

Psychological And Pedagogical Study Of Neurotic Reactions Of Higher Education Students During The Implementation Of The Form Of Control

Iurii Diachenko [†], Oleksandr Ovchar [†], Oleksandr Dubka [†], Oleksandr Pastukhov [†],
Khrystyna Duve ^{††}, Dmytro Kostiuk ^{†††}

[†] Kharkiv I.P. Kotlyarevsky National University of Arts, Kharkiv, Ukraine

^{††} I. Horbachevsky Ternopil National Medical University, Ternopil, Ukraine

^{†††} National University of Life and Environmental Sciences of Ukraine, Kyiv, Ukraine

Summary

The article provides an examination of those temporary states of disturbances in the psychophysiological and socio-psychological spheres of a person, which develop against the background of normally formed mechanisms of mental activity, that is, in mentally healthy people. A healthy person is a person adapted to the conditions of the external environment, and mental health is inseparable from the physical and social well-being of a person. The cause of the disorder is the impact on a person of any environmental factors that weaken the mechanisms of social and psychological adaptation of the individual.

Key words:

psychophysiological and socio-psychological spheres, individual, education system, educational process.

1. Introduction

At the present stage of development of society, there is a tendency towards an increase in neurotic disorders among students. In modern conditions, getting an education in higher educational institutions can be attributed to a specific type of activity associated with a high level of mental and physical stress, extremely increasing during the session period, lack of time, the need to assimilate a large amount of information in a short time, increased requirements for solving problem situations, strict control and regulation of the regime. The tense rhythm of life is conducive to neurotic reactions, psychogenic disorders caused by conflicts, quarrels between people, loneliness, fear, experienced terrible or sad events, as well as various diseases.

Lack of reserves of mental and physical health, high anxiety and against this background, expressed fear can lead to the development of neurotic reactions in students. According to the literature, neurotic reactions are predominantly accompanied by anxiety and depressive disorders.

Failure in exams, poor adaptation to the educational process, conflicts with teachers and fellow students, academic lag are reliably often accompanied by symptoms of anxiety and anxiety-depressive plan (including psychovegetative correlates of anxiety), affectively saturated behavioral reactions in situations of frustration and psychoemotional stress, severe cardiovascular and digestive and other systems.

Having entered a university, young people are faced with a large psycho-emotional load, significant mental work, the need to adapt to new learning conditions, daily routine, nutrition, and for a number of students to new living conditions and communication with others.

For students, yesterday's schoolchildren, restructuring to new social conditions causes active mobilization, and then depletion of the physical reserves of the body, especially in the first years of study. In the first year, there is a change in the social role of the student, the adjustment of needs and the system of values, there is a need to more flexibly regulate their behavior, adapting to the more stringent requirements of higher education, to establish relationships in a new team; nonresident - to equip life.

University students experience intense intellectual, socio-psychological, and sometimes physical overload, which is a very characteristic model of a socially unprotected category.

In this regard, in the last decade, both abroad and in our country, there has been a significant increase in interest in the problems of neuroticism, anxiety, depression, emotional and mental tension and stress.

The purpose of the article is to study neurotic reactions in students at different stages of education.

2. Theoretical Consideration

Each person during his life suffers one or another neurotic reaction. It can be an unsuccessful exam, conflicts with

children, divorce and even a wedding - after all, such a positive emotional outburst also affects our psyche. Obviously, most often manifestations of mental adaptation disorders should be recorded in population groups, whose daily, social or professional activity takes place in conditions of increased environmental socio-psychological requirements of psychoemotional stress, in particular. One of these groups is represented by university students who experience intense intellectual, socio-psychological, and sometimes physical overload and are a very characteristic model of a socially unprotected category of the population [4].

At the present stage, there is an increase in the manifestation of non-psychotic forms of mental disorders, among which neurotic disorders predominate [1]. There is also a tendency towards comorbidity of depressive manifestations with other groups of disorders, especially of a non-psychotic level, in particular, a tendency towards anxiety and depression [8].

Neurotic disorders are disorders characterized by emotional instability, anxiety, low self-esteem, and autonomic disorders [2]. Signs of a neurotic disorder are excessive sensitivity, nervousness, anxiety, danger, anxiety, tension, sleep deterioration, irritability, vulnerability, a tendency to react vividly to all kinds of adverse effects with various mild, quickly passing and resulting from the psychophysical constitution of the individual, neurotic reactions. A person with a neurotic disorder, in addition to his "thin skin" to certain stimuli, often reveals separate (softened, unexpressed, subclinical) neurotic phenomena: a tendency to sadness, light sleep, uneven appetite, etc. There is a periodic, paroxysmal and continuous course of neurotic and neurosis-like disorders [5].

