https://doi.org/10.34142/23129387.2026.75.06
UDC 159.94
ORCID 0000-0001-6705-2751
ORCID 0000-0002-8387-1690

PSYCHOSOMATIC COMPETENCE OF FUTURE PSYCHOLOGISTS

***Zhanna P. Virna*[1ABD], *Borys V. Khomulenko*[2AD]**
1– doctor of psychological sciences, professor, professor psychology department, Lesya Ukrainka Volyn National University
E mail: virna.zhanna@vnu.edu.ua
2 - Candidate of Psychological Sciences, Professor, Associate Professor, Ukrainian Engineering and Pedagogical Academy, V.N. Karazin Kharkiv National University, Ukraine
E-mail: b.khomulenko2022@gmail.com

Relevance of the study. The relevance of studying the psychosomatic competence of future psychologists stems from the growing number of psychological requests in which emotional strain, chronic stress, health anxiety, pain, sleep disturbances and bodily discomfort are closely intertwined. A contemporary psychologist must be prepared to work with the psychological dimension of the client's somatic experience without reducing the client's complaints to the simplistic explanation that "it's all nerves". Professional competence in this domain presupposes an understanding of the biopsychosocial nature of health, a capacity for bodily reflection and for psychological analysis of how symptoms are experienced, and adherence to the limits of one's professional scope of practice. The development of the bodily self is of particular importance, since body acceptance, interoceptive sensitivity, verbalization of inner sensations and self-regulation are key prerequisites for an individual's constructive relationship with their own corporeality. For the future psychologist, these qualities have not only personal but also professional significance: they foster an attentive, empathic and non-judgmental attitude towards the client's bodily experience. Insufficiently developed psychosomatic competence may lead to avoidance of body-related issues or to inaccurate psychological interpretation of somatic symptoms. Therefore, investigating the structure, indicators and conditions for the development of psychosomatic competence is essential for improving the professional

training of future psychologists and for ensuring ethical, evidence-based psychological care.

Research methods. The study employed a set of theoretical methods appropriate to its aim and subject. Scientific literature on psychosomatics, the bodily self, interoception, health psychology and the professional training of future psychologists was examined by means of critical analysis, comparison, systematization and generalization. Structural-functional analysis was used to identify the components of psychosomatic competence: cognitive, value-attitudinal, reflective-regulatory and professional-applied. The comparative-typological method made it possible to contrast the constructive and destructive variants of the bodily self and to establish their psychological characteristics. Theoretical modeling was applied to construct a structural model of future psychologists' psychosomatic competence and to define its key features: bodily awareness, body acceptance, interoceptive sensitivity, verbalization of bodily experience, metaphoricity, causal understanding, dialogicity, agency and integrativeness.

Results The theoretical analysis refined the content of future psychologists' psychosomatic competence as an integrative professional and personal construct that ensures a conscious attitude towards one's own corporeality and readiness to work competently with the psychological dimension of the client's bodily experience. It was established that this competence is not limited to knowledge of psychosomatic disorders but combines bodily awareness, body acceptance, interoceptive sensitivity, the ability to verbalize sensations, reflexivity and self-regulation.

Psychosomatic competence was found to have a four-component structure. The cognitive component encompasses knowledge of the body, an understanding of the interrelations between bodily states, emotions, behavior and life situations, and the ability to notice and describe inner sensations. The value-attitudinal component manifests itself in body acceptance, a benevolent attitude towards the body, care for one's health, and recognition of bodily needs and limits. The reflective-regulatory component is characterized by the capacity for inner dialogue with the bodily self, awareness of one's own bodily-emotional reactions and the choice of constructive self-regulation strategies. The professional-applied component reflects the future psychologist's readiness to analyze clients' body-oriented requests, provide psychoeducation, support the verbalization of experiences and appropriately determine the need for medical referral.

