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Empirical Indicators of Psychological Components of Self-Attitude in Men with Acquired Musculoskeletal Disorders

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Abstract. The relevance of the research is determined by the need to study the specific features of self-perception and self-identification of persons with disabilities, in particular acquired disorders of the musculoskeletal system, in the context of the current Ukrainian socio-political situation. The purpose of the work is to study the psychological components of self-attitude in middle-aged men with acquired musculoskeletal disorders based on a comparative analysis of the pronouncement of self-attitude components in men with disorders of the cervical and lumbar spine. The study consisted of two stages, in particular theoretical using general scientific research methods, such as analysis, synthesis, and comparison, and empirical, which included the use of survey and questionnaire methods. The problem of studying the psychological features of self-attitude in middle-aged men with musculoskeletal disorders of various nosological forms is presented. It was established that loss of physical health, violation of elementary motor functions are the dominant factors of decreased self-esteem, self-respect, and self-acceptance. It is empirically proven that self-attitude in men with injuries to different parts of the spine has its own characteristics, in particular, men with injuries to the cervical region are more confident in themselves, expect a positive attitude from others. It is proved that men with injuries of the lumbar spine are more prone to self-blame, closeness. It was summed up that all men are characterised by internal conflict, doubts about opportunities and achievements. The necessity of introducing psychological assistance practices into the rehabilitation system of people with disabilities is noted. The practical value of the study is to identify the key features of self-perception of persons with acquired musculoskeletal disorders, which will further contribute to the improvement of practical methods of rehabilitation of these persons

Keywords: self-attitude, a person with a disability, musculoskeletal disorders, self-accusation

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Емпіричні показники психологічних складових самоствавлення у чоловіків з набутими порушеннями опорно-рухового апарату

Анотація. Актуальність наукового дослідження визначається потребою вивчення особливостей самосприйняття та самоідентифікації осіб з інвалідністю, зокрема набутими порушеннями опорно-рухового апарату, в контексті сучасного українського соціально-політичного становища. Метою роботи є вивчення психологічних складових самоствавлення чоловіків середнього віку з набутими порушеннями опорно-рухового апарату на основі порівняльного аналізу вираженості складових самоствавлення у чоловіків з порушеннями шийного та поперекового відділів хребта. Дослідження складалось з двох етапів, зокрема теоретичного з використанням загальнонаукових методів дослідження, таких як аналіз, синтез і порівняння, та емпіричного, що передбачав застосування методів опитування та анкетування. Представлено проблему вивчення психологічних особливостей самоствавлення у чоловіків середнього віку з порушенням опорно-рухового апарату різних нозологічних форм. З'ясовано, що втрата фізичного здоров'я, порушення елементарних рухових функцій є домінуючими чинниками зниження самооцінки, самоповаги та самоприйняття. Емпірично доведено, що самоствавлення у чоловіків з травмами різних відділів хребта має свої особливості, зокрема чоловіки з травмами шийного відділу більш впевнені у собі, очікують від навколишніх позитивного ставлення. Обґрунтовано, що чоловіки з травмами поперекового відділу хребта більш схильні до самозвинувачення, закритості. Підсумовано, що для всіх чоловіків притаманна внутрішня конфліктність, сумніви щодо можливостей і досягнень. Наголошено на необхідності впровадження в систему реабілітації людей з інвалідністю практик психологічної допомоги. Практична цінність наукової роботи полягає у виокремленні ключових особливостей самосприйняття осіб з набутими порушеннями опорно-рухового апарату, що в подальшому сприятиме удосконаленню практичних методів реабілітації вказаних осіб

Ключові слова: самоствавлення, людина з інвалідністю, порушення опорно-рухового апарату, самозвинувачення

Problem Statement

The relevance of the analysis of this problem is determined by the need to identify the functions and characteristics of self-attitude of a person with a disability. Loss of physical attractiveness and violation of elementary motor functions are the dominant factors of decreased self-esteem and self-attitude. The psychological problem of a person with a disability is primarily the impossibility of full-fledged social relations, the problem of identification with any social group, which is associated with changes in the structure of self-attitude, the need to remove negative attitudes towards oneself due to the presence of illness.

