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Specificity of Psychosomatization of Psychologist-Leaders with Professional Deformations (Burnout)

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Abstract

The understanding of the phenomena "Psychosomatization" and "Professional Deformations" is deepened. The comparative analysis of professional deformations (burnout) of two groups of psychologists with and without a leadership position, namely, the relationship of individual-specific and functionally-role influence and finding in situations of hidden stress on the components of professional deformations (burnout) is carried out: emotional and/or physical exhaustion, depersonalization and reduction of personal achievements. A comparative analysis of the symptoms of psychosomatization of two groups of psychologists with and without a leadership position, and violations of the respiratory, digestive and cardiovascular systems, musculoskeletal and skin reactions. Specificity of psychosomatization of psychologists-leaders with professional deformations (burnout) is determined: disturbance of the "Sleep-wake" cycle features of social interaction, reduction of motivation to activity, somatovegetative disorders, deterioration of well-being (emotional shifts, peculiarities of individual mental processes, decrease in overall activity, fatigue). The influence of professional deformations (burnout) on the psychosomatization of leading psychologists has been established. Attention is focused on the need for psycho-prophylaxis and psychocorrection of emotional and/or physical exhaustion, professional disadaptation and symptomatology of psychosomatization of leading psychologists.

Keywords: Burnout; Leaders; Professional deformations; Psychologists; Psychosomatization

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Introduction

Further accumulation of knowledge about a person, his biological and psychological manifestations is possible as a result of continuing a multifaceted and profound research [1,2]. For this, it is necessary to continue to evaluate changes in the human body under various external influences [3,4] and at different ages [5,6]. This requires the use of various methods of research [7,8], the use of observation of laboratory animals [9], taking into account the psychological [10] and social manifestations of man [11,12]. As a result of such diverse observations, it is possible to further improve the approaches to optimizing the human condition under various pathologies and in various environmental conditions [13,14]. In addition, an important point of optimizing impact can be the optimization of a person's work activity, which is increasingly being considered within the framework of psychological science.

The main factors of effective professional activity and leadership are the mutual understanding and support of the psychologist-leader by colleagues of his team, the administration, the satisfaction of clients in obtaining the necessary psychological information and psychological assistance [15] and the strict observance of the laws of leadership: the inner circle, influence, reproduction, sacrifice, intuition, magnetism, powerful impulse, navigation, empowerment, heritage, victory, full trust, ceiling, priority, process, timeliness, communication, spasmodic growth, firm ground, respect [16].

The psychologist-leader uses the necessary external and internal psychological information and information from related sciences, assesses the state of the management object (his subordinates, colleagues, clients), makes managerial decisions within his professional functional, psychologically influences subordinates, colleagues and clients, manages them often in stressful situations [17].

A lot of requirements are presented to the leader psychologist, the main of which are: the desire to receive satisfaction and reward based on the results of professional and managerial activity; propensity to independence and independence in the performance of professional and managerial activities in the absence of strict control of higher-ranking managers; observance of ethical standards; ability to achieve professional, leadership and personal success, to productive cooperation and establish a trusting relationship; Respectful attitude to necessary changes in crisis management situations; confidence and modesty; ability to compete in situations of healthy competition [18].

Statement of Problems

With long-term implementation by individual psychologists of individually specific and functionally-role influence on colleagues, subordinates and clients, they, as well as those of other professions, can have destructive personality changes and a change in the structure of

professional and managerial activity, that is, professional deformations (burnout), negatively affecting productivity and interaction along the vertical and horizontal lines and viewed through the prism of three main components: emotional and/or physical (the experience of a reduced emotional background, indifference, emotional oversaturation), depersonalization (either increasing dependence on others, or increasing negativity, cynicism of attitudes and feelings toward subordinates and colleagues) and reduction of personal achievements (or a tendency to negative self-assessment, achievements and successes, negativism with regard to service merits and opportunities, or reduction of one's own dignity, limitation of one's abilities, duties towards others, Removal from any responsibility and shifting it to the other) [19,20].

In most cases, professional deformation (burnout) is a prerequisite for the emergence of symptoms of psychosomatic ill-being, that is, psychosomatization [17].

Psychosomatization is considered as the development of organic and functional symptoms, disorders, disorders and diseases, as specific pathological personal defenses [21].

The main factors that influence the occurrence of psychosomatic disorders include: personality traits, hereditary predisposition to psychosomatic disorders, neurodynamic changes, nonspecific hereditary and congenital complications with somatic disorders and defects, traumatic events, mental and physical state during the course of action psychotraumatic events, the background of unfavorable family and other social factors [22].

