in dialogue (exercises: "Attentive listener", "Discussion", "Relieving emotional tension in pairs", "Paris Exhibition", etc.), deactivation of psycho-emotional tension through muscle relaxation and psychophysical training (exercises: "Plasticine man", "Fire-ice", "Kinesthetic empathy", etc.).

In the process of psycho-correctional work, we expected from the participants of the experimental group a full awareness of events through introspection; directed them to dialogical interaction, tolerant and positive perception of reality; supported sanogenic thinking.

4. Results

The results of the distributed by the psychosomatics type are reflected in Table 2.

Table 2. The overall picture of the psychological correlates of somatic disorders

Source: Authors' own conception

Factors of dysfunction of psychological disorders	Somatic complaints					
	Cardiovascular defects		Gastrointestinal dysfunction		Skin defects	
	person	%	person	%	person	%
Increased anxiety	59	56.7	36	34.6	71	68.3
Concern for their health	70	67.3	58	55.8	74	71.2
Despair in treatment	47	45.2	66	63.5	86	82.7
The constant presence of a first aid kit	89	85.6	66	63.5	35	33.7
Skin redness	35	33.7	40	38.5	48	46.2
Heart pain	90	86.5	47	45.2	35	33.7
Thirst	56	53.8	65	62.5	61	58.7
Fear of infections	78	75.0	75	72.1	78	75.0
Constant feeling of pain	45	43.3	38	36.5	28	26.9
The disgust of unwashed food consumption	72	69.2	78	75.0	70	67.3
Constant reading of medical literature	89	85.6	61	58.7	88	84.6

Using this psychodiagnostic study, the interdependence of the development of psychosomatic personality disorders and their somatic manifestations during human activity was established. In the process of professional examination, a number of manipulations were performed to determine if the subjects' working capacity. No pathology was found. However, pain complaints became more intense, which indicates the imperfection of the medical examination and the lack of further testing in the in-patient department of the Vinnytsia regional M. Pyrogov clinical hospital on the needs of the study. Their feelings of pain were present in psychosomatic complaints and reflected in their actions and behavior.

Symptoms of some disorders were interpreted into other symptoms, sometimes there was a layering of somatic complaints.

The analysis of the results and their interpretation according to selected characterological properties of the individual according to the *Pezesbkian's (1996) Wiesbaden questionnaire* reveals a differential diversity between polar signs of certain personal features in CG and EG.

In CG we observe a positive life construction: patience, success, motherhood and fatherhood feelings, the ability to represent the feeling of love as an embodiment of emotional joy and satisfaction, perseverance, communication, independence, planning life prospects, reliability, trust, thrift, justice, neatness. These markers indicate the psychological health of people who do not have complexes, their behavior is natural and sincere. Their lives are meaningful and purposeful. They are reliable, energetic, responsible, self-determined, constantly striving for self-actualization, etc. Besides, the people's thinking in CG is independent, free from stereotypes of time and authorities. They are cheerful, since they get full pleasure from life, for instance, from the scents of flowers, from the beauty of the mathematical formula... Such a person is extremely optimistic. Even in an extreme situation, they do not lose hope, and this often gives her the strength to find the best solution. This person is overly active and assumes a considerable amount of responsibility in the process of work. It should be noted that a characteristic feature of CG persons is the desire for self-actualization.

It should be noted that members of EG the borderline nature of indicators have such parameters as the closedness caused by distrust of therapeutic medical process and medical personnel, meticulousness, trustworthiness, excessive punctuality have limited character or its absence, negligence, inconsistency of behavior and actions, emotional lability, unreasonable irritability; sloppiness, ritualized neatness, excessive sensitivity to someone else's grief (5%), dependence on someone else's opinion, conformity (10.8%) (Table 3).

