
PSYCHOSOMATIC FACTORS IN THE ASPECT OF THE CONFLICT-GENERATED BEHAVIOUR DEVELOPMENT

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ABSTRACT

Our study was devoted to identifying and clarifying the relationship between psychosomatic and conflict-generating personality factors. The optimal ratio of the structural components of a personality and the maintained hierarchical subordination of levels ensures the preservation of basic intrapsychic connections, fortitude and stability of the psyche at a current stage of development (the structural aspect of health). At the same time, the interactions of these components and the coherence of the main mental processes determine the unique nature of an individual's holistic and unique personality (the dynamic or procedural aspect of health).

By determining the characteristics for impacting conflict-generating factors in terms of forming a specialist's personality and maintaining the optimal functioning, we found that somatic pathology had different intensity and the links the psychosomatic problems are various: some correlations increased, others faded. Thus, a restructuring took place during the disease; changes appeared in the information and energy components of the state. We proved that conflict-generating factors are a prerequisite for an occurrence of somatic diseases. Changes occurred in the states were interpreted as an influence of conflict-generating factors.

It was found that the most important factor influencing psychosomatic disorders was a social stress: problematic relationships in the professional sphere, including insufficient professional fulfilment (non-professional work, forced labour, unemployment, etc.), interpersonal conflicts with the leader or the team and related domestic problems. The second most important cause of these symptoms was emotional discomfort in the family and a family stress: unfavourable relationships with loved ones, difficult financial situation, lack of reliable support, and so on. So, the main guidelines in the life of psychosomatically healthy people are orderly life, not limited by the space of the existing environment and interpersonal relationships.

Key words: conflict-generating factors, psychological stability, psychosomatic health, psychosomatic disorders, personality.

Formulation of the problem. Both character-temperamental qualities and psychosomatic features are important in the hierarchical structure of a psychologically healthy personality. The first are constant parameters of psychological individuality, the second reflect a tendency to changes in relation to life opportunities, achievements and beliefs. Personal harmony is the result of improved psychological hardiness and the volitional regulation of behaviour, when moral priorities, worldviews, inclinations and social interests are used to choose actions. Professionally significant personal qualities are formed in the process of long-

term professional work; these qualities distinguish a representative of one profession from another. Conflict-generating factors cause changes in the psyche of people, when they perform their duties, which can provoke psychosomatic disorders.

There is a need to identify and specify individual attitudes and personal potentials; to find factors that would contribute to the preservation of human psychosomatic health, personal development and self-control. The above said has determined the purpose and objectives of our study.

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The critical level of developed destructive behaviour in a person's life testifies to his/her insecurity regarding a conflict and the lack of personal cultural security in his/her life. Despite a detailed study of "risk factors" leading to psychosomatic destruction, we should note that its genesis can be explained by diseases caused by various conflict-generating factors. Conflict-generating factors are one of the most destructive factors deforming the integrity of the creative organization of Ukrainian citizens.

Analysis of recent research. Studies of L. Burlachuk, I. Vilsh, I. Malkina-Pykh, V. Mendelevich, P. Kryvoruchko, L. Kulikov, A. Rean, E. Romanova, J. Holland, L. Schneider and general data from official sources show a general tendency to significantly decreased psychological health. The specificity of today's psychological problems is determined by an individual's position in a social group, its certainty, which prevent him/her enjoying a proper attention and affection of others or to be an object of respect and love. Conflict-generating factors are often associated with personal behavioural abnormalities. Our research is devoted to the identification and clarification of the relations between psychosomatic and conflict-generating factors of a personality. Juneau C., Pellerin N., Trives E., Ricard M., Shankland R., & Dambrun M. (2020) substantiated the reliability of the Equanimity Scale: two-factor equality scale (EQUA-S). Grub E., Wydra G., Kaefer M., & Koellner V. (2017) revealed changes in motor balance during inpatient psychosomatic rehabilitation. Kim, Y. J., & Cho, J. H. (2020) calculated the correlation between preventive behaviour and human psychosocial health based on South Korean leisure in the context of the COVID-19 crisis. Fierro-Suero S., Almagro B. J., & Sáenz-López P. (2020) substantiated the validity of the Emotional Achievement Questionnaire (AEQ-PE).

