

УДК 159.974

DOI: 10.32342/2522-4115-2019-2-18-3

I. M. VYSNYUK,
candidate of Psychological Sciences,
Associate Professor Department of Psychology and Social Work
Vinnitsa State Pedagogical University named after Mikhail Kotsyubinsky

FEATURES OF THE ORIGIN AND DEVELOPMENT OF HYPOCHONDRIAL PERSONALITY DISORDERS

У статті розглянуто основні причини виникнення іпохондричних розладів особистості. Проведено теоретико-методологічний аналіз проблеми підтримки професійної толерантності людини в аспекті її професійної безпеки. Напрями цього явища визначено в психологічній літературі. Відображено проблеми взаємозв'язку професійного забезпечення та психосоматичних розладів особистості в ситуації іпохондричної хвороби.

Представлено результати зародження та розвитку індивідуальних та типологічних особистісних характеристик людей, які страждають на іпохондричні розлади. У статті розглянуто тенденцію показань за параметрами диференціального підходу щодо різновидів симптомів, які розкривають подальший розвиток іпохондрії у людини та шляхи його корекції.

Автор описує іпохондричний тип особистості, який характеризується зосередженістю людини на суб'єктивних негативних почуттях та бажанням оголосити їх іншим людям, створюючи ауру симпатії та жалості. У статті підкреслено егоїстичні наміри людини щодо її порятунку під час уникнення самовідповідальності у житті. Представлено психологічний портрет людини з іпохондричними розладами соматоформного типу для розробки алгоритму хронобіологічного прогнозу психосоматики, клінічного перебігу, ефективності лікування та оптимізації адаптаційних здібностей пацієнтів.

Ключові слова: іпохондріальний розлад особистості, професійна індивідуальна толерантність, психосоматичне здоров'я, соціометричні вимірювання.

В статье рассмотрены основные причины возникновения ипохондрических расстройств личности. Проведен теоретико-методологический анализ проблемы поддержки профессиональной толерантности человека в аспекте его профессиональной безопасности. Направления этого явления определены в психологической литературе. Отражены проблемы взаимосвязи профессионального обеспечения и психосоматических расстройств личности в ситуации ипохондрической болезни.

Представлены результаты зарождения и развития индивидуальных и типологических личностных характеристик людей, страдающих ипохондрическими расстройствами. В статье рассматривается тенденция показаний по параметрам дифференциального подхода к разновидностям симптомов, раскрывающих дальнейшее развитие ипохондрии у человека и пути его коррекции.

Автор описывает ипохондрический тип личности, который характеризуется сосредоточенностью человека на субъективных негативных чувствах и желанием объявить их другим людям, создавая ауру симпатии и жалости. В статье подчеркнуты эгоистические намерения человека по его спасению во время избегания самоответственности в жизни. Представлен психологический портрет человека с ипохондрическими расстройствами соматоформного типа для разработки алгоритма хронобиологического прогноза психосоматики, клинического течения, эффективности лечения и оптимизации адаптационных способностей пациентов.

Ключевые слова: ипохондриальное расстройство личности, профессиональная индивидуальная толерантность, психосоматическое здоровье, социометрические измерения.

Formulation of the problem. The topicality of the research on hypochondriac disorders psychology is determined by the necessity of more complex consideration of modern dynamic rhythm of life and social processes that directly influence the person's functioning in the situation of psychosomatic disorders. Substantial democratic transformations that Ukraine is undergoing nowadays promote realizing the fact that progress in society can only be achieved if a personality becomes the epicenter of sociocultural life which is realized in the context of social relations. There is a need for discovering and specifying the correlation between professional requirements and personal potentials, as well as determining the factors that favor the preservation of a person's psychosomatic health, their personal formation and development in professional activities.

Analysis of recent research and publications. The results of the research by I. Vilsh, I.G. Malina-Pykh, V.D. Mendelevykh, P.P. Kryvoruchko, L.V. Kulykov, A.A. Rean, Ye.S. Romanova, G. Holland, L.B. Shneider and the generalized data of official sources show the tendency to substantial decrease in the level of psychological health of people of serviceable age.

The article goal. The author aims at emphasizing the preconditions for the emergence of hypochondriac personality disorders in sociometric dimension, as well as people's professional tolerance to this disease.

Outline of the main research material. Having analyzed the scientific sources, we can conclude that the term "profession" is mostly used in the following meanings: a group of people involved in the common sphere of activity; sphere of activity as the multitude of working achievements; work, activities in a certain sphere; qualitative determination of a person who has certain skills, knowledge, personal qualities; a person's social position.

