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PSYCHOLOGICAL SUPPORT SYSTEM AND TENDENCIES TO PSYCHOSOMATICS AMONG GENERATION Z IN NORTH MACEDONIA

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ABSTRACT

Approaching to the maturity the adolescent population are living in continuous process of changes. They are faced with intermediated contact of the surroundings. As a consequence, the support of the social environment is necessary for the healthy development of the personality.

The aim of this research is to investigate the relationship between the psychological support system and psychosomatic tendencies among adolescents named as "generation Z" in our country. The sample is composed of 106 (Nm=81, Nf=25) participants that accepted and filled in the on-line questionnaires. The students, especially those studying art and social and humanistic sciences, were more interested in participating in the research.

Two psychological instruments (BOL-110 and HI test form the KON-6 battery) via Google form were applied.

Based on the results gained from the complex interplay of the basic supports (Proactivity, Body, Thinking, Belonging) with psychosomatics, among generation Z, we have figured out three profiles of personality: a) healthy, b) with high tendencies to psychosomatics and c) with high tendencies to develop severe mental health disorders. The suggestions how to sustain health are final recommendations of this work.

Keywords: proactivity, body, thinking, belonging, psychosomatics, generation Z

INTRODUCTION

Living in the XXI century in a fast developing society, we are surrounded by new smart technology, and exposed to extreme stress. The rush we are exposed to, on one hand, and the speed of the information transmission that is bridging the distances, on the other hand, influence the creation of the disturbed person of today.

That person feels both omnipotence and impotence, in the context where everything and nothing is possible. What we are experiencing as a contact today definitely does not refer to the nature and quality of human interaction, in terms of awareness, presence and engagement.

A deep waste and lost on personal level is the inevitable consequence. Sometimes, it seems that we lost what we gain by nature, our body and our emotions. Losing the capacities to be in contact with own body and emotion, and the learning process

through affiliation with the closest ones, that help us to articulate the needs, harms our thinking process and guides us toward losing the life purpose or creating the unauthentic ones.

In the society where technology is mediating the attachment process between the newborn and the mother, emotional regulation and identification of feelings is vanishing. As a consequence of this new lifestyle every day we are witnessing more and more anxiety, panic attacks, allergic reactions, cardiovascular difficulties and diseases, and other forms of various somatic symptoms. We have practically neglected our body and emotions. We have started to be destructive, to think irrationally, and we have lost the true belonging and the true life purpose.

The aim of this research is to investigate the relationship between the psychological support system and psychosomatic tendencies among adolescents born between 1995 and 2000 in the Republic of North Macedonia, named as "Generation Z". This time span is very important, since it covers the period where those born in this timeframe have been exposed to what was technology of the XX century, but also to the new smart technology.

The concept of the "Generation Z" was introduced by Schroer in 2008 to designate those born after the 20th millennium (Fernández-Cruz & FernándezDíaz, 2016 as cited in Amiama-Espaillat, & Mayor- Ruiz, 2017:106). According to Fernández-Cruz & FernándezDíaz (2016) the main characteristics of the Generation Z are: 1) experts in the understanding of technology; 2) multitasking; 3) socially open from the technologies; 4) rapidity and impatience; 5) interactive; 6) resilient. Young people from this generation are also financially focused and connected. They are entrepreneurial and prefer to work independently (Miller, 2018). Beside the fact that they are technologically connected, they are craving for human interaction, and their need to belong can't be satisfied only with virtual connectedness through social media (Hall, 2019; Miller, 2018).

The psychological support system is a construct created by Josip Berger. He used this concept for the first time in his book 'Third Parent- New Approaches in Group Psychotherapy' (1980), where he also discussed the possible models, as well as content of the group therapies.

He described the psychological support system as a 'psychological brain' that has its own organs (Berger & Kostic, 2002). According to him, the psychological support system is a scientific construction that serves to explain the person's development, functioning and behaviour as a structural operative system. The elements of this psychological system are the bodily reactivity, social interactivity, cognitive prospective and value proactivity. For the purpose of this investigation we are going to use the words Body, Belonging, Thinking and Proactivity referring to the four spheres of functioning.

The Body is the first basic support; the oldest unit of the psychological support system and as such forms the first structure of this system. It is very important to make a differentiation between what is body and what is psychological embodiment. The body is a life organism that is constructed of different systems and subsystems that cover the functioning of the bones, muscles and all the organs. The psychological embodiment is one of the fundamental personality and behavioural concepts and it refers to the attention, the contact and the experience of one's body, as well as the relation that the person has with that experience.

The basic support of the personality – Belonging, is the second basic support of the psychological support system and together with the Body it forms the first structure of the system. The Belonging as a support is the primary necessity for forming, developing and functioning of the person, and it can be developed through the connectedness of a person to the another person or the important others. This personality support includes the feeling of closeness and trust in people, communicativeness, conflict and dependence on others (Ignjatović-Džamonja & Berger, 1997). The concept of Belonging is an extensive one, which Josip Berger (2002) explained using two criteria. The first one is the existence of the important relationship established between a person and either another individual, or a group; and the second is the influence of that relationship in the process of the person's self-defining. Belonging is a special form of the social relationship in which the person has accepted a particular reference person or a group with whom s/he established his/hers "We identity" besides his/her "I identity".