Periodic neurotic disorder is characterized by the onset of a neurotic disorder (a neurotic reaction is a relatively short-term affective experience; in very rare cases, a neurotic state and almost never - a neurotic personality formation), after the elimination of which there are no pronounced consequences in the human psyche: the state returns approximately to what it was before the onset of the disorder. The appearance of a neurotic reaction depends on the action of unfavorable situational factors. For example, students sometimes develop asthenic, anxiety and sometimes hysterical disorders during each session. They appear only in a certain period of time (during the session, which is a powerful psychogenic factor) and after the end of the session they stop.

Sometimes these disorders are discovered only before the exam and after passing the exam, they disappear without a trace. The periodic course of neurosis can also be attributed to a neurotic reaction, and sometimes to a neurotic state. The main thing here is not the frequency of the course, but the absence of post-attack personality changes, i.e., a noticeable heightened neurotic readiness.

The paroxysmal course of neurotic and neurosis-like disorders most often occurs when a neurosis has already formed. It is of a more prolonged nature than the periodic

course of neurotic and neurosis-like disorders and is characterized by the appearance of post-attack personality changes after each attack of neurosis, depending on the psychogenic factor, but in the occurrence and clinical design of which (i.e., neurosis) various combinations of environmental factors play a role and so, personality changes are noted according to the type of increase in persistent increased neurotic readiness.

There is also a continuous course of neurosis-like disorders, when neurosis-like disorders are detected regardless of somatic ill-being, although it is clear that in a state of psychophysiological decompensation they increase.

Thus, one and the same symptom can be both a neurosis and a neurosis-like state. But neurotic symptoms should not always be equated with neurosis, since they can also be detected by a healthy person [7].

Neurotic reactions are psychogenic disorders caused by conflicts, quarrels between people, loneliness, fear, experienced terrible or sad events, as well as various diseases. Neurotic reactions are well known in the practice of diagnosing and correcting borderline disorders. Researchers describing these reactions, as a rule, refrain from definitely referring them either to manifestations of normal reactivity of the human neuropsychic sphere, or to painful disruptions of its functioning. Neurotic reactions differ from neuroses in that they are more superficial, arise as a consequence of certain actual events, do not tend to repeat themselves in similar situations, and can disappear without treatment. The development of such reactions is usually associated with the impact of an acute traumatic situation.

A common feature of neurotic reactions is their relative short duration, usually calculated in hours and days, less often in weeks. Thus, a neurotic reaction is most likely a periodic neurotic disorder, something short-lived, lasting minutes, hours, days, sometimes weeks. Then the symptomatology passes both critical and lytic paths [7].

Neurotic reactions can be rare, isolated, however, under unfavorable circumstances, when a person is exposed to factors that weaken his adaptive capabilities, reactions can become more frequent, become systematic, become more complex and deepen in content. Naturally, in this case, more and more grounds appear to define the state of the neuropsychic sphere as painful, preneurotic [8].

Both the content and the dynamic characteristics of neurotic reactions can be very diverse [3]. Depending on the nature of stressful influences, neurotic reactions of various kinds can be expected: the appearance of either acute anxiety or depression. The likelihood of their combination is very high - the occurrence of anxiety - depressive reactions. Neurotic anxious and depressive reactions are accompanied by various vegetative manifestations (tachycardia, hyperhidrosis or a feeling of dry mouth, changes in peristalsis, frequent urination, a feeling of compression and compression in the chest, suffocation, etc.).

Signs of neurotic reactions can be different: increased excitability, mental and physical fatigue, moodiness or lethargy, fears, temporarily worsening appetite and sleep, a temporary state of depression and depression; acute experience, absent-mindedness, dispersal, decreased performance, the need for long rest, which, however, does not give full recovery. The most typical complaints are a lack of strength, lack of vigor, energy, low mood, weakness, weakness, intolerance to ordinary stress. Terrible dreams appear, in which sometimes a traumatic situation can be caught. People say that they are bored, easily upset, offended, cry. Various fears arise or intensify. At the same time, various tics may appear (twitching of the head and shoulders, coughing, sniffing, licking lips, and others). More unpleasant phenomena may also appear: urinary and fecal incontinence, stuttering.