The etiology and mechanism of the emergence of hypochondriac disorders among the representatives of various professions are little known taking into consideration that such patients make up 3–14% of the total number of patients between the ages of 40 and 60. The significance of the problem is due to the fact that this age is the professional creative dynamic force that promotes the formation of the highest level in the development of "I"-concept of a person, harmony in their inner interaction and interaction with the world, discovering and activation of their abilities, self-affirmation in the profession and the society, arrangement of family life, activation of dominant influence and responsibility for their relatives and their own life. Hypochondriac attitude becomes inevitable; they cause various age crises generated by the weakening of psychophysical functions, reduction of abilities, change of the major activity and social status. Transitory course of these changes during several months together with unpredictable psychological traumatic experience and somatic diseases advances the mobility from oppositional active life into the senseless state of obsessional ideas.

A hypochondriac disorder is among the least extensively studied psychopathological phenomena; it is above all characterized by the excessive concentration on the person's own psychosomatic feelings.

The notion of *tolerance* is comparatively recent in social science, though it is quite firmly anchored in western political and moral philosophy. Tolerance (from Latin *tolerans* meaning 'adiphorism') is "the demonstration of latitude towards the other people's thoughts, world view and hence the recognition of a person's right to have their own opinion, to proclaim it publicly, and to prove its relevance; calm and balanced attitude of an individual towards the other people's judgments" [4].

The *psychological component* of tolerance implies a person's positive attitude towards themselves, their life and professional activity, as well as the ability to resist and sustain unfavorable external influences of the executive environment. The *social component* is the positive attitude to the differences of the participants of the executive process with their social and personal features based on the recognition, understanding and assumption of these differences.

The notional and terminological dictionary of social work considers tolerance as "one of the major principles of social work, the recognition of the relevance of cultural, religious, racial and other differences between individuals; tolerating the differences in appearance, behavior, and value orientations".

The etymology of tolerance consists in its comprehension as the ability to sustain or resist stresses, obsessive ideas, and harmful influences of the environment, medicines, as well as the abil-

ity to stand and accept another individual. Of great interest is the spectrum of meanings of the term “tolerance” given in English Dictionary of Psychology: “acquired firmness; verge of firmness (steadiness); resistance to stress; resistance to conflict; resistance to behavioral deviations” [2, p. 147].

The present requires new approaches towards the realization of national policies in the sphere of the maintenance of optimal functioning and efficiency of Ukrainian society. Nowadays psychosomatic disorders are one of the destructive forces deforming the integral creative organization among the citizens. This is caused by many factors, changes in the structure of the morbidity and radical transformations of Ukraine’s medical doctrine being the most substantial ones.

The increase of morbidity and prevalence of psychic disorders, mainly non-psychological pathological states and neurotic disorders of somatoform type, are to be observed in recent years. At the same time, one can observe even more pronounced negative dynamics considering somatic diseases, psychosomatic or psychogenic mechanism being a considerable aetiopathologic contributor to their emergence. The investigation of social and psychological factors of a person’s health is a crucial problem. Solving it means the achievement of a person’s harmonious development, maintaining the optimal psychofunctional state in the realization of their own creative efforts and professional attainments.

A person’s psychological health is connected with the high level of the conscious self-regulation, rational and volitional spheres which provides for the possibility of social adaptation. At the same time it is connected with the free non-suppressed formation of the emotional sphere, the activity of the unconscious mental processes which form a basis for a person’s capability for deep emotional experience and intuition. A mentally sane person is internally characterized by a dynamic integrity, the synergy between conscious and unconscious aspirations, the pulsation of disharmonious emotional experiences, i.e. suffering and mental anguish, the latter of which being able to cause under certain conditions mental destabilization [1; 3; 4].

The hypochondriac personality type is usually characterized by the concentration on the subjective disagreeable feelings and the tendency to announce them to their associates, establishing around themselves the aura of sympathy and compassion. Such a personality is often guided by selfish intentions regarding saving them and the conformity of their life; they evince anxiety, depression, boredom, excessive concern, etc. [1; 2; 4].

The hypochondriac state usually develops in mature or elderly ages; thus such symptoms and the perturbation of a person’s labor productiveness are usually chronic and undulating. The disorder has no gender divergence but proceeds latently, in the form of an intrapersonal conflict.

