

ADAPTATION DISORDERS IN EMPLOYEES OF THE MINISTRY OF INTERNAL AFFAIRS OF RUSSIA: THE STYLE OF ADAPTIVE RESPONSE IN THE CONDITIONS OF PROFESSIONAL FUNCTIONING

K.V.Bezchasnyy¹

¹ Occupational Health Facility, the Ministry of Internal Affairs for the City of Moscow, Moscow, Russian Federation

Abstract. The objectives of the study are to determine the resistance of personality to stressogenic factors, to prevent possible adaptation failures and to differentiate stylistic disorders of adaptive response from the formation of distorted schemes of adaptive response.

Materials and research methods. The study was conducted on the basis of the polyclinic of the Federal Medical and Health Care Department of the Russian Ministry of Internal Affairs in Moscow in 2019-2020. The study group included 74 employees of the Moscow subdivisions of the Russian Ministry of Internal Affairs, suffering from adaptation disorders. Distribution of patients by sex: men – 23 (31%); women – 51 (69%); age of patients – 20-45 years; average age – 35.2 years. Mean duration of the disease was 3-4 months.

Research results and their analysis. Study results showed:

- all the elements characterizing the profile of adaptive response of patients with adaptive disorder turn out to be associated to varying degrees both with certain protective mechanisms and with affective states. The latter testifies to the fact that these complex and multidimensional mental states are interconnected and interdependent with the features of the adaptive response;
- formed individual profile of protective-adaptive mechanisms and preferred response style in employees of internal affairs bodies allow to favourably assess the prospects of "successful" adaptation of persons of this category;
- professional activity tensions and daily difficulties of employees of internal affairs bodies cause activation of adaptive mechanisms focused on stabilization of intrapersonal state. The degree of intertwining of connections within individual protective profile is closely connected with features of asthenization, anxiety and depressiveness;
- process of defensive mechanisms formation is determined, in particular, by individual predisposition to certain ways of regulation, peculiarities of personal response, flexibility and stability of links formation between response variants in order to achieve effective adaptive response.

Key words: adaptation disorders, coping strategies, employees of police, protective response mechanisms, response style.

For citation: Bezchasnyy K.V. Adaptation Disorders in Employees of the Ministry of Internal Affairs of Russia: Style of Adaptive Response in Conditions of Professional Functioning. *Meditsina Katastrof = Disaster Medicine*. 2022; 1:66-70 (In Russ.).
<https://doi.org/10.33266/2070-1004-2022-1-66-70>

РАССТРОЙСТВА АДАПТАЦИИ У СОТРУДНИКОВ ОРГАНОВ ВНУТРЕННИХ ДЕЛ РОССИЙСКОЙ ФЕДЕРАЦИИ: СТИЛИСТИКА ПРИСПОСОБИТЕЛЬНОГО РЕАГИРОВАНИЯ В УСЛОВИЯХ ПРОФЕССИОНАЛЬНОГО ФУНКЦИОНИРОВАНИЯ

К.В.Безчасный¹

¹ ФКУЗ «Медико-санитарная часть МВД России по г. Москве», Москва, Россия

Резюме. Цели исследования – определить устойчивость личности к воздействию стрессогенных факторов, предупредить возможные срывы адаптации и дифференцировать стилистические нарушения реагирования от формирования искаженных схем приспособительного ответа.

Материалы и методы исследования. Исследование проводилось на базе поликлиники ФКУЗ «Медико-санитарная часть МВД России по г. Москве» в 2019–2020 гг. В группу исследования вошли 74 сотрудника подразделений МВД России по г. Москве, страдающие расстройствами адаптации. Распределение пациентов по полу: мужчин – 23 (31%); женщин – 51 (69%); возраст пациентов – 20–45 лет; средний возраст – 35,2 года. Средняя длительность заболевания – 3–4 мес.