Thus, the general clinical picture of neurotic reactions is:

- Symptoms of the vegetative spectrum
- Symptoms of the depressive spectrum
- Symptoms of an anxious spectrum

Symptoms of the vegetative spectrum:

- increased or rapid heartbeat;
- sweating;
- dry mouth, not caused by the intake of dehydrating agents;
- labored breathing;
- noise in ears;
- feeling of discomfort in the chest;
- nausea and abdominal discomfort;
- hot flashes or chills;
- feeling of numbness or tingling;
- muscle tension or pain;
- motor restlessness and inability to relax [6].

Depressive Spectrum Symptoms:

(characterized by depression, melancholy, loss of energy, extremely low self-esteem, guilt, melancholy and depression, or related symptoms [1]).

- decreased mood;
- decreased energy, which leads to increased fatigue and decreased activity;
- severe fatigue, even with little effort;
- reduced ability to concentrate and attention, decreased memory function;
- decreased self-esteem and a sense of self-confidence;
- the presence of ideas of guilt and humiliation;
- gloomy and pessimistic vision of the future;
- having ideas or actions for self-harm or suicide;
- sleep disturbances: a combination of early awakening and depressive thoughts, although sometimes excessive sleepiness occurs;
- a state of psychomotor retardation (slowness of movements, thinking) or, conversely, a state of agitation (anxiety, objectively expressed in non-stop motor activity);
- lack of interests and the ability to rejoice;
- depressive thinking: thoughts related to the present: the patient in any event sees only the sad side; believes that he

does not succeed and others see him as a loser; the patient does not feel confident in himself and is skeptical of any success; ideas about the future: the patient expects the worst, draws hopeless prospects, foresees failures at work, collapse in the family and the inevitable destruction of his health, which is accompanied by thoughts of suicide and the development of appropriate plans; thoughts about the past: thinking about the past, the patient is seized by an unjustified feeling of guilt and self-flagellation for minor reasons;

- biological symptoms: loss of appetite, weight loss, constipation, loss of libido, amenorrhea.

Anxiety, like depression, can also include needs and biochemical factors [2].

The appearance of a person is characteristic - the face looks tense, the eyebrows are pulled together; tense posture; he is restless, flinches often; the skin is pale, sweating is usually observed, especially the hands, feet and armpits sweat. A willingness to cry, which may at first suggest depression, reflects a general anxiety. Anxiety syndrome is characterized by excessive excitement, increased function of the sympathetic nervous system.

- habitual feeling of anxious foreboding;
 - a feeling of anxiety caused by certain situations or objects (external to the subject) that are currently not dangerous;
 - anxiety can be generalized and persistent, but not limited to any specific environmental circumstances and not even occur with obvious preference in these circumstances (ie, it is "non-fixed");
 - feeling of tension, anxiety, apprehension associated with anticipation of future troubles in the sphere of everyday life;
 - increased response to any surprises or actions taken to cause fear;
 - difficulty concentrating, a feeling of "emptiness in the head" due to anxiety and anxiety;
 - constant irritability;
 - difficulty falling asleep due to anxiety;
 - sensitivity to noise;
 - sleep disturbance - inability to fall asleep quickly, restless short-term sleep with frequent awakenings, lack of a sense of rest in the morning, "nightmares";
 - feeling dizzy, weak, unsteady;
 - fear of insanity, fear of loss of self-control or impending loss of consciousness;
 - feeling of a lump in your throat or difficulty swallowing;
 - a feeling of "nervousness", a state on the verge of a "nervous breakdown" or mental stress;
 - fear of death; the perception of surrounding material objects as "fake" or a feeling of separation from one's own personality or the unreality of one's being at a given moment in a given place (derealization and depersonalization).
- Anxiety is a very widespread psychological phenomenon of our time. A distinction is made between long-term factors that predispose to the development of anxiety symptoms and factors that provoke a specific episode. The risk of developing anxiety disorders is significantly increased in

those who are constantly exposed to the negative effects of harmful social factors, for example, intractable interpersonal problems or adverse living conditions. There is usually some connection between anxiety and traumatic life events [1, 3]. The importance of anxiety as a socially conditioned factor was noted at one of the first annual symposia held by the American Psychological and Psychopathological Association.

At the moment, fear is perhaps the most common type of anxiety disorder. Up to 18% of the population suffers from them. Probably, every person is familiar with the feeling of fear, for example, at a moment of real danger. And fear itself is a neurotic reaction. Numerous nervous overloads, accumulated negative emotions, constantly experienced nervous overstrain contribute to the development of such a state when feelings of anxiety and fear begin to dominate in a person's life. Once they arise, they can last from several minutes to several hours, last for many months and even years. By themselves, these can be fears of specific objects, objects and phenomena (various phobias), or others, unmotivated, meaningless, devoid of any foundation.

