

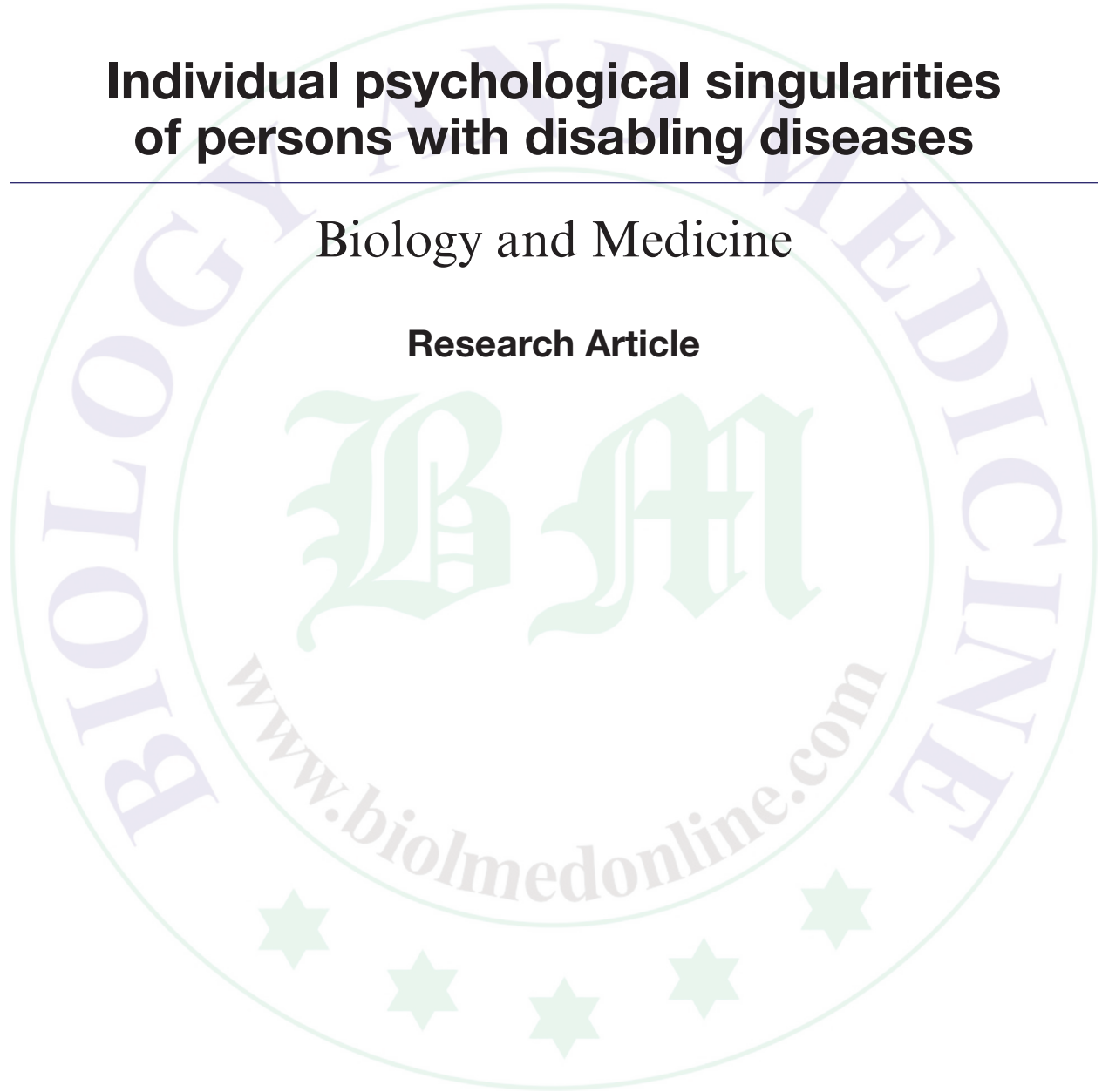
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# **Individual psychological singularities of persons with disabling diseases**

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## Individual psychological singularities of persons with disabling diseases

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### Abstract

This article deals with the study of individual psychological features of men and women in the difficult circumstances of disability. The individual psychological characteristics are understood as the parameters of the meaningfulness of life, pseudocompensations, and personal properties. This study has managed to detect the gender dependence of the studied parameters' relationships. The observed specificity of the relationships' structural organization is the criterion of adaptation to the difficult circumstances. The differences between men and women were identified in quantitative values, which are the markers of adaptation of disabled persons to difficult circumstances. These features must be taken into account by the service of medical and social examination, by rehabilitation specialists at developing individual rehabilitation programs for disabled people.