The Thinking in the model of Josip Berger is the third basic support and, as such, forms the second structure of the psychological support system. It is understood as a general concept that covers all cognitive functions: intelligence and special abilities, feelings, remembering, attention, trial, planning, but also criticality, intuition, fantasy and creativity. The Thinking as a basic personality support is formed as a combination of the natural attributes and the personal relation to a certain category of potentials and predispositions that the person has. The proper or improper use of the potentials and the abilities leads to a functional or dysfunctional basic support

of thinking. Whether the thinking as a personality basic support will be functional or dysfunctional depends on the potentials and the level of abilities, but also of the person's relation to them.

The Proactivity is the forth and the last personality basic support in the psychological support system. This support includes an optimistic attitude towards the future, an experience of life's sense, values and beliefs. It is defined as a dimension between the fatalism and fanatism. (Berger & Kostic, 2002; Ignjatović-Džamonja & Berger, 1997). The most important difference between the Proactivity as a basic support and the rest of the basic supports, is that the Proactivity is sum of different concepts unlike the body, belonging and thinking whose content is homogeneous. The Proactivity in the psychological support system stands for faith, hope and purpose.

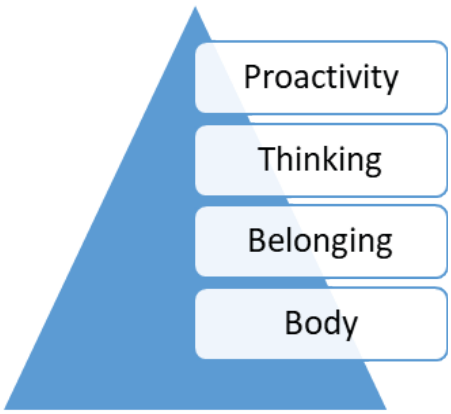

Fig. 1. *Graphic representation of the psychological support system*

The pyramid is a representation of the development of the psychological support system, starting from the bottom (Fig.1). According to Berger and Kositc (2002), the Body and the Belonging form the first structure. It is a precondition for the second structure, Thinking to emerge. During the second structure the Thinking is developing. On the top is the third structure that is formed by the previous two structures that consist of these three basic supports. The Body, the Belonging and the Thinking are necessary in order the Proactivity to be formed. Berger & Kostic (2002) explain the complexity of the proactivity, as a concept, as well as the Proactivity as a basic support. According to him, it develops by a synthetic connection of the other three basic supports: Body, Belonging and Thinking.

The dynamics of the whole psychological support system is based on the process of continuous changes. The changes could be internal or external, and could appear in one or more basic supports at the same time. We could observe them as deviations through the dimensions of the basic support / supports. No matter if the changes appear in one or more basic support/s, they affect the whole system.

The psychosomatics is a holistic approach to the disease, where psychosomatic medicine seeks to get rid of the dualistic view of a person divided into the soul and body. Adamovic defines the psychosomatic illness as a bodily illness with pathoanatomic lesion, and the psychological factors are the ones who are crucial and important in the lesion's occurrence and development. The psychophysiological disorder is transitory physiological reaction that occurs as a consequence of the emotional factors (Adamovic, 2005: 13).

The neurobiological model of disease includes three regions in the brain that are involved when we are talking about somatic symptoms. Anterior insula, the anterior cingulate and the somatosensory cortex are connected, and these regions are activated by unpleasant bodily sensations. Some people might have hyperactivity in these brain regions which are involved in the process of evaluating the unpleasantness of body sensations and this would explain why they are more vulnerable to experiencing and noticing somatic symptoms and pain. Except unpleasant bodily stimulus and pain, the anterior insula and the anterior cingulate could be activated by emotional pain. Also, the anterior cingulate is directly related to depression and anxiety. These connections could serve in explanation of the relationship between the emotions and the bodily sensations (Kring, Johnson, Davidson, & Neale, 2012).

Franz Alexander, the most acknowledgeable representative of the Chicago Psychosomatic School, is an author which contributed a lot in the field of psychosomatic illnesses. He is considered to be the founder of contemporary psychosomatics, and he provides formula according to which various factors play an important role in the emergence of psychosomatic illness. Alexander's formula for the occurrence of psychosomatic illness is still used and it reads:

Illness = inheritance + early emotional experiences + reactivation of early traumas in adulthood + "X" factor

The importance of the Psychosomtics is clearly noted by its inclusion in the DSM III in the 80's

of the last century. Through the several revision of the DSM IV, Psychosoamtics survived and in the last version of DSM V, it is also presented but it differently named. In the DSM-V there are three major somatic symptom disorders: complex somatic symptom disorder, illness anxiety disorder, and functional neurological syndrome.