Результаты исследования и их анализ. Анализ результатов исследования показал:

- все элементы, характеризующие профиль приспособительного реагирования пациентов с расстройством адаптации, оказываются в разной степени связанными как с определенными защитными механизмами, так и с аффективными состояниями. Последнее свидетельствует о том, что эти сложные и многомерные психические состояния взаимосвязаны и взаимобусловлены особенностями приспособительного реагирования;
- сформировавшийся индивидуальный профиль защитно-совладающих механизмов и предпочтительная стилистика реагирования у сотрудников органов внутренних дел (ОВД) позволяют прогностически благоприятно оценивать перспективу «успешного» приспособления лиц этой категории;
- напряженность профессиональной деятельности и высокие повседневные трудности деятельности сотрудников ОВД обуславливают включение приспособительных механизмов, ориентированных на стабилизацию внутриличностного состояния, а степень переплетения связей внутри индивидуального защитного профиля тесно связана с особенностями астенизации, тревожности и депрессивности;

– процесс оформления защитных механизмов определяется, в частности, индивидуальной предрасположенностью к тем или иным способам регуляции, особенностями личностного реагирования, гибкостью и устойчивостью образования связей между вариантами реагирования в целях достижения эффективного приспособительного ответа.

Ключевые слова: механизмы защитного реагирования, профессиональное функционирование, расстройства адаптации, сотрудники органов внутренних дел, стилистика приспособительного реагирования, стратегии совладающего поведения

Для цитирования: Безчасный К.В. Расстройства адаптации у сотрудников органов внутренних дел Российской Федерации: стилистика приспособительного реагирования в условиях профессионального функционирования // Медицина катастроф. 2022. №1. С. 66-70. <https://doi.org/10.33266/2070-1004-2022-1-66-70>

Contact information:

Konstantin V. Bezchasnyy – Cand. Sci. (Med.), Consultant Psychiatrist of Medical Department of the Ministry of Internal Affairs of Russia

Address: 8, Bochkova str., Moscow, 129085, Russia

Phone: +7 (495) 687-06-03

E-mail: kv2005spb@mail.ru

Контактная информация:

Безчасный Константин Васильевич – кандидат мед. наук, врач-психиатр МСЧ МВД России

Адрес: Россия, 129085, Москва, ул. Бочкова, 8

Тел.: +7 (495) 687-06-03

E-mail: kv2005spb@mail.ru

The comparative studies of the issues of adaptation disorders (F.43.2) are rather complicated and often have fragmentary and even contradictory character [1, 2]. Moreover, the field of "minor" psychiatry urgently requires not only the study of psychological aspects of adaptation in these disorders, but also a system analysis of patients' personality aspects, which turns out to be important in the issues of early diagnosis and psychohygienic measures [3, 4]. In this connection, the view on disorders of adaptation from the standpoint of compensatory-adaptive mechanisms is justified, which allows not only to better understand the whole range of phenomena related to the category "adaptation" and helps to identify a number of specific mechanisms, as well as to study the level of their interaction, which can be called adaptive [5-7].

Understanding the determining role of compensatory mechanisms in the pathogenetic picture of the disease is fundamental in the context of the adaptive response of individuals whose professional activities are often accompanied by out-of-the-ordinary situations [8]. In this connection, the interpretation of adaptation disorders in the framework of compensatory-adaptive processes allows to present the problem of their early detection and treatment in connection with the tasks of psychohygiene differently.

An attempt has been made to formulate and to present a holistic structural-dynamic picture of adaptive reactions disorders, determined by the complexity of compensatory-adaptive response, which allows to analyze the stylistics and variability of defense mechanisms from the position of personality behavior in conditions of disease. In other words, prediction of adaptive behavior is designed to determine resistance of the individual to stressors, to anticipate possible breakdowns of adaptation and to differentiate stylistic disorders of response from the formation of distorted schemes of adaptive response.