It was found that the constructive variant of the bodily self is associated with acceptance of one's own body, attentiveness to its signals, the ability to differentiate bodily sensations and the reflective regulation of

behavior in accordance with one's current state. Under these conditions, bodily manifestations can be interpreted as information about fatigue, overload, emotional strain, or the need for rest or professional help. The destructive variant of the bodily self manifests itself in non-acceptance of corporeality, insufficient sensitivity to the body's needs, difficulty describing inner sensations, and the ignoring or catastrophizing of symptoms. Such characteristics may reduce the effectiveness of self-regulation and impede psychological adaptation to somatic discomfort.

It is substantiated that psychosomatic competence should be developed in the course of psychologists' professional training through the integration of knowledge from health psychology, clinical psychology and the psychology of corporeality. Its development requires bodily reflection practices, analysis of clinical-psychological cases, training in psychoeducation skills, communication training and ethical reflection on the limits of psychological intervention. At the same time, well-developed psychosomatic competence entails rejecting the simplistic attribution of somatic symptoms exclusively to psychological causes and adopting a biopsychosocial understanding of health.

***Keywords**: psychosomatic competence; psychologists; bodily self; psychosomatic phenomena; interoceptive sensitivity; bodily reflection; self-regulation; body acceptance; health psychology; professional training.*

ПСИХОСОМАТИЧНА КОМПЕТЕНТНІСТЬ МАЙБУТНІХ ПСИХОЛОГІВ

Ж. П. Вірна[1ABD], Б.В. Хомуленко[2AD],

1 – доктор психологічних наук, професор, професор *кафедри психології, Волинський національний уінверситет імені Лесі Українки*
E-mail: virna.zhanna@vnu.edu.ua
2 - кандидат психологічних наук, доцент, Навчально-науковий інститут «Українська інженерно-педагогічна академія», Харківський національний університет імені В.Н. Каразіна,
E-mail: b.khomulenko2022@gmail.com

<u>Актуальність дослідження.</u> Актуальність дослідження психосоматичної компетентності майбутніх психологів зумовлена зростанням кількості психологічних запитів, у яких емоційне

напруження, хронічний стрес, тривога щодо здоров'я, біль, порушення сну та тілесний дискомфорт тісно переплітаються. Сучасний психолог має бути підготовленим до роботи з психологічним виміром соматичного досвіду клієнта, не зводячи його скарги до спрощеного пояснення «усе від нервів». Професійна компетентність у цій сфері передбачає розуміння біопсихосоціальної природи здоров'я, здатність до тілесної рефлексії, психологічного аналізу переживання симптомів і дотримання меж власних професійних повноважень. Особливого значення набуває розвиток тілесного Я, оскільки прийняття тіла, інтероцептивна чутливість, вербалізація внутрішніх відчуттів і саморегуляція становлять важливі передумови конструктивної взаємодії особистості з власною тілесністю. Для майбутнього психолога ці якості мають не лише особистісне, а й професійне значення: вони сприяють уважному, емпатійному та неоцінювальному ставленню до тілесного досвіду клієнта. Недостатня сформованість психосоматичної компетентності може призводити до уникання тілесної проблематики або некоректного психологічного тлумачення соматичних симптомів. Отже, дослідження структури, показників і умов розвитку психосоматичної компетентності є необхідним для вдосконалення професійної підготовки майбутніх психологів та забезпечення етичної, науково обґрунтованої психологічної допомоги.

<u>Методи дослідження</u>. У дослідженні використано комплекс теоретичних методів, адекватних його меті та предмету. Наукові джерела з проблем психосоматики, тілесного Я, інтероцепції, психології здоров'я та професійної підготовки майбутніх психологів аналізувалися із застосуванням методів критичного аналізу, порівняння, систематизації та узагальнення. Структурно-функціональний аналіз було використано для визначення компонентів психосоматичної компетентності, зокрема когнітивного, ціннісно-ставленнєвого, рефлексивно-регулятивного та професійно-прикладного. Порівняльно-типологічний метод дав можливість зіставити конструктивний і деструктивний варіанти тілесного Я та встановити їхні психологічні особливості. Метод теоретичного моделювання застосовано для побудови структурної моделі психосоматичної компетентності майбутніх психологів і визначення її ключових ознак: тілесної обізнаності, прийняття тіла, інтероцептивної чутливості, вербалізації тілесного досвіду, метафоричності, каузального осмислення, діалогічності, суб'єктності та інтегративності.

