

## PREMORBID PERSONALITY CHARACTERISTICS IN PATIENTS WITH ANXIETY DISORDERS

### ПРЕМОРБІДНІ ОСОБИСТІСНІ ХАРАКТЕРИСТИКИ У ПАЦІЄНТІВ З ТРИВОЖНИМИ РОЗЛАДАМИ

*The study of premorbid personality characteristics in patients with anxiety disorders is an essential area of modern psychology and psychiatry. Identifying personality traits that precede the development of anxiety conditions contributes to a deeper understanding of their formation and progression while also improving diagnostic and therapeutic approaches. Anxiety disorders are among the most prevalent mental health issues, significantly affecting quality of life, interpersonal relationships, and professional functioning. Certain personality traits, such as emotional instability, high anxiety, perfectionism, and low self-esteem, may increase the risk of developing anxiety disorders and complicate treatment. An empirical study examined 44 patients with anxiety disorders, with women being the majority of respondents. The results indicate that most participants exhibit high levels of trait anxiety, accompanied by prominent psychological defense mechanisms, particularly projection, rationalization, and repression. Furthermore, individuals with anxiety disorders are more likely to employ maladaptive coping strategies, primarily avoidance, taking responsibility, and seeking social support. These tendencies may not only sustain anxiety symptoms but also contribute to their intensification. The findings highlight the importance of an individualized approach to treating patients with anxiety disorders. Cognitive-behavioral therapy appears to be one of the most effective methods, as it helps modify negative beliefs and reduce anxiety levels. Additionally, recognizing premorbid characteristics aids in the development of preventive strategies against anxiety disorders, which is particularly relevant in today's world, given the prevalence of stress factors and social challenges.*

**Key words:** anxiety disorders, premorbid personality characteristics, psychological defense, coping strategies, emotional instability, anxiety.

*Дослідження преморбідних особистісних характеристик пацієнтів із тривожними розладами є важливим аспектом сучасної*

*психології та психіатрії. Визначення особистісних особливостей, що передують розвитку тривожних станів, сприяє глибшому розумінню механізмів їх формування та перебігу, а також дозволяє вдосконалити методи діагностики й терапії. Тривожні розлади є однією з найпоширеніших проблем психічного здоров'я, що суттєво впливає на якість життя, міжособистісні стосунки та професійну діяльність. Наявність певних особистісних рис, таких як емоційна нестабільність, підвищена тривожність, перфекціонізм і низька самооцінка, може підвищувати ризик розвитку тривожних розладів і ускладнювати процес їх лікування. У ході емпіричного дослідження було обстежено 44 пацієнти із тривожними розладами, серед яких переважали жінки. Отримані результати свідчать, що більшість респондентів мають високий рівень особистісної тривожності, що супроводжується вираженими механізмами психологічного захисту, зокрема проєкцією, раціоналізацією та витісненням. Крім того, пацієнти з тривожними розладами частіше використовують неадаптивні копінг-стратегії, серед яких домінують уникнення, прийняття відповідальності та пошук соціальної підтримки. Такі особливості можуть не лише підтримувати тривожну симптоматику, але й сприяти її поглибленню.*

*Результати дослідження вказують на важливість індивідуалізованого підходу до терапії пацієнтів із тривожними розладами. Найефективнішими можуть бути методи когнітивно-поведінкової терапії, які дозволяють працювати з негативними переконаннями та знижувати рівень тривоги. Крім того, виявлення преморбідних характеристик допомагає розробляти стратегії профілактики тривожних станів, що є актуальним у сучасному світі, враховуючи поширеність стресових чинників і соціальних викликів.*

**Ключові слова:** тривожні розлади, преморбідні особистісні характеристики, психологічний захист, копінг-стратегії, емоційна нестабільність, тривожність.