Materials and research methods. The study was conducted on the basis of the Polyclinic of the Federal Clinical Hospital of the Medical and Healthcare Unit of the Russian Ministry of Internal Affairs in Moscow in 2019-2020. The study group included 74 employees of the Moscow subdivisions of the Russian Ministry of Internal Affairs, suffering from adaptation disorders. Distribution of patients: by sex — men 23 (31%) and women — 51 (69%); age of patients — 20-45 years, average age — 35.2 years. Average duration of the disease was 3-4 months. The study was conducted by a panel of psychia-

trists using the clinical method and the developed Psychosocial Questionnaire. Diagnostic selection of patients was performed on the basis of ICD-10 criteria under heading (F. 43.2), among those who gave voluntary informed consent for the study. Exclusion criteria: presence of somatic disease or refusal to participate.

The following psychological instruments were used for the study:

1. Asthenic state scale (Malkova L.D., 1977).
2. Depression Detection Questionnaire — BDI — (Beck A., et al., 1961).
3. Scale of personal and situational anxiety (Spielberger C.D., 1972; Khanin Y.L., 1976).
4. Plutchik-Kellerman-Conte (1979) method of evaluation of psychological defense mechanisms.
5. "Strategies of coping behavior" questionnaire by Lazarus (1988).

Statistical processing of the material was performed using SPSS-22.0 application software package. Most of the indicators in the study group were characterized by a normal distribution. Data evaluation was performed using parametric Student's t-criterion. Pearson's criterion (r) was used to identify correlation. A difference of at least $p < 0.05$ was considered statistically significant.

Results of the study and their analysis. The study group was divided into male and female samples, whose socio-professional characteristics were taken into account in further work.

Fig. 1 shows that in the study subgroups, the ratio of married, single/unmarried, and divorced IAB officers was different. Obviously, the number of married men was 2.5 times more than the number of married women. At the same time the number of divorced women was almost twice the number of divorced men.

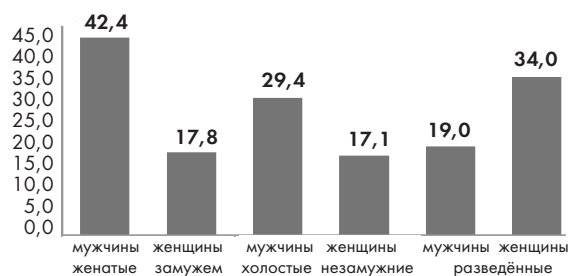


Рис. 1. Семейное положение пациентов в подгруппах исследования, %
Fig. 1. Family status of patients in study subgroups, %

The number of women with an education was twice as high as the number of men with an education, and in most cases it was higher education (Fig. 2).

Accordingly, women were significantly more likely to hold leadership positions (Fig. 3). It is also noteworthy that men with higher education continued to work as privates and junior officers because they were satisfied with their work schedule (daily shifts, internal posts), which gave them the opportunity to earn extra money or to leave more time for household and domestic chores (Fig. 3).

As for a length of service, we should note the greater proportion of women in all its stages, with the highest proportion of women (30%) being in the 11-20-year stage, which characterizes this period of service as a "turning point" in the life of internal affairs officers and their desire to "serve up" to retirement / pre-retirement age, to retire on illness and in this regard ready to add to their "therapeutic baggage" (Fig. 4).

Patients' complaints were reduced to general weakness, increased fatigue, difficulty concentrating, unstable mood, blood pressure fluctuations, sleepiness during the day and difficulty falling asleep at night, and absent-mindedness. A significant manifestation of these conditions was a distorted sleep pattern both quantitatively (superficial intermittent sleep with frequent awakenings) and qualitatively (no sense of rest in the morning after awakening, difficulty falling asleep, disturbing dreams). As the disease progressed, anxiety, joylessness increased, along with vegetative-somatic manifestations.

The average values of asthenic manifestations, complaints of depressive state and anxiety were within the norm (Fig. 5). It should be noted, however, that the level of depression in both men and women corresponded to the level of mild depression — 8.6 and 9.7 points, respectively. At the same time, the level of situational anxiety in women was higher than in men — 40.3 and 36.4 points, respectively. Significant correlations were observed for asthenia ($r=0.227$; $p=0.01$), depression ($r=0.168$; $p=0.01$), personality anxiety ($r=0.190$; $p=0.01$) and situational anxiety ($r=0.251$; $p=0.01$) in women. Thus, it is evident from these data that women are more prone to asthenization, irritability and mood instability in the conditions of the disease. Probably, it is not only a clinical expression of a disease, but also serves the purpose of the adaptive response to a difficult situation.