Fear belongs to the category of fundamental human emotions. Fear motivation is conditioned reflex, because it encodes emotionally processed information about the possibility of danger. The very same feeling of fear appears involuntarily, against will, accompanied by a pronounced feeling of excitement, anxiety or horror. Fear is classified as situationally and personally determined, acute and chronic, instinctive and socially mediated. Fear and anxiety, as a state corresponding to fear and anxiety. In terms of severity, fear is divided into horror, fear, fear itself, anxiety, apprehension, anxiety and excitement. Despite its negative connotation, fear performs various functions in the mental life of a person. As a reaction to a threat, fear allows you to avoid meeting with it, thus playing a protective, adaptive role in the system of mental self-regulation. This is a kind of means in the knowledge of the surrounding reality. In a way, fear is a way of limiting the "I" from alien, unacceptable influence from the outside, fear can mobilize the "I" in the face of external danger, contributing to the integration of internal psychic resources.

Age-related fears to some extent reflect the historical path of development of human self-awareness. Unlike natural fears, social fears are acquired through learning in the process of personality formation. With a greater than normal number of fears and their neurotic nature, a state of mental tension, stiffness, and an affectively sharpened desire to seek support arises. Behavior becomes more and more passive, curiosity, curiosity atrophies, any risk associated with entering a new, unknown communication situation is avoided. Alertness and isolation develops, withdrawal into oneself, into one's own problems. The focus is on the traumatic past. The inability to rejoice is proportional to the ability to worry.

The mechanism of occurrence of neurotic reactions:

Neurotic reactions usually arise to relatively weak, but long-acting stimuli, leading to constant emotional stress or internal conflicts (events requiring difficult alternative solutions, situations that give rise to uncertainty of the situation that pose a threat to the future.

The mechanism of the emergence of neurotic reactions lies in the fact that in the past of a person there was an inadequately resolved conflict, a serious traumatic situation that he did not experience, which affects the appearance of inappropriate actions. The neurotic reaction can be trauma or physical illness. The content of mental trauma can affect the manifestation of the disease, for example, the fear of animals, after a dog attack, etc. A neurotic reaction occurs after an experienced mental trauma or illness and decreases with distance from factors traumatizing the psyche.

In fact, the point is not in the mental trauma themselves, but in how people perceive them. After all, people react more strongly to those events that are most significant to them. Characteristics of a person's personality also play a very important role. If he is withdrawn, alert, fearful or very easily excitable, and even often sick, these are important predisposing factors for the occurrence of neurotic reactions. In addition, the described symptoms may be a manifestation of any disease (somatic, neurological, mental). For help to be as effective as possible, it is very important to determine the cause of the neurotic reaction and eliminate it. After all, if the cause is not eliminated, it is difficult to count on a favorable prognosis [1, 2, 6].

The prognostic significance of a particular neurotic reaction is determined not so much by its duration and depth of disorders as by the general dynamics of the neuropsychic state.

Any neurotic reaction is a signal of psychological distress. But in most cases they are reversible [6, 9].

Neurotic reactions require not treatment, but a correct pedagogical and psychological approach. Prevention of neurotic disorders includes a number of social and psycho-hygienic measures, including the creation of favorable family, household and work conditions, rational vocational guidance, prevention of emotional stress, elimination of occupational hazards, etc.

Students form a special social group, united by a certain age, specific working and living conditions. It is one of the largest populations with an increased risk of disease.

In modern conditions, getting an education in higher educational institutions can be attributed to a specific type of activity associated with a high level of mental and physical stress, extremely increasing during the session period, lack of time, the need to assimilate a large amount of information in a short time, increased requirements for solving problem situations, strict control and regulation of the regime [2, 10].

Lack of reserves of mental and physical health can lead to the development of neurotic disorders and adjustment disorders in students [7, 12, 13]. High anxiety and against this

background, expressed fear can lead to a neurotic reaction (fever, headaches, exacerbation of chronic diseases).

University students experience intense intellectual, socio-psychological, and sometimes physical overloads, which are a very characteristic model of a socially unprotected category of the population.

Failures in exams, poor adaptation to the cheb process, conflicts with teachers and fellow students, and academic lag are often reliably accompanied by symptoms of anxiety and anxiety-depressive plan (including psychovegetative correlates of anxiety), affectively saturated behavioral reactions in situations of frustration and psychoemotional stress, severe cardiovascular and digestive systems.