The actualisation of this problem is also related to the gender and age aspect since it is in middle age that the main age task is self-fulfilment, acquisition of a certain professional and personal status. The loss of the opportunity to fulfil oneself in professional activities, with the existing limited motor activity received as a result of trauma, leads to self-isolation, self-blame, negative perception of oneself and the world in general. Conventional, sometimes stereotypical, ideas about the male role also have an impact on the process of self-attitude because if there is a limited opportunity to perform a labour function, implement professional skills,

a man loses the ability to correspond to the conventional accepted image, the role of “defender”, “breadwinner”. Therefore, the chosen topic is relevant, insufficiently developed, and requires empirical study.

Analysis of Relevant Research and Publication

The problem of studying self-attitude is not new in psychology, it was considered from the standpoint of various sciences. For the first time, the concept of self-attitude in the domestic psychological literature was used by N. Sardzhveladze [1]. The scientist considered it as a complex multi-level emotional assessment system, which was divided into two blocks – objective (“I” as an object) and subjective (“I” as a subject). Both of these methods of self-attitude are fulfilled through cognitive activity, emotional reactions, and systems of actions or readiness for such actions in relation to oneself. According to the scientist, self-attitude is one of the structural units of the dispositional core of the individual, which allows one to interact with society and with themselves in a certain way [1, p. 155]. A. Milert, V. Klich, T. Ridan [2], S. Subramaniam, S.Y. Chan, I.N. Soelaiman [3], and R.J. 4. Maunder, J. Hunter [4], P. Musholt, S. Schipper, M. Niemeyer [5], R. Pujol, L. Puig,

E. Daudén [6], G. Ungureanu, A. Chitu [7], L. Norelli, J. O'Connor [8] and many others have devoted their works to the development of this issue in the context of psychological research. In Ukrainian and foreign psychological literature, self-attitude is understood as an emotional component of self-awareness, which, on the one hand, is based on self-knowledge, and on the other, creates the main prerequisites for the development of self-regulation, self-actualisation, and self-development.

In 2016, the Concept of "A Person with a Disability" was officially introduced in Ukraine. In the "Big Definition Dictionary of the Ukrainian language", the Concept of a "Disabled Person" is considered as "a person who is completely or partially deprived of working capacity due to an anomaly, injury, defect, and illness" [9, p. 556]. Thus, in the interpretation of the concept of a "disabled person", the emphasis is placed on physiological aspects. According to the rehabilitation programmes of the 44th Session of the Parliamentary Assembly of the Council of Europe of 5 May 1992, the term "disability" is defined as the limitation of certain opportunities that are caused by psychological, sensory, physical, social, cultural, and legislative or other barriers that prevent a person from being integrated into society and taking part in the life of a family or society on the same conditions as other members of society [10].

The study of self-attitude in people with disabilities was presented in the work of O. Kupreeva [11]. Studying the features of the "I-concept" of adults with disabilities, the author identified the following types of attitude to their own physical disability: ignoring, denying, rejecting thoughts about imperfections and their consequences; escape from the defect in work, exaggerated concern about it; mixed attitude to their own physical defect, which includes contradictory states. O. Kupreeva identifies disharmonious, dependent, and egocentric types of interpersonal relationships in people with impaired body functions [11, p. 48]. I. Chukhri, studying the psychological features of adaptation of young people with musculoskeletal disorders, came to the conclusion that they are insecure, expect outside help and shift responsibility for their lives to others [12].

