





ORIGINAL

Mental health and work environment: feelings of psychologists in a mental health service

Salud mental y trabajo: sentir de psicólogos de un servicio de salud mental

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ABSTRACT

Introduction: according to Jung, the psychologist is a healer who suffers from his own wound, whose mask hides the shadow of his own feeling. The purpose of this research is to reveal the feeling of psychologists about their work process in a mental health center in 2025.

Method: a methodological level was directed under the gaze of the post-positivist paradigm, with a qualitative approach, with a phenomenological-hermeneutic method, using as an instrument for collecting information a semi-structured interview script focused on depth, with psychologists as the research subjects.

Results: from the voices of the informants it can be revealed that their work environment generates discomfort and they feel vulnerable when their criteria as professionals are not respected. Regarding the effects of their work processes, they describe musculoskeletal ailments of the upper limbs, which they experience with difficult patients, in addition to this at a psychosocial level they present fatigue, isolation and mutism. Regarding self-care mechanisms in consultation, they refer to establishing clear limits, avoiding their own emotional processes and focusing on the patient. On the other hand, they feel comfortable with their work, but they have to bear the burden of family expectations that turn them into a god. Finally, they agree that life as a couple is somewhat complicated and that being a psychologist does not make it any better.

Conclusion: finally, they consider that mental health policies are necessary for the professional care of those who work with purely emotional demands.

Keywords: Work; Health Status; Mental Health.

RESUMEN

Introducción: el psicólogo es según Jung un curador que padece con su propia herida, que bajo su máscara se enconde la sombra de su propio sentir. El propósito que se planteó en esta investigación es develar el sentir de las y los psicólogos sobre su proceso de trabajo en un centro de salud mental, en el año 2025.

Método: se direccionó bajo la mirada del paradigma postpositivista, con un enfoque cualitativo, con un método fenomenológico-hermenéutico, usando como instrumento de recolección de información un guion de entrevista semi estructurada focalizada en profundidad, siendo los sujetos de investigación psicólogos clínicos.

Resultados: de las voces de las informantes se puede develar que su entorno de trabajo, les genera incomodidad y se sienten vulneradas al no respetar su criterio como profesional. Sobre los efectos de sus procesos de trabajo describen dolencias musculoesqueléticas de miembros superiores, que experimentan con paciente difíciles, aunado a ello a nivel psicosocial presentan cansancio, aislamiento y mutismo. Sobre los mecanismos de autocuidado en consulta, refieren establecer límites claros, evadir sus propios procesos

emocionales y centrarse en el paciente. Por otro lado, se sienten a gusto con su trabajo, pero tienen que cargar con las expectativas familiares que los convierte en un dios, finalmente concuerdan que la vida de pareja es algo complicada y que ser psicólogos no lo hace mejor

Conclusión: considerando finalmente, que las políticas de salud mental son necesarias para el cuidado profesional de aquellos que trabajan con exigencias netamente emocionales.

Palabras clave: Trabajo; Estado de Salud; Salud Mental.

INTRODUCTION

The psychologist, for Méndez⁽¹⁾, “focuses on assessing and understanding the patient’s behavior through talk therapy and other techniques according to the approach he practices, to help him to overcome his problems and improve his mental health.” In agreement, Hernandez and Ceballos⁽²⁾ describe that in the social imagination of people, he is conceived as “The wise man: Someone capable of helping others to manage their internal competencies to improve their quality of life”; that is, he is associated with the task of discovering what happens in the soul and finding the remedy for its cure, inquiring where his wound is hidden, using a pleasant conversation, symbols, and interpretations to achieve his work.