According to the "Strategies of coping behaviour" technique, the results obtained in the study subgroups were within the normative interval (40-60 T-points), which indicated a moderate degree of strategy preference. However, a comparative analysis of coping strategies

revealed that men preferred "seeking social support", "planning problem solving", "distancing", and "confrontation" (Table 1). Such behavior is understood as purposeful efforts to change the situation by seeking help, advice from other people who have the necessary information. Taking into account the new information, the situation and possible options and ways of solving the problem are analyzed. Men also resort to attempts to subjectively reduce the significance of a problematic situation by excessive rationalization, shifting attention, withdrawing from it or devaluing it. In this case, difficulties in planning one's behavior and predicting its consequences are revealed, sometimes even unjustified obstinacy and stubbornness.

Women are characterized by strategies of "planning a solution to a problem" and "distancing", which indicates their ability to purposefully analyze a situation and possible options for behavior, to develop a tactical plan of action taking into account their life experience and objective conditions, which indicates their constructive approach to solving difficult problems. As well as men, women resort to attempts to subjectively lower the significance of a problem situation by way of reducing their emotional involvement in it by switching their attention or treating it ironically. It should be noted that men and women have both similarities and differences in the use of a repertoire of coping strategies. If men were more inclined to search for people who could help them, with whom they could discuss the problem situation and often to distance themselves from it by excessive rationalization, detachment and lack of targeting, they nevertheless planned ways to solve the problem and ways out of it. At the same time, women were characterized by an analysis of the situation, an assessment of the options for getting out of a difficult situation, and a depreciation of its significance by reducing the degree of emotional involvement. However, along with this, they underestimated the significance and possibilities

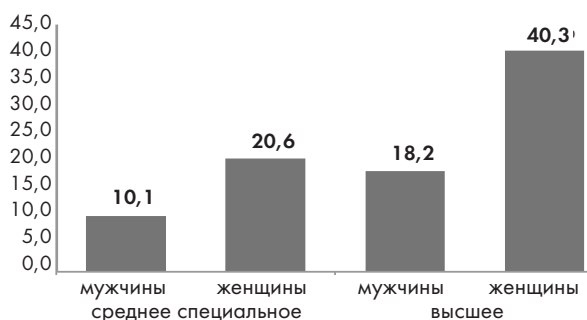


Рис. 2. Образование пациентов в подгруппах исследования, %
Fig. 2. Education level of patients in study subgroups, %

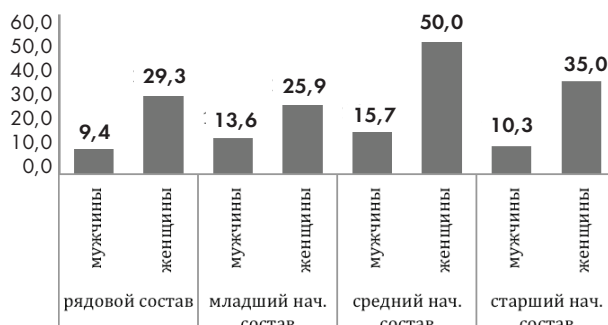


Рис. 3. Состав, к которому относятся пациенты в подгруппах исследования, %
Fig. 3. Personnel to which patients in study subgroups belong, %

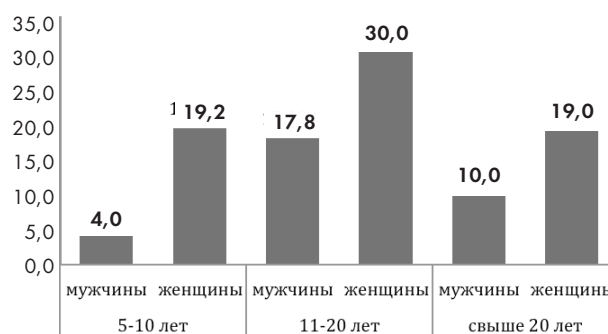


Рис. 4. Выслуга лет у пациентов в подгруппах исследования, %
Fig. 4. Length of service of patients in study subgroups, %