Musculoskeletal disorders include poliomyelitis, infantile cerebral paralysis, amputation of limbs, spinal injury, etc. The disability group is essential in the psychology of people with such disabilities. Thus, for example, S. Popov identified the psychological characteristics of people with musculoskeletal disorders depending on the disability group – these are people with congenital and acquired disabilities. People with musculoskeletal disorders acquired in adulthood have experienced a crisis, a deformation of their usual relationships with the world around them. They, as well as people with disabilities of III group from childhood, have a more negative overall attitude to the environment than other categories of people with disabilities. Their relationships with their loved ones are particularly complex and contradictory. They are passive, do not believe in the possibility of changing anything [13]. In the context of studying the problem of disability, the research of A. Adler regarding the

feeling of inferiority is of great importance [14]. He noted that "everyone experiences a deep sense of their own inferiority" [14, p. 64]. This feeling can be so strong that it can turn into an inferiority complex. With physical disabilities, a feeling of psychological inferiority can develop, which can provoke the emergence of a "superiority complex". In individual psychology, the emphasis is placed on the mechanisms of compensation and over compensation. U. Stern also pointed out the dual role of physical disability: the functions of the defective organ are replaced by others [15]. Due to compensation, strength arises from weakness, and from shortcomings – abilities in the field of psychological functions that are insufficiently developed are compensated by a stronger development of others [15, p. 120]. L. Vygotsky believed that physical disability changes the social position of a child, leads to the occurrence of special traits and qualities in behaviour and character [16]. A person who has physical disabilities, according to L. Vygotsky, can resort to compensation, turning it into talent and advantages due to work on themselves: "the defect is not just mental poverty but also a source of wealth: not only weakness but also a source of strength" [16, p. 221]. Thus, the compensatory capabilities of the body allow a person with a disability to adapt to the surrounding reality, precondition a sense of psychological strength.

At the same time, a person with a disability can form a protest against the negative image of disability, regrets that form a condition of a "forced helplessness" and increase the feeling of helplessness. The term "forced helplessness" was introduced by M. Seligman, which means that a child with physical disabilities "in conditions of overprotection often faces restrictions of their own control in various life situations, ceases to influence the result of their efforts not only in specific situations but also in those new situations in which they can do without outside help" [17]. Therefore, refusal to help may indicate a tendency to strength, to be on an equal footing with others.

O. Romanenko believes that "among the deficient ways of forming a system of ideas about the own identity of persons with musculoskeletal disorders is the presence of communicative difficulties" [18, p. 6]. However, according to O. Ramos and N. Dementieva, on the one hand, the environment may cause negative emotional reactions in relation to persons with functional disorders – mockery, guilt, negativism, overprotection, fear, etc., and on the other hand – negative emotions in the person with a disability, in particular self-pity, malevolence to others, the desire to get overprotection, blame others for their own defect, the desire for isolation, etc. [13].

In many literature sources related to this subject, attention is mainly paid to the somatic state of a person, the study of personal characteristics of people with a diagnosis of ICP caused by congenital factors, and there are practically no studies concerning the self-attitude of persons with musculoskeletal disorders due to injuries, that is, acquired factors, there is no comparison of self-attitude considering various forms of nosology. The limited empirical data

describing the specific features of a sick person's attitude to themselves makes this type of research necessary.

The Purpose of the Paper

Consists in an empirical study of the psychological components of self-attitude in middle-aged men with acquired musculoskeletal disorders, in comparison of the severity of self-attitude components in men with disorders of the cervical and lumbar spine.

Research Results

The empirical study was conducted on the basis of the territorial Centre for social services (provision of social services) of the Department of social protection of the population and anti-terrorist operation issues of the executive committee of the Kremenchug City Council of Avtozavodsky District, Poltava region, directly in the day department. The study involved men with musculoskeletal disorders who are registered in the territorial centre, receive various types of social services, and are members of public organisations "ARHCDP" (adaptation and rehabilitation health club for

disabled people), "Union of organisations of disabled people of Ukraine" and "Stimul" in Gorishni Plavni. To achieve the purpose and solve the set tasks of the research topic, the methodology of self-attitude research of V. Stolin, S. Panteleeva [19], which is built according to the V. Stolin's hierarchical model of the self-attitude structure.