On the other hand, the psychologist from the viewpoint of Jung’s Depth Psychology⁽³⁾ in his individuation process, the I (His being) is in an internal struggle between wearing a healer’s mask to show before society, the wisdom of the emotions and the rehabilitation of the ills of the soul, with the shadow of the wound that afflicts his soul and spirit, to this expression of war existing in the psychologist, he gave the name of archetype of the wounded healer, which he defines as an archetypal symbol of the therapeutic process, where the psychologist executes the art of healing beyond a method or technique of intervention, involving his soul in this act, at the cost of his wounds, to guide to the path of light, even when he does not know how to find it for himself.⁽⁴⁾

For this reason, research has focused on pursuing the answers to the effects of the curator’s work, exploring his perceptions and sensations. Sarmiento and Corzo⁽⁵⁾ found in the discourse of those who work with emotion during the pandemic, they were exposed to a high workload, absence of active breaks, prolonged sitting and psychological demands, and that, in their work environment, they were invisibilized, no mechanism serves to meet the needs arising from the work of healing. That is why, in their dissertation, they state that “By attending to the mental state of the subjects and their most immediate needs, it is necessary to generate strategies that reduce the possibilities of developing burnout syndrome.”⁽⁶⁾

This phenomenon was studied in Buenos Aires, Argentina, by Diaz, Gonzalez, and Kaucher⁽⁷⁾ considering that the psychosocial risk factor generated in the psychologist is a product of empathy, by producing burnout, an affliction in his soul, which they define as “The emotional demands of the job that put psychotherapists at risk of physical and emotional exhaustion, often to the detriment of the therapist, the clients and the profession of psychotherapy.” Empathy, as an essential psychotherapeutic technique for working with patients with psychological distress, takes the mask of the patient, puts it on his face to understand his feelings and thoughts, looks through it to perceive how he sees the world, repeating this process over and over again with the rest of his patients.

Consequently, psychosocial risk factors have a direct effect on Mental Health, which, according to the World Health Organization (WHO)⁽⁸⁾ defines as “a state of mental well-being that enables people to cope with life’s stressful moments, to develop all their abilities, to learn and work well and to contribute to the betterment of their community.” According to the above, mental health has abandoned the conception as one where there is the absence of a mental disorder but involves thoughts, emotions, relationships, and the environment in which it develops; it is more than a label to be normal or abnormal, or meet all requirements imposed by the standard and culture, is to achieve a balance between thinking and feeling, developing their full potential.^(9,10)

For this reason, self-care keeps the psychologist healthy to perform his functions; it is the conditions that balance his soul so that his work has a protective effect. Diaz, Gonzalez, and Kaucher⁽⁷⁾ described the function of this mechanism in the work of healing, expressing that they are “Those actions that bring calm, connect us with enthusiasm, energize us and/or give us relief, can enhance the development of behavioral repertoires in the face of the stress of our work.” In other words, self-care, or behavioral self-regulation, gives the psychologist a tool to look within himself, connecting compassionately during therapeutic work with the patient and with himself—the healer and the wounded work together, like perfect alchemy, healing the other and the self.⁽¹¹⁾

According to what was stated and described above, the purpose of this research was to unveil the feelings of psychologists about their work process in a mental health service located in Aragua, Venezuela, for the years 2024-2025.

METHOD

It was conducted under the post-positivist paradigm, with a qualitative approach, and at an exploratory and descriptive level under the hermeneutic phenomenological method. Likewise, the research is immersed in the area of Mental Health and psychosocial well-being, in the line of psychosocial risk factors at work. The key informants were psychologists working in a mental health service in Aragua, Venezuela; three were interviewed. To identify their experiences for the analysis, they were coded using pseudonyms (see table 1).

The route that led to the methodological process began with the collection of information through a semi-structured interview focused in-depth and directed to psychologists working in the mental health service; for the recording of the information, a voice recorder and field diary were used before the authorization and consent of the workers; to transcribe the audio files to text, a subscriber was used without omissions of information.

Subsequently, after recording the interviews, axial coding was carried out, extracting the aspects relevant to the research and making a sweep of information, where aspects not applicable to the study were excluded, to obtain the convergent and divergent points of the experiences of each research subject, after receiving the appropriate information, a categorization was assigned to each element and coding to each key informant, using a pseudonym. Finally, Hermeneusis was used, where the contributions were triangulated with the contributions of Jungian theory on the individuation of the archetype of the wounded healer, the background of the research, and the accounts obtained from the experiences of the key informants.