High world standards and requirements for any professional work require a person not only to perform their duties, but also to have professional skills, bear responsibility, show psychological stability, reliability and efficiency in these duties. According to an English psychologist and sociologist L. Clark (Kulikov, 2004), the loss of health and ability to work due to neuropsychiatric diseases occurs within 40-50 years, which leads to significant economic and social losses for society.

The purpose of the article is to determine the

differential features of the conflict-generating factors influencing on psychosomatic disorders of working-age people.

The scientific novelty of the study is that the author for the first time revealed the differential features of the impacting *conflict-causing factors* in a situation of psychosomatic disorders for working-age people.

Research methodology. In the first stage of the study, a psychological diagnostic interview was conducted to determine the respondents' psychological mood. It is important to emphasize that, in reality, the interview procedure was formed on the basis of the respondents' current states experienced in a certain sociological space. During the study, individuals were characterized by the following psychological states: tension - 27 people, anxiety - 23 people, fear - 13 people, uncertainty - 8 people, sadness - 8 people, sadness - 7 people, loneliness - 6 persons, apathy - 6 persons, indifference - 4 persons, depression - 3 persons, instability - 3 persons, pleasure - 1 person.

Presenting main material. According to the World Health Organization (WHO), general health is not only the absence of a disease or a physical disability, but also complete physical, mental and social well-being. The main criteria of general health include structural and functional preservation of organs and systems, significant adaptation of the organism to changes in the social environment, preservation of optimal well-being. Psychological health is one of the components of general human health and is based on the measurement of psychosocial norms, deviations from them and possible psychological destructions (Malkina-Pykh, 2005).

Conflict-generating factors are the least studied psychopathological phenomena, the main feature of which is an excessive focus on one object and own psychosomatic feelings about it (Juneau, Pellerin, Trives, Ricard, Shankland & Dambrun, 2020).

Personality is an abstract concept that combines many aspects that characterize a person: emotions, motivation, thoughts, experiences, perceptions and actions (Laczkovics, Fonzo, Bendixsen, Shpigel, Lee, Skala, Prunas, Gross, Steiner & Huemer, 2018).

V. Mendelevich believes that *psychosomatic disorders* are a group of diseases when a primary bodily reaction

to the conflict experience is associated with some morphological changes leading to pathological disorders in the organs. There are the following main psychosomatic disorders: bronchial asthma, ulcerative colitis, essential hypertension, neurodermatitis, rheumatoid arthritis, duodenal ulcer, hyperthyroidism, diabetes mellitus (Mendelevych, 2005).

The study was organised on the basis of M.I. Pirogov Regional Clinical Hospital in Vinnytsia and O.I. Yushchenko Regional Psychoneurological Hospital in Vinnytsia and included 53 patients from M.I. Pirogov OCH, 56 patients from the psychiatric hospital and 11 patients from the sanatorium-type department of the hospital, of which 65 were men and 55 were women. Their psychological pathological conditions were the cause of developed somatic diseases such as: hypertension - 21 people, peptic ulcer - 19 people, pyelonephritis - 15 people, coronary heart disease - 14 people, ischemic stroke - 11 people, duodenal ulcer - 9 people, acute pneumonia - 7 people, bronchitis in exacerbation stages - 6 people, chronic renal failure - 4 people, chronic heart failure - 3 people, liver cirrhosis - 1

person.

The number of participants in the experimental groups met the requirements for the sample size for statistical processing. The prerogative of this sample is that both groups had complaints of a psychosomatic nature; the primary feature for their formation was an unknown mechanism of conflict development, somatic or psychological factors.

The results obtained are shown in the table below (Table 1).