Among the main causes of psychosomatic reactions are suggestion (the idea of one's own illness is accepted by a person at an unconscious level automatically, that is, without criticism; people who have great authority or who happen to be by chance at a moment of special emotional heat); identification (due to identification with a person who has a similar symptom or disease, with a strong emotional attachment to this person); conflict (internal conflict between different parts of the personality, one of these parts is realized, the other is hidden in the unconscious, the struggle between two opposing desires or tendencies can lead to a conditional victory of one of the parts, but the second part starts a "guerrilla war"); motivation or conditional benefit (health problems that bring a certain conditional benefit to their owner, a symptom is formed on the unconscious level, it is not deception and not simulation, the symptom is real, but it "serves" some specific purpose); experience of the past (traumatic experience of the past, severe childhood experience, episode or long-term impact that occurred long ago, but continues to affect emotionally the person in the present, experience is imprinted in the body); self-punishment (psychosomatic symptom acts as an unconscious self-punishment, punishment is associated with real or imaginary guilt that tortures a person, self-punishment facilitates the experience of guilt, but can significantly complicate life); body language (the body physically reflects the state that could be expressed by one of the figurative phrases of the series: "this is one continuous headache", "I do not digest it," "because of this my heart is out of place," my hands are tied, "then a certain organ hurts, it's difficult to breathe, migraines arise, the work of the gastrointestinal tract is disrupted) [23].

The picture is exacerbated by the fact that the causes of psychosomatic diseases are often psychic processes rather than the physiological features themselves, which, when superimposed with professional deformations (burnout), does not contribute to the effectiveness of professional and managerial activity of psychologists [15,24,25].

Purpose: to consider the influence of functional-role features on the emergence of professional deformations and psychosomatization in leading psychologists.

Materials and Methods

This study was approved by the local ethics committee of the Russian State Social University on May 14, 2016 (Min No. 5). All the examined persons gave written informed consent to participate in the study.

All psychologists-leaders were divided into two groups:

1) The first group included 216 psychologist-leaders with professional deformations (burnout).

2) The second group included 216 psychologist-leaders without professional deformations (burnout).

In the course of the study, one of the mandatory conditions was taken into account-the psychologists of both groups did not interact with each other.

They did not have the opportunity to exchange views on the results of the study and discuss the situations in which they were many times found.

Diagnostic device

All diagnostic procedures were divided into three blocks.

A block of techniques for identifying the features of professional deformation (burnout)

1) "Maslach burnout inventory (MBI)", authors-C. Maslach and S. Jackson [26], the author of the adapted version of the questionnaire-Vodopyanova [27], author of a modification of the interpretation of the results by Polyakova OB [28], levels of emotional exhaustion: 0-11 points-low, 12-22 points-below the average, 23-31 points-average, 32-42 points-above the average, 43-54 points-high; levels of depersonalization: 0-6 points-low, 7-12 points-below average, 13-17 points-average, 18-23 points-above average, 24-30 points-high; the reduction levels of personal achievements: 0-10 points-low, 11-19 points-below the average, 20-28 points-average, 29-37 points-above the average, 38-48 points-high; the intensity of professional deformation (burnout) in the total value: 0-27 points-low, 28-53 points-below the average, 54-78 points-average, 79-104 points-above the average, 105-132 points-high [28].

2) Modification of the "Maslach burnout inventory (MBI)", by Jackson et al. [26], the authors of the modification of the questionnaire are teachers of the psychology of professional activity chair of the St. Petersburg State University [29]; author of a modification of the interpretation of the results by Polyakova OB [28].

3) Questionnaire "Determination of mental burnout", by Farber BA [30], the author of the adapted version is Rukavishnikov AA [31], author of a modification of the interpretation of the results by Polyakova OB [28], levels of psychoemotional exhaustion: 0-9 points-low, 10-20 points-below the average, 21-39 points-average, 40-49 points-above the average, 50-75 points-high; levels of personal distance: 0-9 points-low, 10-16 points-below the average, 17-31 points-average, 32-40 points-above the average, 41-72 points-high; levels of professional motivation: 0-7 points-low, 8-12 points-below the average, 13-24 points-average, 25-31 points-above the average, 32-69 points-high; levels of severity of professional deformations (mental burnout) by the total value: 0-31

points-low, 32-51 points-below the average, 52-92 points-average, 93-112 points-above the average, 113-216 points-high [28].