**Keywords:** Disability; meaningfulness of life; pseudocompensations; personality traits; coping strategies; dependence; adaptation.

### Introduction

Over the past decades, the domestic science has formed and enshrined the disabling disease concept as a complex multi-level system including the relationships of the biomedical component with the personal status of the individual [1]. Such an approach to the pathological process of the disabling disease requires analysis not only of medical and biological aspects, but also of the psychological aspect of "break and defense". Any breach of health regardless of its biological nature puts an individual in special psychological life circumstances, or, in other words, creates a special objective situation of the human psyche development [2]. From a psychological point of view, the most important attributes of this situation are as follows:

1. Presence of certain biological hazards affecting the conditions for the organism functioning [3].
2. Separation from the usual living conditions with the restriction or complete elimination of employment, narrowing and limiting the usual communication circle [4].

3. The possible negative social and psychological consequences of a disabling disease are: deterioration of the labor ability, change in the family status, the overall change in the mental status of the individual [5].
4. A disabling disease can lead an individual to specific changes in his personality, which will manifest themselves as changes in the emotional sphere, changes in the motivational sphere, affect the attitude to oneself or to others, and activity disorders [6].

Speaking about the structure of the psychological status of an individual in the circumstances of a disabling disease, we can single out three components: the emotional-volitional, intellectual, and motivational components, whereas we focus primarily on the motivational component, as its absence or severe deficiency indicates the actual impossibility to fulfill the psychological capacity of the disabled person [7]. The intellectual aspect is referred to as a certain level of understanding, awareness of the goals and objectives of the disabled person, where the adequacy of this understanding and awareness does not necessarily depend

on the intellectual abilities of the individual [8]. The emotional–volitional component reflects the energy capacity, emotional background, and volitional characteristics of the disabled person [9]. Thus, the total of these characteristics of the psychological status is a multilevel system (the operational level, the emotional–volitional level, and the personal level).

## Methods

The organization of our study was based on previous studies of persons with disabilities as a poorly protected category of the population, as well as was complemented with applied developments in the medico-social examination bureau [10].

The objects of the diagnosis were the peculiarities of the individual's life orientations. The semantic regulation of life activity is a fundamental characteristic of the human way of being, and, therefore, we see it as an important feature for understanding the personality in the circumstances of disabling diseases [11]. The psychological basis for the system of personal meanings is the versatile structure of needs, motives, interests, ideals, beliefs, visions, which determines the levels of the system's functioning and the processes of personal development [12]. The highest level of meanings generalization is the level of life meaning orientations, the function of which is to integrate and differentiate the lower level meanings: the biologically conditioned, situational, and personal ones [13]. Depending on localization of the meaning, the type of actual semantic condition is determined, which is expressed in the strategy of solving life's problems. An individual's ability to analyze and summarize relevant meanings (i.e., the meanings of the past and the present) and to form life goals (i.e., to design the future) is an indicator of the integrity of his self-concept [14]. We studied the current semantic state using the "Test of Life Meaning Orientations" questionnaire.

A person can be in a situation of a problem that seems unsolvable. The emergence of such a problem is the reason for the emergence of the inferiority complex [15,16]. Confidence in one's inability to solve a problem leads to primitive defense – pseudocompensations that help to subjectively suppress the developing complexes [17]. Diagnostics of pseudocompensations was

performed using the "Individual propensity to pseudocompensation" technique. The study of the personality characteristics of people with disabilities was based on the technique of multi-factor study of personality – the "PF-16 questionnaire." Variant C of the questionnaire was used, which is an abridged version containing 105 questions [18].

All psychognostic techniques used in the research are standardized and meet the requirements of validity, reliability, and representativeness. At interpreting the obtained data, we considered the theoretical grounds of construction of the techniques formulated by their authors. The obtained data were exposed to the mathematical and statistical analysis – the methods of parametric statistics were applied using a special package of data processing software developed at the Department of Psychology of KSU [19].

The objective was to identify the nature of the empirical data distribution. The parameters of the normal distribution of the empirical curve were determined by calculating the coefficients of asymmetry [As] and excess kurtosis [Ex], and it was concluded that the distribution of diagnostic data is close to the theoretical normal distribution. The degree of variability of such mathematical parameters as the mean square deviation (G), the error of mean (m), the coefficient of variation (V%), and the accuracy rate (Cs%) are within acceptable limits.