The Table 1 shows that the experienced mental states, according to our sample, did not have specific attachments to a particular somatic disease. On the first stage of our empirical study, the following facts were determined: patients with somatic disorders experienced mainly mental states caused by conflict-generating factors; emotional moods that accompanied somatic diseases were not directly related to a specific diagnosis and, in this sense, could be considered as non-specific, i.e. the conflict typology was characteristic for any examined somatic disease; patients with somatic diagnoses paid more attention to care-

Table 1. The relationship between conflict-generating factors and somatic diseases

psychological states	Intensity	Alert	Fear	Uncertainty	Anguish	Sadness	Solitude	Apathy	Indifference	Depression
Ischemia	+									
Hypertension				+						
Stroke										+
Pyelonephritis		+								
Peptic ulcer		+								
Pneumonia		+								
Ulcer duodenum					+					
Hypotension	+					+				
Bronchitis	+									
Gastritis		+	+			+				
Chronic renal failure			+							
Chronic cholecystitis				+						
Heart failure									+	
Nephritis						+			+	

ful treatment of their emotional states. Patients with somatic diagnoses differentiated emotional states in more detail, which indicated the primary importance of these conditions in comparison with the sanatorium department patients.

Analysis of the structural and functional organization of mental states revealed the following features. According to A. Prokhorov, all components of states correlated within the norm at a high level of significance, forming an integral functional complex. The highest correlation was determined by him between mental processes and behaviour ($r = 0.766$ at $p \leq 0.01$). Based on this, we used the Vikhand method to build a galaxy in which processes and behaviour were the central parameter. Physiological reactions were associated with processes, and experiences were associated with behaviour.

When people experienced states of suggestion in a somatic disease, the picture changed. All conditions in our sample were asthenic, but they were experienced similar to experienced normal sten conditions (with a high correlation of modality "sten – asthenic" at $R = 0.818$ with $p \leq 0.01$). We associate this with mobilized body defences and a created own, more optimistic semantic space. It should be emphasized that not all correlations between conditions and their experience were significant at somatic diseases. The most significant was the correlation observed between physiological reactions and experiences ($r = 0.827$ at $p \leq 0.01$). In the case of the norm, this correlation is lower ($r = 0.569$). However, physiological reactions are strongly associated with behaviour, which is also characteristic for healthy people. The analysis shows that the central area of somatic patients' experience covered their mental processes and physiological reactions. Mental processes were mainly related to behaviour, and experiences were related to physiological reactions. The influence of conflict-causing factors on neurotic disturbances owing to somatic diseases becomes clear from this result. For the representatives having the psychopathological status, their behavioural parameters (6.31) were slightly different from the normative indicators and the results of people with somatic diseases.

The most important factor of psychosomatic disorders was social stress: problematic relationships in the professional sphere, including failed professional fulfilment (non-professional work, forced labour, unemployment, etc.), interpersonal conflicts with the leader or the team and

related domestic problems. The second most important cause, as we found out, was emotional discomfort in the family and family stress: unfavourable relationships with loved ones, difficult financial situation, lack of support, divorce, death of a loved one.

At the second stage of the study, we used several reliable and valid psychological methods to study the individual features maintaining the state of optimal human functioning: Rokeach Value Survey to study the structure of the value orientation system of personality, D. Leontiev's test "Meaningful life orientations" (MLO) to determine the motivational and value structure of personality, Cattell's 16 Personality Factors to study individual psychological characteristics, D. Keirsey's method to identify an individual's temperament, A. Maklakov and S. Chernyamin's method examining an individual's social level to assess development of human adaptive abilities, Wiesbaden personal questionnaire (N.Pezeshkian) to assess personal characteristics used at conflict overcoming, "Self-actualization test" (A. Maslow) to register the quantitative and qualitative parameters of self-actualization.

The experimental study involved 104 people, including 34 psychosomatically healthy people (the control group - CG) and 70 patients with psychosomatic disorders (the experimental group - EG).

D. Keirsey's method is based on the distinction of 16 psychological types (artist, entrepreneur, master, merchant, guardian of traditions - conservative, administrator, guardian, teacher, fortune teller, journalist, romantic, toastmaster, etc.), obtained via a combination of four factors: E (Extraversion) & I (Introversion) - extraversion-introversion; S (Sensation) & N (Intuition) - prudence-intuition; T (Thinking) & F (Feeling) - logic-feeling; J (Judging) & P (Perceiving) - prudence-impulsiveness and is designed to identify the type of temperament - one of the most stable personal characteristics (Viznyuk, 2012).

