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

Polyakova OB, Petrova EA, Mironova OI and Semenov DV

Department of Psychology, Russian State Social University, Moscow, Russia

Corresponding author: Semenov Dmitry Vladimirovich, Department of Social, General and Clinical Psychology, Russian State Social University, Moscow, Russia, Tel: 7-910-273-22-63; E-mail: limedv1@yandex.ru

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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 psychophylaxis and psychocorrection of emotional and/or physical exhaustion, professional disadaptation and symptomatology of psychosomatization of leading psychologists.

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

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 psycho traumatic 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-Maslach C and Jackson S [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-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 by Polyakova 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 by Polyakova 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 by Polyakova 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 complaints (for individual groups of complaints): 0-4 points low, 5-9 points-low, 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 by Polyakova OB [28], results are processed using a package of standard statistics.

3) Questionnaire "Questionnaire for assessing professional disadaptation", authors: Zeer EE and Simanyuk EE [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.

<table>
<thead>
<tr>
<th>Abbreviations of techniques (abbreviations indicators)</th>
<th>LL</th>
<th>%</th>
<th>ML</th>
<th>%</th>
<th>HL</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Psychologists-leaders with professional deformations (burnout)</td>
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<tr>
<td>Psychologists-leaders without professional deformations (burnout)</td>
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<td></td>
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<tr>
<td>MBI (EE)</td>
<td>2</td>
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<td>17</td>
<td>7.87</td>
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<td>91.2</td>
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<td>4</td>
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<td>11</td>
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<td>93.06</td>
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<td>MBI (RPA)</td>
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<td>24</td>
<td>11.11</td>
<td>188</td>
<td>87.04</td>
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<td>3</td>
<td>1.39</td>
<td>17</td>
<td>7.87</td>
<td>196</td>
<td>90.74</td>
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<td>12.96</td>
<td>185</td>
<td>85.65</td>
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<tr>
<td>MBI mod (D)</td>
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<td>1.85</td>
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<td>8.8</td>
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<td>17.13</td>
<td>176</td>
<td>81.48</td>
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<tr>
<td>MBI mod (D)</td>
<td>3</td>
<td>1.39</td>
<td>28</td>
<td>12.96</td>
<td>185</td>
<td>85.65</td>
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<tr>
<td>DMB (PEE)</td>
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<td>5.09</td>
<td>25</td>
<td>11.57</td>
<td>180</td>
<td>83.34</td>
</tr>
<tr>
<td>DMB (PD)</td>
<td>7</td>
<td>3.24</td>
<td>30</td>
<td>13.89</td>
<td>179</td>
<td>82.87</td>
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<td>DMB (DPM)</td>
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<td>2.78</td>
<td>28</td>
<td>12.96</td>
<td>182</td>
<td>84.26</td>
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<tr>
<td>DMB (D)</td>
<td>8</td>
<td>3.7</td>
<td>28</td>
<td>12.96</td>
<td>180</td>
<td>83.34</td>
</tr>
</tbody>
</table>

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

Table 1: The results of diagnostics of the features of professional deformations (burnout) of psychologists-leaders.
The results of diagnostics of the features of the general psychosomatic health of psychologist-leaders are presented in Table 2 and showed that:

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 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).

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).

<table>
<thead>
<tr>
<th>№</th>
<th>Names of diagnostic procedures</th>
<th>The maximum score</th>
<th>Psychologists-leaders with professional deformations (burnout)</th>
<th>Psychologists-leaders without professional deformations (burnout)</th>
<th>The significance of the differences between the Mann-Whitney U test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>points (power)</td>
<td>%</td>
<td>points (power)</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>Problems and their impact on health</td>
<td>12 11.54</td>
<td>high level 83.00</td>
<td>9.08 above-average level</td>
<td>68.25</td>
</tr>
<tr>
<td>2</td>
<td>Hidden stress</td>
<td>9 8.51</td>
<td>high level 75.28</td>
<td>6.32 average level</td>
<td>69.51</td>
</tr>
<tr>
<td>3</td>
<td>Degree of pollution of your body</td>
<td>17 15.97</td>
<td>high degree 74.83</td>
<td>13.84 degree above average</td>
<td>58.94</td>
</tr>
</tbody>
</table>

The level of significance of the differences:
* p <0.01; ** p <0.05; *** there are no significant differences; The Mann-Whitney U test.

