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**PSIHOLOGIJA**  
*PSYCHOLOGY*



# TEHNOFERENCES, KONFLIKTU, APMIERINĀTĪBAS AR PĀRA ATTIECĪBĀM UN EMOCIONĀLĀ INTELEKTA RĀDĪTĀJU SAISTĪBA

## *Technoference, Conflicts, Satisfaction with Couple's Relationships And Emotional Intelligence Connection*

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**Abstract.** *The purpose of the study Tehnoference, conflict, satisfaction with couple's relationships and emotional intelligence connection is to find out is there a relationship to technology and the frequency of conflicts in couple relationships, satisfaction with relationships and emotional intelligence. Main questions of the study: 1. Is there a connection to the technoference and the frequency of conflicts in the relationship? 2. Is the frequency of conflicts in a relationship related to satisfaction with relationships? 3. Is there a relationship to an emotional intelligence with a technofrence? 4. Is there a relationship between emotional intelligence and satisfaction with relationships?*

**Keywords:** *tehnoference, technology use, couple relationship, relationship satisfaction, conflict, emotional intelligence.*

### **Ievads**

#### ***Introduction***

Mēs dzīvojam straujas tehnoloģiju attīstības laikmetā, tehnoloģijas ierīces, to pielietošana ikdienā var ietekmēt pāra attiecības (piemēram, Brenner, & Smith 2013; Smith, 2013; Zickuhr, 2013). Pietrūkst pētījumu par tehnoloģijas ierīču izmantošanas ietekmi uz apmierinātību ar attiecībām, kas analizē *tehnoferences* (tehnisku ierīču lietošanas radītie pārtraukumi pāra savstarpējā saskarsmē). Pētījumos pētīts, ka zemākiem emocionālā intelekta rādītājiem ir vērojama sakarība ar pārmērīgu interneta, kā arī telefona lietošanu (piemēram, Engelberg & Sjöberg's, 2004), tātad aktuāls ir jautājums, vai arī tehnoferences rādītājiem pastāv sakarība ar emocionālo intelektu.

*Pētījuma mērķis:* noskaidrot vai pastāv sakarība tehnoferences un konfliktu biežuma ar apmierinātības pāra attiecībās un emocionālo intelekta rādītājiem.

*Pētījuma jautājumi:* 1. Vai pastāv sakarība starp tehnoferenci un konfliktu biežumu pāru attiecībās? 2. Vai konfliktu biežumam ir sakarība ar apmierinātību pāru attiecībās? 3. Vai pastāv sakarība ar emocionālo inteligenci un tehnoferenci? 4. Vai pastāv sakarība starp emocionālo inteligenci un apmierinātību ar pāru attiecībām?

*Pētījuma dalībnieki:* 320 respondentu latviešu valodā, no kuriem 57,2 % ir sievietes un 42,8 % vīriešu vecumā no 19 līdz 72 gadiem (M = 39 gadi, SD = 10,97 gadi).

*Pētījuma metodikas:* 1. Tehnoloģiju iejaukšanās sadzīves situācijās skala (Technology Interference in Life Examples Scale; TDIS; Coyne & McDaniel, 2016; tulkojusi latviešu valodā Maslinovska, 2017). 2. Tehnoloģijas ierīces iejaukšanās skala (Technology Device Interference Scale, TILES; Coyne & McDaniel, 2016; tulkojusi latviešu valodā Maslinovska, 2017). 3. Konfliktu biežuma mērīšanai tiks izmantots Konflikts dēļ tehnoloģiju ierīcēm skala (Conflict over technology use; Modified RELATE battery; Coyne & McDaniel, 2016; tulkojusi latviešu valodā Maslinovska). 4. Apmierinātības ar attiecībām mērīšanai tika izmantots Pāru apmierinātības indekss (Couple relationship satisfaction index; CSI; Funk, & Rogge, 2007; tulkojusi latviešu valodā Krasta, 2016). 5. Emocionālā intelekta rādītāju noteikšanai izmantota Emocionālā intelekta aptauja (The Self-Report Emotional Intelligence Test; SREIT; Schutte et al., 1998, adaptācija latviešu valodā Reņģe un Nižņika, 2012).

### **Pētījuma teorētiskie aspekti** *Theoretical aspects of the research*

Pēdējos gados ir noticis burtiski “sprādziens” tehnoloģiju izmantošanā ikdienas dzīvē, jogandrīz visiem ir piekļuve internetam ne tikai darba vietā, bet arī mājās. Par to liecina statistika, kas veikta, tā piemēram, ASV - aptuveni 91 % no pieaugušajiem ir personīgais mobilais tālrunis (81 % vecumā no 25-34 gadiem, kam pieder viedtālrunis), 61 % ir klēpjdators, 50 % pieaugušajiem ir planšete un 72 % no pieaugušajiem tiešsaitē ir sociālās vietnes profils (Brenner & Smith, 2013; Rainie & Keeter, 2006.; Smith, 2013; Zickuhr, 2013). Ja ģimenes locekļiem ir tik daudz tehnoloģisko ierīču, tad tās var veidot pārtraukumus savstarpējā saskarsmē. *Šie pārtraukumi nodēvēti par tehnoferenci (angļu valodā - tehnoference), ko definē kā ikdienas tehnoloģijas izmantošanas ieplūšanu pāra saskarsmes laikā vai saskarsmes pārtraukšanu* (Coyne & McDaniel, 2016).

Tehnoference ne vienmēr ir apzināta, partneris var būt tā pārņemts ar ierīci, ka pat neapzinās, ka pārtrauc saskarsmi. Otrs partneris pārtraukumu pamana un krasi to izjūt.

Terminu *tehnofERENCE* skaidrojumu sniegusi Sāra Koina (Sarah Coyne) 2014. gadā, izstrādājot pētījumu sadarbībā ar Brendonu Makdanielu (Brandon McDaniel) par tehnofERENCES saistību ar sieviešu labizjūtu, depresijas simptomiem, apmierinātību ar attiecībām un pāru attiecībām, šajā pētījumā atklāja, jo lielāks tehnofERENCES līmenis, jo lielāka neapmierinātība ar attiecībām, augstāks depresijas risks un zemāks personiskās labizjūtas līmenis (Coyne & McDaniel, 2016).

Cilvēkiem ir piesardzība par sociālo tīklu lietošanu, kas var nošķirt cilvēkus no jēgpilnas klātbūtnes attiecībām un komunikācijas. Tomēr pētījumi liecina, ka sociālo tīklu izmantošana var tieši veicināt klātienē tikšanās. Sevišķi sociālā tīkla un klātbūtnes tikšanās sakarība vērojama cilvēkiem ar zemāku ekstraversijas līmeni (introvertiem). Līdz ar to sociālo tīklu lietošana intravertiem cilvēkiem var veicināt komunikāciju un viņiem kļūst ērtāk veidot saskarsmi arī klātienē (Spradlin, Cuttler, Bunce, & Carrier, 2017).

Tehnoloģiju izmantošana var kļūt problemātiska romantiskās attiecībās, palielinot konfliktus un izraisot neapmierinātību ar attiecībām (Ahlstrom, Lundberg, Zabriskie, Eggett, & Lindsay, 2012), jo tehnoloģiju izmantošana kļūst uzbāzīga ikdienas dzīvē un indivīdi cīnās ar mēģinājumiem neizmantot savu ierīci. Tehnoloģijas izmantošana var būt uzmācīga, jo indivīdiem rodas problēmas ar draugiem un ģimenes locekļiem (Elphinston & Noller, 2011; Gentile, Coyne, & Bricolo, 2013).

Apmierinātība ar attiecībām norāda, cik persona ir laimīga konkrētajās attiecībās (Rusbult, Martz, & Agnew, 1998) būtībā apmierinātības funkcija ir kā globāls attiecību "sajūtu termometers". Ģimenes kvalitāte ir saistīta ar personu garīgo un fizisko veselību (Glenn & Weaver, 1981) un ar darbu izpildi (Greenhaus & Beutell, 1985).

Apmierinātības ar pāru attiecībām veiktajos pētījumos (Bradbury et al., 2000) rezultāti liecina, ka precētiem vai tuvās attiecībās ir saistīta ar augstāka līmeņa personas labizjūtu (Diener, Suh, Lucas, & Smith, 1999), turklāt apmierinātība ar pāru attiecībām ir būtisks faktors, kas ietekmē šo attiecību turpināšanos (Hendrick, Hendrick, & Adler, 1988). Tomēr daži no aspektiem vēl aizvien tiek ļoti pretrunīgi vērtēti, piemēram, daži pētnieki apmierinātību ar pāru attiecībām definē kā galveno novērtējumu laulībai vai tuvām attiecībām (Fincham & Bradbury, 1987), bet citi norāda uz daudzdimensionalitāti, ietverot pozitīvos un negatīvos attiecību aspektus (Spanier, 1996).

Jēdzieni attiecību kvalitāte un apmierinātība ar attiecībām var tikt lietoti, kā sinonīmi, jo būtībā nozīmē vienu un to pašu (Crasta et. al., 2017).

Tehnoloģisko ierīču lietošana var radīt problēmas attiecībās, dažos veidos tās var kļūt traucējošas un ietekmēt partneru tuvību, kā arī pat pārtraukt saskarsmi ar citiem ikdienā, tādējādi negatīvi ietekmējot arī romantiskās attiecības (Stone, 2009).



Līdz ar to, ne vienmēr ir pietiekami vienkārši izpētīt, cik bieži tiek izmantotas tehnoloģijas, jo ir apstiprinājies, ka tehnoloģiju izmantošana ne vienmēr var prognozēt attiecību kvalitāti. Drīzāk tas, ja cilvēki tehnoloģiju lietošanu attiecībās paši uztver, kā problemātisku un tad rodas konflikti par tehnoloģiju lietošanu (Coyne et al., 2012). Ņemot vērā darbā analizēto, ikdienas tehnoloģiju pārtraukumi pāra mijiedarbībā pāraug konfliktā par tehnoloģiju lietošanu, kas vēlāk pāraug attiecību distresā un samazina attiecību apmierinātību (Coyne & McDaniel, 2016).

Karbonels, Obersts un Beranujš (Carbonell, Oberst, & Beranuy, 2013) izpētīja, ka mobilās ierīces vedina cilvēkus izjust spēcīgu piesaisti. Mobilās ierīces: 1) palīdz indivīdiem justies vērtīgākiem un mīlētākiem, ja viņi sūta un saņem ziņas, 2) ir ļoti personalizētas, un kļūst par daļu no indivīda personības un sociālā statusa, 3) ir multifunkcionālas iekārtas, kas nozīmē, tās var izmantot kā pulksteni, telefonu, kalkulatoru, karti, mūzikas atskaņotāju, spēļu sistēmu un visos aspektos personas dzīvē. Mūsu attiecībās elektroniskās ierīces ļauj kļūt aizvien saistītākam ar citiem, bet var traucēt tiešās saskarsmes kontaktu attīstībā attiecībās. Elektroniskajās ierīcēs komunikācija kļūst īsāka, un indivīdi var sākt dot priekšroku tiešsaites saskarsmei, nevis tiešajam kontaktam (Rettie, 2007).

Pārtraukumi sarunās ir saistīti ar konstatēto problēmu mijiedarbību, tostarp konfliktu (Hawkins, 1988; Bangerter, Chevalley, & Derouwau, 2010; Farley, Ashcraft, Stasson, & Nusbaum, 2010). Garākus pārtraukumus partneri var uztvert kā problemātisku saskarsmi (Hodgetts & Jones, 2006).

Ņemot vērā, ka emocionālajam intelektam bieži vien tiek piešķirta būtiska loma personiskajās attiecībās, tad tas tikpat lielā mērā ietekmē arī romantisko attiecību un laulību stabilitāti un laimi tajās (Fitness, 2001).

Spēja uztvert, izprast un apstrādāt savas emocijas tiek dēvēta par emocionālo intelektu (Autin, Saklofske, & Egan, 2007). Vairākos empīriskos pētījumos atklāts, ka augstāks emocionālais intelekts paaugstina apmierinātību ar pāra attiecībām (Zeidner, Kloda, & Matthews, 2013). Pētījumos atklāts, ka pastāv sakarība starp nepareizu interneta lietošanu un zemākiem emocionālā intelekta rādītājiem, piemēram, konstatēta sakarība ar interneta lietošanu, vientulību un zemākiem emocionālā intelekta rādītājiem (Engelberg & Sjöberg's, 2004).