The tendency towards conservatism (ISFJ), communicativeness (ESFJ) and order (ESTJ) prevails among the respondents. As Fig. 1 show the main landmarks in the life of psychosomatically healthy people are orderly life, not limited by a space of the existing environment and interpersonal relationships. Whereas, people with psychosomatic health disorders had low needs in order, planning, demanding and control, which indicated pedantry or prag-

matism. The personal difference for the CG people was the desire to stability and a sense of responsibility for their actions, family, friends and so on. They were friendly, bearers of peaceful and diplomatic values, so they were calm and balanced workers who maintain the traditions of their work. Lower scores obtained in the experimental group indicated a lack of skills, energy and capabilities of the EG people. They were characterized by uncertainty in their views, as they did not maintain consistency in actions, professional duties and personal life.

cluded the desire for spiritual absolutism, dogmatic faith, which were manifested in such qualities as excessive self-sacrifice, compassion, idealism, the fight against evil for the ideals of good and justice (INFP), altruism, attention to other people's feelings (ENFJ), etc.

According to the Wiesbaden personal questionnaire (N.Pezeshkian), assessing personal traits and ways to conflict overcoming, we identified several differences due to the disharmony of life values and psychosomatic health disorders. The obtained results and their interpretation by separate personal traits revealed difference in polarity of

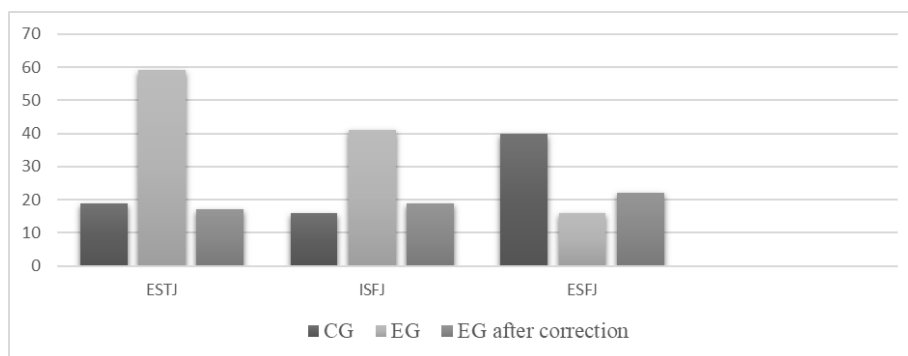


Fig. 1. Generalized results of individual-typological features studied by D. Keirsey's method

In particular, the EG respondent were guided mainly by the feelings, intuition and worldviews of other people. The respondents from the control group performed certain activities independently, which was manifested via making their own decisions and fulfilling their responsibilities on the basis of dialogic interactions. They were characterized by such personal characteristics as wisdom, openness, communicative skills, practicality, which indicated the potential of mental health, willingness to take risks. The EG respondent were characterized by low activity in interpersonal relationships, which disorganized their communicative behaviour and emphasized the tendency to introversion.

According to D. Keirsey's method, the CG people revealed such character traits as stability, reliability, logic, low emotionality, attentiveness, patience, sense of duty (ISTJ), love of freedom, unlimited, harmonious ease, reflected in the spiritual and emotional sphere in the form works of art, musical works, dance skills (ISFP), preservation of family comfort and love (ISTJ), education (INTJ), insight and poetry (INFJ).

Characteristic features of the EG respondents in-

signs for certain features for the CG and EG.

For the CG respondents, we noted a positive design of life: patience (68%), success (54.4%), feelings of motherhood (47.6%) and fatherhood (23.8%), the ability to demonstrate the feeling of love as the embodiment of emotional joy and satisfaction (47.1%), consistency (41%), communication (37%), independence (37%), planning life prospects (35.7%), reliability (34%), trust (32%), thrift (31%) , justice (30.5%), neatness (27.4%). These indicators meant that psychologically healthy people did not have complexes; their behaviour was natural and frank. Their lives were full of meaning and purpose. They were reliable, energetic, responsible, self-determined, constantly striving for self-actualization and so on. In addition, the CG people's thinking was independent, free from stereotypes of time, authorities. They were cheerful, because they get full pleasure from life, for example, from the scents of flowers, from the beauty of the mathematical formula... "Such a person is extremely optimistic. Even in an extreme situation, she does not lose hope, and this often gives her the strength to find the best solution. This person is overly active and assumes a considerable amount of responsibility in

the process of work". It should be noted that a characteristic feature of CG persons is the desire for self-actualization (Viznyuk, 2012).