The validity of the differences obtained through the comparison was assessed by the Student's *t*-test; the nature of relationship between the studied parameters was determined through the mathematical apparatus of the Pearson correlation analysis.

Thus, 41 indicators characterizing the individual psychological characteristics of the tested persons were analyzed [20].

## Results

For the implementation of the overall idea of the study, we analyzed at the first stage the acts of survey of disabled persons at the Bureau of Medical and Social Expertise (BMSE). The medical report and a legally executed certificate of BMSE acted as an external criterion. As the work was generally focused on the study of disabled persons, the research participants had to meet the following criteria, as well:

1. All tested persons have an objective, specific physical ailment, the existence of which entails disability.
2. The participants of the study must have 1-3 disability group obtained and witnessed by a relevant legal document based on the decision of a medical and social expert group. Thus, they have the same legally enshrined status and belong to the same social group.

The total number of participants in the experimental group was equal to 450 people aged 18 yrs or older, including 244 men and 206 women. The procedure for the examination of the experiment participants had some peculiarities.

First, the complexity of interpersonal relationships in terms of mistrust and suspicion to the interviewer was taken into account. The support of the BMSE head helped ensure the contact with the research participants and with the district departments of medical examination quality.

Second, waivers from 15 disabled people were obtained who did not want any contact and did not show even a simple interest. The reasons for refusal were: "I feel bad"; "I do not feel I want to even think, and definitely I do not want to answer the tests"; "I believe all of this is unnecessary"; "Do not engage in this nonsense". A typical feature of communication with this group was the discussion of personal problems of the respondents and listening to their complaints about the quality of life.

## Discussion

When interpreting the diagnostic material, the empirical data of the disabled men and women were subjected to a comparative analysis. The individual psychological characteristics of disabled persons, both men and women, have certain peculiar features; probably, the disability imposes a "footprint" on the mental characteristics of the persons of both sexes.

There are many significant differences found between the values of indicators of the male and female selections of disabled persons at the significance level of  $p \leq 0.001$ .

When comparing the significance of life orientations depending on the gender in all six indicators – the disabled men are markedly different from the disabled women. Men add

meaningfulness, commitment, and perspective to their lives, are characterized by having goals in life ( $t = 39.218$  points at  $p \leq 0.001$ ); they perceive their life more fully fledged and filled with sense ( $t = 34.111$  at  $p \leq 0.001$ ); effective, they evaluate the passed life span more judiciously ( $t = 3.374$  at  $p \leq 0.001$ ) than women who do not see any prospects and commitment of their lives, are not satisfied with the emotional richness of their lives, and associate the meaning of their lives only with the memories of the past. Thinking of oneself as a strong personality with sufficient freedom of choice to build one's own life in accordance with one's own goals and objectives and the idea of its meaning is also more typical of men ( $t = 40.012$  at  $p \leq 0.001$ ). Men are more convinced than women that they can control their lives, are free to make decisions and implement them ( $t = 32.943$  at  $p \leq 0.001$ ). Meanwhile, women believe that it is pointless to plan anything for the future. In general, men supersede women by the generalized index of the meaningfulness of life ( $t = 51.222$  at  $p \leq 0.001$ ), are more responsible for the real life and implementation of their plans and goals in the future, see the meaning of their lives in living.

As the optimal meaning of life is a dynamic structural hierarchy, it can vary significantly under the influence of the situation or certain circumstances. Life is complicated and sometimes makes surprises that are not always pleasant. A disabling disease, change in the social status, sharp change in the usual stereotypes modify the existence conditions and can significantly affect the nature of a person's life orientations. Apparently, the meaning of life is lost for disabled women; the "inertia" of the meaning of life manifests itself, which does not provide them with greater success in life, emotional comfort, which should reside in experiencing the fullness of life and satisfaction with it, in contrast to disabled men.

In describing personal pseudocompensations of disabled persons, we rely on the point of view common in psychology that the inferiority (insufficiency) complex is an accompanying trait of persons with disabilities.

During the analysis, it became clear that the severity of the 12 out of 18 indicators reliably distinguishes women from men, and the expression of values of 10 indicators is higher among women. Women are inferior to men by two indicators – the tyrant complex and the "free-rider" complex. In the women's selection, the average

value of the tyrant complex index is 2.87, in the men's selection – 3.26 ( $p \leq 0.05$ ), the average value of the “free-rider” complex index in the women's selection is 1.40 and in the men's – 3.76 ( $p \leq 0.001$ ). In other words, men, more than women, tend to consider themselves demanding to people around, stay and be sure that such a non-personalized threatening attitude in some way helps men maintain their self-esteem. A man facing the cold reality may go the way of tyranny through both weakness and stiffness.