UDC 616.891.6-071.1

DOI <https://doi.org/10.32782/2663-5208.2025.70.53>

**Varina H.B.**

Master of Psychology, Senior Lecturer  
at the Department of Psychology  
Bogdan Khmelnytsky Melitopol State  
Pedagogical University

**Shevchenko S.V.**

PhD in Psychology, Associate Professor,  
Associate Professor at the Department  
of Psychology  
Bogdan Khmelnytsky Melitopol State  
Pedagogical University

Understanding the pathogenesis of anxiety disorders and improving approaches to diagnosis and therapy necessitates the study of premorbid personality characteristics in patients with anxiety disorders. Anxiety disorders are one of the most common mental disorders that significantly reduce the quality of life of patients and have a significant impact on their social and professional activities. Studies have demonstrated that premorbid personality traits, like a tendency to anxiety, emotional instability, or perfectionism, can not only increase the risk of developing anxiety disorders, but can also influence their course and prognosis. A deeper understanding of the relationship between personality traits and the formation

of anxiety symptoms can be achieved by identifying such characteristics. This is crucial for timely diagnosis and the development of individualized therapy methods that take into account the patient's psychological profile. Cognitive-behavioral techniques that aim to reduce self-demanding are more effective in patients with a high level of perfectionism, for instance. In addition, the study of premorbid characteristics is important for the prevention of anxiety disorders. Identifying risk groups among individuals with particular personality traits enables early intervention to prevent the development of pathology or minimize its manifestations. Thus, the study of premorbid personality characteristics is not only a scientific and the-

oretical task, but also a practically significant aspect of psychiatry and psychology aimed at improving the mental health of society. This study is particularly relevant because anxiety disorders are becoming more common in the modern world and have a significant impact on both individual and social levels.

Both internationally and in Ukraine, anxiety disorders are among the most common mental disorders. According to the World Health Organization (WHO), about 4% of the world's population suffer from various forms of anxiety disorders, but this figure may be significantly higher due to insufficient diagnosis and the stigmatization of mental disorders. In developed countries, the prevalence of anxiety disorders among the adult population ranges from 6% to 18%, depending on the assessment methods and diagnostic criteria [3]. In Ukraine, the problem of anxiety disorders is also relevant. According to research by the Institute of Psychiatry of the Ministry of Health of Ukraine, about 5–7% of the adult population suffers from clinically pronounced anxiety disorders. The lack of diagnosis in a significant number of cases is a result of socio-cultural factors and limited access to specialized psychiatric care. The increase in anxiety levels in conditions of military operations, economic instability, and the COVID-19 pandemic is especially relevant. Mental health has suffered as a result of these factors, which have resulted in an increase in the occurrence of generalized anxiety disorder, panic attacks, and post-traumatic stress disorder (PTSD) [3].

Internationally, studies indicate gender and age-specific patterns in the prevalence of anxiety disorders. Women are more likely than men to suffer from anxiety disorders, with the risk of developing the disease highest between the ages of 20 and 40. A similar trend is observed in Ukraine. In addition, anxiety disorders often coexist with other mental health conditions, such as depression, which complicates their diagnosis and treatment.

In Ukraine, a significant contribution to the study of anxiety disorders has been made by specialists from the Institute of Psychiatry of the Ministry of Health of Ukraine, as well as scientists from psychiatric departments of leading medical universities in the country. In particular, the works of Academician Marut M. focus on the diagnosis, treatment and prevention of anxiety disorders in the context of modern social challenges [4]. Also known are the studies of Voloshyna L., who analyzes the impact of psychotraumatic factors, such as military actions, on the prevalence and course of anxiety disorders among the population of Ukraine [2].

Barlow is a noteworthy foreign scientist who has made significant contributions to the study of anxiety disorders. D. H. Is a leading expert in the field of cognitive behavioral therapy (CBT) and the author of numerous studies devoted to the treatment of generalized anxiety disorder, panic attacks and phobias. His work 'Anxiety and Its Disorders' is considered fundamental for understanding the nature of anxiety disorders and developing effective approaches to their treatment [5]. Another important researcher is Heim-

berg R. G., who specializes in the study of social anxiety. His works cover both the clinical aspects of the disorder and the influence of sociocultural factors on its development. [10] Also significant are the studies of Beck A. T., who, as the founder of cognitive therapy, proposed innovative approaches to the treatment of anxiety disorders, based on changing automatic negative thoughts and beliefs [6]. The neurobiological component of anxiety disorders is a crucial aspect of their study, and in this context, LeDoux J.'s research in neuroscience is crucial. He studied the role of the amygdala in the formation of fear and anxiety, which helped to better understand the biological basis of these disorders [13].

