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## **PERSONALITY CHANGES WITH CHRONIC MENTAL ILLNESS PATIENTS**

**Аннотация:** статья посвящена малоизученному аспекту клинической психологии – психологическим характеристикам и переживаниям людей с хроническими психическими заболеваниями. В статье уточняется сущность понятия «защитный механизм», его основные критерии и характеристики.

**Ключевые слова:** личность, защитный механизм, параноидная шизофрения.

**Abstract:** the report focuses on a little-studied aspect of the clinical psychology – the psychological characteristics and the experiences of people with chronic mental illness. It clarifies the essence of the concept of «safeguards», its basic parameters and characteristics.

**Keywords:** personality, defense mechanism, paranoid schizophrenia.

It presents the findings of a psychological study of the beneficiaries of social service Day Centre and outlines their mental and behavioral characteristics. By results of TAT (Murray) the attention is drawn to the form of stories by IL, i.e. the various dimensions of discourse which reflect the manifestations of safeguards, as manifest in the known psychopathological structures, such as schizophrenic-leading mental illness such as prevalence, importance and the strong expression of symptoms.

A disease in which there is a tendency to chronic course and growing disintegration of the psyche. The leading feature is increased harassment of the brain activity – the biggest weakness of the nervous system. All of this is correlated with the results of the «Self-Assessment Questionnaire» LSI\_Def\_118, connected to the theoretical

mechanisms of protection developed by Robert Plutchik co-authored with D. Kellerman and H. Kontom in 1979, adapted by P. Randev by comparing prevailing safeguards obtained as results of this methodology with those of TAT of Murray. Thus, establishes which types of protective mechanisms are best used by people with chronic mental illnesses, such as the beneficiaries of the day center. Test F.P.I." – it is a multidimensional personality questionnaire for diagnosing personality in a wide range – from the dynamics of neural processes in hidden impulses and features of the emotional sphere to general ability of self-regulation and interpersonal behavior. It also establishes the most common inefficient models (coping strategies) to address.

The test was piloted by several teams here. The typical of all chronic mental disorders is that they are accompanied with serious personality changes. By the values of the various scales of the test it is expected to reveal the trends to peculiar degradation of personality.

*Introduction.* Psychological structure of the personality. General concept of personality and its psychological aspects. The personality of the specific individual in his/ her diversity of social and psychological aspects and social relations. Every individual is unique and specific. Its personality is also unique. This circumstance is the reason for the diversity of individual reactions to different facts and events during the bio-psychosocial existence of the individual. All kinds of different events take place during the life of the individual. Some of the events have positive meaning. Other events are very traumatizing, resulting in permanent personality impacts and changes. Everyone's reactions are individual and hard to predict but there are factors that could channel the reactions to some extent. These factors are:

- emotional-motor stability of the personality;
- interests and attitudes of the individual;
- defense mechanisms;
- social support.

*The nature of the «defense mechanisms»*

According to the psychoanalysis the all the mental processes, which allow the consciousness to reach a compromise solution of the problems, which cannot be fully resolved, and guard the personality from negative, traumatizing experiences are called defense mechanisms. In most of the cases the involve the unconscious and the compromise reached includes hidden for the individual feelings or motives, which would harm his/her self-respect or result in anxiety, guilt or unsettling feelings.

Important aspects of these processes include:

- they are actually strategies, which we use to avoid or reduce or negative experiences (for example stress, frustration, obsession, crisis, anxiety, conflict, etc.);
- they take place by subjective deformation of the reality in a chosen specific way;
- the very individual, using defense mechanisms, does not usually realize it. This enhances his/her action;
- there is a possibility to combine two or more defense mechanisms.

Sigmund Freud is the one who first described defense mechanisms. According to him, every individual uses a repertoire of defense mechanisms, which is specific for his/ her. Their manifestation could be sporadic, mostly as a reaction to traumatizing events, which have and impact on the mind. But some of the defense mechanisms could become part of the structure of the personality. In his book «Ego and Id» Freud presented his theory of personality structure. He defines Id (It), Ego (Self) and SuperEgo (Super-Self). According to his theory Id is influenced by the libido (the power, which manifests the sexual drive) and contents, which are matter of taboo (restriction). Id is guided by the principle of pleasure and since it is very active but restricted, the Id seeks manifestation at the level of the Ego. The Ego is guided by the principle of the reality. It includes actual contents, which are permitted for the personality. The role of the SuperEgo is to impose restrictions and set boundaries – «allowed/ not allowed». In the late works of Freud the Self is characterized more as a victim than a bully. «The poor ego has a still harder time of it; it has to serve three harsh masters, and it has to do its best to reconcile the claims

and demands of all three. These requirements are always diverging, often seem incompatible; no wonder the Self often fails to fulfill its task. The three tyrants are the external world, the superego, and the id. ... Thus, pushed by the Id, restricted by the superego, rejected by the reality, the Ego is fighting to bring into harmony the forces and impacts inside it and on it. And we understand why so often we cannot help ourselves but to exclaim «Life is Difficult! » When the Ego is forced to see its weakness, it is overtaken by fear – a real fear of the external world, fear of the consciousness facing the Superego, a neurotic fear of the strong passions of the Id».