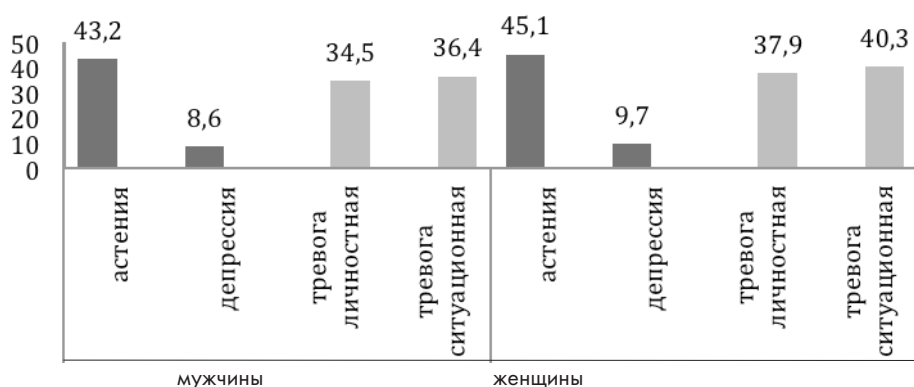


Рис. 5. Расстройства адаптации у сотрудников ОВД, баллы
Fig. 5. Adaptation disorders in police employees, points

of effectively overcoming a problematic situation. An analysis of the structure of defensive mechanisms in men and women using the Life Style Index technique showed the following differences: the total intensity of defensive mechanisms did not exceed a threshold value of 50 points: in men — (27,69±2,4) points; in women — (28,2±1,77) points, which denotes the absence of significant unresolved conflicts.

It is necessary to note enough "motley" picture of protective psychological mechanisms: so, for example, men gave preference to such mechanisms, as "displacement", "denial" and "rationalization". The justifying attitude to the behavior, the inconsistency explained by the presence of painful manifestations led ultimately to a kind of "flight into illness", but there was no "pleasant conditionality and desirability" of the disorders — on the contrary, patients were weighed down by their condition and tried to struggle with it according to their concept of illness. The sufficient level of "rationalization" was combined with a low level of disadaptive manifestations, impaired interpersonal interaction: its activity correlated with personal maturity and a high level of self-esteem. In an effort to suppress the fear for their health, the patients sought help from internal medicine doctors, underwent numerous examinations, and received symptomatic treatment, which brought them relief for a while.

In women, "regression", "substitution", "projection" and "hypercompensation" mechanisms were significantly more prevalent, which, in general, can be viewed as an infantile attitude toward dependent behavior and receiving help from others. At the same time, weakness of emotional-will control can induce the personality to provoke conflict situations. This is realized through indirect aggression, and

high commitment to social norms and lack of confidence in their own abilities does not allow them to openly show aggressive behavior. Women were highly critical and demanding of those around them, which allowed them to justify their behavior and thereby cope with the feeling of insecurity. They were characterized by over-normativity, excessive sociality and a high desire to conform to generally accepted standards of behavior, which indicates the suppression of aspirations that are socially disapproved of.

At the same time, the cross-cutting character of the mechanisms of "denial," "compensation," and "rationalization," preferred by patients with adaptation disorders, forming a stable configuration, can be interpreted as a marker of prolonged and pronounced intrapsychic conflict, as a manifestation of a greater tension of the general level of neurotic protective reactions. Obviously, the presence of such a configuration of protective mechanisms reflects a weakness of the defense system, indicating its low adaptability, which complicates the awareness of intrapersonal problems. At the same time, it is possible to specify some features of such configuration — the presence of high criticism and insistence on others allows patients to justify their behavior and to cope with the feeling of inferiority.