Table 3. Distribution of respondents according to the questionnaire scales (%)

Source: Authors' own conception

Indicator	Females (67 persons)	Males (37 persons)
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Psychosomatic Health as a Factor of Human Social Adaptation in the ...
Inessa VIZNIUK et al.

	low		mediu m		high	low		mediu m		high		
	p.	%	p.	%	p.	p.	%	p.	%	p.	%	
Accuracy	9	13.4	2	43.3	2	41.1	1	32.4	1	35.3	2	5.4
Cleanliness	7	10.4	2	41.1	3	46.3	2	73.0	9	24.3	0	0.0
Punctuality	2	38.1	1	28.1	2	32.1	4	110.8	8	21.6	6	16.2
Politeness	2	43.1	1	22.1	2	32.1	1	32.4	1	35.1	1	29.1
Honesty	4	64.3	1	28.1	5	7.5	1	27.0	1	43.1	1	27.1
Industriousness	1	25.7	2	41.8	2	32.8	2	59.5	8	21.6	6	16.2
Obligatoriness	2	31.1	3	52.5	1	16.1	1	35.1	1	43.6	7	18.9
Providence	1	16.1	3	46.1	2	35.4	3	83.8	6	16.2	0	0.0
Obedience	1	22.5	3	55.7	1	22.5	2	62.2	1	32.2	0	0.0
Righteous	3	58.9	1	28.2	9	13.4	1	29.7	1	29.1	1	37.4
Faithfulness	2	43.9	2	38.6	1	16.1	1	43.2	1	40.5	5	13.5
Patience	1	25.7	3	46.1	1	28.9	2	59.5	1	37.4	0	0.0
Time	2	32.2	2	38.6	1	28.1	1	43.2	1	29.1	9	24.3
Sociability	2	31.1	3	52.5	1	14.9	1	48.6	1	29.1	7	18.9
Trust	3	52.5	2	31.1	1	16.1	1	43.2	9	24.3	1	29.1
Hope	9	13.4	2	38.6	3	46.1	2	59.5	1	27.0	4	10.8
Sexuality	2	32.2	2	32.8	2	32.8	1	48.6	1	29.1	7	18.9

Love	1	28.	3	49.	1	22.	2	67.6	1	27.	1	2.7
	9	4	3	3	5	4	5		0	0		
Faith	1	22.	2	41.	2	35.	2	78.4	5	13.	3	8.1
	5	4	8	8	4	8	9			5		
R/Body	9	13.	2	35.	3	49.	2	56.8	9	24.	6	16.
		4	4	8	3	3	1			3		2
R/ Activity	1	25.	2	35.	2	38.	1	45.9	1	29.	8	21.
	7	4	4	8	6	8	7		1	7		6
R/Relationsh ips	2	32.	2	38.	1	28.	1	37.8	1	32.	1	27.
	2	8	6	8	9	4	4		2	4	0	0
R/Fantasy	2	38.	2	31.	2	31.	2	62.2	1	27.	3	8.1
	6	8	1	3	1	3	3		0	0		
M/I	2	32.	2	38.	1	28.	1	40.5	1	37.	7	18.
	2	8	6	8	9	4	5		4	8		9
M/They	2	41.	2	38.	1	17.	1	45.9	1	29.	8	21.
	8	8	6	8	2	9	7		1	7		6
M/We	2	38.	2	38.	1	22.	2	54.1	5	13.	1	32.
	6	8	6	8	5	4	0			5	2	4
M/Pra-We	2	32.	1	22.	2	43.	2	54.1	1	27.	7	18.
	2	8	5	4	9	3	0		0	0		9

The above mentioned indicates deep social and intrapersonal conflicts that can cause psychosomatic disorders of the respiratory tract, cardiovascular and endocrine systems, gastrointestinal tract, skin and more.

It's worth mentioning that the persons of CG and EG did not find significant differences in such areas as the feeling of motherhood and fatherhood and such a characteristic feature as patience (Table 3).