Table 1. Description and Coding of informants working in a mental health service, Aragua-Venezuela. 2024-2025

Informant	Sex	Seniority in the center	Coding
Psychologist 1	Female	17 years old	Pandora
Psychologist 2	Female	11 years old	Aphrodite
Psychologist 3	Female	8 years old	Eros

RESULTS

In the narratives of the informants' work experiences, it was possible to obtain different reflections on their work environment, the psychosocial effects of their work process, the mechanisms they use to take care of their mental health, the implications of their profession on their personal, family and couple life, of which the following can be discussed by category:

Work Environment: knowing the setting

The work environment within the work of the cure is a relevant element to achieve it, since according to Jung⁽³⁾ allows contextualizing the patient in a scenario where two actors are presented, which provides a structure to the psychologist of what to do, but also gives the patient an environment of reliability to express himself. When exploring the discourses of the informants about this category, the following was revealed:

Pandora mentions in her account that her work environment *"is somewhat chaotic, we could say with a lack of organization. There is no respect as a professional in how you think and how things will be done."* She also adds, *"However, where we work is not to work with mental health patients because you leave a lot of the organization, then you leave a patient you are accompanying in the middle."*

On the other hand, Afrodita, regarding the organization and workspace, says, *"Not all the conditions are in place to be able to carry out the work reliably."* She specifies, *"It is difficult for us to balance the attention as such due to the rest of the functions, so it is difficult because I have to do a lot with the patients."* About the schedule, she says, *"We divide the days of consultation due to the space issue."*

In the same vein, Eros says, *"My work environment is a very small place. It is uncomfortable in many aspects, and it has space limitations. There are many processes, and you have to switch quickly. I don't like the fact that I am often limited as a psychologist, that other criteria prevail and limit my criteria as a specialist."*

In the voices of Pandora, Aphrodite, and Eros, the perception of a work environment that is described as a limited, uncomfortable, and unreliable space with diverse work processes, with which psychologists have to deal to attend to their patients, as well as they express certain discomfort associated with the management structure, which violates their criteria and their respect as a professional. The three discourses are aligned with those found in Sarmiento and Corzo's research⁽⁵⁾ in the discourses of their informants, who expressed that *"There are no spaces that generate well-being as a result of the same (management and organization of work) and at the same time there is a tense and uneasy atmosphere."*

In addition, Otero, Shibata, and Cavero⁽¹²⁾ refer to their conclusions that psychologists working in the public area *"presented a greater psychological workload due to overwork."* On the other hand, the ILO⁽¹¹⁾ states

that it is necessary to create operations that allow productivity and high performance efficiently and safely at a mental level; the absence of these can affect the ability of people to be effective and enjoy their work, increasing demotivation. Such as those found in Pandora, Aphrodite, and Eros, when expressing that these measures do not exist in the work environment, generating vulnerability.

Psychosocial effects of the work process: Behind the healer's mask

The psychosocial effects of the psychologist's work, according to Díaz, González, and Kausher⁽⁷⁾, can be manifested at the physical, cognitive, emotional and social levels, which have an impact on their health. From the speeches of the informants, the following effects were found:

The informants agree that the impact they may present will depend on the patient they attend, the number of patients attended, and the symptomatology presented by the patient; however, when they describe that these conditions occur, they experience very similar physical, cognitive and social effects, using almost identical expressions to describe these effects.