We should note such parameters of the EG people as the closed nature caused by distrust to therapeutic medical process and medical staff (21%), meticulousness (16,8%), trustworthiness (14,7%), excessive punctuality (7%) or its absence (9.1%), negligence (14%), inconsistency of behaviour and actions, emotional liability, unreasonable irritability (14%); sloppiness (11.2%), ritualized tidiness (8.4%), excessive sensitivity to someone else's grief (5%), dependence on someone else's opinion, conformity (10.8%). This signalled deep social and intrapersonal conflicts that could cause psychosomatic disorders of the respiratory tract, cardiovascular and endocrine systems, gastrointestinal tract, skin and so on.

The people from CG and EG did not show significant differences in such areas as the feeling of motherhood (41.2%) and fatherhood (20.6%) and in such a characteristic feature as patience (38.2%). However, the EG people's peculiarity was that they lost self-control (72%) in case of problems, tended to run away to work (9.1%), denied their physical defects. A typical deviation shift was recorded in patients with disorders of their digestive, nervous and endocrine systems: inadequate and uncontrolled eating during stress. We observed tendencies to excessive punctuality and performance in people with the coronary heart disease. Patients with rheumatism were mostly concerned with the problems of politeness, order, justice and loyalty. People with psychosomatic skin lesions were characterized by maladaptation in the social sphere, especially in communication (Viznyuk, 2012).

The results presented above indicate the impact of

universal values on psychosomatically healthy individuals that determine meanings of their lives and stability of their mental structures. Experimental data showed a significantly higher adaptability of CG individuals and their rational approach to life. That is why psychological corrective work was built on the formation of positive characterological tendencies of a harmonious personality. The results of the formative experiment are not the subject of this article, but note that the proposed approach gave quite high results ($t = 0.27$; $p \leq 0.01$).

D. Leontiev's test "Meaningful life orientations" (MLO) determines a meaning of an individual's life as a holistic structure of life. The method examines such meaningful life orientations as purposefulness and richness of life, satisfaction from self-realization, locus of control-I (ruler of life) and locus of control-life (management of life).

The EG respondents showed mostly pessimistic views on life: lack of desires, dreams, interest in events, a hopeless future and so on. Let us note that restrained anger, suppressed hostility any unexpressed aggressive tendencies contribute to the development of such diseases as hypertension, diabetes, thyrotoxicosis, gastroduodenitis. In addition, blocked and unrealized desires for recognition, success, attention of others, sexual satisfaction cause increased activity of cholinergic structures and contributes to bronchial asthma, peptic ulcer disease, skin pathologies. Thus, the links exist between an individual's problematic somatic health and emotional exhaustion, unrealized dreams, frustration with their own capabilities, dependence on others, circumstances, events. According to the data obtained on the scale of life goals, psychosomatic patients were characterised by the emphasis on the past (92%), unsatisfactory

Table 2. Comparative characteristics of the CG and EG respondents according to the MLO

	Statement experiment				Forming experiment	
	CG, (%)		EG, (%)		EG, (%)	
Scales	high level	low level	high level	low level	high level	low level
Life goals	88%	12%	8%	92%	82%	18%
Life results	53%	47%	17%	83%	52%	48%
Satisfaction with self-realization	68%	32%	31%	69%	61%	39%
Locus-control-I	62%	38%	26%	74%	57%	43%
Locus of control-life	82%	18%	13%	87%	74%	26%

self-realization, disbelief in their own strength, lack of control, fatalism (Table 2).

The statements of the studied CG people testified to the fundamental attitudes towards the improvement of personality, the consistency of the inner “Self” with the real world and life prospects. High scores were obtained on such scales as locus-control-I (62%) and locus control-life (82%). A moral position during self-improvement was supported by spiritual potential: the desire for beauty, selflessness, dedication, care for others. Satisfaction with life, as can be seen from the Table 2, depended on human activities, their significance for others, self-realization for the benefit of humankind, sincerity in relationships, gratitude from people and so on. This indicated the integration of life goals into a wider range – departure from narrow-minded goals toward highly spiritual ones, which revealed an important criterion of psychosomatic health (Table 2).