Ir vairāki iemesli, kādēļ emocionālais intelekts varētu būt saistīts ar augstāku apmierinātību ar laulību. Emocionālais intelekts nosaka gan spēju regulēt emocijas partneru saskarsmes laikā (Mayer et al., 2000), gan informācijas uztveri. Informācijas uztveres laikā iekļaujas visi komponenti, ieskaitot precīzu emociju uztveri, integrēšanu un izpratni par to nozīmi. Spēja uztvert un saprast partnera emocijas pozitīvi ietekmē attiecību kvalitāti. Toties informācijas izpaušanas laikā emocionālais intelekts nosaka prasmi regulēt savas emocijas, piemēram, konstruktīva strīda laikā apvaldīt dusmas, gan citu emociju regulēšanā, piemēram, kad jāuzmundrina partneris, kurš ir noskumis (Brackett et al., 2005). Analizējot

veikto pētījumu rezultātus, secināms, ka spēja precīzi uztvert emocijas, tās regulēt- īpaši negatīvās, kā arī emociju sensitivitāte ietekmē apmierinātību ar laulību. Emocionālā intelekta raksturojuma skalas veiksmīgi prognozē spēju pielāgoties un labizjūtu dažādos kontekstos (Zeidner, Matthews, & Roberts, 2012). Emocionālajam intelektam var būt izšķirošā nozīme stresoru vadīšanā un aizsardzībā pret tiem. Šī intelekta spēja var uzlabot attiecību kvalitāti un ietekmēt abus partnerus (Zeidner, Kloda, & Matthews, 2013).

Emocionālā intelekta ieguvumi ir personiski - augsts emocionālais intelekts nosaka augstāku individuālo apmierinātību ar laulību. Augsts emocionālais intelekts var izpausties kā spēja regulēt emocijas konstruktīvi, pie tam ne tikai savas, bet arī atbalstot partneri (Backett et al., 2005; Zeidner & Kaluda, 2008; Schröder-Abé & Schütz 2011), konstatēts, ka augstāks emocionālā intelekta līmenis saistīts ar abu partneru apmierinātību ar attiecībām (Zeidner, Kloda, & Matthews, 2013).

Tā kā spēja uztvert, saprast un apstrādāt savas emocijas tiek dēvēta par emocionālo intelektu, pēdējo divu desmitgadu laikā šis konstrukts kļuvis par nozīmīgu prognozētāju subjektīvajai labizjūtai (Autin, Saklofske, & Egan, 2007). Pētījumos atklāts, ka pastāv sakarība starp nepareizu interneta lietošanu uz zemākiem emocionālā intelekta rādītājiem, piemēram, konstatēta sakarība ar interneta lietošanu, vientulību un zemākiem intelekta rādītājiem (Engelberg & Sjöberg's, 2004). Tehnoference pastarpināti var ietekmēt apmierinātību ar attiecībām, jo palielina konfliktu biežumu tajās.

## **Pētījuma metodoloģija** *Research methodology*

### ***Pētījuma dalībnieki***

Pētījuma dalībnieki 320 (N=320) latviski runājoši respondenti 183 sievietes un 137 vīrieši, vecums no 19 līdz 72 gadiem, ir pāra attiecībās, attiecību ilgums bija no 0.5 gadiem līdz 30 gadiem, vidējais attiecību ilgums 10 gadi. Respondenti netika atlasīti pēc izglītības vai amata, līdz ar to aptaujātajām personām ir dažādi izglītības līmeņi un tie pārstāv dažādas nozares.

### ***Pētījumā pielietotās metodikas:***

1. Lai noskaidrotu, cik bieži tehnoloģijas un kura ierīce visbiežāk iejaucas pāra saskarsmē izmantota Tehnoloģiju iejaukšanās sadzīves situācijās skala (Technology Interference in Life Examples Scale; TDIS; Coyne & McDaniel, 2016; tulkojusi latviešu valodā Maslinovska, 2017. Kronbaha alfas rādītājs ir 0.69. 2. Tehnoloģijas izmantošanas biežuma noteikšanai izmantots Tehnoloģijas ierīces iejaukšanās skala (Technology Device Interference Scale, TILES; Coyne & McDaniel, 2016; tulkojusi latviešu valodā Maslinovska, 2017). Kronbaha alfa oriģinālajā versijā 0.85, šajā pētījumā Kronbaha alfa 0.91.

3. Konflikta biežuma mērīšanai tiks izmantots Konflikts dēļ tehnoloģiju ierīcēm skala (Conflict over technology use; Modified RELATE battery; Coyne & McDaniel, 2016; tulkojusi latviešu valodā Maslinovska, papildināta un modificēta ar pieciem jautājumiem, 2017). Orģinālajā versijā Kronbaha alfa 0.82, pētījumā - 0.92 4. Apmierinātības ar attiecībām mērīšanai tika izmantots Pāru apmierinātības indekss (Couple relationship satisfaction index; CSI; Funk, & Rogge, 2007; tulkojusi latviešu valodā Krasta, 2016). Krastas tulkotajā versijā Kronbaha alfa 0.86, pētījumā - 0.84. 5. Emocionālā intelekta rādītāju noteikšanai izmantota Emocionālā intelekta aptauja (The Self-Report Emotional Intelligence Test; SREIT; Schutte et al., 1998, adaptācija latviešu valodā Reņģe un Ņižņika, 2012). Pētījumā tiks izmantota pirmā rezultātu nolasīšanas versija, kā to iesaka testa autors (Schutte et al., 1998), analizējot summāro kopējo emocionālo intelekta rādītāju. Kronbaha alfa 0.86.

**Procedūra.** Pētījums veikts Latvijas teritorijā. Respondenti anketas aizpildīja individuāli, elektroniskā veidā, bez laika ierobežojuma. Dati ievākti laika posmā no 2017. gada septembra līdz oktobrim (ieskaitot). Dalībniekiem respondenta anketa tika izsūtīta kā elektroniskā saite, ar aicinājumu piedalīties veiktajā pētījumā un norādi, ka aptauja ir anonīma.

**Datu apstrādes un analīzes metodes:** ievāktu datu apstrādei izmantota SPSS datu apstrādes programma 17.0 versija, kas ļauj izpētīt vai vērojamas sakarības starp tehnoferenci un konfliktu biežumu attiecībās, konfliktu biežumam ar apmierinātību ar attiecībām un emocionālā intelekta rādītājiem ar tehnoferenci un apmierinātību ar attiecībām. Sakarību noteikšanai tiks izmantota Spīrmena rangu korelācijas metode.

### **Pētījuma rezultātu analīze** **Research results**

Vispirms tika veikta aprakstošās statistikas rādītāju analīze un tā rezultātā tika izveidota tabula, kurā uzskatāmi apskatāmi tehnoferences, konfliktu biežuma attiecībās dēļ tehnisko ierīču lietošanas, apmierinātības ar attiecībām un emocionālā intelekta aprakstošās statistikas rādītāji.

1. tabulā redzams, ka *Kronbaha alfa* Tehnoferences līmeņa testam ir 0.91, Konflikta biežuma testam 0,92, bet Apmierinātības ar atiecībām testam 0,84 un Emocionālā intelekta rādītāju testam 0,86, kas liecina par augstu testu ticamības rādītāju.

Vidējais tehnoferences līmenis respondentiem 12,43 (salīdzinoši augstākais rādītājs 35, bet zemākais 0), konfliktu biežuma vidējais rādītājs 16,90 (salīdzinoši augstākais rādītājs 40, bet zemākais 8), apmierinātībai ar attiecībām 95,33 (salīdzinoši augstākais rādītājs 153, bet zemākais 30), bet emocionālā intelekta rādītājam 118,57 (salīdzinoši augstākais rādītājs 165, bet zemākais 62).

1.tab. Tehnoferences, apmierinātības ar attiecībām, konflikta biežuma un emocionālā intelekta vērtējumu statistiskie rādītāji

Table 1 Statistical characteristics of technology, satisfaction with relationships, conflict frequency and emotional intelligence ratings

	<i>M</i>	<i>SD</i>	<i>Me</i>	<i>Min</i>	<i>Max</i>	<i>A</i>	<i>A SE</i>	<i>E</i>	<i>E SE</i>	<i>a</i>
Tehnoference	12,43	8,82	10,50	0	35	0,60	0,13	- 0,56	0,27	0,91
Konfliktu biežums	16,90	7,16	16,00	8	40	0,78	0,13	- 0,16	0,27	0,92
Apmierinātība ar attiecībām	95,33	28,50	92,00	30	153	-0,11	0,13	- 0,94	0,27	0,84
Emocionālā intelekta rādītājs	118,57	21,53	121,00	62	165	- 0,38	0,13	- 0,57	0,27	0,86

Piezīme. *N* =320

Tehnoferencei un konfliktu biežumam asimetrijas koeficients ir pozitīvs, kas liecina par to, ka vairāk vērtības ir zemākas par aritmētisko vidējo. Savukārt, apmierinātībai ar attiecībām un emocionālā intelekta rādītājam asimerijas koeficients ir negatīvs, no kā var secināt, ka vairums vērtību ir augstākas par aritmētisko vidējo.

Visām četrām minētajām skalām ekscesa koeficienti ir negatīvi, kas liecina par to, ka nav vērojama būtiska vērtību koncentrēšanās aritmētiskā vidējā tuvumā.

Tā kā asimetrijas koeficienti tehnoferencei, konfliktu biežumam un emocionālā intelekta rādītājam ir lielāki nekā asimetrijas koeficientu kļūdas, un ekscesa koeficienti tehnoferencei, apmierinātībai ar attiecībām, emocionālā intelekta rādītājiem ir lielāks kā ekscesa koeficientu kļūdas, tad secināms, ka neatbilst normālam sadalījumam (skat. 1. tabulu).

Lai aprēķinātu sakarību ciešuma korelācijas, pētījumā tiks izmantots Spīrmena ranga korelācijas koeficienta metode.

Tika noteikti tehnoferences, konfliktu biežuma, apmierinātības ar atiecībām un emocionālā intelekta rādītāju Spīrmena korelācijas koeficienti unizveidota tabula, lai uzskatāmi parādītu tehnoferences, konfliktu biežuma, apmierinātības ar attiecībām un emocionālā intelekta rādītāju sakarības (zemāk aplūkojama 2. tabula).

*Tehnoferences un konfliktu biežuma korelācijār<sub>s apr.</sub>>0*, tātad, sakarība ir tieša un pieaugot tehnoferences līmenim pieaug konfliktu biežums. Korelācijas koeficients starp tehnoferenci un konfliktu biežumu  $r_{s\ apr.}=0,68>|0,5|$  ( $p < 0,05$ ,  $p < 0,01$ ), kas liecina par to, ka korelācija ir vidēji cieša. Veicot iegūto datu analīzi konstatēts, ka tehnoferencei un konfliktu biežumam pāru attiecībās, dēļ tehnisko

ierīču lietošanas, ir pozitīva, vidēji cieša korelācija ( $r_{s\ apr.} = 0,68$ ), kas nozīmē, jo lielāks tehnoferences līmenis, jo lielāks konfliktu biežums pāra attiecībās.

**2. tab. Tehnoferences, konfliktu biežuma, apmierinātības ar attiecībām un emocionālā intelekta rādītāju Spīrmena korelācijas koeficienti**

**Table 2 Technology, frequency of conflicts, satisfaction with relationships and emotional intelligence. Spearman correlation coefficients**

Mainīgie lielumi	1	2	3	4
1. Tehnoference	--			
2. Konfliktu biežums	<b>0,68**</b>	--		
3. Apmierinātība ar attiecībām	-0,49**	<b>-0,64**</b>	--	
4. Emocionālā intelekta rādītājs	-0,31**	-0,40**	0,59**	--

Piezīme.  $N=320$ , \*  $p < 0,05$ , \*\*  $p < 0,01$

Tā kā 2. tabulā redzams, ka saistība starp tehnoferenci un konfliktu biežumu  $r_{s\ apr.} = 0,68 > 0,01$ , secināms, ka sakarība ir statistiski nozīmīga.

Sakarība starp konfliktu biežumu un apmierinātību ar attiecībām  $r_s = -0,64$ . Tā kā  $r_{s\ apr.} = < 0$ , tad sakarība ir pretēja - pieaugot konfliktu biežuma līmenim samazinās apmierinātība ar attiecībām. Korelācijas koeficients  $r_s = -0,64 > |0,5|$ , kas liecina par to, ka korelācija ir vidēji cieša. Tā kā  $r_{s\ apr.} = |-0,64| > 0,01$ , secināms, ka sakarība ir statistiski nozīmīga.

Apmierinātības ar attiecībām un tehnoferences sakarība, kas tika sekojoši aprēķināta, kas ir  $r_s = -0,49 < |0,5|$  norāda uz vāju sakarību, Tā kā  $r_{s\ apr.} = r < 0$ , tad sakarība ir pretēja un augstākiem tehnoferences rādītājiem vērojams zemāks apmierinātības līmenis un otrādi.

Tā kā  $r_{s\ apr.} = r < 0$ , tad sakarība ir pretēja augstākiem emocionālā intelekta rādītājiem vērojams zemāks tehnoferences līmenis. Tehnoferences un emocionālā intelekta rādītāju korelācijas koeficients  $r_{s\ apr.} = -0,31 = |0,3|$ , kas liecina par to, ka korelācija ir vāja, vērā neņemama. ka  $r_{s\ apr.} = |-0,31| > 0,01$ . Līdzīgi arī emocionālā intelekta rādītāju sakarība ar konfliktu biežumu  $r_{s\ apr.} = -0,40$  ( $p < 0,01$ ), no kā var secināt, ka korelācija ir vāja.

Emocionālā intelekta un tehnoferences rādītāju sakarība ir vāja, tomēr tā ir ciešāka kā tehnoferences un konfliktu biežuma rādītājiem.