The research of both Ukrainian and international scientists is complementary, creating a multifaceted picture of anxiety disorders. The results of their work are the basis for improving methods of diagnosis, therapy and prevention, which contributes to improving the quality of psychiatric care [1; 7; 8; 9; 11]. Thus, given the global scale of the problem and its specificity in Ukraine, more attention should be paid to studying the prevalence, risk factors, and effective intervention methods. This will not only improve the quality of life of patients, but also reduce the economic and social burden associated with mental disorders. The problem of the work is to study the premorbid personality characteristics of patients with anxiety disorders to improve the diagnosis, therapy, and prevention of these conditions.

The aim of the article is to study premorbid features with different levels of situational and personal anxiety in patients with anxiety personality disorders and to develop recommendations for clinical psychologists regarding the support of these patients. The empirical study was conducted on the basis of the neurological department of Zaporizhzhia City Hospital No. 9. The study involved 44 people with anxiety personality disorder, including 13 men and 31 women. The age range of the sample was from 18 to 72 years.

The surveyed group (70.4% of respondents) has an average level of situational anxiety, which indicates an elevated sense of anxiety. 86.3% of respondents have a high level of personal anxiety. Thus, we can come to the disappointing conclusion that the surveyed group has anxiety disorders. Increased anxiety can lead to a person perceiving any external threat as a threat to their self-esteem and life, which can result in a state of anxiety.

Beck Anxiety Scale was used to assess the severity of depressive symptoms. According to the results of the diagnosis, we can draw a disappointing conclusion that the majority of respondents in the surveyed group have depressive symptoms, in particular, 77.2% of the sample. It can be assumed that the presence of depressive symptoms in most respondents is correlated with an increased level of anxiety.

Lifestyle Index method was used to assess the level of tension of psychological defense mechanisms. The results allow us to conclude that the following defense mechanisms are predominant in intensity

by more than 50% in the largest part of the sample: projection (81.8% of the entire sample) and rationalization (72.7% of the entire sample). Repression and regression (52.2% of the entire sample) have a lower pronouncedness. Compensation (47.7% of the entire sample), substitution (34% of the entire sample), denial (31.8% of the entire sample) and hypercompensation (29.5% of the entire sample) are the least pronounced. 81.8% (36 people) of the entire sample use projection as the main psychological defense mechanism. According to this, most respondents tend to attribute their unacceptable and unconscious feelings and thoughts to others.

*Rationalization* is one of the main defense mechanisms preferred by 72.7% (32 people) of the entire sample. This indicates that in most cases, respondents tend to reconcile their expectations and reality, as well as justify their own feelings or actions. Rather than solving their problems, respondents choose to defend themselves. They try to look better than they really are in an attempt to save face, which only exacerbates the difficulties that have arisen.

*Regression* is used by 52.2% (23 people) of the entire sample. This indicates that the respondents seek to avoid a state of anxiety by moving to an earlier stage of libidinal development. Frustrating factors cause them to replace complex task solutions with simpler and more accessible ones. They are characterized by impulsivity, weakness of emotional and volitional control.

*Repression* is used by 52.2% (23 people) of the entire sample. This indicates that these are impulses, unacceptable personalities and cause anxiety, respondents repress into the unconscious. Despite being repressed, these impulses still cause emotional tension, which is perceived as anxiety that is not motivated externally. Most often, people repress those personal properties, qualities and actions that make them unattractive in their own eyes or the eyes of others.

To identify coping strategies in people with anxiety personality disorders, the R. Lazarus questionnaire was used. "*Methods of coping behavior*" [12]. Respondents use all behavioral strategies, but the most striking is the strategy of accepting responsibility. It is found in 93.1% (41 people) of the entire sample. This indicates that respondents tend to recognize their role in the emergence of problems. Such people take responsibility for solving their problems, in some cases with a pronounced component of self-criticism and self-blame, which leads to unjustified self-criticism, experiencing feelings of guilt and dissatisfaction with themselves. This feature is usually a risk factor for the development of anxiety states.

The least used strategies are positive reappraisal and confrontational coping. 52.2% (23 people) of the entire sample use confrontational coping. as a strategy of behavior in difficult life situations, which involves specific actions aimed at changing the situation or responding to negative emotions in connection with difficulties. People who choose to use this method of behavior are identified by their impulsiveness, hostility, and unjustified persistence. It is difficult for them to plan their actions and predict the final

result. A person can resist difficulties with a moderate use of this strategy at the right moment. He becomes energetic, enterprising.