Результати. У результаті теоретичного аналізу уточнено зміст психосоматичної компетентності майбутніх психологів як інтегративного професійно-особистісного утворення, що забезпечує усвідомлене ставлення до власної тілесності та готовність компетентно працювати з психологічним виміром тілесного досвіду клієнта. Встановлено, що означена компетентність не обмежується знаннями про психосоматичні розлади, а поєднує тілесну обізнаність, прийняття тіла, інтероцептивну чутливість, здатність до вербалізації відчуттів, рефлексивність і саморегуляцію.

Визначено, що психосоматична компетентність має чотирикомпонентну структуру. Когнітивний компонент охоплює знання про тіло, розуміння взаємозв'язків між тілесними станами, емоціями, поведінкою та життєвими ситуаціями, а також уміння фіксувати й описувати внутрішні відчуття. Ціннісно-ставленнєвий компонент виявляється у прийнятті тіла, доброзичливому ставленні до нього, турботі про здоров'я та визнанні тілесних потреб і меж. Рефлексивно-регулятивний компонент характеризується здатністю до внутрішнього діалогу з тілесним Я, усвідомленням власних тілесно-емоційних реакцій і вибором конструктивних стратегій саморегуляції. Професійно-прикладний компонент відображає готовність майбутнього психолога аналізувати тілесно орієнтовані запити клієнта, здійснювати психоедукацію, підтримувати вербалізацію переживань і коректно визначати потребу в медичному скеруванні.

З'ясовано, що конструктивний варіант тілесного Я пов'язаний із прийняттям власного тіла, уважністю до його сигналів, здатністю диференціювати тілесні відчуття та рефлексивно регулювати поведінку відповідно до актуального стану. За таких умов тілесні прояви можуть бути осмислені як інформація про втому, перевантаження, емоційне напруження, потребу у відпочинку або професійній допомозі. Деструктивний варіант тілесного Я виявляється у неприйнятті тілесності, недостатній чутливості до потреб організму, труднощах опису внутрішніх відчуттів, ігноруванні або катастрофізації симптомів. Такі особливості можуть знижувати ефективність саморегуляції та ускладнювати психологічну адаптацію до соматичного дискомфорту.

Обґрунтовано, що психосоматична компетентність має формуватися у процесі професійної підготовки психологів через інтеграцію знань із психології здоров'я, клінічної психології та психології тілесності. Її розвиток потребує застосування практик тілесної рефлексії, аналізу клініко-психологічних випадків, формування навичок психоедукації, комунікативної підготовки та етичного

осмислення меж психологічного втручання. При цьому сформованість психосоматичної компетентності передбачає відмову від спрощеного пояснення соматичних симптомів винятково психологічними причинами та орієнтацію на біопсихосоціальне розуміння здоров'я.

***Ключові слова**: психосоматична компетентність; психологи; тілесне Я; психосоматичні феномени; інтероцептивна чутливість; тілесна рефлексія; саморегуляція; прийняття тіла; психологія здоров'я; професійна підготовка.*

Introduction. Psychological science increasingly consistently affirms a holistic view of the human being, within which mental and bodily functioning are regarded as interrelated components of an individual's life activity. Bodily well-being and the experience of pain, fatigue, tension, illness or physical limitations cannot be adequately understood apart from a person's emotional state, lifestyle, self-regulation characteristics, attitude towards their own body, social support and individual coping strategies. At the same time, prolonged stress, anxiety, psychoemotional exhaustion, intrapersonal conflicts and maladaptive response patterns may affect the subjective experience of bodily symptoms, health behavior and the individual's ability to adapt to somatic illness.