Emocionālā intelekta rādītāju un apmierinātības ar attiecībām aprēķinātā sakarība, savukārt ir tieša, jo  $r_{s\ apr.} = > 0$ , pieaugot emocionālā intelekta rādītājam, pieaug apmierinātība ar attiecībām. Korelācijas koeficients  $r_s = 0,59$  ( $p < 0,05$ ,  $p < 0,01$ ), kas liecina par to, ka korelācija ir vāja. Vienlaikus  $r_{s\ apr.} = 0,59 > 0,01$ , secināms, ka sakarība ir statistiski nozīmīga.

## **Secinājumi** **Conclusions**

*Apkopojot iegūtos rezultātus, var secināt, ka:*

1. Pastāv sakarība starp tehnoferenci un konfliktu, dēļ tehnisko ierīču lietošanas, biežumu pāra attiecībās. Konstatēts, jo lielāka tehnoference, jo lielāks konflikta biežums. Tehnisko ierīču lietošana var ievērojami palielināt konflikta biežumu attiecībās. Personām var būt problemātiski pārtraukt lietot savu ierīci, vai lietot to tikai tam piemērotā laikā. Iespējams, ka pie regulāras ierīču lietošanas zūd izpratne par to, kad ierīci lietot un kad ne, tādējādi radot iebildumus no otra partnera, kas noved pie konfliktiem.
2. Vērojama negatīva sakarība konflikta dēļ tehnisko ierīču lietošanas, biežumam un apmierinātībai ar pāru attiecībām. Jo lielāks konflikta biežums, jo mazāka apmierinātība ar pāra attiecībām un pretēji. Konflikta var atstāt būtiskas sekas apmierinātībai ar pāru attiecībām līmenī. Tā kā apmierinātība ir svārstīga, konflikta biežums ir nozīmīgs faktors, kas spēj to samazināt.
3. Analizējot pētījuma datus konstatēts, ka tehnoferencei un apmierinātībai ar attiecībām nav tiešas sakarības. Tehnoferencei un apmierinātībai sakarība ir pastarpināta - tehnoference var radīt lielāku konflikta biežumu, kas, savukārt, var samazināt apmierinātības līmeni.
4. Emocionālā intelekta rādītājiem pastāv vāja, vērā neņemama un negatīva sakarība ar tehnoferenci, tādā veidā, ka ar augstākiem emocionālā intelekta rādītājiem vērojama mazāka tehnoference. Pētījumā nav apstiprinājies gaidītais- nepastāv cieša korelācija minētajiem rādītājiem. Tehnisko ierīču izmantošanas biežumam un lietošanai tam nepiemērotā laikā, radot pārtraukumus pāra saskarsmē, neatklājās saistība ar emocionālo intelektu, kā sākotnēji tika gaidīts. Augsts emocionālā intelekta līmeņa rādītājs, vienlaikus nenozīmēs, ka tehnoferences līmenis attiecībās būs samazināts.
5. Emocionālā intelekta rādītājiem un apmierinātībai ar pāru attiecībām ir vāja saistība. Pie augstākiem emocionālā intelekta rādītājiem vērojama nedaudz lielāka apmierinātība ar attiecībām. Lai gan tika sagaidīts, ka emocionālā intelekta rādītājs ar apmierinātību būs cieši saistīts, pētījuma rezultāti to neapstiprina.

### Summary

In summary, the purpose of the study has been achieved, it has been found that there is a relationship between technoference and the frequency of conflicts related to the use of technology, as well as the satisfaction with couples' relationships and the frequency of conflicts. At the same time, it became clear that the relationship between emotional intelligence, technoference and satisfaction couples' relationships.

The research tasks have been fulfilled - the theoretical analysis of satisfaction with couples' relationships, technoference, emotional intelligence indicators has been fulfilled, analyzes of the results of modern research on satisfaction with relations and relations of technoference with them, as well as the emergence of conflicts and emotional intelligence indicators. The empirical part of the research was created, mathematical calculations and interpreted results were made. The conclusions are drawn up according to the research questions put forward.

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# AKTUĀLĀS PIEEJAS UN IZAICINĀJUMI PUSAUDŽU DEPRESIJAS NOVĒRTĒŠANĀ

## *Contemporary Actualities and Challenges of Assessment of Depression in Adolescents*

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**Abstract.** *Depression is one of the most widespread mental disorders worldwide. Adolescence is a vulnerable period for developing depression. It is associated with a number of challenges in biological, psychological and social areas. Depression, if left unassessed and untreated properly, has a great negative impact on well-being, mental and physical health, social functioning, academical achievement, and economical disadvantages on the national level as well. Studies reveal the need of improving the identification of depression symptoms in adolescents among different types of specialists working with them (i.e. in educational, primary care, clinical settings). Also, efficient measurement instruments and tools are evaluated to help specialists in assessment of the symptoms of adolescents' depression more precisely. The aim of the current article is, firstly, to justify the actuality of the problem and the assessment of adolescents' depression, secondly, to provide a theoretical review, integrative analysis of contemporary approaches to assessment of adolescents' depression globally and in Latvia, thirdly, to describe the proximal research ideas and tasks of the author of this article on the topic.*

**Keywords:** *adolescents, depression, assessment.*

### **Ievads**

#### **Introduction**

Saskaņā ar Pasaules Veselības organizācijas (PVO) datiem, depresija ir viena no visbiežāk sastopamajām psihiskajām saslimšanām, kā arī viens no visvairāk izplatītajiem iemesliem cilvēku darba nespējai. Kopumā pasaulē ir ap 300 miljoniem cilvēku, kas cieš no depresijas, taču depresijas apmēriem ir tendence palielināties. Laikā starp 2005. un 2015. gadu ar depresiju sirgstošo cilvēku skaits pasaulē ir audzis par 15 %. Līdz ar to depresija ir viena no īpaši izstrādātās programmas “WHO’s Mental Health Gap Action Programme” prioritātēm, kuras mērķis ir palielināt pakalpojumu pieejamību (medikamentozās terapijas, psihosociālā atbalsta iespējas u.c.) desmitiem miljonu cilvēku visā pasaulē (World Health Organization [WHO], 2017). Saskaņā ar Latvijas Psihiatru asociācijas, kā arī Latvijas Psihosomatiskās medicīnas un psihoterapijas asociācijas informāciju,

depresija ir viena no visbiežāk sastopamajām afektīvo un neirotisko traucējumu diagnozēm Latvijā (Tērauds et al., 2015). Tiek lēsts, ka Latvijā ik gadu ar depresiju saslimst 8 %-9 % iedzīvotāju, kas ir līdzvērtīgi rādītājiem Eiropā (LSM, 2017). Dati liecina, ka depresija ir viens no biežākajiem pašnāvību riska faktoriem: 30 %-70 % suicīda upuru ir cietuši no depresijas vai bipolārajiem traucējumiem (Mental Health America, 2017). Latvija pašnāvību skaita ziņā ir vienā no līdera pozīcijām pasaulē. Dokumentā “Sabiedrības veselības pamatnostādnes 2014.-2020. gadam” ir minēts, ka pašnāvību rādītāji Latvijas populācijā ir trešie augstākie ES dalībvalstu vidū un desmitie augstākie pasaulē. Ņemot vērā augstos pašnāvību rādītājus, gan bērnu, gan pieaugušo vidū, pašnāvību un pašnāvnieciskās uzvedības profilakse jāuzskata par vienu no sabiedrības veselības prioritātēm Latvijā (Veselības ministrija, 2014). Liela nozīme šajā kontekstā ir korektai savlaicīgai depresijas diagnostikai jau iespējami agrīnākajā tās attīstības stadijā (WHO, 2013; Yap, Pilkington, Ruan, & Jorm, 2014), jo savlaicīgi nediagnosticēta, līdz ar to arī neārstēta depresija rada būtiskas negatīvas ietekmes uz bērna un pusaudža psiholoģisko labklājību, sociālo funkcionēšanu, akadēmiskajiem sasniegumiem, fizisko veselību u.c. jomām individuālajā līmenī, kā arī tālejošas negatīvas ietekmes uz sabiedrības ekonomisko un psiholoģisko labklājību kopumā (Knapp, Snell, Healey, Guglani, Evans-Lacko, et al., 2015; Kuo, Stoep, Herting, Grupp, & McCauley, 2013). Latvijas publiskajā telpā biežāk izskan informācija par pieaugušo depresijas cēloņiem un sekām (Latvijas Nacionālā televīzija [LNT], 2018). Taču izteikti maz sabiedrisko un profesionālo debašu, kā arī zinātniskās intereses Latvijā ir par pusaudžu depresiju. Šī raksta mērķis ir pamatot nepieciešamību pievērst vērību pusaudžu depresijas problemātikai, kā arī sniegt teorētisko pārskatu par aktuālajiem pusaudžu depresijas diagnostikas izaicinājumiem, pieejām pasaulē un Latvijā, kā arī sniegt ieskatu par raksta autorei zinātniskajām idejām, iecerēm, iestrādēm saistībā ar dotās tēmas zinātnisko izpēti.

### **Pusaudžu depresija – izplatība, izpausmes** ***Depression in Adolescents - Prevalence and Manifestations***

Pusaudžu vecumposms ir viens no kritiskākajiem un sarežģītākajiem attīstības posmiem indivīda dzīvē, kas saistīts ar daudziem izaicinājumiem bioloģiskajā, psiholoģiskajā un sociālajā jomās (Tak, Brunwasser, Lichtwarck-Aschoff, & Engels, 2017). Tiek uzskatīts, ka depresijas simptomātikas izplatība pusaudžu vecumā ir 1,1 % 11 gadu vecumā un 20,7 % 18 gadu vecumā (Thapar, Collishaw, Pine, & Thapar, 2012). Depresija ir viens no biežāk sastopamajiem psihiskajiem traucējumiem, kas sāk attīstīties tieši pusaudžu vecumposmā un kuram ir nozīmīga negatīva ietekme uz pusaudža veselīgu psihosociālo

funkcionēšanu, akadēmiskiem sasniegumiem un virkni citu jomu, ir depresija (Benoit, Lacourse, & Clases, 2013; Yap et al., 2014). Pusaudži ar depresiju attālinās no sociālajiem kontaktiem, sociālās mijiedarbības, kā rezultātā neveido veiksmīgas draudzības un romantiskās attiecības. Depresijas simptomi negatīvi ietekmē arī pusaudža kognitīvās spējas (atmiņu, uzmanību u.c.), līdz ar to arī akadēmiskos sasniegumus (Darney, Reinke, Herman, Stormont, & Ialongo, 2013; Jaycox, Stein, Paddock, Miles Chandra et al., 2009; Schaefer, Kornienko, & Fox, 2011). Pusaudžu depresija palielina suicīda, atkarību, liekā svara risku (Chrisman & Richardson, 2014; McLeod, Horwood, & Fergusson, 2016), kā arī risku iegūt psihiskās slimības vēlākajos dzīves gados, neplānotu grūtniecību, attiecību problēmas (McLeod et al., 2016; Prinzie, Van Harten, Dekovic, Van Den Akker, & Shiner, 2014) u.c. Ņemot vērā iepriekš minētās negatīvās sekas, viena no prioritātēm psihiskās veselības kontekstā ir depresijas, suicidālas vai paškaitējošas uzvedības atpazīšana, novērtēšana, ārstēšana (Michaud, 2005).

Pusaudža pirmās depresijas pazīmes ir būtiski atpazīt pēc iespējas savlaicīgāk, jo, piedāvājot atbilstošu intervenci, ir iespējams ievērojami mazināt depresijas tālāku attīstību (Kuo et al., 2013; Radovic, Reynolds, McCauley, Sucato, Stein, & Miller, 2015). Primārā loma pusaudžu agrīno depresijas simptomu atpazīšanā ir tiem, kas atrodas regulārā ikdienas kontaktā ar pusaudzi – vecākiem, radniekiem, pedagogiem, primārās aprūpes speciālistiem (piemēram, medmāsām skolās, ģimenes ārstiem). Šajā posmā var rasties virkne izaicinājumu. Depresijas simptomus pusaudžiem salīdzinot ar pieaugušajiem atpazīt ir grūtāk (Leaf, Alegria, Cohen, Goodman, Horwitz et al., 1996; Michaud, 2005). Pirmkārt, pusaudžu vecumposma īpatnības *a priori* paredz, ka pusaudzis var būt vairāk aizkaitināts, izjust biežākas garastāvokļa maiņas, lielāku impulsivitāti. Depresijas simptomi var slēpties arī aiz fiziskiem simptomiem, ēšanas paradumu izmaiņām, nevēlēšanos iet uz skolu, akadēmisko sasniegumu pazeminājuma (ko vecāki, pedagogi nereti dēvē par slinkumu), vielu lietošanas, uzvedības problēmām (Thapar et al., 2012). Taču depresijas gadījumā uzvedības problēmām var nebūt tipiska eksternalizācija, līdz ar to pusaudzis var tikt “nepamanīts” (Wisdom, Clarke, & Green, 2006). Otrkārt, pusaudžiem nav tipiski sūdzēties par problēmām, meklēt palīdzību, jo vecumposma attīstības uzdevumi nosaka vajadzību būt “normālam”, būt autonomam no pieaugušajiem (Michaud, 2005). Pētījumi liecina, ka pedagogi un vecāki mēdz pienācīgi neatpazīt vai par zemu novērtēt pusaudža depresijas simptomus (Dwyer, Nicholson, & Battistutta, 2006; Moor, Maguire, McQueen, Wells, Elton et al., 2007). Vecāku, pedagogu u.c. ciešā ikdienas saskarsmē ar pusaudzi esošu personu vērīgums, zināšanas, atbalsts var ievērojami paaugstināt iespēju, ka pusaudzis saņems savlaicīgu profesionālu (t.i., psihiatru, psihologu u.c.) atbalstu.