A block of techniques for identifying the characteristics of general psychosomatic health

1) Questionnaire "Problems and their impact on health", authors-members of the HR and human resources HR community League [32], author of the modification of data processing and interpretation of results byPolyakova OB [28], each answer "yes" is estimated at 1 point; each answer is "no" is estimated at 0 points; Next is the amount, the value of which varies from 0 to 12 points; the levels of personal health problems; 0-2 points low, 3-4 points below the average, 5-7 points average, 8-9 points above the average, 10-12 points high;

2) Questionnaire "Hidden stress", the authors are members of a community of HR and HR specialists League [33], author of a modification of the interpretation of the results by Polyakova OB [28], the value of the amount varies from 0 to 9 points; levels of hidden stress: 0-1 points-low, 2-3 points-below average, 4-5 points-average, 6-7 points-above average, 8-9 points-high;

3) Questionnaire "Degree of contamination of your body", authors-members of the HR and human resources HR community League [34], author of the modification of data processing and interpretation of results byPolyakova OB [28], it is necessary to calculate the number of answers "yes" (+); the value of the amount varies from 0 to 17 points; degree of contamination of the body: 0-2 points-low, 3-6 points-below average, 7-10 points-average, 11-14 points-above average, 15-17 points-high.

A block of techniques for identifying specific psychosomatic disorders

1) Questionnaire "Psychosomatics of our life", authors-employees of the Internet portal "Psychological Navigator" [35], author of a modification of the interpretation of the results byPolyakova OB [28], the value of the sum by factors varies from 0 to 11 points; levels of exposure to parts of the body negative psychological factors: 0-1 points-low, 2-4 points-below the average, 5-6 points-average, 7-9 points-above the average, 10-11 points-high.

2) Questionnaire "Giessen questionnaire of somatic complaints", authors: Bruchler et al. [36,37], author of a modification of the interpretation of the results byPolyakova OB: severity of somatic complaints (for individual groups of complaints): 0-4 points low, 5-9 points below the average, 10-14 points average, 15-19 points above the average, 20-24 points high ; the total score: 0-16 points-low, 17-36 points-below the average, 37-56 points-average, 57-76 points-above the average, 77-96 points-high.

3) Questionnaire "Questionnaire for assessing professional disadaptation", authors: E.F. Zeer, E.E. Simanyuk [38]; author of a modification of the interpretation of the results by Polyakova OB [28], levels of severity of signs of occupational disadaptation (by average value): 0-0.4 points-low, 0.5-0.8 points-below average, 0.9-1.2 points-medium, 1.3-1 , 6 points-above the average, 1.7-2 points-high. The results are processed using a package of standard statistics.

Results

Data processing was carried out separately for each diagnostic block.Mathematical processing of data was carried out using the Mann-Whitney U test.

The results of diagnostics of the features of professional deformations (burnout) of psychologist-leaders are presented in Table 1 and showed that:

1) Questionnaire «Maslach burnout inventory» (MBI) psychologists-leaders with professional deformations (burnout) revealed high levels of emotional exhaustion (EE), depersonalization (D), the reduction of personal accomplishment (RPA) and professional deformations (burnout) in general.

2) Modification of the questionnaire «Maslach burnout inventory» (MBI mod) psychologists-leaders with professional deformations (burnout) identified a high level of emotional exhaustion (EE), depersonalization (D), the reduction of personal accomplishment (RPA) and professional deformations (burnout) generally.

3) Questionnaire "Determination of mental burnout" (DMB) psychologists-leaders with professional deformations (burnout) set a high level of mental and psychoemotional exhaustion (PEE), personal distancing (PD), deformations of professional motivation (DPM) and professional deformations (burnout) in whole.

The results of diagnostics of the features of the general psychosomatic health of psychologist-leaders are presented in Table 2 and showed that:

1) For psychologists-leaders with professional deformations (burnout):

• High level of psychological problems and their impact on health (professional deformation (burnout) do not allow you to concentrate

Table 1. The results of diagnostics of the features of professional deformations (burnout) of psychologists-leaders.