The main hypothesis for this research is that there is a connectedness between the basic supports of the person and the psychosomatic tendencies among adolescents born between 1995 and 2000 in North Macedonia.

SAMPLE AND METHOD

The sample for this research was derived from the population of adolescents the from Republic of North Macedonia, born between 1995 and 2000. We have chosen this sample based on the theories that Generation Z is the generation that grew up with technology and is used to the social media. The sample is consisted of 106 participants that accepted and filled in the on-questionnaire, in the period between May and June 2019.

This research is conducted with two instruments: BOL-100 and HI- test from the KON-6 battery, together with a short demographic questionnaire.

The BOL-100 instrument (Bazicni Oslonci Licnosti i psiholoski potpotni sistem) constructed by Berger and Kostic (Berger & Kostic, 2002) is used for measuring the psychological support system. The instrument has four scales, one for each of the basic supports: Body, Belonging, Thinking and Proactivity. Each scale has 25 items on a Likert scale from 1 to 5, where 1 means 'I completely disagree' and 5 'I completely agree'. The first scale BOL/T, measuring the basic support Body has 15 reversed items. The BOL/P scale, that measures the basic support Belonging has inversed 11 items. The third scale BOL/M, measures the basic support Thinking and has 8 inversed items and the last scale, the BOL/S scale, measuring the Proactivity has 8 reversed items. All the scales measure functionality or dysfunctionality of the basic support. The scores for every scale can go from 25 to 125. Only the middle scores are showing functional basic support, as they get closer to the extremes they are showing dysfunctional support.

This instrument has been used on Macedonian population during august 2018. The original language of the instrument is Serbian language and for this research it has been translated to Macedonian. The process of translation was according to the standards for translating the instruments according to Hambleton (Hambleton, 2005 as cited in Petroska-Beska & Kenig, 2013). Therefore, all four scales were translated from Serbian into Macedonian, by a psychologist who is Macedonian and Serbian speaker on the C2 level . Then the inversion translation was preformed, now from official translator both from and to Macedonian and Serbian Language. This translation was compared with the original test items that are into Serbian Language. Just few slightly changes have appeared.

Further on, the Chronbach's Alpha coefficient for this sample for the whole test was calculated and it is $\alpha = 0.945$. According to this, we can say that the internal consistency of the test is very high. The Chronbach's Alpha coefficients for the four scales of the test are the following: BOL/T has $\alpha = 0.896$; BOL/P has $\alpha = 0.843$; BOL/M has $\alpha = 0.725$; BOL/S has $\alpha = 0.906$. We could state that all Chronbach's Alpha coefficients for the four scales of the test are very high that prove internal consistency and reliability, which support our translation too.

The HI- test from the KON-6 battery (Kiberneticka baterija konativnih testova) constructed by Momirovic and Dzamonja (Momirovic, Wolf, B & Dzamonja, 1992), is used for measuring tendency to psychosomatic reactions. This test has been used several times on Macedonian population. The original language of this test is also Serbian, but for the needs of this research it has been translated into Macedonian, again following the translation procedure (Hambleton, 2005 as cited in Petroska-Beska & Kenig, 2013). This test measures the efficacy of the system for regulation and control of the organic functions. It has 30 items and none of them is reversed item. The items are measured on a likert scale from ++ to -- (++ is 'I completely agree' and – 'I completely disagree'). The score can be from 30 to 150 points. High score shows a tendency to psychosomatic reactions and low score shows a low tendency to psychosomatic reactions. To measure the internal consistency of this test for this sample, we used the Chronbach's Alpha coefficient, which is very high ($\alpha = 0.935$). That supports the quality of translation too.

The measuring instruments were placed in Google forms as three blocks of questionnaires. Two different blocks for the instruments and one block for the demographic questions (gender, year of birth and university studies), in total 134 items. The Google form link was sent to the participants via social media, using private massaging and Facebook student groups. It was stated that they are asked to

fill in questionnaires that are going to be anonyms and all the data collected is going to be used for the purpose of this research.

After the data was collected, it was transferred to SPSS 22 for statistical evaluation. All the scores for every scale were calculated, and the descriptive statistics was preformed, as well as Cronbach's alpha coefficient for reliability and internal consistency and Kolmogorov- Smirnov test of normality. Based on the results of the Kolmogorov- Smirnov test, we used a nonparametric measure, the Spearman's measure of rank correlation. Additionally, based on the proportion of the sample, we did a partial correlation keeping the gender, student status and the field of studies under control.

RESULTS AND DISCUSSION

The whole sample consists of 106 participants, 81 females and 25 males born from 1995 to 2000. The Fig 2, 3 and 4 show demographic data of the evaluated sample.