The analysis of the archival medical records of Vinnytsia Regional Hospital named after M.I. Pyrohov discovers the correlation between the hypochondriac disorders and some kinds of professional activity. Having examined 1073 individual medical records of patients aged 20 to 65, we discovered 166 (15,47%) people suffering from chronic psychosomatic diseases accompanied by hypochondriac attitudes.

Table 1

Psychosomatic disorders among people of productive age

Type of psychosomatic disorder	Age, years		Gender, %		Occupation, %
	men	women	men	women	
Duodenal ulcer	49–62	26–59	59	41	Managers – 37,0 Doctors – 4,8 Others – 58,2
Obesity	26–47	–	67	33	Managers – 66,7 Cooks – 33,3
Diabetes mellitus	52–62	32–48	67	33	Medics – 50,0 Others – 50,0
Bronchial asthma	22–54	27–52	35	65	The unemployed – 42,0 Medics – 9,3 Technicians – 9,3 Others – 39,4

Table 1

Type of psychosomatic disorder	Age, years		Gender, %		Occupation, %
	men	women	men	women	
Ulcerative colitis	26–52	22–45	58	42	Private entrepreneurs – 50,0 Pensioners – 25,0 Others – 25,0
Essential hypertension	42–66	31–53	56	44	Pensioners – 41,0 Scientists – 9,2 Managers – 21,8 Others – 28,0
Rheumatoid arthritis	26–53	42–66	22	78	The unemployed – 46,0 Medics – 9,0 Teachers – 13,0 Others – 32,0

The table 1 shows that managers, private entrepreneurs, medics, scientists and teachers are at substantial potential risk of psychosomatic disorders and diseases. Besides, it has been estimated that city-dwellers are at higher risk of psychosomatic diseases than countrymen (3:1). Nevertheless, it should be mentioned that in order to intensify the validity of the conclusions the temporal and spatial framework of the selection should be broadened.

Analyzing the problem of the professional ambivalence of an individual further we try to discover its essence in the structure of the creative potential, as well as the reasons for ousting and braking successful activity within subjective reality. As regards the creative potential of an individual, O.V. Kolesnykova views it as social and psychological direction towards the unconventional solution of the contradictions of the objective reality and characterizes it as a synthetic (integrant) quality which outlines and elucidates the capabilities of an individual involved in the creative activity.

V.H. Ryndak characterizes the creative potential as a system of personal abilities (quick wit, imagination, critical thinking, openness towards novelty) that enable a person to change the methods of action according to the new conditions of activity, skills, knowledge and beliefs acquired, which to a great extent determine the result of the activity (its novelty, originality, uniqueness of the subject's approaches towards the realization of the project, etc.) [1; 4]. Emphasizing creativity in the structure of activity, we are going to discover the essence of the problem of its provision by the example of culturological tendencies of the personality of a teacher in sociometric dimension.

In spring, 2019 a survey was conducted among the school teachers of the city of Vinnytsia and of Lypovets District. 236 respondents participated in the survey, of which 78% were women and 22% (52 respondents) were men. As regards the age of the respondents, the youngest group of teachers under 25 years of age is represented by 5% (12 respondents). This group comprises young people who had recently graduated from higher educational institutions and got fixed up in a job. Young teachers between the ages of 26 and 30 who already have some teaching experience make up 13% of the respondents (31 teachers). More than a half of the respondents (146 people, or 62%) are teachers from 31 to 49 years of age. The most experienced and the oldest group of teachers over 50 years of age made up one fifth of the respondents [2].

It is worth noting that the representatives of rural schools in our research made up 72% (169 respondents); those from urban schools constituted 28% (67 respondents). Besides comprehensive school teachers, our selection includes teachers from a medical lyceum (7 teachers) and 9 educational authorities.

One of the questions posed to our respondents was about the level of their job satisfaction. Quite a large proportion – 56% (132 respondents) are satisfied with their professional activity. Nevertheless, we must admit that the teaching conditions, especially in rural schools (inappropriate premises, violation of sanitary standards, and lack of theoretical and practical supplies) block up their professional advancement. According to the results of our research, about a third of the respondents (75 people, or 32%) are partially satisfied with their job, while those not satisfied made up 12% (28 respondents) [2].

Such level of job satisfaction testifies that a crucial problem nowadays is not a pedagogical job placement, but, on the contrary, an improper professional orientation, wrong choice of qualification, biased personality orientation. The indices adduced indicate the intrapersonal conflict, discrepancy between the perspectives and the person's capabilities. Other complaints made in the survey included statements concerning poor salaries, unhealthy socio-psychological atmosphere on the teaching staff, teachers' own poor health, etc.