*Positive reappraisal*, which involves the ability to overcome negative experiences caused by the problem through positive thinking, is a strategy used by 50% (22) of the entire sample. In this case, the problem is perceived by the individual as a stimulus for personal growth. Most often, rethinking occurs through philosophical reflection.

To assess the individual psychological characteristics of patients with anxiety personality disorders, the "Cattell 16-factor personality questionnaire" method (form C) was used.

According to factor A "closedness – sociability", more than half of the subjects (27 people (61.3%)) have positive values (positive pole). This indicates openness, sociability, and contact of the respondents: they easily get to know people, successfully interact in small groups, and like to work in a team. The advantages of such individuals include ease in communication, naturalness, and the ability to resolve conflicts. The disadvantages include excessive trustworthiness, easy adaptation to others, and even the desire to go against them.

According to factor B "intelligence", 63.6% (28 people) of the subjects have a positive pole. This suggests that most respondents have developed abstract thinking: they understand quickly, learn easily.

For factor C "emotional instability – emotional stability", negative values are observed in 29 people (65.9%), which indicates the emotional instability of the respondents. Such people are easily irritated, "give" a vivid reaction even to insignificant things or phenomena. Mood swings and frequent changes in interests are characteristic. They often run away from problems and conflicts, and get tired quickly.

According to factor E "subordination – dominance", positive values exceed negative 29 people (65.9% of the entire sample) have a positive pole, which indicates the dominance of the respondents' personalities. stubborn (up to the manifestation of aggression). It is not characteristic of them to recognize someone else's authority. Because of their behavior, they often conflict, behave like "rebels".

According to the factor F "restraint – expressiveness", the values of the positive pole are noted (25 people (56.8%)). The respondents are characterized by emotional incontinence. Their feelings and emotions are unrestrained, and they express themselves in a vivid way, including their positive outlook towards others. Such people are characterized by impulsiveness, energy, cheerfulness, expressiveness. As a rule, they are cheerful and mobile. However, at the same time, they can be careless, inattentive and carefree.

According to factor G "low normative behavior – high normative behavior", the positive pole of values prevails (28 people (63.6%)). This indicates that the majority of respondents are characterized by obligation, responsibility, discipline. They adhere to public norms and rules. They conscientiously fulfill their duties and persistently pursue their goals.

According to the factor H "timidity – courage" 25 people (56.8%) have indicators in the negative



pole. The majority of respondents show personal qualities such as timidity, caution, prudence, a low resistance to stress in unfamiliar companies, fear of risk, shyness, an increased sense of danger, and threat.

According to factor I "rigidity – sensitivity" 23 respondents (52.2%) have positive values. Such people are sensitive, vulnerable, artistic, emotional. They have high creative potential, have a rich imagination, are empathetic. Among the negative traits, one can single out excessive dreaminess, romanticism and softness.

According to the factor L "trustworthiness – suspicion" the positive pole significantly prevails (37 people (84%)). This suggests that the majority of respondents are wary of other people. It's important to emphasize egocentrism, high arrogance, irritability, and jealousy as personal qualities. Such people do not admit their mistakes and demand that others adhere to their norms and rules. As a rule, they have high arrogance, they are jealous and irritable.

According to the factor M "practicality – dreaminess" 32 people (72.7%) have a value in the positive pole. Such people are dreamy, often soar in the clouds, have enormous creative potential and a rich imagination. For the most part, these are people of art. They often do not obey social norms and are immersed in themselves, in their ideas.

According to the factor N "straightforwardness – diplomaticity" more than half of the respondents (59% (26 people)) have a value in the positive pole. Such results indicate that the majority of respondents in the sample are diplomatic, i.e. they know how to behave in society and find a common language with different types of interlocutors. This type of people usually has insight, cunning and agility. They are able to analyze the situation and control the actions of the group.

According to factor O "calm – anxiety", respondents have significantly more positive values (41 people (93.1%)). This indicates that the majority of respondents have an increased level of anxiety. They are characterized by constant worries about everything and everyone, distrust, a constant feeling of guilt, low self-esteem, depression (up to depression), and vulnerability. Another difference is hypochondria. In addition, the predominance of high scores on this scale may indicate pessimism: people listen to their own intuition, which gives only negative predictions.