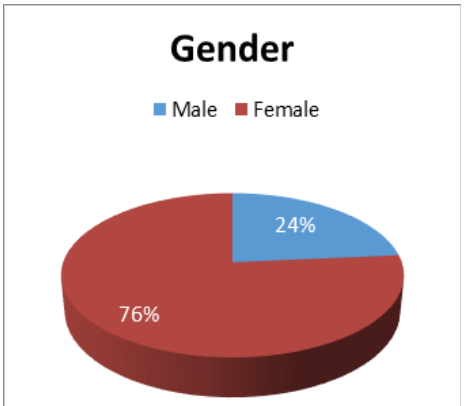

Figure 2: graphic representation of the gender

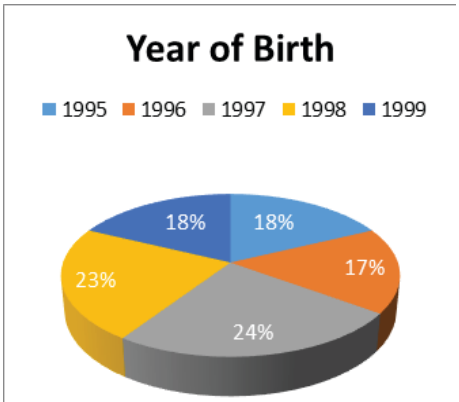

Figure 3: graphic representation of the age

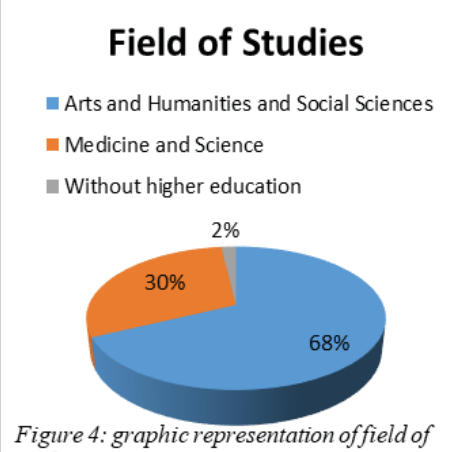

Figure 4: graphic representation of field of studies

The Table 1 is presenting the descriptive statistics about the involved variables

Table 1. *Descriptive statistics for the variables*

	N	Min	Max	M	SD	Skewness	Kurtosis
Basic support Body	106	44	120	88.96	16.349	-2.77	1.87
Basic support Belonging	106	67	121	97.61	12.660	-2.27	-.71
Basic support Thinking	106	72	117	95.48	9.345	-.27	-.39
Basic support Proactivity	106	49	121	99.58	14.973	-4.73	3.421
Psychosomatics	106	31	129	65.98	23.281	2.37	-.96

From the Table 1, we could read the values for Min, Max, M, SD, skewness and kurtosis, gained for this sample. The relatively high scores on the scales of the psychological support system are obtained. It is a good sign, keeping in mind the age of the participants. Based on that, it is expected to have higher scores on the support system scales, that further approach to the higher extremes: grandiosity (Body), symbiosis (Belonging) intellectualization (Thinking), and fanatism (Proactivity). Namely, it is expected that such young people are still healthy, in good physical shape and feel omnipotence. The most of the subjects in the sample are students (91%), so it seems natural that the Thinking as a support system is overemphasized. Further, this developmental stage is characterized with the importance of the social relationships, especially intimate relationships, which explains why the scores on Belonging are so high, almost approaching the symbiosis. Since, they are in the life stage where they are making important life decisions, it is very important to see that they are optimistic about their future. We can also observe there are lower scores on the psychosomatics scale, which once again is expected due to the sample's age.

Regarding the results of the skewness and kurtosis (see figure 4), only the basic support Thinking has a normal distribution. This has been confirmed with the Kolmogorov- Smirnov test (K-S=0.065. $p<0.05$). The distribution of the scores of the basic support Body is leptokurtic and has a negative skewness which shows that the there is a bigger frequency of the scores around the Mean and higher frequency of the scores on the positive part of the scale. The same distribution can be seen in the basic support Proactivity. The basic support Belonging has also a negative skewness, but the kurtosis is mesocurtic, which shows normality. The mesocurtic distribution can be observed even in the case of the psychosomatic tendencies, but unlike the other scales, on this scale the skewness is positive, which shows that there is a higher frequency of the scores on the negative part of the scale (see figure 5).