However, the peculiarity of people in EG is that if some problems appear, they lose self-control and self-control, tend to run away to work, deny their physical defects (Table 3). Typical deviation shifts are recorded in patients with disorders of the digestive, nervous and endocrine systems: inadequate and uncontrolled eating during stress. Observing people with coronary heart disease, we note tendencies to excessive punctuality and performance. Patients with rheumatism are mostly concerned with the problems of politeness, order, justice and loyalty. For people with psychosomatic skin lesions are characterized by maladaptation in the social sphere, especially in communication.

The above-mentioned results indicate the impact of universal values on psychosomatically healthy individuals that determine the meaning of life

and stability of the mental structures of the individual. Experimental data show significantly higher adaptability of CG individuals and their rational approach to life. That is why psycho-correctional work was built on the formation of positive characterological tendencies of a harmonious personality.

According to the Leontiev (1988) test on determining meaningful life orientations (MLO), that defines the system of sense-bearing regulation of personality, it is established by Student's t-criteria, that the average values of the control sample are significantly higher than the average values of the experimental sample: "goals in life" ($t = 2.21, p \leq 0.05$), "Saturation of life" ($t = 3.62, p \leq 0.001$), "satisfaction with self-realization" ($t = 3.14, p \leq 0.005$), "locus of control-I" ($t = 2.38, p \leq 0, 05$) and "locus of control - life" ($t = 2.17, p \leq 0.05$).

The participants of EG demonstrated mostly pessimistic views on life: lack of desires, dreams, interest in events, a hopeless future, etc. It's worth noting, that restrained anger, suppressed hostility, any unexpressed aggressive tendencies of the individual contribute to the development of diseases such as hypertension, diabetes, thyrotoxicosis, gastroduodenitis. Apart from that, blocked and unrealized desires for recognition, success, attention of others, the satisfaction of sexual needs cause increased activity of cholinergic structures and promotes the development of bronchial asthma, peptic ulcer disease, skin pathologies. Thus, the interrelation between problems with the somatic health of the individual and emotional exhaustion, unrealized dreams, frustration with their capabilities, dependence on others, circumstances, events. According to the data obtained on the scale of life goals in psychosomatic patients, the emphasis is on the past (92%), unsatisfactory self-realization, disbelief in their strength, lack of control, fatalism (Table 4).

Table 4. Comparative characteristics of the results of CG and EG according to Leontiev (1988) MLO method

Source: Authors' own conception

MLO	Group	Before experiment				After experiment			
		high		low		high		lo	
		person	%	person	%	person	%	person	

Life goals	CG	88	88	12	12	87	87	13
	EG	8	8	96	92	85	82	19
Saturation of life	CG	53	53	47	47	54	54	46
	EG	18	17	86	83	54	52	50
Satisfaction with self- realization	CG	68	68	32	32	66	66	34
	EG	32	31	72	69	63	61	41
Locus- control-I	CG	62	62	38	38	63	63	37
	EG	27	26	77	74	59	57	45
Locus- control-life	CG	82	82	18	18	80	80	20
	EG	13	14	90	87	77	74	27

The statements of the respondents of CG testify to the fundamental attitudes regarding the improvement of personality, the consistency of the inner "I" with the world of realities and life prospects. High scores were obtained on such scales as locus-control-I (62%) and locus control-life (82%). The moral position of the individual in the process of self-improvement is due to spiritual potential: the desire for beauty, selflessness, care, dedication, care for others.

Life satisfaction, as it can be seen from the Table 3, depends on active human activity, its significance for others, self-realization for the benefit of mankind, sincerity in relationships, gratitude from people, etc. This indicates the integration of life goals in a wide range - from narrow-minded to highly spiritual, which reveals an important criterion of psychosomatic health.

Thus, using the comparison strategy, it was stated that the reference control (psychosomatically healthy persons) and experimental (persons with psychosomatic disorders) groups have significantly different meanings and distribution of signs of psychological stability. The identified qualitative and quantitative differences became the basis of the formative strategy, the main task of which was to approximate the indicators of EG members to the indicators of the participants of the CG-reference, ie the restoration of psychosomatic health.