In general, women, more than men, tend to organize the defense of their Ego through the development of pseudocompensations. Women can use their ill health as an excuse, gain from the illness more than men (**pok. 7 KUB** – “the complex of retrieving to the disease”). Women rely more on the support and sympathy of others; their opportunities to control other people and manage them by gaining from the illness increase. Women's failures are excused, and they obtain the right to avoid problems. The average numerical value of this indicator for women is 3.35 points, and for men – 2.00 points ( $p \leq 0.001$ ). Women, more than men, are likely to feel sorry for themselves to use tears and complaints. They readily admit their weakness and their inability to control themselves (“the complex of self-pity” – 2.54 against 1.49 points,  $p \leq 0.001$ ). “The complex of self-pity” is the inflated goals of leadership, the desire to be the first at any cost, which the person hides behind weakness and pity. With their alleged simplicity (“the imaginary simplicity complex” – 1.73 against 1.60 points,  $p \leq 0.001$ ) and ostentatious trust to people (“the credulity complex” – 5.19 against 4.53 points,  $p \leq 0.001$ ), women experience guilt (“the guilt complex” – 4.12 against 3.73 points,  $p \leq 0.05$ ), inferiority (“the inferiority complex” – 4.79 against 4.19 points,  $p \leq 0.01$ ), fear (“the fear complex” – 2.76 against 2.28 points,  $p \leq 0.001$ ), anxiety and foreboding (“the complex of foreboding” – 2.06 against 1.57 points,  $p \leq 0.001$ ), show greed (“the greed complex” – 2.90 against 2.46 points,  $p \leq 0.05$ ), have keener senses of ageing (“the fear of ageing” – 4.99 against 4.85 points,  $p \leq 0.05$ ).

The obtained results show that women with disabilities are more involved in mental self-preservation and “complexed” than disabled men. Women perceive the disabling disease as an insoluble problem and their inability to solve it. The confidence in their inability to solve the problem leads to pseudocompensations – the

search for detours and simultaneous use of multiple defensive strategies at a time by women. Thus, expecting the people around to threaten and cause troubles to them, women envy them, show greed, feel defective, and at the same time demonstrate simplicity and credulity. A certain “complex of complexes” is formed, which, apparently, facilitates to some extent the attitude of women to the loss of confidence in their abilities, to the complicated and stressful living circumstances. The methods resorted to by women are less developed than the men's ones. Significantly pronounced pseudocompensations of the “tyrant complex” and “free-rider complex” help men demonstrate to others both the ability to defend themselves and at the same time their weakness. So, this combination of pseudocompensations in men expresses the need for protection, which a person needs to receive both from himself and from others.

Thus, there is a marked difference between disabled women and men in defending their personality from the stress effects by developing specific behavioral strategies. Disabled women cannot follow the path of direct struggle against difficulties and are more likely to use defensive mechanisms distorting the reality in the form of indirect compensations, where it is less common for men. The defensive strategies of disabled women apparently increase the sensitivity to stress-producing impact and the confidence in their inability to solve the problem, which ultimately does not eliminate the problem and does not allow maintaining the Ego integrity without more or less distortion of reality.

A disabled person is not just a carrier of physical ailment, but a personality above all. In this regard, it is important to say that a disabling disease and, therefore, the limited capacity change the position of the disabled person cause new problems to him, have an impact on the personal characteristics. Figuring out the personality characteristics of disabled women and men, we used the diagnostic capabilities of the 16 PF test.

At determining the differences using the Student's *t*-test in the values of scales of the Cattell test between a group of disabled men and women with disabilities, we obtained the statistically significant differences on the following scales: “C – emotional stability-instability” ( $t = -5.454$  at  $p \leq 0.001$ ), “G – standardization of behavior – aptitude to feelings” ( $t = -8.120$  at  $p \leq 0.001$ ), “O – self-confidence – anxiety” ( $t = 24.283$  at  $p \leq 0.001$ ), “Q4 – relaxation – tension” ( $t = -24.795$

at  $p \leq 0.001$ ), "MD – self-esteem adequacy". The comparative analysis of quantitative data of the diagnostics of formation of personality traits of disabled men and women did not reveal such a large number of distinct differences, as the study of pseudocompensations did. As for the rest of scales, no statistically significant differences were observed between the groups of men and women in the selection of disabled people.