From a physical point of view, Pandora says, *"It depends on the patient that touches me, but there are patients that burden you sometimes. For example, I leave with a headache, stiff neck, heaviness in the shoulders, very tired."* On the other hand, Aphrodite describes, *"It is no longer that thing that overwhelms me, of course, already after the seventh patient; it is already exhausting, because one gets hungry, pain in the neck or shoulders."* Finally, Eros says, *"It varies; there are patients that you see, and you feel good, but there are patients who carry it, they are cumbersome, I feel a weight on my shoulders that even when you know you are going to go in with that patient, I know I will have that feeling, and I don't want it."*

According to the physical symptomatology manifested by the informants, it is obtained that all of them present in common body ailments of the upper limbs, shoulders, and neck, which is in agreement with the findings of Otero, Shibata, and Caverio⁽¹²⁾ "On the one hand, the most frequent body pains were neck and shoulder pain, which, like back pain, were the result of long working days while sitting, which could be accompanied by headaches." These authors associated it with prolonged sitting. However, Pandora and Eros refer to this discomfort according to the type of patient.^(13,14)

The phenomenon presented by the informants is inclined to be expressed by Freud⁽¹⁵⁾, this is called transference, which is the emotional and psychic load that the patient places on the therapist during the healing process; not being able to express rejection of what the patient has said takes the route of repression, manifesting itself through physical symptoms, so that the therapist experiences "A weight that does not belong to him and which he wants to get rid of."

On the other hand, at the cognitive level in the discursive thread, the three alleged to present mental fatigue, Pandora indicates *"Tiredness, very tired, I end up mentally exhausted"*; on her side, Afrodite, *"Exhausted"* and finally, Eros expands this feeling to *"Tiredness, I am inattentive, sometimes I ask myself things again, I lose my concentration."* According to Otero, Shibata, and Caverio⁽¹²⁾, Exhaustion and demotivation are cognitive symptomatology found in therapists, which they describe as "Feeling drained of energy and not wanting to continue with patient care."

Finally, at the social level, Pandora expressed, *"There are times with this patient when I came home and did not want to do anything, did not want to talk to anyone."* Aphrodite experiences this social manifestation: *"At that time, I don't want to talk to anyone else, I don't want anything,"* Eros expresses, *"I take a space for myself; I try not to talk and channel it."*

The manifestations presented at physical, cognitive, and social levels in Pandora, Aphrodite, and Eros, according to Díaz, González, and Kausher⁽⁷⁾ the emotional residue of dealing with people who have gone through or are going through traumatic situations" is a direct consequence of "The emotional residue of dealing with people who have gone through or are going through traumatic situations," given that there is a cost for caring for others, and that not having strategies that promote self-care and emotional regulation, the prolongation of these symptoms can bring about long-term health consequences, such as Burn-out syndrome.

Coping mechanism and self-care: The alchemy of the Self

The healer and his wound are the two essences that interact with each other; according to Jung, these integrate the therapist, the same phenomenon that was studied by Manrique and Stefani⁽⁴⁾, who describes how the psychologist manages his own emotions, perceptions, and situations during psychotherapy, so through this category we inquired about the mechanism or techniques used by the informants, obtaining the following:

Pandora expresses that she puts her limits on the board when dealing with demanding patients: *"I put her limit. From the first moment, I explained to her what the therapy consists of, and I even told her when she could call me if something were happening."*

On the other hand, Aphrodite narrated a lived experience of how she handles these patients: *"It is complex. Once, it happened to me with a teenager, and I had to tell her that if she felt that we were not attending to the patient enough, not to bring her in anymore."* That is to say, in response to the mother's demands, he

established a clear limit: not to continue with the care.

About these limits, Eros adds, *“Well, I try to stick to it. If he is in psychotherapy, I should come to that care with a plan. I resign myself to the fact that I have to attend to them, but if I can refer them, I do it.”* Like Pandora, she establishes a plan to follow, but if it does not fit, she imposes the limit of referring the patient, just like Aphrodite.

This establishment of limits or therapeutic framework for the management of patients was also obtained in the informants of Otero, Shibata, and Caverio⁽¹²⁾, which are the most used actions in therapy. A highlight of what was exposed by the informants is how they can mask their emotions during their work; they are there, but as described by Pandora, they are shadowed, supporting what was exposed by Jung⁽³⁾. The shadow, which is the part that hides behind the mask. This part wants to emerge but cannot show itself. The therapist must then, according to the findings of Manrique and Stefani⁽⁴⁾, activate the Chiron archetype, his essence of the healer is integrated with his wound, to carry out his work, thus encouraging self-care, during the clinical practice.