According to the ideas of the *Rokeach Value Survey*, the system of value orientations determines the semantic side of a personality and is the basis of an individual’s relations with the world, other people, with oneself, the basis of worldview and core motivation; the basis of the concept of life and “philosophy of life”.

The obtained indicators of terminal values confirmed the positive psychological attitude of the interviewed CG people, they chose such life priorities as caring for their health (55.9%), happy family life (32%), love as spiritual and physical intimacy with a loved one (26.5%). Indicators of instrumental values revealed that the defining areas of personal life were sensitivity and care (29%), rationalism as the ability to think realistically and logically, make informed, rational decisions (23.5%), education as breadth of knowledge, high general culture, intransigence to their own and other people's defects (20.6%). These values were the signs of harmonious behaviour, the predominance of healthy sanogenic thinking, psychosomatic health, family well-being and psychological resilience.

In contrast, the EG respondents rated highly health concerns (68.6%), which was associated with the influence of conflict-generating factors, limited interests, uncertainty against the disease. These people often chose such value orientations as entertainment, pleasant rest, lack of responsibilities (27%), which determined the dominance of the present over the future, existence for one’s own sake, lack

of determination, creativity, self-realization, self-confidence. 21% of this group believed that life wisdom (maturity of judgments and common sense, which are achieved by life experience) was not decisive for a human life path, so they tended to believe in atypical situations, mythical suggestions, fate. 24% saw as terminal such value orientations as honesty (truthfulness, sincerity), 22.9% did politeness and 17% did neatness, ability to keep things in order, which indicated meticulousness of their behaviour, excessive demands, stereotypes and conservatism.

A. Maklakov and S. Chermyanin’s method examining an individual’s development of adaptive abilities highlights an individual’s capabilities of active adaptation to the physical and social environment of all levels of organism functioning and personality formation.

Calculated averages for this method showed a difference between the CG (8.8) and the EG (3.0), which suggested high hardiness of the CG respondents and, accordingly, low hardiness of individuals from the EG.

Mathematical and statistical processing of the obtained data by Pearson's test showed an inverse correlation between the parameters of hardiness and meaningful life orientations ($r_{xy} = -0.34$; $p \leq 0.01$) in the EG, which indicated inadequate behavioural regulation, poor self-control and insufficient positive reassessment of the situation. The same parameters for people from the CG had direct correlations ($r_{xy} = 0.47$; $p \leq 0.01$). In our opinion, this meant activation of adaptive abilities in stressful situations, psychosomatic integrity, willingness to act in conditions of high responsibility, understanding of the objective reality and the desire for personal growth (Viznyuk, 2012).

The relationship between psychological hardiness and life stress, which was measured using the list of Hopkins symptoms, was found experimentally. It turned out that a high rate of life stress is not a constitutional prerequisite for disease. Poor psychological hardiness of the EG respondents under a high subjective stress was a predictor of somatic destruction (the probability of disease development was 92%), while high hardiness contributed to health (somatization took only 10%). In addition, high psychological stability was associated with a developed imagination and creativity in unusual situations, under heavy stress. Adequate awareness and assessment of a situation, a person’s lasting experience in actions and circumstances, in

made personal choices and born responsibility acquire the value of resources in somatically ill people with high hardiness, allowing them to adapt to health problems, to transform harmoniously life orientations.

Let us note that the strength and depth of hypochondriac disorders depended on an individual's psychological characteristics, psychological development, behavioural stereotypes and features of self-actualization, specific response to the situation, the way of coping with internal personal conflict, tolerance to stress. According to our study, the relationship between neuropsychological resilience and mental health existed, it was significant and direct ($r_{xy} = 0.359$, $p \leq 0.01$).

The analyzed data obtained by *N. Pezeshkian's method* showed the following behavioural deviations from the norms in the EG respondents: meticulousness, punctuality, trust, openness, helplessness, loyalty, obedience, despair, isolation, demanding of themselves and others, impatience, suspicion, dependence on the guardianship and guidance of others, disorganization, etc. Somatic disorders in such people were caused by pessimistic, hypochondriac, depressed mood, self-medication and distrust of doctors. The most important factor in psychosomatic disorders for 37 patients (51%) was social stress: 19 people (26%) had problematic relationships in the professional sphere, including professional failure (non-professional work, forced labour, unemployment, etc.), interpersonal conflicts with their leader or team, 13 people (18%) had household problems.