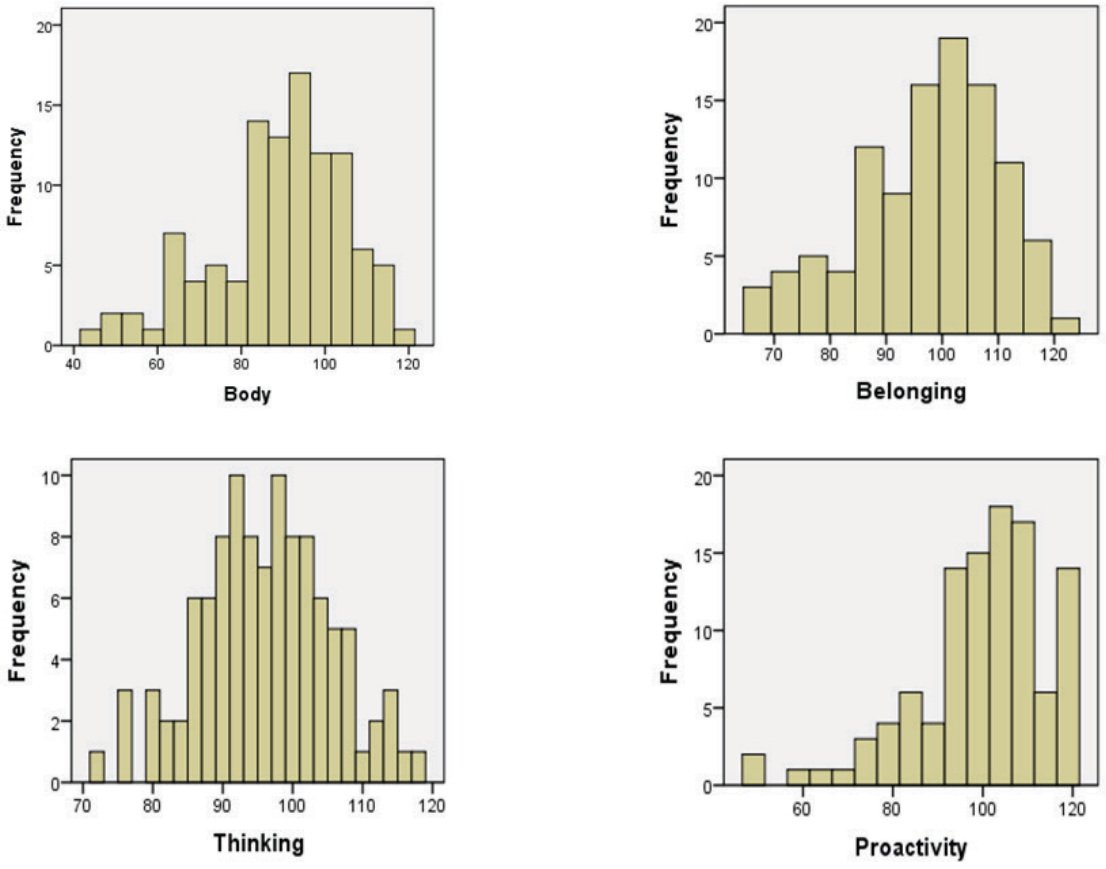

Fig. 5. *Graphic representation of the distributions of the psychological support system*

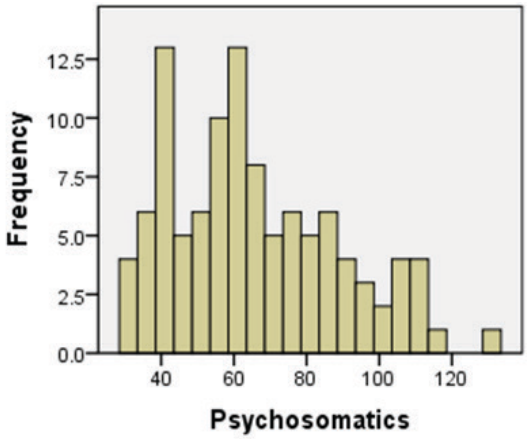

Fig. 6. *Graphic representation of the distribution of the psychosomatic tendencies scale*

The coefficients of Spirman Correlation presented in Table 2 are presenting the correlation between all included variables. The statistical significant correlations were between: Personality basic support Body and Psychosomatic tendencies; Belonging and Psychosomatic tendencies; Thinking and Psychosomatic tendencies; Proactivity and Psychosomatic tendencies.

Table 2. *Spearman Correlation for the personality basic supports and the tendency to psychosomatic reactions*

Body	Belonging	Thinking	Proactivity	Tendency to psychosomatic reactions
Body	.394**	.453**	.639**	-.660**
Belonging		.438**	.696**	-.472**
Thinking			.540**	-.304**
Proactivity				-.542**
Tendency to psychosomatic reactions				

**p<.01

We could observe that among all variables there is a significant statistical correlation of 99%. Among the basic supports we are observing a positive correlation, while between the basic supports and the psychosomatic tendencies there is a negative correlation.

The most of them are in the golden range (0.40-0.60), while some are lower, although all are significant on the p<0.01.

From the table 3 we can read that there is a statistically significant negative correlation between the basic support Body and the tendency to psychosomatic reactions (r (106) =-.660; p<0.01).