The relevance of studying the psychosomatic competence of future psychologists is determined by the needs of contemporary psychological practice. In counseling, psychologists increasingly encounter requests related to chronic fatigue, sleep disturbances, headache, muscle tension, somatized anxiety, the experience of pain, fear of illness, changes in body image, difficulties in adapting to a somatic diagnosis, or reduced quality of life resulting from physical ill-being. In such situations, a psychologist needs not only general counseling skills but also the ability to analyze the psychological content of the client's bodily experience, support the client in coping with anxiety and emotional strain, provide psychoeducation and determine the need for medical referral in a timely manner.

For the future psychologist, psychosomatic competence has both personal and professional significance. At the personal level, it supports bodily reflection, self-regulation, the maintenance of psychological boundaries and the prevention of professional burnout. At the professional level, it makes it possible to work with requests in which a bodily symptom, pain, illness, a change in physical

capacities or health anxiety constitute important components of psychological distress. An insufficient level of such competence may lead either to avoidance of body-related issues or to their inaccurate psychological explanation.

Aim. The aim of the article is to provide a theoretical and methodological substantiation of psychosomatic competence as an integrative component of the professional training of future psychologists, and to analyze its structural components, psychological prerequisites and regulatory significance in the process of developing readiness for professional interaction with clients who present psychosomatic and health-related requests.

Research Methods. The methodological basis of the study was a theoretical and analytical set of research procedures. The following were applied: analysis and critical review of Ukrainian and international sources, to clarify the content of the concepts of "bodily self", "psychosomatic phenomena" and "psychosomatic competence"; structural-functional modeling, to identify the cognitive, value-attitudinal and reflective-regulatory dimensions of psychosomatic competence; comparative-typological analysis, to reveal the differences between the constructive and destructive variants of the organization of the bodily self; and synthesis and conceptual generalization, to substantiate the system of its main features: bodily awareness, body acceptance, interoceptive sensitivity, metaphoricity, causal understanding, inner dialogicity, agency and integrativeness.

Research Results. The study of the problem made it possible to clarify the content of future psychologists' psychosomatic competence and to determine its place in the structure of a specialist's professional readiness to work with requests related to health, bodily symptoms, chronic pain, illness anxiety, changes in body image and adaptation to somatic ill-being. It was established that psychosomatic competence cannot be reduced merely to awareness of psychosomatic disorders. It is an integrative professional and personal construct that combines knowledge of corporeality and psychosomatic interrelations, a value-based attitude towards the body, the capacity for bodily reflection, self-regulation skills and readiness for ethical professional interaction.

Based on the analysis of scientific sources, it was established that a methodologically sound approach to studying this phenomenon is the combination of the biopsychosocial, competence-based, agency-oriented and phenomenological perspectives. The biopsychosocial approach makes it possible to consider bodily well-being in terms of the interaction of biological, psychological, behavioral and social factors. Within this approach, psychological experiences are not interpreted as the sole cause of somatic symptoms; instead, they are regarded as factors that may influence the intensity of experienced discomfort, health behavior, adaptation to illness and quality of life.

It was clarified that psychosomatic competence develops in connection with the development of the bodily self. The bodily self is defined as a system of bodily representations, sensations, evaluations, attitudes and modes of self-regulation through which a person becomes aware of themselves as a bodily being. It encompasses not only the image of one's appearance but also the inner experience of the body, the ability to notice its signals, to understand one's own needs, to accept the limitations and capacities of the organism, and to make sense of bodily changes in the context of one's life situation.