Accordingly, the organization of the correctional process of recovery of psychosomatic health was aimed at the self-determination of resources of psychological stability of each participant, to change attitudes to the problem-conflict situation, to develop self-actualization and formation of appropriate semantic orientations.

Self-awareness of one's essence as a holistic structure, activation of individual development processes enables us to form life tactics aimed at preserving and restoring one's health. The optimal ratio of the structural components of the personality and the maintenance of hierarchical subordination of levels ensures the preservation of basic intrapsychic connections, stability and stability of the psyche at this stage of development (the structural aspect of health). However, the dynamics of the interaction of these components and the degree of coherence of the main mental processes determine the unique nature of the individual as a holistic and unique personality (the dynamic or procedural aspect of health). A healthy personality is characterized by the orderliness and subordination of its constituent elements on the one hand, and the coherence of the processes that ensure the integrity and harmonious development, on the other. At the same time, health is an important indicator that characterizes the personality in its entirety, is a necessary condition for the integration of all components of personality into a single unique harmonious Self.

5. Discussion of results

Thus, the results of the ascertaining stage of psychodiagnostic of psychosomatic health as a factor of sustainable human life indicate a low level of psychological stability in the EG or their practical inability to use their competence in overcoming difficulties and the imperfection of the existing system of optimal human functioning during training in higher educational institutions. All these problems motivate us to develop a better program for the formation of optimistic views on life to close the gaps in students' knowledge to ensure a healthy lifestyle in modern times.

The results of this study are important in establishing international cooperation in exploring the programs and projects in the context of the transformation of the health care system following international partnership standards and the implementation of cultural exchange programs in the education and culture development between countries.

6. Conclusions

Thus, it is determined that psychological stability as an integrative, polysystemic quality of personality is identified by the content and interrelation of such structural components as emotional, represented by emotional arousal and personal anxiety; somatic, represented by the assessment and determination of the requirements of the situation for the optimal functioning of the organism, the forecast of its possible change and decision-making on ways of action; and the typological property of the nervous system, represented by its strength.

In the structural-hierarchical organization of psychological stability of the personality, the ability of self-development, self-actualization and formation of own individuality is considered to be important. Psychological stability of the personality can be considered as a complex quality of the personality, synthesis of separate qualities and abilities. The components of psychological stability should include: the ability of personal growth with timely and adequate resolution of internal personal conflicts (value, motivation, role); relative (not absolute) stability of emotional tone and positive mood; well- developed volitional regulation.

The psychodiagnostic block of psychological stability was tested on students with diseases of psychosomatic genesis, in which lower rates of search activity were found in comparison with healthy peers.

The interrelation between psychological resilience and the stress level of life, measured using a list of Hopkins symptoms, was experimentally revealed. It turned out that a high rate of stress in life is not a constitutional prerequisite for the disease. In EGs with a high level of subjective stress, a low rate of psychological resilience is a predictor of somatic destruction (the probability of the disease is currently 92%), while high rates of resilience contribute to health (somatization took only 10%). In addition, a high level of psychological stability of the individual is associated with a developed imagination and creativity in unusual situations, with a high level of stress. Adequate awareness and assessment of the situation, a person's lasting experience of their actions and circumstances, that are the result of personal choice and responsibility of somatically ill people with high vitality acquire the value of resources, the experience that allows them to adapt to health problems, harmoniously transforming life orientations.

Thus, the interrelation between the somatic health problems and the imperfection of medical and psychological services in terms of reforming the health system for the safety of human life becomes clear. Consequently, we consider the transformation of the health care system in the context of international partnership projects and programs as an authoritative platform for the exchange of views and experiences, dialogue between government

agencies and expert organizations, as well as for the formation of single information space in medicine.

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