Taču ar izaicinājumu novērtēt pusaudža depresijas pazīmes saskaras arī speciālisti (Rudolph & Lambert, 2007). Pēdējās desmitgadēs pasaulē ir attīstīta

virksne depresijas izvērtēšanas instrumentu, taču arvien notiek diskusijas par efektīvākām pieejām, jo pusaudžu psiholoģiskā stāvokļa izvērtēšana, salīdzinot, piemēram, ar pieaugušajiem, var būt saistīta ar virkni specifisku aspektu. Balstoties uz teorētiskās literatūras un empīrisko pētījumu analīzi, rakstā tiks sniegts īss pārskats par izaicinājumiem pusaudžu depresijas psiholoģiskajā izvērtēšanā.

### **Pusaudžu depresijas novērtēšanas specifika** ***Challenges of Assessment of Depression in Adolescents***

Pusaudžu depresijas izvērtēšanā visbiežāk tiek izmantotas anketas vai skalas, daļēji strukturētās intervijas, kā arī novērojumi (Colarossi, Oyserman, DeRoos, & Allen-Meares, 2003; Wicks – Nelson & Israel, 2016). Visiem instrumentiem ir savas priekšrocības un savi trūkumi, daži no tiem darbojas vairāk veiksmīgi, daži mazāk veiksmīgi (Cusin, Yang, Yeung, & Fava, 2009).

Viens no aspektiem, kas jāņem vērā, izvērtējot pusaudžu depresiju, ir, vai pusaudzis sniedz atbildes par savu pašizjūtu, aizpildot pašnovērtējuma anketu, vai arī atbildot uz klīniskajā vidē strādājošā speciālista (piem., klīniskais psihologs, psihiatrs u.c.) uzdotajiem jautājumiem atbilstoši daļēji strukturētai intervijas procedūrai kādas no metodēm ietvaros. Kā viena no biežāk izmantotajām pieejām pusaudža depresijas izvērtēšanā tiek izmantota pašnovērtējuma metode. Tiek uzskatīts, ka šādas pieejas priekšrocība ir tā, ka depresijas gadījumā tādas izjūtas kā nomāktība, bezvērtības izjūta ir izteikti subjektīvas un tās spēj izvērtēt tikai pats respondents (Wicks – Nelson & Israel, 2016), ka pusaudzis ir pietiekami verbāli un kognitīvi attīstīts, lai spētu sniegt būtisku informāciju par subjektīviem simptomiem, kurus ir grūti novērot (Rudolph & Lambert, 2007). Atsaucoties uz virkni pētījumu Deitons un kolēģi (Deighton, Croudace, Fonagy, Brown, Patalay, & Wolpert, 2014) min, ka arvien vairāk ir empīrisku pierādījumu tam, ka bērniem un pusaudžiem ir pietiekams priekšstats par savām grūtībām un viņi spēj adekvāti un ticami novērtēt savu psihisko veselību. Ir veltīta virksne pētījumu, kas risina pašnovērtējuma aptauju un speciālista vadīto skalu (piem., daļēji strukturēto interviju) dilemmu, salīdzinot abu pieeju atšķirības un līdzības depresijas novērtēšanā. Pastāv uzskats, ka ar klīniskajā vidē strādājoša speciālista vadītas intervijas palīdzību ir iespējams izvērtēt depresijas simptomus ievērojami precīzāk (Cusin et al., 2009), ka, pašnovērtējuma metodes, salīdzinot ar klīniskās intervijas metodi, simptomus pārvērtē (Caldwell & Sandusky, 2010). Tajā pašā laikā, izvērtējot abas pieejas depresijas novērtēšanā ir arī konstatēts, ka nevienai no pieejām nav priekšrocības pār otru, ka katra piedāvā unikālu un būtisku informāciju, un, izvērtējot depresiju, viena nevar aizstāt otru, tāpēc ir ieteicams izmanto abas (Straub, Plener, Koelch, & Keller, 2014; Uher et al., 2012). Tajā

pašā laikā pusaudžiem var būt izteikta vēlme sniegt sociāli vēlamas atbildes, lai izvairītos no nevēlamas sociālās reakcijas, kā arī, ir pierādīts, ka pusaudžiem ar depresiju ir vēlme pārvērtēt savus simptomus (Garber & Kaminski, 2000). Analizējot zinātniskos rakstus, pētnieki uzsver minēto kā ierobežojumus, taču netiek piedāvāti metodoloģiskie risinājumi, kas varētu mazināt šādu izpausmju iespējamību (piem., nereti instrumenti nesatur t.s. ‘melu skalu’ vai citas iespējamās datu ticamības paaugstināšanas pieejas).

Būtisks jautājums pusaudžu depresijas izvērtēšanā ir pusaudžu pašu sniegtās informācijas izmantošana vai arī citu nozīmīgu cilvēku viedokļa izmantošana par pusaudžu depresijas simptomiem. Neskatoties uz to, ka bērni vai pusaudži var būt labākais avots informācijai par savām izjūtām, sevis uztveri, tomēr tiek uzskatīts arī, ka informāciju par bērna vai pusaudža stāvokli (t.sk. depresijas pazīmēm) ir jāievāc arī no nozīmīgajiem citiem, piem., vecākiem, skolotājiem, vienaudžiem (Clarizio, 1994). Vecāki un skolotāji var sniegt būtisku informāciju tieši par ārēji novērojamiem simptomiem, par kuriem pusaudžim var nebūt objektīva skatījuma. Šajā procesā klīnicistam vai zinātniekam rodas nopietns izaicinājums, integrēt pusaudža un vecāka vai skolotāja, vienaudža atbildes un pieņemt optimālu un korektu lēmumu (Rudolph & Lambert, 2007). Zinātnieki atzīmē, ka starp vecāka un bērna sniegtajām atbildēm var pastāvēt vāja korelācija, kas var liecināt, ka gan vecāks, gan bērns sniedz norādes uz vienas un tās pašas problēmas atšķirīgiem aspektiem (Wicks – Nelson & Israel, 2016). Analizējot zinātniskos rakstus var novērot, ka zinātnieki pusaudžu depresijas kontekstā maz izmanto iespēju iegūt un analizēt informāciju, kas iegūta no vairākiem avotiem, ko varētu skaidrot ar lielāku resursu nepieciešamību, ko prasa datu ievākšana un administrēšana ar šāda veida depresijas novērtēšanas instrumentiem. Depresijas fakta un līmeņa izvērtēšanā bieži tiek izmantotas pašnovērtējuma aptaujas, kas daudzos pētījumos tiek atzīmēts kā pētījuma ierobežojums.

Augstāk minētie izaicinājumi pusaudžu depresijas atpazīšanā, izvērtēšanā skar speciālistus, vecākus, pedagogus, primārās aprūpes speciālistus visā pasaulē. Taču, runājot par papildus specifiskiem izaicinājumiem, ar kuriem saskaras speciālisti Latvijas kontekstā, ir jāatzīmē bērnu un pusaudžu depresijas izvērtēšanas instrumentu nepietiekamība. Ņemot vērā Latvijas sarežģīto kultūrvēsturisko kontekstu un līdz ar to nevienmērīgu psiholoģijas zinātnes attīstību, pēdējās desmitgadēs ir noticis ievērojams progress psiholoģisko testu un aptauju adaptācijas, standartizācijas procesā (Reņģe & Dragūns, 2012), tajā pašā laikā joprojām pastāv nepieciešamība pēc kvalitatīviem psihodiagnostikas instrumentiem latviešu valodā daudzās psiholoģijas jomās un tēmās, īpaši bērnu un pusaudžu izlasēm. Attiecībā uz bērnu un pusaudžu depresijas pazīmju novērtēšanu, var minēt, ka, piemēram, ir pieejama Achenbaha bērna uzvedības novērtēšanas aptauja (The Child Behaviour Checklist, CBCL, Achenbach & Rescorla 2001) latviski adaptēta un standartizēta versija (S. Sebres un

M. Raščevskas vadībā), kas, nemēra depresijas simptomus, taču var sniegt nozīmīgas norādes uz nomāktības, afektīvo traucējumu pazīmēm, tādējādi sniedzot vērtīgu informāciju, stimulu izzināt emocionālo grūtību izpausmes detalizētāk, izmantojot papildus izvērtēšanas metodes. Latvijā ir pieejama un aktīvi tiek lietota arī Bērnu Depresijas aptaujas latviešu valodas versija (Children Depression Scale CDI, Kovacs, 1980; Latvijā aptauju adaptēja S. Voitkāne un S. Miezīte, 1994). Ir jāmin, ka pašlaik Latvijā B. Martinsones vadībā tiek adaptēta “Džordžijas skolas klimata aptauja” (Georgia School Climate Survey, La Salle & Meyers, 2014) sākumskolas, pamatskolas, vidusskolas skolēnu, kā arī vecāku un skolotāju formu latviešu un krievu valodas versijas. Pamatskolas un vidusskolas (5.-12. kl.) paplašinātajā formā daļa no jautājumiem veltīta pusaudžu psihiskās veselības, t.sk., depresijas problemātikai.

Raksta autores pienesums pusaudžu depresijas izvērtēšanā Latvijā ir Bērnu depresijas novērtēšanas skala (*Children Depression Rating Scale – Revisited*, CDRS-R, Poznanski & Mokros, 1996) adaptācija, kas patreizējā brīdī ir darba procesā. Skala ir viena no biežāk izmantotajām metodēm bērnu un pusaudžu depresijas simptomu un izteiktības izvērtēšanā pasaulē (Mayes, Bernstein, Haley, Kennard, & Emslie, 2010). Latvijas kontekstā šīs aptaujas pieejamība ir nozīmīga, jo tā piedāvā ne tikai pusaudža pašvērtējuma, bet arī vērtējuma no citiem avotiem (vecāku, skolotāju u.c. nozīmīgu citu) iespējas pusaudža depresijas iezīmju novērtēšanā. Atšķirībā no citiem Latvijā pieejamiem instrumentiem pusaudžu depresijas izvērtēšanā, šis instruments ir klīniskajā vidē strādājošā speciālista vadīta daļēji strukturētā intervija, kas piedāvā padziļinātu un niansētu pusaudžu depresijas simptomu izzināšanu (Poznanski, Freeman, & Mokros, 1985).

## Secinājumi

Depresija ir viena no visbiežāk sastopamajām psihiskajām saslimšanām, kā arī viens no visvairāk izplatītajiem iemesliem cilvēku darba nespējai pasaulē. Pusaudžu vecumposms ir viens no kritiskākajiem un sarežģītākajiem attīstības posmiem indivīda dzīvē, un depresija ir viens no biežāk sastopamajiem psihiskajiem traucējumiem šajā vecumposmā. Pusaudža pirmās depresijas pazīmes ir būtiski atpazīt un novērtēt pēc iespējas savlaicīgāk, jo, piedāvājot atbilstošu intervenci, ir iespējams ievērojami mazināt depresijas tālāku attīstību. Taču tas ir liels izaicinājums ne vien vecākiem, pedagogiem un citām pusaudzim nozīmīgām personām, bet arī speciālistiem. Pastāv dažādas pieejas un metodes šī traucējuma izvērtēšanai, taču zinātnieku vidū nav vienprātības par to, kas ir efektīvāka pieeja, uzsverot šī jautājuma neviennozīmīgumu. Latvijā ir pašnovērtējuma metode depresijas simptomu izvērtēšanai un standartizēta

uzvedības aptauja, kas netieši ļauj norādīt uz nomāktības tendencēm, un tagad tiks adaptēta aptauja, kas integrē abas pieejas.