It was revealed that the content of the bodily self may have a constructive or destructive orientation. The constructive variant is characterized by bodily awareness, body acceptance, attentiveness to inner sensations, the ability to describe them verbally in a differentiated manner, and reflective self-regulation. In this case, bodily signals acquire informative value: they help a person to notice in a timely manner fatigue, overstrain, the need for rest, emotional discomfort or the need for professional medical or psychological help. The destructive variant, by contrast, is associated with non-acceptance of corporeality, difficulties in recognizing and verbalizing inner sensations, devaluation or catastrophizing of bodily manifestations, and non-reflective health behavior. Such characteristics may reduce the effectiveness of self-regulation and impede adaptation to bodily discomfort.

Within this study, psychosomatic competence is defined as a motivated system of cognitive, value-attitudinal and reflective-

regulatory capacities that ensure a conscious, responsible and agentic attitude of the individual towards their own corporeality. Its content is associated with acceptance of the body as a significant component of the integral self and with the ability to build an inner dialogue with bodily experience.

Table 1 presents the structural model of future psychologists' psychosomatic competence.

Table 1

Structural components of future psychologists' psychosomatic competence

Component	**Content**	**Main manifestations / indicators**
Cognitive	A body of knowledge and cognitive capacities that ensure awareness of bodily experience and of the interrelations between somatic states, emotions, behavior and life circumstances.	Bodily awareness; interoceptive sensitivity; verbalization of sensations; metaphorical understanding; causal analysis.
Value-attitudinal	A system of value orientations and attitudes towards the body as a significant dimension of the integral personality.	Body acceptance; a benevolent attitude towards corporeality; care for one's health; recognition of the body's needs, limits and capacities.
Reflective-regulatory	The ability to be aware of, interpret and regulate one's own bodily-emotional states.	Inner dialogue with the bodily self; an agentic attitude towards the body; recognition of overload; constructive self-regulation.

Component	Content	Main manifestations / indicators
Professional-applied	Readiness to apply knowledge of corporeality and psychosomatic interrelations in psychological work within the scope of practice.	Analysis of body-oriented requests; psychoeducation; support for the verbalization of experience; timely medical referral.

It shows that this competence cannot be reduced to a body of theoretical knowledge about psychosomatics but is multidimensional in nature. Its cognitive component ensures awareness of bodily sensations and an understanding of possible links between bodily well-being, emotions, behavior and life circumstances. The value-attitudinal component manifests itself in acceptance of one's own body, a responsible attitude towards health, and recognition of bodily needs and limits. The reflective-regulatory component ensures the capacity for inner dialogue with the bodily self, timely recognition of overload and the choice of constructive modes of self-regulation. The professional-applied component determines the future psychologist's readiness to apply relevant knowledge and skills in work with the client without going beyond the scope of psychological practice.

Thus, well-developed psychosomatic competence presupposes the coordinated development of all its components. Insufficient development of any one of them may limit the future specialist's professional readiness: for example, theoretical knowledge without bodily reflection and an ethical attitude towards the client's bodily experience does not ensure an adequate quality of psychological care.

Table 2 specifies the main features by which the level of development of psychosomatic competence can be characterized. A central place is occupied by bodily awareness, which presupposes knowledge of how one's own organism functions and the ability to notice individual patterns of well-being. At the same time, such awareness acquires regulatory significance only when accompanied

by body acceptance, that is, a realistic, benevolent and caring attitude towards the body.

Interoceptivity and the verbalization of bodily sensations are important cognitive-reflective prerequisites of psychosomatic competence. They make it possible not only to feel a bodily change but also to determine its localization, intensity, duration, dynamics and subjective meaning. Metaphoricity extends the possibilities for symbolizing complex bodily experience, especially when it does not lend itself to direct conceptual description. Causal understanding makes it possible to analyze possible links between somatic manifestations, emotional strain, behavior and life events; however, it should not turn into a simplistic attribution of an exclusively psychological cause to a symptom.