The results of comparing the mechanisms of defensive reaction in the study group indicate a rather wide range of adaptive reactions in the conditions of the disease: the women's preferred repertoire of defense and the degree of its intensity allow us to conclude that they are based on a sense of insecurity and a low degree of self-sufficiency. Men were characterized by a distorted perception of the surrounding reality, which allowed a more sober assessment and a less painful perception of the events around them even in the conditions of the disease.

Таблица 1 / Table No. 1

Структура стратегий совладающего поведения (по Лазарусу) у сотрудников ОВД, (M±m), баллы
Structure of coping strategies (Lazarus scale) of police employees (M±m), points

	Самоконтроль Self-control	Поиск социальной поддержки Seek social support	Принятие ответственности Accept responsibility	Планирование решения проблемы Problem solving	Положительная переоценка Positive revaluation	Дистанцирование Distancing	Бегство избегание Escape avoidance	Конфронтация Confrontive coping
Мужчины Men	54,22±2,87	60±1,53	51,57±1,95	65,96±1,3	56,96±2,45	59,52±2,83	51,3±2,49	59,78±2,88
Женщины Women	58,55±1,5	56,16±1,34	53,76±1,66	65,82±0,86	57,31±1,45	63,59±1,42	52,41±1,69	56,86±1,69
T	2,123	1,581	2,823	3,012	2,984	1,912	2,017	1,852
P	0,037	0,001	—	—	—	0,005	—	0,04

**Структура механизмов защитного реагирования по методике «Индекс жизненного стиля»
у сотрудников ОВД, (M±m), баллы**

Structure of protective response mechanisms according to the Life Style Index methodology in police employees (M±m), points

	Вытеснение Displacement	Регрессия Regression	Замещение Replacement	Отрицание Denial	Проекция Projection	Компенсация Compensation	Гиперком- пенсация Hypercom- pensation	Рационализация Rationalization
Мужчины Men	27,8±3,56	17,65±3,52	4,35±1,5	46,65±3,5	37,54±5,1	28,7±3,8	13,04±3,52	44,93±3,66
Женщины Women	24,71±2,2	21,86±2,38	10,59±1,8	44,25±2,34	41,35±3,45	27,65±3,1	22,35±2,65	41,24±2,4
T	1,309	2,014	3,612	2,492	1,834	1,395	3,051	1,852
P	0,043	0,01	0,005	–	0,001	–	0,001	–

Conclusions

1. All of the elements that characterize the adaptive response profile of patients with adaptation disorder appear, to varying degrees, to be associated with both certain defensive mechanisms and affective states. The latter indicates that these complex and multidimensional mental states are interconnected and interdependent on the features of the adaptive response.

2. Formed individual profile of protective-cooperative mechanisms and preferable response style in internal affairs employees allows to assess the prospect of "successful" adaptation of the persons of this category as prognostically favorable.

3. Tension of professional activity and high daily difficulties of activity of internal affairs employees cause application of adaptive mechanisms, oriented on stabilization of intrapersonal state, degree of intertwining of connections within individual protective profile is closely connected with features of asthenization, anxiety and depressiveness.

4. The process of formation of protective mechanisms, in a sense, is determined by individual predisposition to these or those ways of regulation, features of personal reaction, flexibility and stability of formation of connections between variants of reaction in order to achieve an effective adaptive response.