The authors have selected 20 men aged 32 to 40 years who had such a diagnosis – injuries to various parts of the spine (cervical and lumbar) and had a disability group. Some men with servical injuries could move independently with crutches but they have paralysis of the upper extremities, so such patients have problems with self-care. Men with lumbar injuries have paralysis of the lower extremities so they do not move independently, only in a wheelchair. The authors believe that all these problems with the musculoskeletal system contribute to the negative self-attitude of men to themselves, the presence of the idea of guilt, low self-esteem due to the discrepancy between social ideas about a "real man".

Let us consider the structure of self-attitude of the individual using the self-attitude questionnaire (Table 1).

Table 1. Distribution of scales of individual's self-attitude according to the self-attitude questionnaire of V.V. Stolin, S.R. Panteleeva (general sample)

No.	Scale names	Levels of manifestation		
		High	Average	Low
1	Closeness	40%	35%	25%
2	Self-confidence	15%	35%	50%
3	Self-management	20%	25%	55%
4	Reflected self-attitude	30%	45%	25%
5	Self-esteem	15%	30%	60%
6	Self-acceptance	25%	40%	35%
7	Self-attachment	35%	45%	20%
8	Internal conflict	60%	25%	15%
9	Self-accusation	30%	35%	35%

The lowest indicators for the sample are on the following scales: self-confidence (50%), self-management (55%), self-esteem (60%), which indicates that men with musculoskeletal disorders are unsure of their abilities, often doubt their ability to overcome difficulties and obstacles, achieve their goals; they avoid contact, plunging into their own problems. The mechanisms of self-regulation are weakened and volitional control is insufficient to overcome external and internal obstacles on the way to achieving the goal. The main source of what happens to a person is recognised as external circumstances. Such men have an increased sensitivity to comments and criticism of others towards them, which makes them very vulnerable.

There is a high level on the scales: "closeness" (40%), internal conflict (60%), which is manifested by a tendency to avoid openness and trust in oneself, a superficial vision of oneself, unwillingness to reveal oneself, the predominance of a negative background of attitude towards oneself; which contributes to focusing on those qualities and properties that are condemned. At the same time, such individuals

make high demands on themselves, which often leads to a conflict between the real "I" and the ideal "I", between the level of claims and actual achievements, to the recognition of their low value.

The average level of self-attitude components prevails on the scales of "reflected self-attitude" (45%), self-acceptance (40%), self-attachment (45%), self-accusation (35%). These indicators are manifested in a person's selective perception of the attitude of others to themselves; a tendency to selectively treat their advantages and disadvantages; a desire to change only some of their qualities while preserving others; blaming themselves for certain actions in combination with expressing anger and annoyance towards others.

Thus, the authors notice the inconsistency of some components of self-attitude, for example, on the one hand, there is a manifestation of closeness from understanding one's weaknesses and strengths, and on the other – a scrutinous attitude towards oneself, high demands on oneself. Perhaps this is due to the presence of a defect, to the fact that this defect occurred unexpectedly, changing the usual

life of men. Awareness of the presence of this defect and adaptation to life in new conditions create a situation of internal conflict, a situation of uncertainty. Therefore, the attitude towards oneself is contradictory, unstable, and depends on the situation and conditions of the social environment. In a situation of forced communication, men with musculoskeletal disorders tend to hide uncertainty, and alone or in the circle of loved ones, they allow themselves to show anger directed at themselves. In addition, respondents have a low level of self-esteem – they are sure that the events of their life are difficult to predict, determined by external circumstances, which may be due to a lack of confidence in their capabilities. Such results are combined with the conclusions of I. Golubeva, who during the study of self-attitude of persons with disabilities, established that people with such defects generally have a positive attitude towards themselves but tend to exceed the properties and qualities of their personality, are characterised by a lack of understanding of the reasons for their experiences and actions [20]. Therefore, in the process of working with such a category of people, it is worth paying attention to the lack of expression of autosympathy, low criticism of oneself, and a reduced level of self-respect [20].