Table 2

Features of developed psychosomatic competence

Feature	Content of manifestation
Bodily awareness	Knowledge of one's own body, its needs, capacities, limitations and individual characteristics of well-being.
Body acceptance	A realistic, benevolent and caring attitude towards corporeality without shame, hostility or devaluation.
Interoceptivity	The ability to register, sustain attention to and differentiate inner bodily sensations.
Verbalization of sensations	The ability to describe the localization, intensity, dynamics and subjective meaning of bodily states.
Metaphoricity	The use of images and analogies to make sense of and express complex bodily experience.
Causal understanding	Analysis of possible links between bodily reactions, emotions, behavior and life events.
Dialogicity	The ability to maintain an inner dialogue with the bodily self and to attend to the needs and signals of the organism.

Feature	Content of manifestation
Agency	Perception of the body as an active dimension of one's own self rather than as a passive object of control or evaluation.
Integrativeness	Awareness of the mutual influence of mental, emotional, behavioral and somatic processes.

Dialogicity, agency and integrativeness reflect a more mature level of a person's attitude towards their own corporeality. They manifest themselves in the ability to perceive the body as an active dimension of the integral self, to enter into an inner reflective dialogue with bodily signals and to be aware of the mutual influence of mental and somatic processes. For the future psychologist, these characteristics also have professional significance, since they foster an empathic, non-judgmental and ethically balanced attitude towards the client's bodily experience.

Table 3

Constructive and destructive variants of the bodily self

Criterion	Constructive variant	Destructive variant
Attitude towards the body	Acceptance, interest, care, benevolence, realistic awareness of capacities and limitations.	Non-acceptance, shame, hostility, indifference, devaluation or excessive fixation on corporeality.
Perception of signals	Attentive noticing, differentiation and adequate interpretation of sensations.	Ignoring, insensitivity, lack of differentiation or catastrophizing of bodily reactions.
Level of reflection	Awareness of the links between the body, emotions, workload and life situations.	Non-reflective responding and difficulties in making sense of bodily states.
Self-regulation	Timely rest, recovery, help-seeking, adjustment of behavior in accordance	Ignoring overload, avoidance of help, impulsive or maladaptive

Criterion	Constructive variant	Destructive variant
	with one's state.	reactions.
Attitude towards symptoms	A symptom is a reason to assess one's state and, if necessary, to seek medical or psychological help.	A symptom is devalued or acquires an excessively threatening, catastrophic meaning.

Table 3 presents a comparative description of the constructive and destructive variants of the bodily self. Its content confirms that the quality of bodily self-attitude is determined not by the presence or absence of physical symptoms but by the way they are subjectively perceived, interpreted and regulated. In the constructive variant, the body is accepted as a significant dimension of personality; inner sensations are noticed, differentiated and made sense of without devaluation or excessive anxiety. This creates a foundation for timely rest, seeking psychological or medical help and other forms of responsible health behavior.

The destructive variant of the bodily self may be characterized by non-acceptance of the body, insufficient sensitivity to its needs, difficulties in understanding inner sensations or a tendency to ascribe catastrophic meaning to them. Under such conditions, a person may either ignore important signals from the organism, continuing to function under conditions of overload, or focus excessively on physiological changes and experience them as a sign of danger. Both tendencies may reduce the effectiveness of self-regulation, intensify health anxiety and impede psychological adaptation to somatic discomfort.

The above comparison should not be interpreted as a direct claim that the destructive bodily self is a cause of somatic disease. Rather, it describes psychological characteristics that may influence the subjective experience of bodily symptoms, health behavior, the timeliness of help-seeking and the individual's adaptive capacities.

Discussion. The results of the theoretical analysis provide grounds for regarding the psychosomatic competence of the future psychologist not as narrowly specialized knowledge of psychosomatic disorders but as an integrative characteristic of

professional readiness. Its essence lies in the specialist's ability to hold an integral picture of the client's request, in which bodily manifestations, emotional experiences, behavioral strategies, interpersonal relationships and social conditions are not set against one another but are analyzed as a system of interrelations. This interpretation is consistent with the biopsychosocial logic of health psychology and specifies it through the categories of the bodily self, bodily reflection and self-regulation.