According to the factor Q1 "conservatism – radicalism", 61.3% (27 people) of the entire sample have values in the positive pole. Experimenters, who are willing to overcome difficulties in search of new ways and solutions, are typically characterized by positive values. Such people are freedom-loving, have analytical thinking, rarely adhere to generally accepted rules, do only what they want, not what is accepted.

According to the factor Q2 "conformism – nonconformism", a significant part of the sample (38 people (86.3%)) has a value in the positive pole. Such people are distinguished by the fact that they are always guided only by their own opinion. They rarely take into account the opinions of others. They show independence and autonomy, demonstrate leadership qualities, and have their own point of view on issues from various industries.

According to the factor Q3 "low self-control – high self-control", the positive pole prevails in 65.9%

(29 people). Respondents with positive values on this scale are people with developed will, purposeful, always bring what they have started to the end. They have high self-control, strive to control others, because, as a rule, they are quite domineering.

According to the factor Q4 "relaxation – tension" 75% (33 people) have positive values. Such people are characterized by concentration, activity, activity, a high level of motivation. However, sometimes irritability, aggression and excessive nervousness appear – this is how the accumulated excess energy and tension is expressed.

MD factor "adequate self-esteem – inadequate self-esteem", 23 people (52.2%) have low values, which indicates inadequate self-esteem. Such people are usually dissatisfied with themselves and lack self-confidence.

Analyzing secondary factors, the following features can be identified:

According to the additional factor F1 "anxiety", 41 respondents (93.1%) have a high score, which indicates a high level of anxiety. internal discomfort, which may be related to the fact that you want to change something in your life, but lack the courage or opportunity.

According to the additional factor F2 "extroverts-introverts", 23 respondents (52.2%) have high indicators, which indicates that the majority of the sample is extraverted. Extroverts are not socially inhibited: they easily make contact, like to make acquaintances, and are sociable.

According to the additional factor F3 "sensitivity", 35 respondents (79.5%) have high indicators. Most often, respondents make decisions quickly, without thinking about the consequences. Their sensitivity (i.e., emotional response to various events, words, actions and other "stimuli") is not at the highest level.

According to the additional factor F4 "conformity", 38 respondents (86.3%) have high scores. Such people are usually proactive, prefer to follow their own rules, not always paying attention to the opinions of others.

Thus, based on the obtained primary results, it can be concluded that patients with anxiety personality disorders have symptoms of a depressive personality, most often using projection and rationalization as the main mechanism of psychological defense. Many respondents have a coping strategy of accepting responsibility, sociability, high intelligence, emotional instability, dominance, expressiveness, high normative behavior, timidity, sensitivity, suspiciousness, dreaminess, diplomacy, anxiety, radicalism, nonconformity, high self-control, tension, increased anxiety, extraversion, sensitivity, conformity and inadequate self-esteem.

To identify the relationships between premorbid features and levels of anxiety, the data obtained were subjected to correlation analysis. The expression of premorbid features at different levels of situational and personal anxiety in patients with anxiety personality disorders was obtained as a result. The general conclusion is that there is a relationship between premorbid features and anxiety level in patients with anxiety personality disorders. The substantive characteristics of these relationships have specific features for each level of anxiety. As the level of anxiety increases, the relationship of premorbid features has its own characteristics:

- a high degree of situational anxiety is correlated with the characterological features of subordination/dominance, straightforwardness/diplomacy, normative behavior, and anxiety;

- an average degree of personal anxiety is correlated with such characterological features as conservatism/radicalism,

emotional stability, psychological defense mechanisms – regression and compensation – are used as adaptive potential;

- a high level of personal anxiety correlates with depressive symptoms, extraversion/introversion, calmness/anxiety, from psychological defense mechanisms – with regression, substitution, hypercompensation, from coping strategies – with confrontation, seeking social support, escape-avoidance, and to a lesser extent – with accepting responsibility.

All of the above conclusions indicate that the more clearly anxiety manifests itself, the more adaptive potential a person uses in an attempt to get rid of the anxiety state.

Speaking about anxiety disorders, we gave a definition according to which anxiety disorders are a group of disorders in which the manifestation of anxiety is the main symptom and is not limited to any specific external situation. We also considered the classification according to ICD-11, where anxiety disorders are classified in the section "6 B – Anxiety or fear disorders", which includes panic disorder (6 B 00), agoraphobia (6 B 01), generalized anxiety disorder (6 B 02), social anxiety disorder (6 B 03), specific phobias (6 B 04) and other similar conditions.