The main psychodynamic function of the anxiety is to held the individual to avoid the unacceptable instinctive drives he is aware of, to encourage the satisfaction of these impulses in an appropriate way in an appropriate time. Freud defines the defense mechanisms as a deliberate strategy, used by the individual to protect itself from the open manifestation of impulses by the Id and their encounter with the Superego. Freud's daughter – Ana Freud – furthers the description of the specific mechanisms, which allow preservation of the personality from external of internal threats. Part of the defensive behavior models emerge on a very early developmental stage, when the Ego is still not developed. There is a hierarchy classification of the defense mechanisms, based on the relative maturity of the personality in the different developmental stages.

- narcissistic defenses (children and some individuals with mental illness)
- infantile defenses (during teen age and with some non-psychotic patients).
- teurotic defenses (neurotic patients and some elderly under psychological stress).
- mature defenses (during mature age of mentally healthy patients).

The last ones – during mature age of mentally healthy patients – are in their nature psycho-social, healthy mechanisms, characteristic of the mentally healthy person in adulthood.

*Design of the research*

Subjects: 10 individuals with schizophrenia aged between 27 and 58, patients of the Social Service Care Centre Laskarevo were surveyed. The survey took place in 2019. It is a pilot one and does not claim representativeness.

*Methods:*

– «Self-assessment Questionnaire» LSI\_Def\_118, based on the theoretical model of defense mechanisms developed by Robert Plutchik with G. Kellerman and H. Contom in 1979. The tool was adapted for Bulgaria by P. Randev.

– Thematic Apperception Test, widely known as TAT, is a tool, which allows a well-trained professional to identify some of the dominant defense mechanisms, emotions, feelings, complexes and personality conflicts. Of special interest is the opportunity, provided by TAT, to identify the repressed inclinations, which the patient is reluctant to admit, since he is not aware of them. TAT is useful in any detailed personality study and in interpretation of behavioral deviations, psychosomatic conditions, neurosis and psychosis. The procedure includes presentation of series of drawing to the subject, who is encouraged to tell – without much deliberation – stories about the pictures. There are 19 pictures and one empty ballot – a total of 20 stories are needed.

– «F.P.I.» test – this is a multi-dimensional personality questionnaire, which diagnoses a wide range of personality traits – from the dynamic of the neural processes, through the hidden impulses and specifics of the emotional arena, to the general capacity for self-regulation and interpersonal behavior. It also identifies the most often used ineffective models (coping strategies) for coping. The test was used by a couple of research teams in Bulgaria.

*Discussion of the results*

*Results from LSI-Def\_118 present the following picture:*

– leading defense mechanisms with the subjects are «Projection» and «regression»;

– in this case we account for heightened anxiety of the patients and we could identify not enough compensation actions with these defense mechanisms. At the

same time, under the influence of frustrating factors, the defense reaction manifests as simple behavioral stereotypes, simplicity and accessibility of the motivational area, which is schematic. The unconscious rejection of one's own emotionally unacceptable attitudes or desires and ascribing them to other people is manifested as a defense mechanism and a personality trait in the patients with paranoid schizophrenia;

– projection is a mechanism, which perceives the internal impulses and their derivatives as external to the Ego, not belonging to it. During childhood this mechanism is used very intensively. Through this mechanism the children deny their own activities and desires, when they become dangerous and transfer the responsibilities for the actions to an external factor. But when the projection is widely used by an adult the ability of the Ego to account for the reality could be diminished. A typical example is a paranoid psychosis patient, who, projecting his own aggressive impulses into the external world, believes he himself is being followed or is a victim. I.e., at psychotic level the projection is a mechanism, which results in delusions about the external reality. «Paranoia disposition» – according to the R. Plutchik classification – is a defense behavior when the leading defense mechanism is «Projection»;

– when the defense mechanism is in norm it is characterized by high level of criticism, pride, vanity, egoism, heightened justice sensitivity, arrogance, hostility, suspiciousness, jealousy, criticism sensitivity, being too demanding, high achievement motivation. Leading emotion is the aggressiveness. Defense-projection is developed as a result of an emotional rejection by significant persons during childhood. The projection allows a transfer of one's own inferiority onto others. Impulse-accusation. Reevaluation of the stimulus: «All people are sinful»;

– another leading defense manifested in the research subjects is regression. The regression is a way to return to past stages of libidinal organization, to previous conditions and satisfaction ways. Such a movement could be detected in both pathology and normal behavior. While frustrated or in difficult situations people often regress to previous examples of adaptation, actualizing their infant experiences. For example, while a new baby arrives in the family too early, the first one reacts with regress, since it feels deficits in the love and attention of the mother. During

stress situation elderly also use childish behaviors and become too dependent, capricious and easily agitated. In some cases, the regress cannot deliver a defense to the Ego and, instead of resolution, a new conflict, which might result in pathology, takes place.