### Summary

*Depression is one of the most widespread mental disorders worldwide. Adolescence is a vulnerable period for developing depression. It is associated with a number of challenges in biological, psychological and social areas. Different theoretical aspects and challenges of assessment of adolescents' depression are discussed globally in the article. Specific situation of Latvia is reflected and the proximal research ideas and tasks of the author of this article on the topic are described.*

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## PERSONALITY FEATURES OF CONVICTS WITH ADDICTIVE BEHAVIOR

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**Abstract.** *In the recent years the significant increase in number of convicts with addictive behavior is observed in correctional establishments of the Russian Federation. Addictive behavior is often caused by anomalies of the identity of convicts and is expressed in escape from reality by change of their mental state by means of use of narcotic and psychotropic substances, alcohol, game addiction, sexual addictions that is followed by intensive emotions development. Nowadays the modern society requires that correctional establishments of the penal system of Russia should become social clinics which are carrying out psychosocial rehabilitation of convicts with addictive behavior. The purpose of this research is studying psychological features of convicts with addictive behavior. The methods and techniques of the research are observation, conversation, analysis of personal records, expert poll, psychodiagnostic testing (the test of addictive indicators of MGAA, K. Leonhard – H. Shmishek's test, L. N. Sobchik's technique "The individual and typological questionnaire", the LSI test of Kellerman-Plutchik-Konte), methods of mathematical statistics. It is defined that convicts with addictive behavior are conflictive, quick-tempered, insincere, show high levels on the scale of addictive indicators, have high indicators of exaltation, demonstrativeness and excitability. They have dominating conflict emotional states which are followed by high introversion and psychological protection as denial, rationalization, cognitive mapping. Such personal profile of convicts with addictive behavior testifies to the aggressive manner of self-affirmation contrary to the interests of people around, the increased suspiciousness and vigilance in the relations, high proneness to conflict. We consider that psychological features of convicts with addictive behavior are the indicator of success of their psychosocial rehabilitation.*

**Keywords:** *addictive behavior, correctional facilities, convicted, personality characteristics, psychosocial rehabilitation.*

## Introduction

The relevance of the research is caused by the fact that now convicts with addictive behavior are one of the most problem categories of convicts requiring special attention from psychological, educational, social workers of the penal system of Russia. Addictive behavior of convicts is expressed in escape from reality by change of mental state by means of use of narcotic and psychotropic substances, alcohol, game addiction, sexual addictions that is followed by addiction development and manifestation of intensive emotions.

According to the Penal Code of the Russian Federation, the most important area of focus of the penal system officers is correction of convicts, change of negative traits of their personality, formation of respect for the person, society, labor, norms, rules and the existing traditions.

In the Concept of development of the penal system of the Russian Federation till 2020 the need of search and implementation of new personal forms of work is stated, providing rendering the direct specific social, psychological and pedagogical assistance to each convict taking into account his/her social and demographic, criminal and legal and personal and psychological characteristics. The development of the psychotherapeutic area of work of a psychologist and the creation of departments of social and psychological rehabilitation in penal establishments in order to render profile psychological assistance for the convicts having alcohol or drug addiction, mental anomalies are also pointed out.

Nowadays there is a need in the modern society to reorganize correctional facilities of the penal system of Russia into social clinics which are providing psychosocial rehabilitation of convicts with addictive behavior. However it is impossible to organize and to hold rehabilitation actions with convicts with addictive behavior without taking into account their personality features.

*The aim* of this research is to study personal features of convicts with addictive behavior.

The research *problems* are definition of theoretical bases of the study of convicts with addictive behavior; selection of psycho-diagnostic methods; detection of social and demographic, criminal and legal and psychological features of convicts with addictive behavior.

*The object* of the research is personal features of convicts with addictive behavior.

The research *methods and techniques* are observation, conversation, analysis of personal records, expert poll, the test of addictive indicators of MGAA, K. Leonhard– H. Shmishek's test, L. N. Sobchik's technique «The individual and typological questionnaire», the LSI test of Kellerman-Plutchik-Konte, methods of mathematical statistics (correlation analysis).

### **Theoretical bases of the research of addictive behavior of convicts**

The problem of addictive behavior was investigated by native and foreign scientists Ts. P. Korolenko (1991), V. Segal (1967), E. V. Zmanovskaya (2011). Ts. P. Korolenko and N. V. Dmitriyeva emphasize the following types of addictions: 1) non-chemical, 2) disturbance of alimentary behavior; 3) chemical. Non-chemical addictions include gambling; The Internet - addictions; sex addictions; workaholism; relation addictions (groupsof interests); shopaholism; time-urgent addiction (state of constant lack of time); religionism, sectarianism. Disturbances of alimentary behavior are divided into anorexia; bulimia; obesity. Among chemical addictions are alcoholism; narcomania; toxicomania; tobacco smoking (Korolenko & Dmitriyeva, 2001).

Representatives of the psychoanalytical school were engaged in studying mechanisms of emergence of addictive behavior (Freud, 1998; Erikson, 2008; Fromm, 1955), as well as the behaviorists (Watson, 1924; Bandura, 2000; Thorndike, 1929), the gestalt-school psychologists (Perls, 2000), representatives of individual psychology (Adler, 1964), transactional analysis (Burn, 2000), stress and coping theories (Lazarus, 1966), theories of personal constructs (Kelly, 1969), the theory of locus of control (Rotter, 1988), ontopsychology (Meneghetti, 2015), transpersonal psychology (Grof, 1985), activity approach (Rubenstein, 1999), (Leontyev, 1983), systemic focused theories (Eydemiller, 1989; Eydemiller & Yustitskis, 2001) etc.

Personal changes of chemically dependent people are described by S. V. Berezin (2000), B. S. Bratus (1988), A. E. Lichko (1999), K. Evans (Evans & Sullivan, 1995), R. Monti (1989), N. Roche (1989), C. Stewart (1996), V. Thomas (Thomas, Melchert, & Banken, 1999) and others. Penitentiary psychologists investigated some personal features of convicts with addictive behavior. Features of the valuable and semantic, motivational and volitional sphere of the personality of convicts are studied by A. A. Istomin (2011), A. N. Sukhov (2017), A. I. Ushatkov (1990), V. V. Yakovlev (1999) and others; the models and basic programs of psychological correction of their personality are investigated in domestic and foreign penitentiary psychology (M. G. Debolsky (Debolsky & Kokurin, 2005), S. D. Khachaturian (Khachaturian, 2001). The research of psychological features of the motivational sphere of drug-addicted convicts was conducted by A. A. Zharkikh (2013), A. I. Ushatkov, I. S. Ganishina (2015). It is established that the identity of a drug-addicted convict is characterized by loss of the social status.

In the context of the studied problem it is important to note that the Russian penitentiary psychologists studied the general regularities of the behavior of convicts with addictive behavior and proved the main directions of improvement of psychological work with them (Vlasova, 2006; Sochivko & Savelyeva, 2009;

Ganishina & Zharkikh, 2013; Ganishina, 2014; Ganishina, 2015; Ganishina, 2016; Ganishina & Ushatkov, 2016; Ganishina, 2017) which can be used in places of detention for the purpose of psychosocial rehabilitation of convicts with addictive behavior.

### **Analysis of the empirical research of addictive behavior of convicts**

The empirical research of addictive behavior of convicts has been organized and conducted by us in places of detention. It included the following stages:

1. Research of social and demographic and criminal and legal features of convicts with addictive behavior.
2. Carrying out psychological diagnostics of addictive behavior of convicts.
3. Processing of the obtained data with the help of methods of mathematical statistics.
4. Analysis and interpretation of the results of the research (Aksenova & Kuptsov, 2016).

The results of the expert poll of the staff of the correctional establishment show that convicts with addictive behavior have low status among other convicts, are conflictive, quick-tempered, insincere and adapt to imprisonment conditions more difficultly.

Observation has shown that change of mood phases is typical for convicts with addictive behavior (high activity is combined with the periods of lower mood) together with fixing on the gloomy life side and mental block. Numerous violations of the emotional sphere are shown in the form of sharp mood instability, irritability, irascibility, impossibility to constrain themselves at disorders, ease of emergence of “breakdown” in an insignificant occasion.

The results of the conversation with convicts with addictive behavior show that during a conversation on alcohol and drugs they considerably liven up that proves the remained addiction features. Primitiveness of judgments, insincerity of answers to questions is characteristic of them at a conversation. They adhere to externally accusatory position just as in the analysis of the reasons of addiction developing, so concerning the committed crime. Criticality in relation to their own acts is sharply reduced, however they easily make contact that is explained by curiosity and understanding of special attention to their person.

The carried-out analysis of personal records has allowed us to reveal social and demographic and criminal and legal features of convicts with addictive behavior. We will consider social and demographic features of convicts with addictive behavior such as age, education, marital status in a more detailed way.

The analysis of age features has allowed us to draw a conclusion that most of convicts with addictive behavior is in age range of 20-34 years (Figure 1):

- age of convicts with addictive behavior of 18-19 years makes 4 %;
- 20-24 years –28 %;
- 25-29 years – 37 %;
- 30-34 years – 11 %;
- 35-39 years – 8 %;
- 40-44 years – 6 %; 45-49 years – 4 %;
- over 50 years – 2 %.

Therefore, the age up to 35 years is characteristic of 80 % of convicts with addictive behavior.

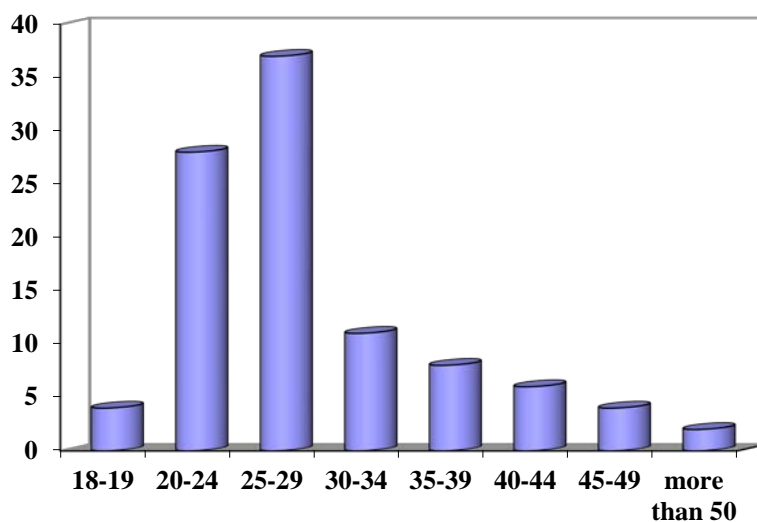


Figure 1. Age of convicts with addictive behavior

The analysis of education level made us possible to come to a conclusion that the vast majority of convicts with addictive behavior has incomplete secondary and secondary education (Figure 2):

- among them 61 % have incomplete secondary education;
- 33 % have secondary education;
- 6 % have higher education.

Therefore, the low education level is characteristic for 94 % of convicts with addictive behavior.

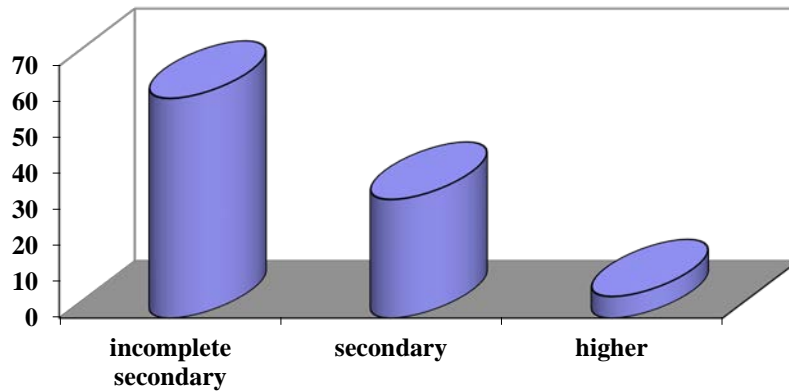


Figure 2. Education of convicts with addictive behavior

The analysis of marital status of convicts with addictive behavior (Figure 3) has allowed us to draw a conclusion that most of convicts (62 %) are single, 28 % of convicts are married, 8 % have civil marriage, 2 % are divorced.

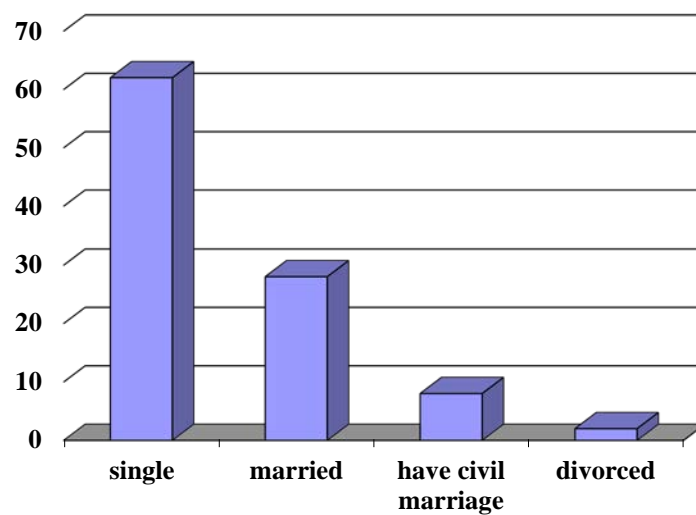


Figure 3. Marital status of convicts with addictive behavior

The most part of convicts with addictive behavior (77 %) have no children (Figure 4).