REFERENCES

1. Bezchasnyy K.V. Adaptive Response in Interior Ministry Employees Suffering from Adjustment Disorder. *Voprosy Material'no-Tekhnicheskogo i Meditsinskogo Obespecheniya MVD*. 2020;3;120:40-44 (In Russ.).
2. Isayeva E.R. *Sovladayushcheye so Stressom i Zashchitnoye Povedeniye Lichnosti pri Rasstroystvakh Psikhicheskoy Adaptatsii Razlichnogo Geneza = Coping with Stress and Protective Behavior of the Individual in Mental Adaptation Disorders of Various Origins*. Extended Abstract of Doctor's thesis in Medicine. St. Petersburg, NIPNI im. V.M. Bekhtereva Publ., 2010. 48 p. (In Russ.).
3. Rasskazova E.I. Latent Personality Profiles in Mental Illness: An Analysis of the Restructured MMPI-2 Clinical Scales. *Obzrenie Psikhiiatrii i Meditsinskoy Psikhologii im. V.M. Bekhtereva*. 2019;1:52–60 (In Russ.).
4. Solovyev A.G., Bogdasarov Yu.V., Ichitovkina E.G. Structure and Levels of Mental Disorders Morbidity of the Employees of the Internal Affairs Bodies. *Prakticheskaya Meditsina = Practical Medicine*. 2019;3:73-78 (In Russ.).
5. Litvinsev S.V. Some Problem and Debatable Questions of Psychosomatic Correlations and Somatoform Disorders from Positions of Clinical Psychiatry. *Obzrenie Psikhiiatrii i Meditsinskoy Psikhologii im. V.M. Bekhtereva*. 2018;3:80–89 (In Russ.).
6. Bezchasnyy K.V. Features of the Adaptive Response of Employees of Internal Affairs Bodies, as a Reflection of the Potential of the Individual in Conditions of the Disease with Somatized Disorder. *Psikhicheskoe Zdravoye*. 2021;1:22-28 (In Russ.).
7. Vasserman L.I., Ababkov V.A., Trifonova E.A. *Sovladanie so Stressom. Teoriya i Psikhodiagnostika = Controlling with Stress. Theory and Psychoactivator*. St. Petersburg, Rech' Publ., 2011. 191 p. (In Russ.).
8. Ichitovkina YE.G., Zlokazova M.V., Bogdasarov YU.V., Solov'yev A.G., Epshteyn A.G. A Comprehensive Approach to Psychopreventive Examination of Police Officers. *Ekologiya Cheloveka = Human Ecology*. 2019;3:4-8 (In Russ.).

СПИСОК ИСТОЧНИКОВ

1. Безчасный К.В. Приспособительное реагирование у сотрудников МВД, страдающих расстройством адаптации // *Вопросы материально-технического и медицинского обеспечения МВД*. 2020. № 3. С. 40-44.
2. Исаева Е.Р. Совладающее со стрессом и защитное поведение личности при расстройствах психической адаптации различного генеза: Автореф. ... дис. д-ра мед. наук. СПб.: НИПНИ им. В.М. Бехтерева, 2010. С. 48.
3. Рассказова Е.И. Латентные личностные профили при психических заболеваниях: анализ реструктурированных клинических шкал MMPI-2 // *Обзор психиатрии и медицинской психологии им. В.М. Бехтерева*. 2019. № 1. С. 52-60.
4. Соловьев А.Г., Богdasarov Ю.В., Ичитовкина Е.Г. Структура уровня заболеваемости психическими расстройствами сотрудников органов внутренних дел // *Практическая медицина*. 2019. № 3. С. 73-78.
5. Литвинцев С.В. Некоторые проблемные и дискуссионные вопросы психосоматических соотношений и соматоформных расстройств с позиций клинической психиатрии // *Обзор психиатрии и медицинской психологии им. В.М. Бехтерева*. 2018. №3. С. 80–89.
6. Безчасный К.В. Особенности приспособительного реагирования сотрудников органов внутренних дел, как отражение потенциала личности в условиях заболевания соматизированным расстройством // *Психическое здоровье*. 2021. № 1. С. 22-28.
7. Вассерман Л.И., Абабков В.А., Трифонова Е.А. *Совладание со стрессом. Теория и психодиагностика*. СПб.: Речь, 2011. 191 с.
8. Ичитовкина Е.Г., Злоказова М.В., Богdasarov Ю.В., Соловьев А.Г., Эпштейн А.Г. Комплексный подход к психопрофилактическому обследованию сотрудников полиции // *Экология человека*. 2019. № 3. С. 4-8.

Материал поступил в редакцию 21.06.21; статья принята после рецензирования 05.02.22; статья принята к публикации 21.03.22
The material was received 21.06.21; the article after peer review procedure 05.02.22; the Editorial Board accepted the article for publication 21.03.22