Disabled women as distinct from the disabled men almost always experience personal anxiety, concern, a sense of inner de-adaptation, obsessive intrapersonal conflicts, and tension. Men with disabilities are less prone to apprehension and gloomy thinking, infantile reactions of anxiety or escaping in difficult situations ("C" 39.04 points against 42.43 at  $p \leq 0.001$ ). The emotional-affective sphere of disabled women as distinct from the disabled men has its own peculiar features: we observed emotional vulnerability, loss of emotional balance, rapid affective response to the frustration of needs, to achievement of an objective ("O" 30.87 points against 50.57 at  $p \leq 0.001$ ); the dissatisfaction with the main basic needs is behaviorally manifested in anxiety, tension, high frustration ("Q4" 50.88 points against 30.97 at  $p \leq 0.001$ ). With regard to women with disabilities, we may note that they treat their disabling disease as a life in the circumstances of physical bondage, which causes the reluctance to overcome difficulties, the shrink back before them, the desire to receive, but not to give away. In addition to the limitations that are entailed by an immediate disabling disease (physical suffering, limited capacity, etc.), disabled persons face negative phenomena when trying to interact with people (discrimination at employment, discrimination at admission to educational institutions, intimidation with dismissal from work, etc.). All of those cause disabled women as distinct from disabled men ("G" 59.13 points against 40.16 at  $p \leq 0.001$ ) to demonstrate the protest, isolationist reactions, critical reassessment, depreciation, and protests, as well as inadequate self-esteem ("MD" 46.16 against 40.13 points at  $p \leq 0.001$ ). The revealed differences of personality traits indicate that disabled women are actually tense, prone to frustration, feel neurotic symptoms, and hypochondria. Such arrangement of the emotionally personal sphere produces avoidance of stress-producing and critical situations requiring self-confidence, produces the feeling

of dissatisfaction with regard to the women's ability to meet the demands of life.

## Conclusions

Analysis of the data showed that the maximum possible number of differences was found in the values of life orientations. In six of the six values specified by the author, men had significantly higher average quantitative values. We can say that the most noticeable distinctive feature of disabled men, which makes them different from disabled women, is that they find their lives more efficient and fully-fledged, and their life orientations are more optimistic.

Despite the fact that men with disabilities are also in need of help and support from others, this fact does not diminish their social activity. They perceive their lives as a whole; they tend to more harmonious emotional state and confidence in their abilities. In the men's selection, the values of a self-actualizing personality are more common; they seek to maintain interpersonal contacts, which act as an opportunity to emphasize their importance and to be in demand in the society.

The severity of psychological defense in the form of pseudocompensations holds the second place by the number of differences in the values of the diagnosed indicators. 67% of the indicators show significant differences between their values for women and men. For women, the valid difference is the manifestation of inefficient and inadequate mental self-preservation in the form of pseudocompensations. Disabled women perceive their lives as limited in opportunities and full of irreplaceable losses. To overcome the obstacles, they do not go the way of direct struggle, but choose the devious path, try the methods that do not move them forward, but rather give them a number of benefits in the form of excuses to avoid a problem, rely on the help and sympathy of others.

Another feature significantly different between disabled women and men is the pronouncement of personality traits. 30% of the indicators showed valid differences in the mean values of men's and women's selections; at that, the differences were expressed in the features of the emotional and affective sphere. Women try to carefully avoid situations that could become problematic and cause fear; they show humility, shyness, the anxiety reaction, and a high level of psychological stress.

In general, more than half of the diagnosed indicators of individual and psychological properties of the personality of disabled people showed clear differences between men and women in their quantitative values. These peculiar features must be taken into account by the service of medical-social examination, by rehabilitation specialists to develop individual rehabilitation programs for disabled people.

Summarizing the results of a comparative study of individual psychological characteristics of women and men in the circumstances of disabling diseases, we find it important to note that the results are given with respect to disabled women and men regardless of their age. Further prospects for the study will be focused on examining the emotional and affective sphere of women of three different ages: 18-39 yrs, 40-55 yrs, and 56 yrs and older. It will allow assessing the pronouncement of pseudocompensations and the originality of the life meaningfulness of disabled women with account of the different age. The great dissatisfaction of disabled women with their lives, their needs, identified in the course of the research, as well as the high level of psychological stress, in our view, lead to a kind of the inferiority complex and disorganized emotional-personal sphere of disabled women. Therefore, a differentiated approach to the study of individual psychological features of disabled women of all ages is required.

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