Abbreviations of techniques (abbreviations of indicators)	Psychologists-leaders with professional deformations (burnout)						Psychologists-leaders without professional deformations (burnout)					
	LL	%	ML	%	HL	%	LL	%	ML	%	HL	%
MBI (EE)	2	0.93	17	7.87	197	91.2	138	63.89	72	33.33	6	2.78
MBI (D)	4	1.85	11	5.09	201	93.06	151	69.91	58	26.85	7	3.24
MBI (RPA)	4	1.85	24	11.11	188	87.04	133	61.57	81	37.5	2	0.93
MBI (∑)	3	1.39	17	7.87	196	90.74	141	65.27	70	32.41	5	2.32
MBImod (EE)	3	1.39	28	12.96	185	85.65	156	72.22	59	27.32	1	0.46
MBImod (D)	4	1.85	19	8.8	193	89.35	168	77.78	48	22.22	0	0
MBImod (RPA)	3	1.39	37	17.13	176	81.48	159	73.61	53	24.54	4	1.85
MBImod (∑)	3	1.39	28	12.96	185	85.65	162	75	53	24.54	1	0.46
DMB (PEE)	11	5.09	25	11.57	180	83.34	163	75.46	49	22.69	4	1.85
DMB (PD)	7	3.24	30	13.89	179	82.87	170	78.7	44	20.37	2	0.93
DMB (DPM)	6	2.78	28	12.96	182	84.26	168	77.78	48	22.22	0	0
DMB (∑)	8	3.7	28	12.96	180	83.34	167	77.31	47	21.76	2	0.93

Note: LL-low level, ML-medium level, HL-high level.

Table 2. Results of diagnostics of features of general psychosomatic health of psychologists-leaders.

№№	Names of diagnostic procedures	The maximum score	Psychologists-leaders with professional deformations (burnout)			Psychologists-leaders without professional deformations (burnout)			The significance of the differences between the Mann-Whitney U test
			points	levels (power)	%	points	levels (power)	%	
1	Problems and their impact on health	12	11.54	high level	83.00	9.08	above-average level	68.25	558.5*
2	Hidden stress	9	8.51	high level	75.28	6.32	average level	69.51	499.5*
3	Degree of pollution of your body	17	15.97	high degree	74.83	13.84	degree above average	58.94	475*
The level of significance of the differences: *p<0.01; **p<0.05; *** there are no significant differences; The Mann-Whitney U test.									

Table 3. Results of diagnostics of specific psychosomatic disorders of psychologists-leaders.

№№	Names of diagnostic procedures	The maximum score	Psychologists-leaders with professional deformations (burnout)			Psychologists-leaders without professional deformations (burnout)			The significance of the differences between the Mann-Whitney U test
			points	levels	%	points	levels	%	
1	Psychosomatics of our life								
1.1.	Respiratory system	11	5.24	average	74.05	1.38	low	83.62	548***
1.2.	The cardiovascular system	11	7.59	above average	88.51	3.95	below average	69.36	395.5*
1.3.	Digestive system	11	8.02	above average	79.84	4.35	below average	57.84	475**
1.4.	Skin reactions	11	5.01	average	59.33	0.87	low	43.26	358*
1.5.	Musculoskeletal system	11	6.22	average	65.58	2.93	below average	55.30	394***
2	Giessen questionnaire of somatic complaints								
2.1.	Exhaustion	24	15.32	above average	81.32	5.02	below average	68.23	435*
2.2.	Gastric complaints	24	9.95	average	74.03	3.96	low	72.45	478***
2.3.	Rheumatic factor	24	10.45	average	68.25	3.92	low	65.48	395.5***
2.4.	Heart complaints	24	16.27	above average	78.29	5.98	below average	76.33	357.5*
2.5.	Pressure complaints	96	51.99	average	75.25	18.88	below average	69.57	485**
3	Questionnaire for the assessment of professional disadaptation								
3.1.	Emotional shifts	2	1.53	above average	83.53	0.59	below average	74.50	325.5*
3.2.	Features of individual mental processes	2	0.67	below average	59.60	0.68	below average	83.25	468***
3.3.	Decrease in total activity	2	0.59	below average	64.83	0.54	below average	75.36	375.5***
3.4.	Feeling of fatigue	2	1.10	average	90.02	0.98	average	81.36	485***
3.5.	Somatovegetative disorders	2	1.58	above average	73.86	0.69	below average	76.30	392.5*
3.6.	Violation of the "sleep-wake" cycle	2	1.52	above average	72.65	0.72	below average	72.25	396.5*
3.7.	Features of social interaction	2	1.92	high	84.50	0.57	below average	82.10	385.5*
3.8.	Decreased motivation for activities	2	0.76	below average	73.00	0.73	below average	71.50	458***
3.9.	Professional disadaptation	2	1.11	average	82.60	0.51	below average	79.45	427**
The level of significance of the differences: *p<0.01; **p<0.05; *** there are no significant differences; The Mann-Whitney U test.									

and understand the problems, the body itself appears as an innocent victim of personal, professional and managerial problems).