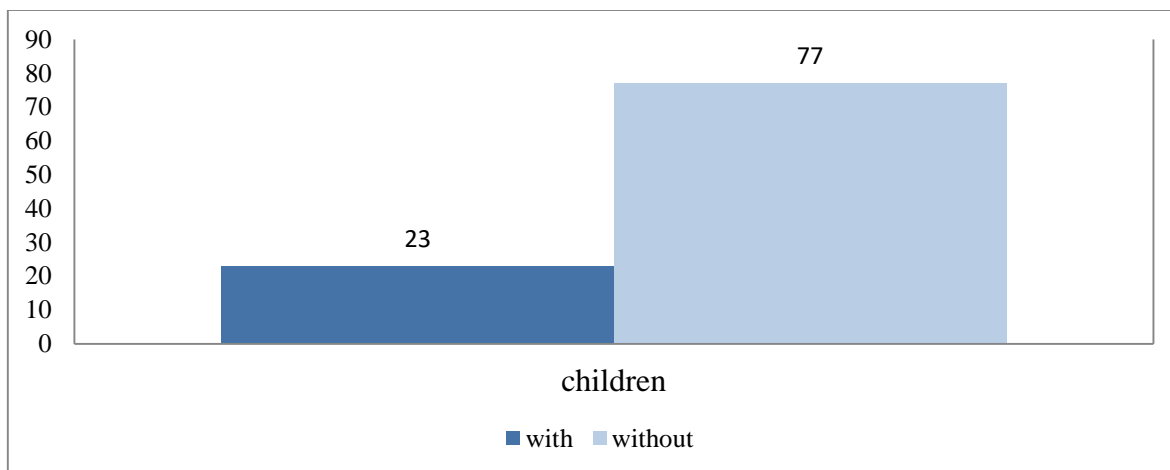


Figure 4. Convicts with addictive behavior with or without children

Concerning a type of the committed crime the following criminal and legal features of convicts with addictive behavior are observed(Figure 5):

- murder – 41 %;
- theft of property – 14 %;
- an attack to steal someone else's property, committed with the use of violence dangerous to life or health, or with the threat of such violence, robbery – 12 %;
- deliberate causing heavy harm to health -10 %;
- sex crimes – 8 %;
- open stealing of someone else's property, robbery – 7 %;
- illegal manufacturing, acquisition, storage, transportation, transfer or sale of drugs or psychotropic substances – 4 %;
- other types of crimes – 4 %.

Therefore, for convicts with addictive behavior violent crimes (77 %) are dominating.

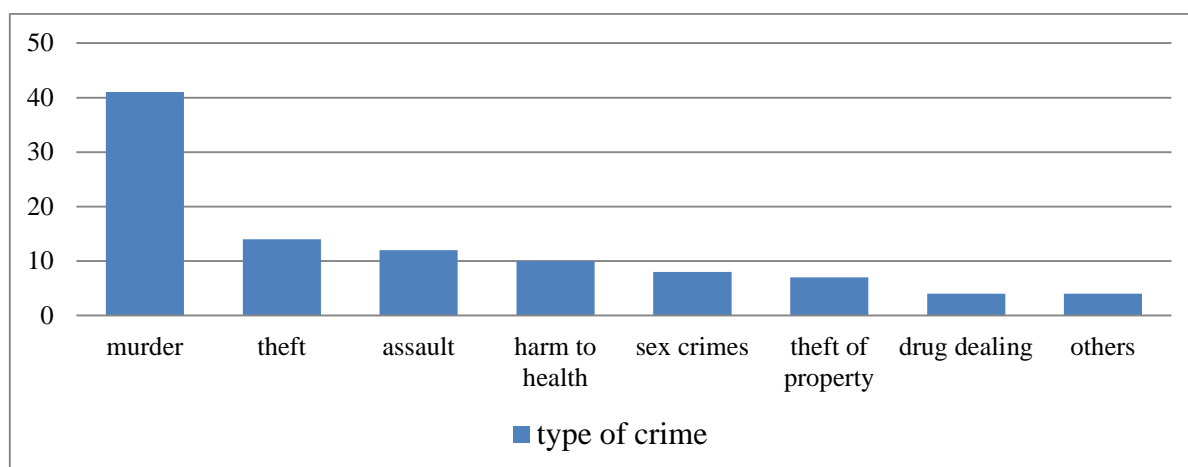


Figure 5. Type of the crime committed by convicts with addictive behavior

The analysis of personal records, medical records and expert poll of the staff of the correctional establishments showed that convicts with addictive behavior have mostly chemical addictions: drug dependency and alcoholism. The most part of convicts (83 %) smokes, believing that this addiction will help them to endure the psychological distress connected with their imprisonment.

All interviewed convicts do not have non-chemical addictions and disturbances of alimentary behavior. An insignificant part of convicts (less than 5 %) show sex addictions. We consider that the absence of non-chemical and alimentary addictions in the studied group is due to change of the personal features of convicts caused by their stay in places of detention, emergence of the restrictions which were earlier not available outside, such as the Internet dependence, implications of addictive behavior, different relations, including sex behavior, sectarianism, etc.

To assess the addictive orientation of the convicts, we used the McMullan-Galehar addictive technique (MGAA) (Figure 6). All convicts with addictive behavior have high values of addictive prescriptions, therefore, at the organization of psychosocial after-treatment special attention should be paid to depression.

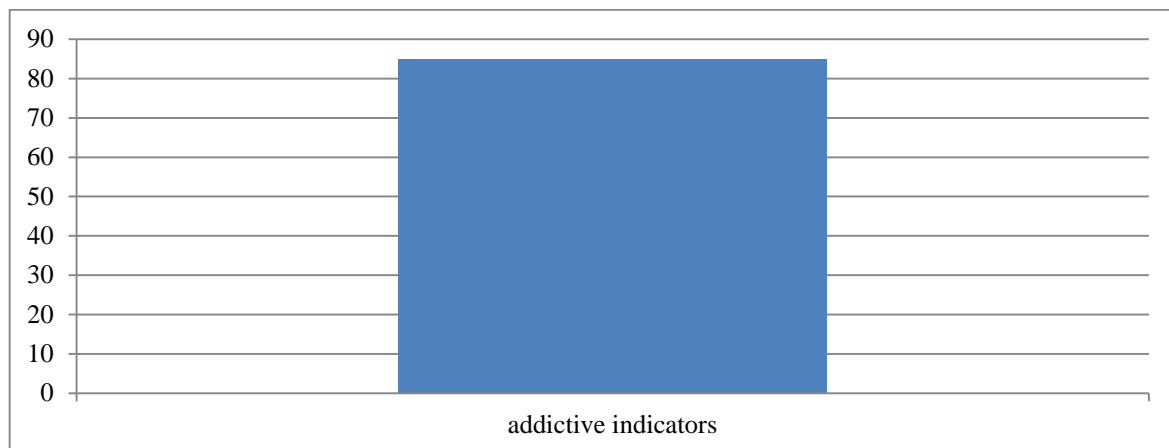
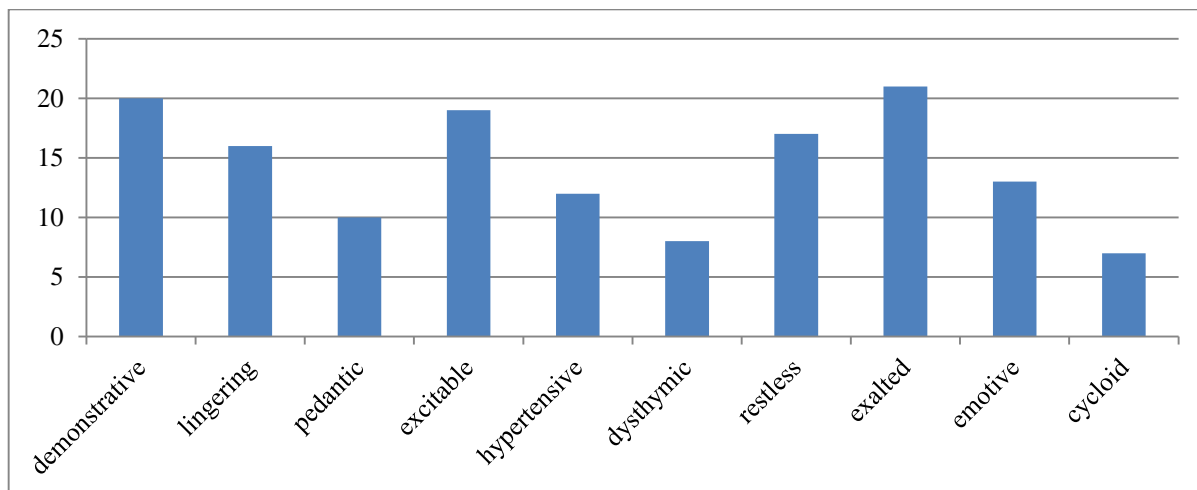


Figure 6. Showing the severity of addictive attitudes among drug addicted prisoners

The conducted research by means of K. Leonhard - H. Shmishek's (Figure 7) technique has allowed us to reveal the dominating types of accentuation of character at convicts with addictive behavior. The investigated convicts have high indicators on the scales of exaltation, demonstrativeness and excitability. Drug-addicted convicts show tendency to affect, emergence of the conflict emotional states and experiences having long emotional response. They can be alarmists, are subject to momentary moods, are gusty, easily pass from a condition of delight to a condition of grief, have lability of mentality. They are also inclined to a fantasies, falsity and pretense, adventurism, virtuosity, peacockery. Increased impulsiveness, an instinctivity, roughness, tediousness, gloom, irascibility,

tendency to rudeness and abuse, friction and conflicts are characteristic of them. They are irritable, quick-tempered, inflexible in a collective. Drug-addicted convicts are concentrated on the gloomy, sad parts of their life, the level of their activity is considerably reduced, painful sensitivity, unwillingness to reconstruct the behavior in a new situation are inherent in them, as well as inability to fast changes, accepting responsibility for own behavior.



**Figure 7. Dominating types of accentuation of character of drug-addicted convicts**

The research conducted by us by means of the L. N. Sobchik's technique “The individual and typological questionnaire” (Figure 8) has allowed to reveal the leading personality tendencies disclosing the nature of cognitive and individual and typological features of convicts with addictive behavior. The analysis of the received results shows that convicts with addictive behavior have rather high rates on scales “Lie” and “Aggravation” that shows their desire to meet social expectations of other convicts. They show high indicators on scales “Aggression”, “Rigidity”, “Sensitivity”, “Uneasiness”, “Introversion”. Therefore, conflict emotional states which are followed by high introversion dominate. Such personal profile testifies to an aggressive manner of self-affirmation contrary to the interests of people around, the increased suspiciousness and vigilance in relations, high propensity towards conflict.

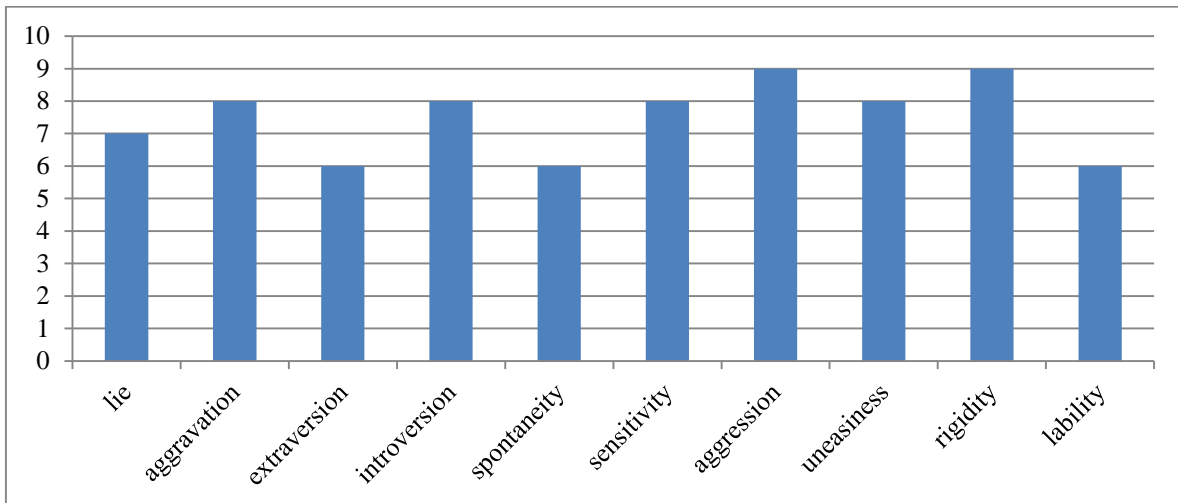


Figure 8. Leading personality tendencies of drug-addicted convicts

The research conducted by means of the LSI technique of Kellerman-Plutchik-Konte (Figure 9) has allowed us to establish that the following types of psychological protection are dominating: denial, rationalization, cognitive mapping. Therefore, in order to solve inner conflicts and contradictions convicts with addictive behavior deny their dependence, existence of the frustrating circumstances, stop the experiences caused by unpleasant or subjectively unacceptable situation by means of logical prescriptions and manipulations or attribute negative feelings and thoughts to other people. Convicts with addictive behavior draw only those conclusions thanks to which their behavior is perceived by the surrounding as well controlled and not contradicting to objective circumstances.

