АКТУАЛЬНІ ПРОБЛЕМИ ПРАКТИЧНОЇ ПСИХОЛОГІЇ

Збірник наукових праць

Міжнародної науково-практичної інтернет-конференції

16 травня 2025 р., м. Одеса

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
STATE INSTITUTION "SOUTH UKRAINIAN NATIONAL PEDAGOGICAL UNIVERSITY NAMED AFTER K.D. USHYNSKY"
MOLDOVA STATE UNIVERSITY
UNSVERSITY OF THE NATIONAL EDUCATION COMMISSION, KRAKOW
VILNIUS UNIVERSITY
JOHNS HOPKINS UNIVERSITY
ODESA NATIONAL ECONOMIC UNIVERSITY
KHARKIV NATIONAL PEDAGOGICAL UNIVERSITY NAMED AFTER H. S. SKOVORODA
CLASSICAL PRIVATE UNIVERSITY
VASYL' STUS DONETSK NATIONAL UNIVERSITY

ACTUAL PROBLEMS OF PRACTICAL PSYCHOLOGY

Collection of scientific works

International Scientific and Practical Internet Conference

May 16, 2025

Odesa – 2025

МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
ДЕРЖАВНИЙ ЗАКЛАД «ПІВДЕННОУКРАЇНСЬКИЙ НАЦІОНАЛЬНИЙ ПЕДАГОГІЧНИЙ УНІВЕРСИТЕТ ІМЕНІ К. Д. УШИНСЬКОГО»
ДЕРЖАВНИЙ УНІВЕРСИТЕТ МОЛДОВИ
УНІВЕРСИТЕТ ІМЕНІ КОМІСІЇ НАРОДНОЇ ОСВІТИ В КРАКОВІ
ВІЛЬНЮСЬКИЙ УНІВЕРСИТЕТ
УНІВЕРСИТЕТ ДЖОНСА ГОПКІНСА
ОДЕСЬКИЙ НАЦІОНАЛЬНИЙ ЕКОНОМІЧНИЙ УНІВЕРСИТЕТ
ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ ПЕДАГОГІЧНИЙ УНІВЕРСИТЕТ ІМЕНІ Г. С. СКОВОРОДИ
КЛАСИЧНИЙ ПРИВАТНИЙ УНІВЕРСИТЕТ
ДОНЕЦЬКИЙ НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ ІМЕНІ ВАСИЛЯ СТУСА

АКТУАЛЬНІ ПРОБЛЕМИ ПРАКТИЧНОЇ ПСИХОЛОГІЇ

Збірник наукових праць
Міжнародної науково-практичної інтернет-конференції

16 травня 2025 року

Одеса – 2025

UDK 001+159.9 (063)
ВВК 72+88.4

Секція IV.
ОСНОВНІ НАПРЯМКИ В РОБОТІ ПСИХОЛОГА- КОНСУЛЬТАНТА В СУЧАСНИХ РЕАЛІЯХ

METHODOLOGICAL EXPLICATION OF THE STUDY OF THE IMPACT OF LATENT AGGRESSION ON THE ANXIOUS VULNERABILITY OF PERSONALITY

I.V. Topalova

South Ukrainian National Pedagogical University named after K.D. Ushynsky» (Odesa)

At the initial stage of the work, a number of basic assumptions were formulated that determined the logic of the entire subsequent research, namely:

– There is a statistically significant correlation between the severity of passive-aggressive behavior and the level of predisposition to anxiety disorders.

– The empirical study of the role of passive aggression in the development of anxiety disorders makes it possible to outline a characteristic psychological profile of an individual at increased risk of developing such disorders.

In accordance with the stated hypotheses, the aim of the study was formulated: to clarify the content and mechanisms of the influence of passive aggression on the formation of anxiety disorders.

To achieve this goal, the following objectives were proposed:

– Theoretically justify the methodological principles of studying passive aggression as a factor in anxiety disorders.

– Identify and analyze specific manifestations of passive aggression that play a key role in the development of anxiety symptom complexes.

– Investigate the nature and intensity of the connection between the level of passive aggression and the likelihood of forming anxiety disorders.

For the purpose of quantitatively assessing respondents' anxiety, the **Spielberger–Khanin State-Trait Anxiety Inventory** was selected. This psychodiagnostic tool is a recognized means of studying the phenomenology of anxiety, as it provides comprehensive measurement of both its emotional-state and dispositional aspects. The questionnaire contains 40 statements: the first 20 measure the intensity of state (reactive) anxiety, while the next 20 assess trait anxiety as an individual characteristic. This two-component structure allows anxiety to be analyzed simultaneously as a state and as a personality trait. The Ukrainian adaptation of the method was carried out by Yu. L. Khanin in 1976.

Within this scale, **state anxiety** is considered a temporary psycho-emotional state caused by specific life circumstances. It manifests as increased psychophysiological tension, emotional arousal, worry, and nervous strain. The emergence of such a state is interpreted as an affective reaction of the subject to a stressor, and its temporal parameters and intensity vary depending on the strength and duration of the stress impact.