Since the scientific study involved men with disabilities who had different diagnoses – injuries to different parts of the spine (cervical and lumbar), it would be advisable to compare the manifestation of characteristic features of self-attitude separately in these groups. Experimental Group 1 (EG1) which included 10 people are men with cervical injuries, and Experimental Group 2 (EG2), which also included 10 people, are men with lumbar injuries.

In some severe spinal fractures, the spinal cord, which

is responsible for the motor activity of the limbs (arms and legs), is disrupted, resulting in their paralysis. The spine can be broken in different places (at different levels). The level of damage indicates a part of the spinal cord below which sensitivity and movement are impaired or even absent. Their absence can be complete or partial, permanent or temporary. The consequences of a spinal injury vary depending on which part of the spinal cord is affected and how much. Paraplegia means that the spinal cord has abnormalities anywhere below the cervical region. As a result, in a person with paraplegia, the lower body, lower limbs, as well as part of the internal “pelvic” organs do not function. Such people are also called “spinal patients”. Tetraplegia means that the spinal cord has disorders at the level of the cervical region, as a result of which the arms and legs are completely or partially inactive and do not have sensitivity. In this case, there may be violations of the respiratory system, thermoregulation, such a person can be called a “cervical patient” [13].

The main limitations of these people are related to spatial mobility: the difficulty of physical movement, the lack of opportunities to leave the house on their own, get into the premises and use public transport. In young disabled people (20-35 years old) the greatest changes are manifested in the emotional and value component of the “I-concept”, which is expressed in a decrease in autosympathy, loss of interest in their “I”, negative self-attitude and self-blame, while in disabled people of mature age (36-50 years), changes primarily occur in the cognitive component of the “I-concept”, which affects a decrease in self-respect [11]. Let us compare the results of self-attitude indicators in groups of men with different diagnoses (Table 2).

Table 2. Distribution of self-attitude questionnaire scales in EG1 and EG2 (high level of indicators), %

Experimental groups	Closeness	Self-confidence	Self-management	Reflected self-attitude	Self-esteem	Self-acceptance	Self-attachment	Internal conflict	Self-accusation
EG1 (“cervical patients”)	10	10	10	20	15	20	25	25	15
EG2 (“spinal patients”)	30	5	10	10	0	5	10	35	15
R (correlation coefficient)*	-0.29	-0.14	0.23	0.55	-0.2	0.15	-0.02	-0.46	-0.12

Note: *the significance level of the correlation coefficient at the level of 0.05

According to the comparison data, there is a significant difference between the indicators of men of EG1 (“cervical”) and EG2 (“spinal”). The scale “Closeness”, which is characterised by a tendency to avoid open relationships of the individual with themselves, a superficial vision of themselves, or awareness of unwillingness to reveal themselves and recognise the existence of personal problems, in representatives of EG1 has a manifestation of only 5%, and EG2 – 30%, which is characterised by the predominance of one of two trends: either conformity, expressed motivation for social approval, or criticality, deep self-awareness,

inner honesty, and openness. Results on the “Self-confidence” scale also differ. EG1 men have a higher level of self-confidence – 10%, than EG2 men – 5%. This can be explained by the fact that men with cervical disorders can still move independently, do not limit themselves to home space, they are more mobile than men with lumbar spine disorders who need a wheelchair, ramps, and special transport to move. Therefore, representatives of EG2 mostly feel insecure about their own capabilities, doubt their abilities, do not trust their decisions, often doubt their ability to overcome difficulties and obstacles and achieve their goals.

There are no significant differences on the scale of "Self-management", representatives of both groups have 10% of people with a level that can be explained by weakened mechanisms of self-regulation, insufficient volitional control for overcoming external and internal obstacles on the way to achieving the goal. External circumstances are recognised as the main source of the current situation. On the "Reflected self-attitude" scale, there is also a significant difference between EG1 – 20%, and EG2 – 10%. "Cervical patients" perceive themselves as accepted by the environment, they feel that they are valued for their personal and spiritual qualities, actions, commitment to group norms and rules. They feel sociable, emotionally open to interacting with others, and easiness to establish business and personal contacts. "Spinal patients" are more likely to characterise themselves as a person who is not able to arouse respect in others, as those who cause condemnation in other people, while they do not expect approval and support from others.