Table 3. *Spearman Correlation for the basic support Body and the tendency to psychosomatic reactions*

	Body	Tendency to psychosomatic reactions
Body		-.660**
Tendency to psychosomatic reactions		

**p<.01

Table 4. *Spearman Correlation for the basic support Belonging and the tendency to psychosomatic reactions*

	Belonging	Tendency to psychosomatic reactions
Belonging		-.472**
Tendency to psychosomatic reactions		

**p<.01

From the table 5 we can read that there is a statistically significant negative correlation between the basic support Thinking and the tendency to psychosomatic reactions (r(106)=-.304; p < 0.01).

Table 5. *Spearman Correlation for the basic support Thinking and the tendency to psychosomatic reactions*

	Thinking	Tendency to psychosomatic reactions
Thinking		-.304**
Tendency to psychosomatic reactions		

**p<.01

From the table 6 we can read that there is a statistically significant negative correlation between the basic support Proactivity and the tendency to psychosomatic reactions (r(106)= -.542; p < 0.01).

Table 6. *Spearman Correlation for the basic support Proactivity and the tendency to psychosomatic reactions*

	Proactivity	Tendency to psychosomatic reactions
Proactivity		-.542**
Tendency to psychosomatic reactions		

**p<.01

In continuation from table 8-10, the partial correlations are presented. In this correlations Gender, Field of studies and Student status were controlled, due to the big discrepancies between groups.

Table 8. *Partial Correlation for the personality basic supports and the tendency to psychosomatic reactions having gender under control*

		Body	Belonging	Thinking	Proactivity	Tendency to psychosomatic reactions
Gender	Body		.463**	.407**	.707**	-.724**
	Belonging			.445**	.723**	-.525**
	Thinking				.506**	-.319**
	Proactivity					-.604**
	Tendency to Psychosomatic reactions					

**p<.01

From the table 8 we can read:

- When we control the gender on the relationship among the personality basic supports there is a statistically significant positive correlation among the personality basic supports: Body, Belonging, Thinking and Proactivity (r(106)=.463; p < 0.01; r(106)=.407; p < 0.01; r(106)=.707; p < 0.01; r(106)=.455; p < 0.01; r(106)=.723; p < 0.01; r(106)=.506; p < 0.01.)

- When we control gender on the relationship between the personality basic supports and the tendency to psychosomatic reactions we find the following correlations (r(106)=-.724; p < 0.01; r(106)=-.525; p < 0.01; r(106)=-.319; p < 0.01; r(106)=-.604; p < 0.01).

Table 9. *Partial Correlation for the personality basic supports and the tendency to psychosomatic reactions having the field of studies under control*

		Body	Belonging	Thinking	Proactivity	Tendency to psychosomatic reactions	
Field of	Body		455**	.407**	.700**	-.720**	studies
	Belonging			.450**	.744**	-.525**	
	Thinking				.504**	-.319**	
	Proactivity					-.606**	
	Tendency to Psychosomatic reactions						

**p<.01

From the table 9 we can read:

- When we control the field of studies on the relationship among the personality basic supports there is a statistically significant positive correlation among the personality basic supports: Body, Belonging, Thinking and Proactivity (r(106)=.455; p < 0.01; r(106)=.407; p< 0.01; r(106)=.700; p < 0.01; r(106)=.450; p < 0.01; r(106)=.744; p < 0.01; r(106)=.504; p < 0.01.)

- When we control field of studies on the relationship between the personality basic supports and the tendency to psychosomatic reactions we find the following correlations (r(106)=-.720; p < 0.01; r(106)=-.525; p < 0.01; r(106)=-.319; p < 0.01; r(106)=-.606; p < 0.01).

Table 10. *Partial Correlation for the personality basic supports and the tendency to psychosomatic reactions having the student status under control*

		Body	Belonging	Thinking	Proactivity	Tendency to psychosomatic reactions	
Student	Body		.444**	.405**	.696**	-.719**	status
	Belonging			.441**	.722**	-.517**	
	Thinking				.504**	-.318**	
	Proactivity					-.599**	
	Tendency to Psychosomatic reactions						

**p<.01

From the table 10 we can read:

- When we control the student status on the relationship among the personality basic supports there is a statistically significant positive correlation among the personality basic supports: Body, Belonging, Thinking and Proactivity (r(106)=.444; p < 0.01; r(106)=.405; p< 0.01; r(106)=.696; p < 0.01; r(106)=.441; p < 0.01; r(106)=.722; p < 0.01; r(106)=.504; p < 0.01.)

- When we control the students status on the relationship between the personality basic supports and the tendency to psychosomatic reactions we find the following correlations (r (106) =-.719; p < 0.01; r (106)=-.517; p < 0.01; r(106)=-.318; p < 0.01; r(106)=-.599; p < 0.01).

Generally, based on the results showing the correlation between the basic support Body and the tendencies to psychosomatic reactions, we can say that when the basic support Body deviates toward the extreme of weakness, extreme powerless and feeling of worthlessness, the tendency to

psychosomatic reactions is increasing. When the basic support Body is close to the upper extreme, grandiosity and power, than the tendencies to psychosomatic reactions are lower, and the other way around.