Trait anxiety is treated as a relatively stable dispositional trait that determines an individual's tendency to perceive a wide range of life situations through the prism of potential threat and to respond with heightened anxiety. Its level reflects the subject's accumulated experience regarding the frequency of experiencing state anxiety and the resulting readiness for anxious reactions.

Threshold values for both subscales are interpreted as follows:

– ≤ 30 points – low anxiety;

– 31–45 points – moderate (average) anxiety;
– ≥ 46 points – high anxiety.

The **Buss–Durkee Hostility Inventory** (authors A. Buss and A. Durkee, 1957; Ukrainian adaptation – A.K. Osnytskyi) is used for comprehensive diagnostics of multidimensional aggressive behavior. The researchers identified eight indicator scales, which together describe both external and internal aspects of aggression (listed here in a modified sequence):

– **Guilt scale** – reflects self-condemnation and ideation of one's own "badness," initiating self-restrictive or self-punishing responses.
– **Resentment scale** – captures envy, prolonged hostility, and a sense of injustice directed at specific individuals or the social environment in general.
– **Suspicion scale** – reflects a tendency toward distrust and hypertrophied alertness in interpersonal contacts.
– **Irritability scale** – measures the readiness to display sharpness, coarseness, and aggressive affect in response to minimal stimuli.
– **Negativism scale** – covers oppositional reactions against authoritative instructions or group norms, ranging from covert-passive resistance to open protest.
– **Indirect aggression scale** – captures indirect, latent forms of causing harm (rumors, sarcasm, demonstrative emotions).
– **Verbal aggression scale** – assesses verbal manifestations of hostility: swearing, threats, overt dissatisfaction.
– **Physical aggression scale** – reflects the tendency to use physical force or actions that may cause bodily harm to another person.

To determine the prevalence of anxiety manifestations, panic attacks, and binge eating disorders among the respondent sample, the **Patient Health Questionnaire (PHQ)** was first used. This screening tool, developed in 1999 by a research group at Columbia University (R.J. Spitzer, J.B.W. Williams, K. Kroenke, et al.), is designed for the prompt detection of non-psychotic mental disorders, including depression, anxiety and somatoform disorders, compulsive overeating, and alcohol abuse. The Ukrainian adaptation of the method was carried out by O.O. Khustova, O.V. Bushynska, O.V. Prokhorova, and S.H. Sakhno (2014). Results of domestic validation demonstrated high reliability and validity of PHQ in somatic clinical practice, enabling its effective use as a primary diagnostic filter.

The second diagnostic tool was the **Buss–Durkee Hostility Inventory**, represented in A.K. Osnytskyi's adaptation by 75 dichotomous items ("yes/no"). The obtained responses are aggregated into several generalized indicators:

– **Hostility index** – integrates results from the fifth and sixth scales.
– **Aggression index** – formed from the total scores of the first, third, and seventh scales.

This approach enables a quantitative description of both the subject's internal disposition to hostile reactions and the actual level of aggressive behavioral manifestations.

The **GAD-7 scale (Generalized Anxiety Disorder-7)** is a seven-item self-assessment screening tool for generalized anxiety disorder (GAD), developed as a

quick and psychometrically sound alternative to lengthy clinical interviews. The basis for creating this method was the need for a valid, standardized way of rapidly identifying individuals suspected of having GAD – one of the most common neurotic disorders.

The GAD-7 was empirically tested in a multisite study of primary health care in the USA (late 2004 – mid-2005). More than 2,500 patients participated in the sample; approximately one-third of them underwent an additional follow-up telephone structured interview with a mental health specialist within a week of completing the questionnaire. The results demonstrated:

- High internal consistency (coefficient $\alpha \approx 0.90$);
- Sensitivity around 0.90 and specificity around 0.80 in diagnosing GAD;
- Convincing factorial validity, confirming the autonomy of GAD within the structure of anxiety-depressive symptomatology.

The scale offers the following officially accepted general score thresholds:

Table 1

Threshold values of total score.

Score	Clinical Interpretation
≥ 5	Mild anxiety
≥ 10	Moderate anxiety; probable GAD
≥ 15	Severe anxiety

Thus, the GAD-7 is now considered a standard, sufficiently informative tool for both primary screening of generalized anxiety disorder and for grading its severity in routine clinical practice.

References

1. Кузнецов О. І. Особистісні фактори динаміки психічних станів студентів в умовах успішної та неуспішної навчальної діяльності: дис. … канд.. психол. наук: 19.00.07; Харківський нац. пед. університет імені Г.С.Сковороди. Х., 2015. 198 с.
2. Фоменко К.І Психологія успіху. [Навч.- метод.посібник]. Х., 2015. 229 с.
3. Buss A. The psychology of agression. N.Y., John Willy, 1961.
4. Deluty R.H. Childrens Action Tendency Scale: A self-report measure of agressiveness, assertiveness, and submissiveness in children. *Journal of Consulting and Clinical Psychology.* 1979. P. 1061-1071.