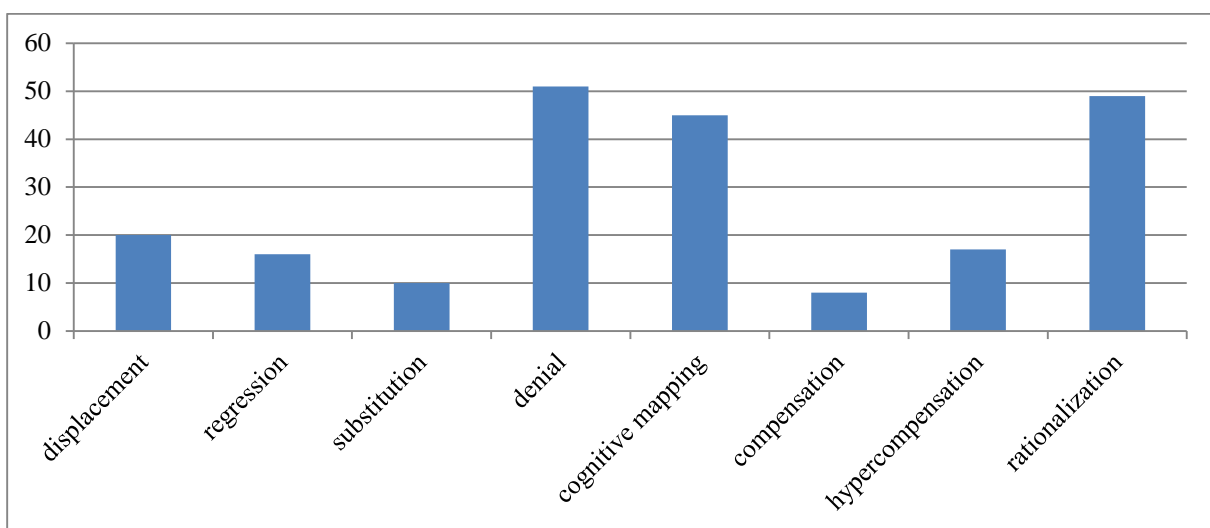


Figure 9. Prevailing types of psychological protection of drug-addicted convicts

Thus, social and demographic, criminal and legal and psychological features of convicts with addictive behavior need to be considered by drawing up and implementation of programs of their psychosocial rehabilitation in places of detention.

### **Implications**

The theoretical bases of the analysis of the problem of addictive behavior of convicts are presented in the article. The social and demographic, criminal and legal psychological features of their personality revealed during the empirical research are given. For the purpose of determination of personal features of convicts the authors tried out psycho-diagnostic tools including observation, conversation, analysis of personal records, expert poll, psycho-diagnostic testing (the test of addictive prescriptions of MGAA, K. Leonhard– H. Shmishek's test, L. N. Sobchik's technique “The individual and typological questionnaire”, the LSI test of Kellerman-Plutchik-Konte), methods of mathematical statistics. The received results can be applied for psychosocial rehabilitation of convicts with addictive behavior in places of detention.

### **Conclusions**

Nowadays there is a need in the modern society to reorganize correctional facilities of the penal system of Russia into social clinics which are providing psychosocial rehabilitation of convicts with addictive behavior. However it is impossible to organize and to hold rehabilitation actions with convicts with addictive behavior without taking into account their personal features.

For the purpose of diagnostics of personal features of convicts with addictive behavior we defined their social and demographic, criminal and legal and psychological characteristics.

We established that convicts with addictive behavior have low status among other convicts, are conflictive, quick-tempered, insincere, adapt to imprisonment conditions more difficultly. Change of mood phases, mental block, irritability, irascibility, impossibility to constrain at disorders, “breakdown” emergence in insignificant occasions is typical of them.

Most convicts with addictive behavior have chemical dependences (narcotics and alcohol). All respondents do not have non-chemical addictions and disturbances of alimentary behavior; an insignificant part of convicts show sex addictions.

The analysis of age features has allowed us to draw a conclusion that the age up to 35 years and low education level are characteristic of most of convicts with

addictive behavior. For convicts with addictive behavior violent crimes are dominating. Most of convicts are not married and have no children.

All convicts with addictive behavior have high indicators of addictive prescriptions, very high indicators on the scales of exaltation, demonstrativeness and excitability. Their personal profile testifies to the aggressive manner of self-affirmation contrary to the interests of people around, the increased suspiciousness and vigilance in the relations, high proneness to conflict. For convicts with addictive behavior the following types of psychological protection are dominating: denial, rationalization, projection. Therefore, in order to solve inner conflicts and contradictions convicts with addictive behavior deny their dependence, existence of the frustrating circumstances, stop the experiences caused by unpleasant or subjectively unacceptable situation by means of logical prescriptions and manipulations or attribute negative feelings and thoughts to other people.

The staff of the penal system need to consider the investigated social and demographic, criminal and legal and psychological features of convicts with addictive behavior by drawing up and implementation of programs of their psychosocial rehabilitation in places of detention.

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## DEVELOPING PROFESSIONAL ATTITUDES OF PENAL STAFF

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**Abstract.** *The article presents the results of the empirical research, the study of the influence of individual psychological characteristics of the penal staff on the developing of professional attitudes in the process of training at the FPS training centers. The research distinguishes among three groups of penal employees according to individual psychological characteristics. The article shows statistically significant differences in individual psychological characteristics that affect the developing of professional attitudes in the process of training at the FPS training centers. The research results show that the most efficient professional attitudes are most often developed among employees characterized by the following individual psychological characteristics: stress resistance, threats resistance, resoluteness, ability to control their emotions and behavior, ability to cope with a large amount of work and so on. The article also presents the results of the additional study proving that there are no significant differences in the distinguished groups in terms of such indicators as demographic data, socio-psychological climate, service relationships, needs obtained while fulfilling official duties, degree of the regulatory framework development, management style, etc. The empirical study reveals that such personality traits as negligence, excessive trustfulness, inability to control one's emotions and impulsive drives can exert negative impact on the performance of official tasks by the penal staff. The research results presented in the article can be used in the educational process at the FPS training centers and in the work of the penitentiary psychologist.*

**Keywords:** *professional attitudes, penal officer, individual psychological characteristics, training centers.*

## **Introduction**

It is impossible to build a team of highly professional and well ordered penal officers meeting the current requirements of the Russian Federation legislation and able to solve the tasks assigned to the penal service effectively without taking into account the peculiarities of the professional attitudes development among the penal staff in the process of entering office, especially while undergoing training at the training centers of the Federal Penal Service (the FPS of Russia) (Gavrina, 2015; Pozdnyakov, 2012).

During the period of training at the training centers of the FPS of Russia and the educational establishments of the FPS of Russia, the issue is not given due attention to. This has a negative impact on the development of professional attitudes of penal officers, which in turn leads to various destructions in their work (Gavrina, Simakova, & Fomin, 2017; Pozdnyakov, 2016). That is why the problem of finding ways to develop efficient professional attitudes of penal staff during the period of professional training is topical.

When entering the penal service, each employee is appointed to a certain job and begins to fulfill certain job duties. In the process of mastering professional skills and abilities within the framework of his or her job, he or she develops professional attitudes, determined by professional competencies, individual psychological characteristics, organizational relationships in the institution, socio-psychological climate in the team, etc (Shatokhina, 2012). In this regard, it seems important to find out which psychological determinants influence the development of professional attitudes of the penal officers. It should be noted that professional attitudes are seen as the response to the degree of mastering and understanding of the organizational and legal characteristics of the job and the organizational structure of the penal institutions and bodies the activities of which determine the process of developing their organizational competence and organizational relationships, as well as the functional significance of the job, its behavioral, human parameters, expressed in real acts and actions of the employee (Gavrina, 2004).

The purpose of this study is to identify the psychological characteristics of the penal staff, which influence the development of professional attitudes.

The objectives of the study are: to determine the theoretical basis for studying the professional attitudes of penal staff; to select psychodiagnostic tools; to distinguish groups of penal staff according to their psychological characteristics affecting the development of professional attitudes.

The subject-matter of the study is the individual psychological characteristics of the penal staff, which influence the development of professional attitudes.

Methods and techniques of research: observation, interview, expert survey, questionnaire aimed at studying socio-demographic data, express methods for studying career success, opportunities for professional growth, fatigue as a result of performing tasks, a basic questionnaire aimed at studying organizational behavior, organizational relationships and professional attitudes, developed by A. I. Papkin, the 16-factor questionnaire of Cattell, methods of mathematical statistics (correlation analysis, Student's t-test).

### **The theoretical basis for the study of the professional attitudes of penal staff**

The problem of developing professional attitudes of employees of various organizations was studied in terms of: the theory of the organization of work and scientific management (Fayol, 1916; Taylor, 1992; Weber, 1947); school of human relations (Follet, cited in Vesnin, 2006: p. 53; G. Kunz & O'Donnell, 1982; Mayo, 1960); socio-psychological aspects of enterprise management (Bernard, 1938; Herzberg, 1966; Maslow, 1954; McGregor, 1960; Merton, 2006; Ouchi, 1984; Selznick, 1957); the theory of enterprise development (Peters & Waterman, 1986; Weike, 1969), the theory of "natural" organizations (Etziol, Norton & Parsons, cited in Gvishiani, 2000: p. 19–21); "synthetic" approach (Athos, Friedman & Pascal, cited in Vikhansky & Naumov, 2000: p. 51–55; Drucker, 1977); "information approach" (Yesin, 2000; Kabachenko, 1996; Naumov, 2000; Prokopenko, 2000; Vikhansky, 2000).

The domestic legal psychology distinguishes among several approaches to studying the peculiarities of the development of professional attitudes of law enforcement officers.

The procedural and activity-based management concept (Kitov, 1979) emphasizes the psychology of the individual and the administrative activities of the head in studying psychological features of the development of professional attitudes of an employee;

The organizational and activity-based psychological management concept (Stolyarenko, 2003) is based on the idea that the development of professional attitudes is influenced by: the person (the employee) in the management system, social goals, values, the psychology of management organization and organizational climate, the psychological mechanisms of self-organization of the team and employees. This organizational and activity-based psychological management concept appears to distinguish human, psychological subsystem within the management system that influences the development of professional attitudes of penal employees;

The author of the concept of the psychology of making managerial decisions by the heads of the internal affairs bodies (Bakeyev, 1983) outlined the problem of finding effective management decisions by the heads of the internal affairs bodies, exerting (depending on their status) influence on the development of professional attitudes among the employees. Despite the fact that absolutely all managerial decisions made by the law enforcement agencies are really socially significant, the response to them is always given through the “prism” of the personal characteristics of employees. V. A. Bakeyev pointed out that the effectiveness of managerial decisions depended upon the individual features of the head, such as leadership style, motivation and goal-oriented sphere, views, beliefs, value-oriented attitudes, moral appearance, intellectual capabilities, volitional sphere, etc., as well as upon the psychological characteristics of the internal affairs team, the level of its development or upon groups of people participating in their consideration and making;

According to the concept of the psychology of organizational relationships in the activities of the bodies of internal affairs (Papkin, 1984) organizational relationships, acting as interrelationships, determine the essence and psychological content of contacts between groups of law enforcement officers, aimed at coordinating actions and deeds. They look like interdependencies and interrelationships between managers and employees, which show the correlation of job duties, rights (powers) and responsibilities. The success of organizational relationships study affects the development of professional attitudes among employees of the bodies of internal affairs.

According to the concept of the psychological potential of internal affairs bodies staff (Chernenilov, 2003) the development of professional attitudes among employees is influenced by psychological potential.

The concept of the organizational behavior psychology of the penal staff (Gavrina, 2004) stresses that penal staff organizational behavior manifests itself in professional attitudes expressed from the psychological point of view in assimilation, understanding by the penal employees of the organizational, legal and psychological characteristics of the office held and the organizational structure of the correctional institution. The dynamics of organizational behavior determines the process of developing professional attitudes and competence, as well as the functional significance of the office, its behavioral, human parameters.

There is no doubt that without the use of modern, personality-oriented approaches to managing the process of developing professional attitudes of penal employees, it is impossible to build an effective personnel management system that makes it possible to reduce social tension, staff turnover, and ensure the necessary level of duty performance by employees.

### **Analysis of the empirical study of the development of professional attitudes of penal staff in the process of training at educational establishments of the FPS of Russia**

For the purpose of making comprehensive analysis of the stated issue, examination of employees trained at the training centers of the FPS of Russia was organized and conducted. A total of 163 employees were examined.

The empirical results obtained on the basis of the 16-factor questionnaire of Cattell were subjected to cluster analysis, as a result 3 clusters (hereinafter – groups) were distinguished. The first group included 43 % of all surveyed employees, the second – 18 %, the third – 39 %.

We will not dwell on the average indicators obtained with the help of the psychodiagnostic survey based on the 16-factor questionnaire of Cattell, since they are almost the same in all three groups, we will consider the peaks showing significant differences in these groups.

To identify statistically significant differences in the groups under consideration, we used the Student’s t-test (Table 1). In the future, the text of the article presents data showing significant individual psychological differences in the selected groups of employees.