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

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

1) For psychologists-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.

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

- Below the average level of psychosomatization of the characteristics of individual mental processes, reducing motivation for activity and overall activity.
- 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.
<table>
<thead>
<tr>
<th>№</th>
<th>Names of diagnostic procedures</th>
<th>The maximum score</th>
<th>Psychologists-leaders with professional deformations (burnout)</th>
<th>Psychologists-leaders without professional deformations (burnout)</th>
<th>The significance of the differences between the Mann-Whitney U test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>points</td>
<td>levels</td>
<td>%</td>
<td>points</td>
</tr>
<tr>
<td>1</td>
<td>Psychosomatics of our life</td>
<td>11</td>
<td>5.24</td>
<td>average 74.05</td>
<td>1.38</td>
</tr>
<tr>
<td>1.1</td>
<td>Respiratory system</td>
<td>24</td>
<td>15.32</td>
<td>above average 81.32</td>
<td>5.02</td>
</tr>
<tr>
<td>1.2</td>
<td>The cardiovascular system</td>
<td>24</td>
<td>9.95</td>
<td>average 74.03</td>
<td>3.96</td>
</tr>
<tr>
<td>1.3</td>
<td>Digestive system</td>
<td>24</td>
<td>10.45</td>
<td>average 68.25</td>
<td>3.92</td>
</tr>
<tr>
<td>1.4</td>
<td>Skin reactions</td>
<td>24</td>
<td>16.27</td>
<td>above average 78.29</td>
<td>5.98</td>
</tr>
<tr>
<td>1.5</td>
<td>Musculoskeletal system</td>
<td>96</td>
<td>51.99</td>
<td>average 75.25</td>
<td>18.88</td>
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<td>2</td>
<td>Giessen questionnaire of somatic complaints</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2.1</td>
<td>Exhaustion</td>
<td>24</td>
<td>1.53</td>
<td>above average 83.53</td>
<td>0.59</td>
</tr>
<tr>
<td>2.2</td>
<td>Gastric complaints</td>
<td>24</td>
<td>0.67</td>
<td>below average 59.60</td>
<td>0.68</td>
</tr>
<tr>
<td>2.3</td>
<td>Rheumatic factor</td>
<td>24</td>
<td>0.59</td>
<td>below average 64.83</td>
<td>0.54</td>
</tr>
<tr>
<td>2.4</td>
<td>Heart complaints</td>
<td>24</td>
<td>1.10</td>
<td>average 90.02</td>
<td>0.98</td>
</tr>
<tr>
<td>2.5</td>
<td>Pressure complaints</td>
<td>96</td>
<td>1.58</td>
<td>above average 73.86</td>
<td>0.69</td>
</tr>
<tr>
<td>3</td>
<td>Questionnaire for the assessment of professional disadaptation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Emotional shifts</td>
<td>2</td>
<td>1.58</td>
<td>above average 73.86</td>
<td>0.69</td>
</tr>
<tr>
<td>3.2</td>
<td>Features of individual mental processes</td>
<td>2</td>
<td>0.59</td>
<td>below average 64.83</td>
<td>0.54</td>
</tr>
<tr>
<td>3.3</td>
<td>Decrease in total activity</td>
<td>2</td>
<td>1.10</td>
<td>average 90.02</td>
<td>0.98</td>
</tr>
<tr>
<td>3.4</td>
<td>Feeling of fatigue</td>
<td>2</td>
<td>0.76</td>
<td>below average 73.00</td>
<td>0.73</td>
</tr>
<tr>
<td>3.5</td>
<td>Somatovegetative disorders</td>
<td>2</td>
<td>1.11</td>
<td>average 82.60</td>
<td>0.51</td>
</tr>
<tr>
<td>3.6</td>
<td>Violation of the &quot;sleep-wake&quot; cycle</td>
<td>2</td>
<td>1.11</td>
<td>average 82.60</td>
<td>0.51</td>
</tr>
</tbody>
</table>

The level of significance of the differences:
Deformations (burnout) are: the level above the average professional disadaptation, cardiovascular system, heart complaints; psychological recommendations, psychologists-leaders should be psychosomatic disorders of psychologist-leaders without professional 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, respiratory system, 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.

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].

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

![Table 3](image)

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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