• High level of hidden stress (production difficulties begin to be systematic; we must try not to pay attention to them).

• High degree of "Body contamination" (psychosomatic genetic program signals discomfort with abdominal pain, skin eruptions, redness or pimples, frequent dizziness, increased irritability, sleep problems, decreased visual acuity and physical endurance, impaired attention, frequent headaches).

2) For psychologists-leaders without professional deformations (burnout).

• The level above the average psychological problems and their impact on health (the reasons lie in the protracted nature of unresolved professional and managerial problems, there are tensions and protective psychological masks, it is necessary to understand oneself and take a closer look at your physical and mental health).

• The average level of hidden stress (the ability to behave in the hands and the appearance is not shown to not show their experiences, but long-term presence in such a state can lead to a malfunction in the psychosomatic program and the emergence of professional deformations (burnout)).

• Degree above average "Body contamination" (severe symptoms include fragile or greasy hair, instability of the stool, constant rumbling in the stomach, decreased speed and quality of assimilation of information, nausea, fatigue for no apparent reason, poor appetite).

The results of diagnosis of specific psychosomatic disorders of psychologist-leaders are presented in Table 3 and showed that:

1)Forpsychologists-leaders with professional deformations (burnout):

• High level of psychosomatization of the characteristics of social interaction.

• Above the average level of psychosomatization of depletion, disorders of the "sleep-wake" cycle, digestive system, cardiovascular system, heart complaints, somato-vegetative disorders, emotional shifts.

• The average level of psychosomatization of the pressure of complaints, respiratory system, gastric complaints, skin reactions, musculoskeletal system, fatigue, professional disadaptation, rheumatic factor.

• Below the average level of psychosomatization of the characteristics of individual mental processes, reducing motivation for activity and overall activity.

2) Forpsychologists-leaders without professional deformations (burnout):

• The average level of psychosomatization of fatigue.

• below the average level of psychosomatization of the pressure of complaints, exhaustion, disturbance of the "Sleep-Wake" cycle, musculoskeletal system, peculiarities of individual mental processes and social interaction, digestive system, professional disadaptation, cardiovascular system, heart complaints, decreased motivation for activity and general activity, somatovegetative disorders, emotional shifts.

• Low level of psychosomatization of the respiratory system, gastric complaints, skin reactions, rheumatic factor.

Discussion

Improving the optimizing effect on the human body is able to ensure its multifaceted recovery [39,40] despite the development of various dysfunctions in different systems [41,42].All this is also quite true for maintaining the psychosomatic health of a person during his work [43] and his return to the rehabilitation process for any pathology [44,45].

The main features of general psychosomatic health and specific psychosomatic disorders of psychologist-leaders with professional deformations (burnout) are: high level of psychosomatization of body contamination, features of social interaction, psychological problems and their impact on health, hidden stress; above the average level of psychosomatization of depletion, disturbances in the "Sleep-Wake" cycle, digestive system, cardiovascular system, heart complaints, somatovegetative disorders, emotional shifts; the average level of psychosomatization of the pressure of complaints, respiratory system, gastric complaints, skin reactions, musculoskeletal system, fatigue, occupational disadaptation, rheumatic factor; below the average level of psychosomatization features of individual mental processes, reducing motivation for activity and overall activity [35].

The main features of the general psychosomatic health and specific psychosomatic disorders of psychologist-leaders without professional deformations (burnout) are: the level above the average psychosomatization of body contamination, psychological problems and their impact on health; average level of psychosomatization of feeling of fatigue, latent stress; lower than the average level of psychosomatization of the pressure of complaints, exhaustion, sleep-wake cycle disturbances, musculoskeletal system, peculiarities of individual mental processes and social interaction, digestive system, professional disadaptation, cardiovascular system, heart complaints, decreased motivation for activity and general activity, somatovegetative disorders, emotional changes; low level of psychosomatization of the respiratory system, gastric complaints, skin reactions, rheumatic factor.

Conclusion

In the course of the study, the effect of functional-role influence on the occurrence of professional deformations (burn-out) and psychosomatization of leading psychologists was proved. As psychological recommendations, psychologists-leaders should be advised: ways of psychological and physical relaxation in order to reduce emotional and/or physical exhaustion; the use of adequate methods of emerging from complex interpersonal and stressful situations in order to reduce depersonalization; expansion of functional duties and contacts with colleagues, friends and acquaintances in order to reduce the reduction of personal achievements; careful monitoring of the body's signals of discomfort in order to reduce psychosomatic symptoms.

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