A fundamental result of the analysis is the distinction between the constructive and destructive variants of the organization of the bodily self. The constructive variant does not imply the absence of illness, pain or physical discomfort. Its essence lies in a person's ability to notice bodily signals, acknowledge their subjective significance, relate them to their emotional state and life context, and choose adequate ways of responding in a timely manner. It is appropriate to associate the destructive variant not with a direct "psychological cause" of somatic disease but with difficulties in the awareness, interpretation and regulation of bodily experience. This position prevents the stigmatization of people with somatic complaints and the shifting of responsibility for their illness onto them.

For the professional education of future psychologists, it is important that the development of psychosomatic competence does not take the form of assimilating simplistic explanations such as "all diseases come from nerves". The educational process should be evidence-based, ethically balanced and aimed at developing clinical thinking. It is advisable to combine knowledge from health psychology, clinical psychology, the psychology of corporeality, psychodiagnostics, counseling and professional ethics with analysis of clinical-psychological cases, bodily reflection practices, training in psychoeducational skills and supervisory discussion of professional situations.

Awareness of the limits of professional scope of practice plays a particular role. A psychologist does not perform medical diagnosis, does not determine the organic or psychogenic nature of symptoms without an appropriate medical assessment, and does not replace a medical specialist. The psychologist's task is to work with the

psychological aspects of bodily experience: health anxiety, emotional exhaustion, health behavior, adaptation to illness, the subjective experience of pain, body image and quality of life. In the presence of new, intense, progressive or potentially dangerous symptoms, the client should be advised to undergo a timely medical examination.

Prospects for further research are associated with the empirical verification of the proposed structural model. It is advisable to identify psychodiagnostic indicators of bodily awareness, body acceptance, interoceptive sensitivity, bodily reflection, inner dialogicity and professional readiness to work with psychosomatic requests.

Conclusions.

1. The psychosomatic competence of future psychologists is an integrative professional and personal construct that reflects the ability to be aware of, interpret and regulate one's own bodily experience, as well as to work ethically and in a scientifically grounded manner with the psychological dimension of the client's bodily experiences.
2. A structural model of psychosomatic competence has been theoretically substantiated, encompassing the cognitive, value-attitudinal, reflective-regulatory and professional-applied components.
3. The constructive variant of the bodily self is associated with a reflective attitude towards bodily signals, recognition of the organism's needs and the choice of adaptive self-regulation strategies. The destructive variant may manifest itself in non-acceptance of corporeality, difficulties in recognizing and verbalizing inner sensations, ignoring or catastrophizing of symptoms, and reduced effectiveness of self-regulation.
4. Psychosomatic competence should not be used for a direct psychological explanation of any somatic symptom. Its professional significance lies in taking psychosocial factors into account, supporting the client's psychological adaptation, providing psychoeducation, working with health anxiety and strictly observing the limits of the psychologist's scope of practice.
5. It is advisable to ensure the development of psychosomatic competence in the course of future psychologists'

professional training through the integration of knowledge from health psychology, clinical psychology and the psychology of corporeality with bodily reflection practices, case analysis, communication skills training, ethical analysis and supervised learning.

6. Prospects for further research include the empirical operationalization of the components of psychosomatic competence, the identification of criteria and levels of its development, and the design and validation of a psychological and pedagogical program for its development among higher education students majoring in Psychology.

Prospects for further research lie in the empirical verification of the structural model of future psychologists' psychosomatic competence, in particular in determining the interrelations between bodily awareness, interoceptive sensitivity, body acceptance, bodily reflection, inner dialogicity and the capacity for mental self-regulation. The role of psychosomatic competence in the professional development of psychology students and in their readiness to work with requests related to health, bodily symptoms, chronic pain, illness anxiety and adaptation to somatic ill-being requires separate scientific attention.