*Results from the interpretation of TAT*

– dominant defense mechanisms: defense deregulation – delusional projections, which are often partial or shaped as a specific content; rude, destructive and nebulous distortion of the perceptions and stated contents, which are mixed with malignant deviation of the mental process; defense mechanism – apathy, cynical and illogical withdrawal; passive aggression, nearby action; maximum distortion of images – often autistic nebulous fantasies, defined by drive destructive impulses, megalomaniac and paranoid fantasies; projective identification, splitting, rejection, denial – impulsive rejection; minimal image distortion – devaluation, histrionic reactions; No structure and self-control over behavior but spontaneous follow of the drives, unidentified desires and impulses;

– projections of diminished personality resource, simplification to be heavy destructiveness and cynical urge nakedness of the personality, loss of self-control over immediate behavior and awareness of one's own actions and reactions; loss of ability to recognize and understand the serious therapeutic context and the participation the test tasks; a projection of personality potential of knowledge and skills, which is destructively torn apart.

*The results from FPI show us the following tendencies:*

– increased levels of the Neuroticism scale – 79.5% – lead us to hypothesize that the research subjects are often in situations related to intensive and long experiences of agitation, tension and anxiety.

– the Aggression scale levels are 62.9%. The result shows a heightened level of impulsiveness, characterizing the behavior of the research subjects, and also the most often used ineffective models (coping strategies) for solving a problem – reactions to anger, violence and aggression;

- high Depression scale levels – 65.6% – are indicative for a very low self-esteem, (under-appreciation), depressions and low mood

- extremely high levels of Irritability scale – 86.8% tell us about instable emotional processes (anger/ guilt), low threshold of tolerance to frustration, inclination of accusation and self-accusation;

- low levels of Stability scale (56.4%) are indicative for the fixation on the difficult overcoming of the piling negative emotions, development of stress reactions and the associated symptoms;

- mostly low results of the Social orientation scale (40.6%) can be interpreted as a consequence of low self-esteem (under-appreciation), depressiveness and chronic low mood. In that case they correlate with the high results on the Depression scale;

- low levels of the Leadership scale – 62.5% – are indicative for ineffective models (coping strategies) of stress reactions to problematic situations, taking place with a enlargement of the levels of patience and permissiveness to being subject of neglect, harm and manipulation as mental patients.

- the Openness scale results – 74.5% – are within lower normative groups. To an extent they could be interpreted as a social desirability scale. In this case, we should consider both the specific behavioral model of the subjects with paranoid schizophrenia and the damages resulting from the illness. So, the results could be considered more as a consequence of communication difficulties, difficult problems sharing and also inability to openly, sincere and in an appropriate way to express their feelings (ineffective coping strategies);

- the Extraversion / Introversion scale is a derivative of the other scales. The scale diagnoses the dynamics of neural processes (according to the Eysenk model). Low extraversion levels for 60% of the research subjects reflect the dynamics of this personality dimension and correlate with the low results on the Openness and Social Orientation scales, and also with the high levels of Depression scale results.

- at 87.6% of the Emotionality (instability) scale results are in the high normative groups. These high levels are results of long illness and the problems it invokes –



a life in chaos, constant, but often futile attempts to control emotions and feelings, fear of diminished social functioning;

– the Masculinity / Femininity scale results are in the low normative groups at 58.8%. 23.5% are in the norm, 17.6% in the high norm groups. Since the results on this scale should be interpreted in accordance with the gender orientation of the research subjects and the culturally defined behavioral models, we would assume that this scale bears no significant interpretation.

*4. Conclusion.* Data acquired during the research of people with chronic mental illness (paranoid schizophrenia) provide us enough evidence to claim that the subjects are in a state of maladaptation, distress and deep suffering, which inevitably lead to a kind of personality degradation.

In many contemporary psychological concepts, the defense mechanisms bear the function of overcoming the lack of confidence, low self-esteem, protection of the value awareness and a stable self-evaluation. It is obvious that the psychological protection, provided by the defense mechanisms, could be effective or ineffective, constructive or destructive. In its manifestation it is a form of unconscious mental activity, which in our survey is associated with psycho-pathological phenomena like personality degradation, lack of understanding the consequences of one's own behavior and is a level of defense disregulation. The leading defense mechanisms of the survey subjects are «Projection» and «Regression» – and we could speculate not enough compensatory actions of these immature defenses.

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