Socio-affective work-family-partner relationship: The personification of the shadow

The image of the psychologist is that of a seer who knows the laws to lead lives toward well-being, according to Hernandez and Ceballos⁽²⁾. “From the metaphor of the privileged gaze, psychological knowledge is shown as a device of the government of subjectivity, which transcends even the labor exercise,” which emphasizes how the psychologist is perceived in the social imaginary, whose role goes beyond his working life, but also gives him the competences for his personal life. In the voices of the informants, we discover the following:

Pandora reveals to us that the role of the psychologist is a function that *“I like, because it makes me study how you have no idea I can exchange with other colleagues, from their perspectives and opinions to reach conclusions.”* out of this role is described as someone *“Fun and boisterous.”* However, she leaves on the table the perception that her family has about who she is because of her role: *“They think I know everything, they think I can not get angry, they think I can handle everything, they forget that I am a person, but I am always evaluating them, I can not be wrong in anything, then they question a lot.”*

About her feelings about her role, Afrodita shares the same feeling as Pandora: *“I am passionate about it, I talk and talk, I feel like I am myself when I do what I do.”* She likes it so much that when describing who she is outside the psychologist role, she mentions, *“It is difficult to know when I am not there; it is complex.”* About her family’s perception of her, she says, *“It is difficult; I am in a biologist environment; they are all doctors, and I am the only psychologist. I am a single mother, and sometimes I question at what point I am doing well and when I am doing badly”.*

Eros follows the same line as the other informants, describing her role as *“Dynamic, you have to search, study, learn more, investigate, and that gives me satisfaction.”* Outside her role, like Pandora, she describes herself as *“Fun, more open and more spontaneous.”* As a relevant aspect, she mentions that when she observes herself in her role, *“I am always focused on the fact that I have to maintain an image because I am the psychologist, which is a burden.”* She describes her exact weight about her family environment: *“I feel that they idealize me, something is wrong, I have to solve it, we don’t know what to do, she should know. I am the god; they forget I am a human, but I can’t be wrong.”*

The discourses of the informants have a relationship with what was found by Hernández and Ceballos⁽²⁾, where the perception of the psychology students themselves is that of a “Wise seer who can solve any problem in society.”

On the other hand, in the couple aspect, Aphrodite explains that *“It is a lie that being a psychologist will make you choose a good partner, it is not true, we are more subjective than the rest of the people, you have a thousand opportunities to screw up, but it is a lie that one knows how to do it better.”* The same perception he shares with Eros: *“That is an issue, it is an issue, I always wondered why couple life is so chaotic for us; I don’t think I know the first psychologist who has a stable couple life, it is difficult for us to establish a healthy relationship that lasts. I think, in my case, they expect it to be more, or they expect it to be more perfect. That you are a psychologist and will have a good relationship; from my experience, I think it is even the opposite.”*⁽¹⁶⁾

What was revealed by the key informants differs from what was found by Otero, Shibata, and Caverio⁽¹²⁾, who found that the partner was described as a source of support to reduce the pressure of the workday, “By feeling supported and listened to by them when talking about what happened during the day,” such discrepancy can be inferred, to the fact that the interviewees were women, with a single parent, economic and exclusive work responsibilities.

FINAL CONSIDERATIONS

According to what was revealed, organizations play a vital role in the health of their workers. However, work processes affect those who perform them, regardless of whether it is of a physical or emotional nature; the elements associated with the management and organization of work can cause the appearance of psychosocial

risk factors, which have an immediate effect on mental health. For this reason, the great relevance of the policies and programs of mental health care in organizations, by the nature of the work of the psychologist, whether theoretical or practical knowledge, qualifies them to find self-care strategies.

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