An individual's psychological stability allows him/her to maintain psychosomatic integrity and, conversely, its absence contributes to the emergence and chronicity of comorbidities, the development of various disorders. That violates the process of self-actualization and moral and aesthetic control over his/her behaviour become weaker.

Conflict-generating factors affect an individual's psychological stability, as well as support any deviation or professional disorientation that occurs at psychological stresses. Without realizing his/her post-stress state, a person generates unreacted experiences, exacerbates a personal conflict, which leads to unconstructive behavioural strategies. Layered on each other, numerous stressful situations can be revealed only at the analysis of real biographical chronology. However, if the psychological control is ade-

quate, obstacles become normal phenomena of life; in their presence, an individual behave with the aim to overcome them, he/she generate the need to seek and find ways to overcome obstacles, develop strategies to overcome them, which is extremely important for a successful professional path (Arshava, 2006).

Self-awareness is an essential holistic structure, activating an individual's development to form life tactics aimed at maintaining and restoring his/her health. The optimal ratio of structural components of a personality and supported hierarchical subordination of levels ensures the preservation of basic intrapsychic connections, stability of the psyche at a current stage of development (structural aspect of health) (Arshava, 2006).

However, the dynamic interaction of these components and the coherence of the main mental processes determine the unique nature of an individual's holistic and unique personality (dynamic or procedural aspect of health). A healthy personality is characterized by the orderliness and subordination of its constituent elements, on the one hand, and the coherence of the processes that ensure the integrity and harmonious development, on the other one. In this case, health is an important indicator that fully characterizes an individual and a necessary condition for the integration of all personality components into a single unique harmonious Self.

Conclusions. We determined the characteristics of conflict-generating factors in terms of a specialist's personality and his/her optimal functioning and determined that somatic pathology had different intensity and different psychosomatic actions: some correlations increased, others faded. There was a restructuring during the disease, changes in the information and energy components of the state. A prolonged exposure to conflict-causing factors is a prerequisite for the occurrence of somatic diseases. Their primary genesis has a nosological form and reflects the central human experience in the disease. Somatic disease does not directly depend on the state of experience, but reflects a complex and indirect processes. We investigated changes occurred in the states and interpreted them depending on an influence of conflict-generating factors.

Prospects for further research are to clarify and identify the factor weight of personal potential that can ensure psychosomatic health in professional work.

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Долінний Сергій Сеєргєєвіч

Аспірант кафедри психології і соціальної роботи Вінницького державного педагогічного університету імені Михайла Коцюбинського, м. Вінниця (Україна)

ПСИХОСОМАТИЧНІ ЧИННИКИ В АСПЕКТІ РОЗВИТКУ КОНФЛІКТОГЕННОЇ ПОВЕДІНКИ ОСОБИСТОСТІ

АНОТАЦІЯ

Розглядається проблема взаємозв'язку психологічної стійкості особистості та психосоматичного здоров'я. Показано, що збереження психосоматичного здоров'я можливо за умови відповідності фізіологічних, особистісних і соціальних норм психо-

логічного потенціалу людини, в основі якого є стійкість. Проаналізовано потенційний ризик розвитку соматичних хвороб щодо деструкції психіки людини. Перебудова мотиваційної сфери відбувається за рахунок домінування таких провідних мотивів, які орієнтовані переважно на збереження і відновлення здоров'я, що веде до спотворених смисложиттєвих цілей: замкнутості, відчуженості, пасивності, інертності, зниження активності, обмеження комунікативності тощо.