Having entered a university, young people are faced with a large psycho-emotional load, significant mental work, the need to adapt to new learning conditions, daily routine, nutrition, and for a number of students to new living conditions and communication with others. due to the continuing development of the body of students during the period of study, it is subject to various adverse influences, which can lead to disruption of the adaptation process and the development of a number of diseases. The increase in the morbidity of students reduces the effectiveness of the educational process, and further limits their professional activities. At the present stage of development of society, there is a tendency towards an increase in neurotic reactions among students. The most frequent in the structure of neurotic disorders in students are anxious and depressive reactions that develop as part of maladjustment.

For students, yesterday's schoolchildren, restructuring to new social conditions causes active mobilization, and then depletion of the physical reserves of the body, especially in the first years of study. In the first year, there is a change in the social role of the student, the adjustment of needs and the system of values, there is a need to more flexibly regulate their behavior, adapting to the more stringent requirements of higher education, to establish relationships in a new team; nonresident - to equip life.

The decline in the level of health of student youth in the learning process is influenced by many factors, which can be conditionally divided into:

1. Objective, related to the educational process (the length of the school day, the density of the load due to the schedule, short breaks between classes, social activities, etc.);
2. Subjective, personal characteristics (organization, discipline, purposefulness, motivation for a healthy lifestyle, physical activity, diet, the presence or absence of bad habits, etc.).

In connection with the urgency of this problem, in order to prevent the appearance of neurotic reactions in students, it is important to carry out prophylaxis and diagnostics.

Conclusions

The article deals with the study of the specific features of neurotic (anxiety and depressive) disorders as a way of neurotic response in students of 1 and 5 courses of study. In the period of study, a critical period can be distinguished, which falls on the first course. The data obtained indicate that, on average, the level of propensity to depression and anxiety among freshmen is very high. Anxiety and depressive disorders of varying severity were revealed in a significant part of the students.

In the course of the study, we can say that our hypothesis was confirmed, since, according to the results obtained, we see that a significant part of 1st year students have anxiety and depressive disorders of varying severity, which requires their timely recognition and adequate psychocorrection and psychoprophylaxis. , on the 5th year the level of neurotic response is much lower. In the structure of anxious and depressive reactions, a significant difference was found in the level of propensity to depressive-anxiety disorders of a neurotic nature in the first year and the fourth. The ratio of the frequency of occurrence between neurotic disorders (with anxiety and depressive symptoms) varies from a significant predominance in the first year, to an insignificant prevalence in the fourth year of study. Freshmen are characterized by an increased level of neurotization, high anxiety. Thus, the problem of the health status of 1st year students is very relevant at the university.

References

- [1] Corral, S. (1998). Key skills for students in higher education. *SCONUL Newsletter*, 15, 25-29.
- [2] Fundamentals of scientific research: textbook. manual. Ed. V.S. Marcina. Lviv: Romus-Poligraf, 2002. 128 p.
- [3] Meera N. S. Quality education for all? A case study of a New Delhi government school, *Policy futures in education*, 2015, № 13 (3), pp. 360–374.
- [4] Yagupov VV *Pedagogy: textbook. way.* Yagupov VV K. : Lybid, 2002, 560 p.
- [5] Alfred P. Rovai, Linda D. Grooms The relationship of personalitybased learning style preferences and learning among online graduate students. *Journal of Computing in Higher Education*. - 2004. - №16, Issue 1. - pp 30- 47.
- [6] Andrea Santo-Sabato, Marta Vernaleone From the First Generation of Distance Learning to Personal Learning Environments: An Overall Look. *E-Learning, E-Education, and Online Training*. - 2014. - №138. - C. 155-158.
- [7] Shapiro, J., & Hughes, S. K. (1996). Information literacy as a liberal art:

Enlightenment proposals for a new curriculum.
EDUCOM Review, 31(2), 31-35.

- [8] McMillan R. Man Builds Twitter Bot That Humans Actually Like. Wired. URL: wired.com/2012/06/twitter_arm/
- [9] Mason, R. Globalising Education: Trends and Applications. London: Routledge, 1998. P. 37.
- [10] Biddiscombe, R. (1999). Developing the learning support role: Some of the challenges ahead. SCONUL Newsletter, 16, 30-34.
- [11] Iasechko, M., Shelukhin, O., Maranov, A. Evaluation of The Use of Inertial Navigation Systems to Improve The Accuracy of Object Navigation. International Journal Of Computer Science And Network Security, 21:3, 2021, p. 71-75.
- [12] Dordick H.S., Wang G. The Information Society: A Retrospective View. Newbury Park — L., — 1993.
- [13] Iasechko, M., Iasechko, S., Smyrnova, I. Aspectos pedagógicos do autodesenvolvimento de alunos de educação a distância na Ucrânia. Laplage Em Revista, 7(Extra-B), 2021, p.316-323.