In addition, we considered the concept of premorbid, according to which this state precedes and contributes to the development of the disease (on the border between health and disease), when the protective and adaptive forces of the body are overstrained or sharply weakened. We also found out that in psychology, premorbid features include character and temperament features, as well as adaptive mechanisms of the personality – protective mechanisms and coping strategies of behavior. All these features were described in detail by us.

Analyzing and interpreting the primary results obtained after conducting an empirical study, we made the assumption that patients with varying degrees of severity of situational and personal anxiety will have a picture of premorbid features of an anxiety personality disorder characteristic of this degree, the detection of which will allow us to more accurately determine the methods and techniques of supporting these patients. A correlation analysis was carried out to verify this assumption. The results were used to draw appropriate conclusions and determine methods for psychotherapeutic work.

Patients with a high degree of situational anxiety have clearly expressed characterological features, such as: diplomacy, subordination, low anxiety and low normative behavior. It can be assumed that working with such patients will be effective person-centered approach to psychotherapy.

Individuals with an average level of personality anxiety exhibit characterological traits such as radicalism and emotional instability, but they also exhibit adaptive mechanisms like regression and inadequate compen-

sation. It can be assumed that personality-oriented and cognitive-behavioral approaches to psychotherapy will be effective for working with such patients.

In patients with a high degree of personal anxiety, both characterological features are clearly expressed: anxiety and extraversion, and adaptive mechanisms: regression, substitution and hypercompensation as the main mechanisms of psychological protection, escape-avoidance, acceptance of responsibility, search for social support and confrontation as the main coping strategies of behavior. Furthermore, the more personal anxiety there is, the more adaptive mechanisms are involved. Depressive symptoms are an integral part of the personality. It can be expected that psychotherapy with patients with personality-oriented and cognitive-behavioral approaches will be successful. It is also possible to use existential psychotherapy and relaxation methods. The main task of all the above psychotherapy methods is to change the thinking of an anxious patient, form adequate self-awareness and reduce the level of anxiety and tension.

#### BIBLIOGRAPHY:

1. Баркін С. О., Сосєдка Н. О. Психологічні особливості хворих із тривожними розладами. *Психосоматична медицина та загальна практика*. 2021. № 6(2). С. 1–9.
2. Волошина Л. Вплив психотравмуючих факторів на розвиток тривожних розладів в Україні. *Український журнал психіатрії*. 2019. № 2. С. 45–57.
3. Всесвітня організація охорони здоров'я ВООЗ Глобальна статистика психічного здоров'я тривожні розлади. 2021.
4. Марута М. Діагностика, лікування та профілактика тривожних розладів у сучасних соціальних умовах. Інститут психіатрії МОЗ України. 2020. 312 с.
5. Barlow D. H. Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic. New York Guilford Press. 2002. 704 p.
6. Beck A. T., Emery G., Greenberg R. L. Anxiety Disorders and Phobias: A Cognitive Perspective. New York Basic Books. 1985. 368 p.
7. Brown T. A., Barlow D. H. A Proposal for a Dimensional Classification System Based on the Shared Features of the DSM-IV Anxiety and Mood Disorders. *Psychological Assessment*. 2009. Vol. 21. No. 3. P. 256–271.
8. Cloninger C. R. A Psychobiological Model of Temperament and Character. *Archives of General Psychiatry*. 1993. Vol. 50. No. 12. P. 975–990.
9. Cloninger C. R., Przybeck T. R., Svrakic D. M., Wetzel R. D. The Temperament and Character Inventory TCI A Guide to its Development and Use. St. Louis Center for Psychobiology of Personality Washington University. 1994. 180 p.
10. Heimberg R. G. Social Phobia: Diagnosis, Assessment, and Treatment. *New York Guilford Press*. 1995. 456 p.
11. Kessler R. C., Chiu W. T., Demler O., Walters E. E. Prevalence, Severity, and Comorbidity of Twelve-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005. Vol. 62. No. 6. P. 617–627.
12. Lazarus R. S., Folkman S. Stress, Appraisal, and Coping. *New York Springer*. 1984. 456 p.
13. LeDoux J. The Emotional Brain: The Mysterious Underpinnings of Emotional Life. *New York Simon & Schuster*. 1996. 384 p.