The results of this research are corresponding with the results of the research "Body and Thinking as personality basic supports, psychosomatics and coping styles among students" (Canevska, 2018), but are different from the results of Ignjatović-Džamonja & Berger, (1997).

In the second research the results are showing negative correlation with neuroticism, which can only be corresponding with the negative correlation between the Body and psychosomatics if we take under consideration the somatic aspects of the anxiety. Otherwise, the neuroticism excludes psychosomatis. The neuroticism appeares as a defence mechanism when we perceive threat. The defence mechanisms are helping the person to deal with the situation and they are socially accepted.

According to Andrews, Singh, & Bond (1993) the neurotic defence mechanisms are accepted in the society as habits and whims. The defence mechanisms become dysfunctional only if there is a fixation. In case of fixation the energy starts to run low, the person loses its capacities to deal with the situation and there are two possible outcomes. The first one is the development of psychosomatic symptoms, which are more accepted by society and the second one is to develop severe mental health issues, such as psychosis.

Based on the results showing negative correlation between the basic support Belonging and tendencies to psychosomatics we can say that when the basic support Belonging is approaching the lower extreme, isolation, the psychosomatic tendencies are increasing. Also, when the tendencies to psychosomatic reactions are increasing the basic support Belonging becomes dysfunctional, seen as isolation.

There are some studies supporting the results from this research and the negative correlation between the basic support Belonging and the psychosomatic tendencies that have found that social support and affiliation play a huge role in protecting people from illness in terms of preventing stress and poor immune system. Also, support helps in the recovery process of illnesses, even chronic ones such as cancer (Rook et al., 2011; Kim at al., 2010 as cited in Comer, 2015). This is showing the both ways of the connection. Not only that the symbiosis prevents the development of somatic symptoms, but it also helps in the process of recovery, once the symptoms have appeared.

Based on the results showing negative correlation between the basic support Thinking and tendencies to psychosomatics we can say that when the basic support Thinking is approaching the lower extreme of inadequate thinking the psychosomatic tendencies are increasing. Also, when the tendencies to psychosomatic reactions are increasing, the basic support Thinking becomes dysfunctional, seen as inadequate or excluded thinking.

These results are expected. Namely, when the thinking is inadequate or dysfunctional on the lower extreme this creates a feeling of cognitive inefficacy, irrationality, impulsive behaviour and lower interest, all of this leads the person toward carelessness for the health.

Based on the results showing negative correlation between the basic support Proactivity and tendencies to psychosomatics we can say that when the basic support Proactivity is approaching the lower extreme, fatalism, the psychosomatic tendencies are increasing. Also, when the tendencies to psychosomatic reactions are increasing the basic support Proactivity becomes dysfunctional, seen as fatalism or pessimistic attitude towards the future. On the other hand, when the basic support Proactivity is approaching the upper extreme, or getting closer to fanatism, the psychosomatic tendencies are decreasing.

Due to the unequal representation of the sample by gender, student status and field of studies, partial correlations were made. The results of the partial correlations are confirming the results gained with the Spearman's correlation. Namely, when the gender, student status and field of studies are controlled, the correlations between the basic personality supports and the tendency to psychosomatic reactions were all negative on the level of $p<0.01$. These results are showing that the gender, student status and field of studies are not interfering in the relation between the basic supports and the tendency to psychosomatic reactions. Therefore, we could say that maybe we are not only talking about personality supports, but maybe we are facing personality traits.

In the figure 6 the graphic representation of the connection between the psychological support system and the psychosomatic tendencies is presented. What we are observing is that the psycho-

somatics are related with the lower extremes of the basic supports: weakness of the body, isolation, excluded thinking and fatalism.

All of these are coexisting at the same time, so we could say that there are three main profiles of personality.

The first profile is with high possibilities to develop somatic symptoms, we can even say there is a high risk to develop a chronic illness. The person with this profile is powerless and weak, has destructive habits and negative attitude toward the body, the cognitive processes are low, the thinking is inadequate or excluded and the creativity is lost. This person is isolated with difficulties to enter in contact and even impaired to begin an action. Also, this person is fatalist, showing clear signs of pessimism and lack of religion feelings and beliefs.

The second profile is the total polarity of the first profile. This profile is characterized by having low possibilities to develop somatic symptoms. These persons are in good physical condition, feeling omnipotence, grandeur and indestructibility. They are overemphasizing the thinking or misusing it, and this cognitive process could easily turn thinking into a compulsion or a ritual. They are connected to people, and have highly developed "we identity", which excludes the "I identity". They are optimistic, with high values including religious values and beliefs. According to the characteristics of this profile, we could say that this personality profile is corresponding to a profile of a person with severe mental health issues, or high possibilities to develop mental disorders, such as Schizophrenia or Bipolar disorder.