The "Self-esteem" scale also has a difference in indicators but it showed a higher level in EG1 – 15%, for representatives of EG2 it is not inherent at all, which can be explained by the greater mobility of men with disorders of the cervical spine. As for the "spinal patients", they showed a lower level of self-esteem and this can be explained by the fact that they are characterised by a selective attitude towards themselves. They tend to recognise a number of their qualities, accept their uniqueness but in their lives there is a tendency to succumb to the opinion of another person, seeing in it more value than in themselves.

On the scale of "self-acceptance", there is also a difference in indicators. EG1 has a significantly higher level of self-acceptance – 20%, while EG2 – 5%. A positive background of general self-perception dominates in "cervical patients", they often feel sympathy for themselves, for all the qualities of their personalities. They consider their shortcomings to be a continuation of their advantages. Failures and conflict situations do not give grounds to consider oneself a bad person. "Spinal patients" tend not to accept all their advantages and criticise not all their imperfections, perhaps because there is no person who can show them the pros and cons of their personality. Regarding the scale of "self-attachment", once again a high level prevails in EG1 – 25%, which characterises their desire to keep their qualities, requirements for themselves unchanged, and most importantly – their vision and assessment of themselves. Men from the EG2 tend to be selective about their personal qualities, they strive to change only some of their qualities, while maintaining others. The "Internal conflict" scale showed higher results in representatives of EG2 – 35%, than in EG1 – 25%. This scale determines the presence of internal conflicts, doubts, disagreements with oneself, the pronouncement of tendencies to introspection and reflection. The scale of "Self-accusation" showed the same results

in the manifestation of such a component of self-attitude – 15%, respectively, for representatives of both groups. There is an attitude to self-accusation, which is accompanied by the development of internal tension, a sense of impossibility to meet basic needs.

Based on the development of the self-attitude questionnaire according to V. Stolin, S. Panteleev [19], it was established that among men with musculoskeletal disorders representatives of both groups have some differences in the manifestation of components of self-attitude, which is associated with the impossibility of free movement and lack of social mobility. Men who are restricted in the movement of their lower limbs and are confined to a wheelchair are more prone to self-accusation, closeness, and internal conflict. However, men who have disorders in the cervical spine, problems with fine motor skills, or hand movements, are still more confident in themselves, expect a positive attitude from others. Despite the diagnoses, all men are characterised by internal conflict, doubts about their capabilities and achievements.

Conclusions

Thus, an empirical study conducted using the method of self-attitude according to V. Stolin and S. Panteleeva has shown a high level of manifestation of such components of self-attitude as self-accusation and internal conflict in representatives of two groups (with disorders of the cervical and lumbar spine). Men with cervical disorders, compared with men with lumbar disorders, are more mobile, they have a better manifestation of reflected self-attitude, self-acceptance, and self-confidence. "Spinal patients" have a lower level of self-management, self-attachment, reflected self-attitude, etc. Representatives of both groups need the implementation into the process of rehabilitation practical measures of psychocorrective work, which would be aimed at developing self-acceptance, considering the strengths of the individual, creating an image of the future, developing skills to overcome negative emotional states, and develop communication skills. It would be particularly good practice to unite representatives of both groups of subjects in a group for training sessions, who could help each other during the exercise, thereby increasing their self-respect and self-esteem.

The research does not cover all the problems associated with self-attitude in men with musculoskeletal disorders. The influence of family and educational status on self-attitude requires further research. Best practices may include the development and testing of a programme for psychological correction of self-attitude in men with musculoskeletal disorders of various nosological forms. The introduction of such forms of psychological rehabilitation along with physical rehabilitation would contribute to improving self-acceptance, self-confidence, the desire for personal growth and finding new meanings in life.

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