Зазначено, що самоусвідомлення особистістю своєї сутності як цілісної структури, залежить від активності процесів індивідуального розвитку, які дозволяють сформувати життєві тактики, спрямовані на збереження та відновлення власного здоров'я. Оптимальне співвідношення структурних компонентів особистості й підтримка ієрархічної субпідрядності рівнів забезпечує збереження основних внутрішньопсихічних зв'язків, стійкість і стабільність психіки на даному етапі розвитку (структурний аспект здоров'я). Разом з тим динаміка взаємодії цих компонентів і ступінь узгодженості основних психічних процесів визначає своєрідний характер становлення індивіда цілісною й унікальною індивідуальністю (динамічний або процесуальний аспект здоров'я). Здорова особистість характеризується впорядкованістю й співвідпорядкованістю складових її елементів з одного боку, та узгодженістю процесів, що забезпечують цілісність і гармонійний розвиток, з іншого. При цьому здоров'я є тим вагомим показником, що характеризує особистість у її цілісності, є необхідною умовою інтеграції усіх складових особистостей у єдину неповторну гармонійну Самість.

Встановлено, що найвагомим чинником психосоматичних порушень був соціальний стрес: проблемні взаємини у професійній сфері, зокрема професійна нереалізованість (робота не за фахом, вимушена діяльність, безробіття тощо), міжособистісні конфлікти із керівником та з колективом, побутові проблеми. Другою за важливістю причиною виникнення цих симптомів є емоційний дискомфорт у сім'ї та сімейні стреси: несприятливі стосунки з близькими, скрутне матеріальне становище, відсутність надійної опори тощо. Тоді як головними орієнтирами в житті психосоматично здорових осіб є впорядкована життєдіяльність,

не обмежена простором оточуючого середовища та міжособистісними стосунками.

Ключові слова: конфліктогенні фактори, психологічна стабільність, психосоматичне здоров'я, психосоматичні розлади, особистість.

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ПСИХОСОМАТИЧЕСКИЕ ФАКТОРЫ В АСПЕКТЕ РАЗВИТИЯ КОНФЛИКТОГЕННОГО ПОВЕДЕНИЯ ЛИЧНОСТИ

АННОТАЦИЯ

Рассматривается проблема взаимосвязи психологической устойчивости личности и психосоматического здоровья. Показано, что сохранение психосоматического здоровья возможно при условии соответствия физиологических, личностных и социальных норм психологического потенциала человека, в основе которого является устойчивость. Проанализированы потенциальный риск развития соматических болезней по деструкции психики человека. Перестройка мотивационной сферы происходит за счет доминирования таких ведущих мотивов, которые ориентированы преимущественно на сохранение и восстановление здоровья, что ведет к искаженным смысложизненным целям: замкнутости, отчужденности, пассивности, инертности, снижение активности, ограничение коммуникативности и тому подобное.

Отмечено, что осознание личностью своей сущности как целостной структуры, зависит от активации процессов индивидуального развития, которые позволяют сформировать жизненные стратегии, направленные на сохранение и восстановление собственного здоровья. Оптимальное соотношение структурных компонентов личности и поддержка иерархической субприядности уровней обеспечивает сохранение основных внутриспсихических связей, устойчивость и стабильность психики на данном этапе развития (структурный аспект здоровья). Вместе с тем динамика взаимодействия этих компонентов и степень согласо-

ванности основных психических процессов определяет своеобразный характер становления индивида целостной и уникальной индивидуальностью (динамический или процессуальный аспект здоровья). Здоровая личность характеризуется упорядоченностью и соподчиненностью составляющих ее элементов с одной стороны, и согласованностью процессов, обеспечивающих целостность и гармоничное развитие, с другой. При этом здоровье является тем весомым показателем, характеризующим личность в ее целостности, что необходимо для интеграции всех составляющих личностей в единую неповторимую гармоничную самость.

Установлено, что наиболее значимым фактором психосоматических нарушений был социальный стресс: проблемные отношения в профессиональной сфере, в частности профессиональная нереализованность (работа не по специальности, вынужденная деятельность, безработица и т.д.), межличностные конфликты с руководителем и с коллективом, бытовые проблемы. Второй по важности причиной возникновения этих симптомов является эмоциональный дискомфорт в семье и семейные стрессы: неблагоприятные отношения с близкими, тяжелое материальное положение, отсутствие надежной опоры и тому подобное. Тогда как главными ориентирами в жизни психосоматически здоровых лиц является упорядоченная жизнедеятельность, которая не ограничена пространством окружающей среды и межличностными отношениями.

Ключевые слова: конфликтогенные факторы, психологическая стабильность, психосоматическое здоровье, психосоматические расстройства, личность.

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