The third personality profile is the profile of a healthy person and it is the balance between the first and the second profile. As Berger said, the basic supports are functional only if they are in balance (Berger & Kostic, 2002). This person is vital and healthy, having positive attitude towards the body. It is creative, with good cognitive abilities, rational and good at solving problems. These persons have good social skills and are capable to build healthy relationships, balancing the "I identity" and the "We identity''. They are also aware of their own abilities, know how to recognize their true needs and to set goals and life purposes according to them. Critical thinking is an important characteristic, so they know how to make a good analysis and to test the situation, and this makes them functionally proactive.

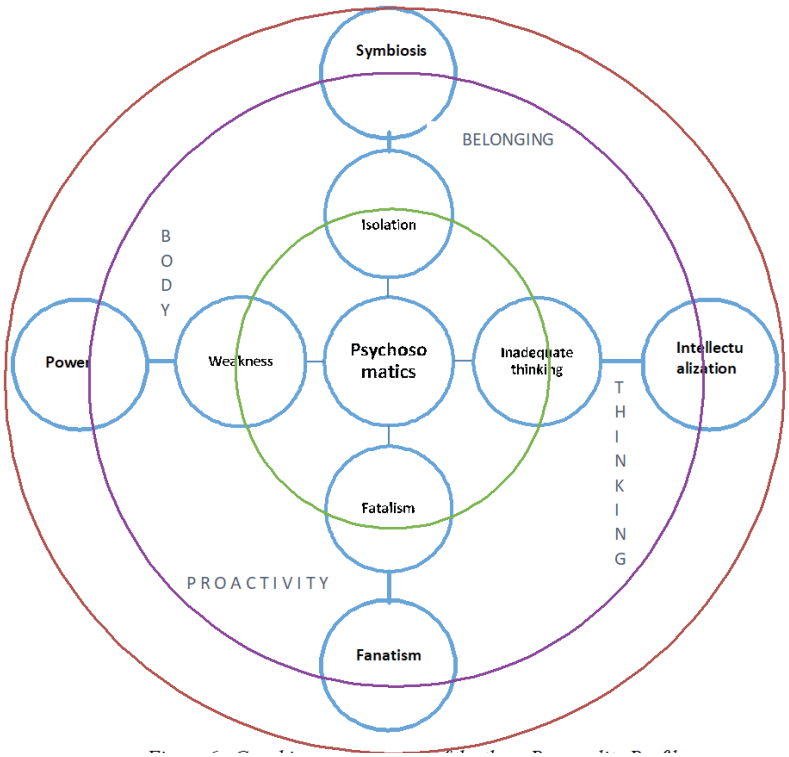

Fig. 6. *Graphic representation of the three Personality Profiles*

Concerning the therapy/prevention, it is known that there are many therapy modalities that could help in the treatment process of the somatic symptom disorder. However, the treatments of the symptom, although important and more convenient concerning time and money, is not necessary the best ones. Knowing the aetiology of the disorder and due to that based intervention and activities could give more prominent results in the long-term. Any psychotherapy is helpful in the treatment process and researches have showed that. According to Kleinstauber, Witthoft, & Hiller (2011) psychotherapy compared to pharmacotherapy seems to play a more important role in the treatment of physical symptoms, the pharmacotherapy facilitates the patient's passivity, supports somatic health beliefs and conveys the risk of side effects.

From the clinical perspective, it would be important to continue this research in direction of investigation of Psychological support system in patients suffering with severe mental disorders. Namely, in further researches it would be of great clinical significance to gain scientific results, investigating the second profile exposed in the discussion in depth.

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Резиме

ПСИХОЛОШКИОТ СИСТЕМ НА ПОДДРШКА И ТЕНДЕНЦИИ ЗА ПСИХОСОМАТИКА КАЈ ГЕНЕРАЦИЈАТА З ВО С МАКЕДОНИЈА

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Доближувајќи се до зрелоста, адолесцентната популација живее во постојан процес на промени. Тие се соочени со посреден сооднос со опкружувањето. Како последица, поддршката од социјалната средина е неопходна за здрав развој на личноста.

Цел на истражувањето е да се испита односот меѓу системот на психолошката поддршка и психосоматските тенденции кај адолесцентите наречени „генерација З“ во нашата земја. Примерокот се состои од 106 испитаници (машки 81 и женски 25), кои прифатија одговор на онлајн-прашалници. Студентите, особено оние од социјалните и од хуманистичките студии, беа најмногу заинтересирани да учествуваат во истражувањето.

Користени се два психолошки инструменти (БОЛ -110 и ХИ тест од КОН-6 батеријата), кои се аплицирани преку Гугл.

Базирано на добиените резултати од комплексната меѓуигра на базичниот систем на поддршка (проактивност, тело, мислење, припадност), со психосоматиката кај генерацијата З, издвоивме три профили на личноста: а) здрави личности; б) оние со високи тенденции за психосоматика; в) оние со високи тенденции за сериозни ментални нарушувања. Како финална препорака од ова истражување сугерирано е како да се зачува здравјето

Клучни зборови: припадност, тело, мислење, психосоматика, генерација З