The level of a teacher's personal growth also depends on the authoritative people, as they to some extent form a teacher's value orientations, motives, manner of thought, communication culture, and pedagogical features. The key role in the formation of a teacher's personality is played by their parents, colleagues, writers, scientists, literary heroes, relatives and neighbors. Family circumstances very often constitute the focus point of a person's individual problems which disorganize them in sociological dimension. A teacher's psychological disposition reflects on their educational work, which results in the accumulation of stability, self-control, self-assessment, *representability* and diligence or, on the contrary, the manifestation of infantilism. It is a person's psychological status that indicates a teacher's professional tolerance, the level of their personal maturity, value orientations and culturological tendencies or, on the contrary, hypochondriac devaluation [7].

The cognitive aspect of a person's interpretation of hypochondriac disorders is based on their understanding of the veracity of the optimal state of the organism functioning, which grounds on the psychosocial reaction to a disease and a sick person's behavior. Behavioral peculiarities characteristic of hypochondriacs can be listed as follows:

- 1) keenness on their disease: such people are entirely concentrated on the symptoms, consequences and treatment of their imaginary disease;
- 2) peculiar attitude towards their body: patients spend a lot of time on measuring their temperature, pulse and other physiological indices;
- 3) selectivity: the patients filter the information from the outside choosing only that connected with their health;
- 4) avoidance: hypochondriacs try to avoid circumstances and situations that can cause the exacerbation of the existent or imaginary disease.

The research demonstrates that people suffering hypochondriac disorders are inclined towards simulative behavior (69 people, or 42%). A person's simulative behavior is aimed at receiving support or sympathy from other people. In this case a person often complains not only about the state of their health, but also about their fate, injustice, lack of understanding. Such behavior results in non-acceptance of their complaints by other people, so the sick people turn to some elements of artistic behavior - they twist their arms, roll their eyes, speak in a low voice full of suffering. If someone is attentive to such people's problems and offers a medical examination, they are most likely to refuse. A suggestion to undergo some unpleasant manipulations, such as colonoscopy (large intestine examination), gastroscopy (**stomach examination** through peroral stomach pump) are especially efficient. The patient will probably not diagnose indications for such manipulations and will accordingly avoid them, but further interpretations of the morbidity of their health state will direct them at searching for methods of health preservation [2].

Conclusions and prospects for further research. Thus, decoding a hypochondriac "message" is only possible through the analysis of the defective transactions between the individual and their family or social environment. Hypochondria gives signals about the fears and despair of the person; such people use their body as a defense mechanism in order not to admit their internal or external destructions. A hypochondriac uses non-verbal body language to conceal their real needs and deep feeling of loneliness.

So, the absolute self-activation of an individual is realized through the interaction between the personal potentials determined by the state of the optimal functioning of a person and social recognition as a factor of maintaining a teacher's spirituality in the form of professional self-consciousness. The prospects for further research include discovering and specification of factor influence of personal potentials capable of providing psychosomatic health in people's professional activities.

Bibliography

1. Візнюк І.М. Типологічний аналіз ґенезису іпохондричних розладів особистості / І.М. Візнюк // Наука і освіта. – 2017. – № 9. – С. 30–36. DOI: <https://doi.org/10.24195/2414-4665-2017-9-5>.
2. Вільш І. Вибір професії: особистісний аспект / І. Вільш // Педагогічний процес: теорія і практика: зб. наук. праць. – К.: ЕКМО, 2003. – Вип. 1. – С. 36–53.
3. Ильин Е.П. Дифференциальная психология профессиональной деятельности / Е.П. Ильин. – СПб.: Питер, 2008. – 432 с. (Серия «Мастера психологии»).
4. Коваленко А.В. Соціальна психологія / А.В. Коваленко, М.Н. Корнев. – Київ, 2006. – 400 с.
5. Мельничук О.С. Етимологічний словник української мови / О.С. Мельничук. – К.: Наукова думка, 2003. – 656 с.
6. Пашенков С.З. Ипохондрические состояния / С.З. Пашенков. – Москва: Государственное издательство медицинской литературы МЕДГИЗ, 1958. – 130 с.
7. Черевко С.В. Реанімаційні реформи в Україні: логічна структура програм зі зниженням загрози здоров'я нації / С.В. Черевко, А.Д. Черевко, О.В. Суркова, З.К. Подолкіна, А.В. Лопукша // Вісник Університету імені Альфреда Нобеля. Серія «Педагогіка і психологія». – 2019. – № 1 (17). – С. 263–265.