Another promising direction is the design and validation of psychological and pedagogical programs for developing psychosomatic competence in the course of professional training. Such programs may combine psychoeducation in health psychology, bodily reflection practices, exercises in the differentiated verbalization of bodily experiences, analysis of clinical-psychological cases, the development of ethical communication skills and the simulation of interdisciplinary interaction situations. Particular attention should be paid to evaluating the effectiveness of such programs in enhancing reflexivity, responsible health behavior, professional resilience and future psychologists' readiness to remain within the limits of their own scope of practice.

Ethics, Funding, Conflict of Interest. The authors confirm adherence to the principles and standards of publication ethics in accordance with COPE and the recommendatio ns of the International Committee of Medical Journal Editors (ICMJE). No

external funding was received. The authors declare no conflict of interest.

References

Kovalenko M. V. (2017). Kohnityvni osoblyvosti psykhosomatychnoi kompetentnosti maibutnikh psykholohiv [Cognitive features of psychosomatic competence of future psychologists]. Problemy suchasnoi psykholohii [Problems of Modern Psychology], 2017. No. 35, 183–193. URL: https://problemps.kpnu.edu.ua/article/view/157232 [in Ukrainian].

Kovalenko M. V. (2018). Psykhosomatychna kompetentnist maibutnikh psykholohiv [Psychosomatic competence of future psychologists]: avtoreferat dysertatsii na zdobuttia naukovoho stupenia kandydata psykholohichnykh nauk [extended abstract of the dissertation for the degree of Candidate of Psychological Sciences]. Kharkiv: Kharkivskyi natsionalnyi pedahohichnyi universytet imeni H. S. Skovorody [H. S. Skovoroda Kharkiv National Pedagogical University]. URL: https://hnpu.edu.ua/sites/default/files/files/2018/09/aref-KOVALENKO.pdf [in Ukrainian].

Engel G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 1977. Vol. 196, No. 4286, 129–136.
DOI – https://doi.org/10.1126/science.847460.

Suls J., Rothman A. J. (2004). Evolution of the biopsychosocial model: Prospects and challenges for health psychology. Health Psychology, 2004. Vol. 23, No. 2, 119–125. DOI – https://doi.org/10.1037/0278-6133.23.2.119.

Fuchs T., Schlimme J. (2009). Embodiment and psychopathology: A phenomenological perspective. Current Opinion in Psychiatry, 2009. Vol. 22, No. 6, 570–575.
DOI – https://doi.org/10.1097/YCO.0b013e3283318e5c.

Mehling W. E., Price C., Daubenmier J. J., Acree M., Bartmess E., Stewart A. (2012). The Multidimensional Assessment of Interoceptive Awareness (MAIA). PLoS ONE, 2012. Vol. 7, No. 11, e48230.
DOI – https://doi.org/10.1371/journal.pone.0048230.

Herbert B. M., Pollatos O. (2012). The body in the mind: On the relationship between interoception and embodiment. Topics in Cognitive Science, 2012. Vol. 4, No. 4, 692–704.
DOI – https://doi.org/10.1111/j.1756-8765.2012.01189.x.

von Boetticher D. (2025). Conceptual competence in medicine: Promoting psychosomatic awareness in clinics, research and education. Frontiers in Psychiatry, 2025. Vol. 16, Article 1500638.

DOI – https://doi.org/10.3389/fpsyt.2025.1500638.

European Federation of Psychologists' Associations. (2025). European Standard and Certificate in Psychology: EuroPsy Regulations. Brussels: European Federation of Psychologists' Associations. URL: https://www.efpa.eu/wp-content/uploads/2026/04/EuroPsy-Regulations-2025.pdf.

Hölzl R., Kappler C., Schneider A., Mindt S., Gröschke D., Mier D. (2022). Interpreting physical sensations to guide health-related behavior: The psychosomatic competence model. Frontiers in Psychology, 2022. DOI – https://doi.org/10.3389/fpsyg.2021.742888.

Отримано: 20 09 2026 року
Прорецензовано: 22 09 2026 року
Прийнято до друку: 23 09 2026 року