**Table 1 Comparative analysis of the results of the 16-factor Cattell questionnaire using the Student’s t-test**

Comp ared groups	Student’s t-test							
	Factors							
	A	B	C	E	F	G	H	I
1-2	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	0.02	0.36	0.39	0.07	<b>0.01</b>
1-3	<b>0.01</b>	0.23	<b>0.00</b>	0.56	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.01</b>
2-3	<b>0.00</b>	<b>0.01</b>	0.62	<b>0.01</b>	0.06	<b>0.01</b>	0.08	<b>0.00</b>
Comp ared groups	Student’s t-test							
	Factors							
	L	M	N	O	Q1	Q2	Q3	Q4
1-2	<b>0.02</b>	<b>0.00</b>	<b>0,01</b>	0.39	0.16	0.61	<b>0.0000</b>	0.61
1-3	0.27	<b>0.00</b>	0.16	<b>0.00</b>	0.24	<b>0.00</b>	<b>0.0002</b>	<b>0.00</b>
2-3	0.09	<b>0.00</b>	0.12	<b>0.00</b>	0.58	0.04	<b>0.0013</b>	<b>0.01</b>

The results of the cluster analysis show that the distinguishing characteristics of the first group employees from the employees of the other two groups are the following: on the whole, they are people with a good IQ level, able to learn, abstractly and logically think, and quickly assimilate new material.

They consider themselves to be optimistic, believing in luck and their lucky star, therefore they are most often active, careless, and take life easily. They don't care much for the future, because they are easy to change their life. In small companies, they succeed and occupy a leading position, especially if there is professional competition and risk. In relation to others they happen to be inattentive. They easily come into contact, do not feel ill at ease faced with unexpected circumstances. At the same time, they are characterized by a high sense of responsibility and duty, the steadfastness of moral principles. Performing service tasks they are correct and careful, do not break established rules, like the order in everything. They are notable for good self-control. If we evaluate their personal traits, we can say that these people are worthy of respect.

Penal employees, being members of the first group, have the characteristics necessary in their professional activities, namely, stress resistance, threat resistance, courage, resoluteness, ability to control their emotions and behavior. Their high self-control is based on clearly defined goals and motives for behavior. They succeed in activities which require even temper, objectivity and resoluteness.

It is typical for them to plan their own lives. People of this type prefer to take care of their reputation, starting from the first days of training at the training centers of the FPS of Russia. At the same time they are prone to victim behavior, manifested in the craving for risk and strong sensations, inattention to detail, ignoring the danger signals.

The employees assigned to the second group, in comparison with the employees of the first and third groups, have the following distinctive features.

This is the only group of employees who are characterized by strong emotions, responsiveness, sociability, kindness, willingness to cooperate, ease of conduct. It is necessary to note once again that this group has the smallest representation (18 %).

They easily join any team. They are not afraid of being criticized. They like working with people.

They also have negative personal characteristics that can have a negative impact on the performance of their official tasks: negligence, trustfulness, low level of emotional control, they are very often led by other people, not able to control impulsive drives and emotions, irresponsible. They are prone to neurotic manifestations (sleep disorder, psychosomatic complaints). People of this type feel tired.

Employees assigned to the third group differ from employees of the second and the first groups by low expression, emotional coldness. In communicating with others they set a distance; tend to show rigidity and formality. They do not always give an objective assessment of the people around. You can say that such people are introverts. The life of those around them is of little interest. They

rarely seek a compromise in disputable situations, always seek to assert their ideas.

They prefer to carry their duties independently, avoiding team work. They do their work correctly and on time.

This group of employees, as well as the first one, has a high IQ level, the ability to think abstractly and logically. They easily manage to learn new information, they have a high level of learning.

Similar indicators for employees of this type and employees from the second group are the inability to control emotions and impulsive drives, the presence of reduced emotional control, lack of sense of responsibility, susceptibility to feelings, emotional instability. In addition, they have all the signs of emotional burnout, inability to cope with life's difficulties, weakness, a tendency to neurotic manifestations (sleep disorder, psychosomatic complaints). If they feel that they can't fulfill service tasks, they try their best not to do them at all.

The staff of this group is unique in having rich imagination, fantasy, dreaminess. They are very introverted, eccentric, peculiar, focused on their own desires. It is difficult for them to adhere to generally accepted rules and norms, as a result they are often rejected by the team.

Creative imagination and talent makes them different from all the others. Very often people of this type are distinguished by their artistic, musical and verbal abilities.

An expert survey of the teachers of the training centers has shown that the employees of the first group develop professional attitudes more quickly than the representatives of the other two groups. The employees assigned to the second group demonstrate the lowest indices for the time interval in developing professional attitudes, with the exception of employees who prefer to communicate with classmates who demonstrate successful developing of professional attitudes. In the initial period of training the employees of the third group are characterized by both successful developing professional attitudes, and failures.

The material presented above proves that in order to ensure effective development of professional attitudes of employees in the educational process in the training centers and educational establishments of the FPS of Russia, it is necessary to take into account their individual psychological characteristics.

Analysis of the results makes it possible to state that the groups of employees under consideration are significantly different from one another on a variety of psychological characteristics which, in turn, influence the development of professional attitudes.

The additional study has shown that there are no significant differences in the groups under consideration for such indicators as demographic data, socio-

psychological climate, relations in service teams, needs met in the process of performing service duties, degree of development of the regulatory framework, leadership style, etc.

The presented results of the research conducted in three groups of employees show that the most efficient professional attitudes are developed among employees of the first group. They are more stress-resistant, threats resistant, resolute, able to control their emotions and behavior, less likely to get tired of performing difficult tasks, able to cope with a large amount of work, etc. The results obtained generally show that employees with a psychological profile, characteristic for the staff of the first group, will be more successful in carrying out service duties.

### **Implications**

The article deals with theoretical grounds for the analysis of the problem of developing professional attitudes of the penal staff. The article presents results of the empirical research, the study of the impact of individual psychological characteristics of the penal staff in the process of training at the FPS training centers for developing professional attitudes. It reveals individual psychological features of the penal staff, which contribute to and impede the development of efficient professional attitudes. The authors have tested the psychodiagnostic toolkit used to study the development of professional attitudes of the penal staff, including observation, conversation, expert survey, questionnaires aimed at studying socio-demographic data, express methods for studying career success, opportunities for professional growth, fatigue as a result of performance of official tasks, a basic questionnaire aimed at studying organizational behavior, organizational relationships and professional attitudes developed by A. I. Pappkin, 16-factor questionnaire of Cattell. The results obtained can be used to organize the educational process in the FPS educational centers and educational establishments, as well as in the work of the penitentiary psychologist.

### **Discussion and conclusions**

The concept of the development of the staffing of the penal system of the Russian Federation puts forward priority areas of work with personnel, the formation of the personnel potential of the penal institutions and bodies, and the effective management of personnel. It is impossible to realize these directions in full without seeking measures to ensure the development of professional attitudes of the penal staff. However, measures to radically change the content and structure of the process of developing the required professional attitudes of



the penal staff are not always taken consistently and purposefully, and in the period of training at departmental universities this issue is not given due attention, and therefore do not succeed. Such phenomena as the growth of violations of the rule of law and the reduction of the level of official discipline, the turnover of staff and the low level of professionalism of employees, the spreading of social deviations, the facts of betrayal of the interests of service, commerce, insufficient performance, result in the low social prestige of the penal officer's profession, of the penal system as a legal and social organization in society, the unwillingness of young people to study at departmental universities. All this makes it necessary to find ways to improve the development of professional attitudes of the penal staff, especially in the period of training at the FPS training centers and educational organizations.

In order to study the specifics of the developing professional attitudes of the penal staff, we have studied their individual psychological characteristics. As a result, three groups of employees have been identified, differing in their individual psychological characteristics, which have an impact on the developing of professional attitudes.

The most favorable from the point of view of developing professional attitudes is the first group (43 %), which differs by such features as stress resistance, threats resistance, courage, determination, ability to control one's emotions and behavior. They tend to plan their lives. People of this type prefer to take care of their reputation, starting from the first days of training in the training centers of the FPS of Russia. At the same time, they are prone to victim behavior, manifested in the craving for risk and strong emotions, inattention to detail, ignoring the danger signals.

Employees assigned to the second group (18 %) are characterized by such psychological features as responsiveness, sociability, kindness, willingness to cooperate, ease of behavior, negligence, gullibility, low level of emotional control, they are very often led by other people, not able to control impulsive drives and emotions, are irresponsible. They are prone to neurotic manifestations (sleep disorder, psychosomatic complaints). People of this type feel tired.

Employees of the third group (39 %) are characterized by: low expression, emotional coldness, introversion. In communicating with others they set a distance, tend to show rigidity and formality. They do not always give an objective assessment of the people around. They are not inclined to search for compromises in disputable situations.

They prefer to carry their duties independently, avoiding team work. They do their work correctly and on time.

This group of employees, as well as the first one, has a high IQ level, the ability to think abstractly and logically. They easily manage to learn new information, they have a high level of learning.

Similar indicators for employees of this type and employees from the second group are the inability to control emotions and impulsive drives, the presence of reduced emotional control, lack of sense of responsibility, susceptibility to feelings, emotional instability. In addition, they have all the signs of emotional burnout, inability to cope with life's difficulties, weakness, a tendency to neurotic manifestations (sleep disorder, psychosomatic complaints). If they feel that they can't fulfill service tasks, they try their best not to do them at all.

The staff of this group is unique in having rich imagination, fantasy, dreaminess. They are very introverted, eccentric, peculiar, focused on their own desires. It is difficult for them to adhere to generally accepted rules and norms, as a result they are often rejected by the team.

The research has found that the employees of the first group develop professional attitudes more quickly than the representatives of the other two groups. The employees assigned to the second group demonstrate the lowest indices for the time interval in developing professional attitudes, with the exception of employees who prefer to communicate with classmates who demonstrate successful developing of professional attitudes. In the initial period of training the employees of the third group are characterized by both successful developing professional attitudes, and failures.

The material presented above proves that in order to ensure effective development of professional attitudes of employees in the educational process at the training centers and educational establishments of the FPS of Russia, it is necessary to take into account their individual psychological characteristics.

The obtained results show that psychologists of educational organizations of the Federal Penal Service of Russia and penal psychological services should develop practical recommendations on the psychological support of penal staff during the period of entry into office and the development of professional attitudes taking into account their individual psychological characteristics.

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# ОСОБЕННОСТИ РОДИТЕЛЬСКОЙ КОМПЕТЕНТНОСТИ В СЕМЬЯХ С ДЕТЬМИ РАЗЛИЧНОГО ВОЗРАСТА

## *The Features of Parental Competence in the Families with Different Ages Children*

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**Abstract.** *The article discusses the concept of parental competence. This concept is new for Russian psychology, therefore, the emphasis in the theoretical analysis is done on the English concept. The results of a study of parenting in families with children of different ages: early, preschool and primary school are analyzed. The author's questionnaire was developed for this study, which differ for different ages children parents. A comparison of the results of the research of parents is made. Difficulties related to the procedure for the research of early and preschool ages children parents are marked. The specificity of the parents` of children who are not attending school responses is indicated. The conclusion about the features of parental competence and need for training of parents` of different ages children knowledge and skills on parenting are done. These results demonstrate the need for the creation of parental universities based on public and private educational institutions to increase the level of parental competence.*

**Keywords:** *children of early, preschool and primary school ages, parental competence, parental university, parenting.*

### **Введение**

#### ***Introduction***

Семья для ребенка – это место рождения и основная среда обитания. Первичная социализация детей в семье, особенно в сфере интимности и доверительности детско-родительских отношений, составляет микросреду жизнедеятельности развивающейся личности и в огромной степени влияет на ее поведение. В связи с этим очевидную значимость приобретает процесс воспитания и роль родителей в нем.

Целью данного исследования стало изучение родительской компетентности как психолого-педагогической предпосылки, доказывающей необходимость создания обучающих центров для родителей при образовательных учреждениях разных уровней.

Исследование проводилось в 2017 году. Объектами исследования выступили родители детей раннего (18 человек), дошкольного (43 человека) и младшего школьного возрастов (69 человек), в основном, посещающих различные дошкольные и школьные учреждения города Пскова и Псковской области.

В данной статье речь пойдет о результатах анкетирования родителей детей раннего и младшего школьного возрастов, направленного на определение и раскрытие ряда аспектов родительской компетентности. Для начала стоит отметить трудности в проведении такого рода опроса, так как родители детей, еще не посещающих школу, с большой неохотой отвечают на вопросы, ссылаясь на занятость, большой объем анкеты, необходимость раскрывать личную информацию о своей семье. Дополнительной трудностью явился опрос родителей детей раннего возраста, так как их дети редко посещают муниципальные детские сады-ясли, а те, кто посещают частные платные, отказываются тратить свое время на заполнение анкет. Кроме того, при анализе результатов анкетирования мы опирались только на ответы матерей, так как подавляющее большинство отцов отказались отвечать на вопросы анкеты.

### **Феномен родительской компетентности** *The Phenomenon of Parental Competence*

Воспитательная функция семьи имеет три аспекта. *Первый* – формирование личности ребенка, развитие его способностей и интересов, передача детям взрослыми членами семьи накопленного обществом социального опыта; выработка у них научного мировоззрения, высоконравственного отношения к труду; привитие им чувства коллективизма и интернационализма, потребности и умения быть гражданином и хозяином, соблюдать нормы общежития и поведения; обогащение их интеллекта, эстетическое развитие, содействие их физическому совершенствованию, укреплению здоровья и выработке навыков санитарно-гигиенической культуры. *Второй аспект* – систематическое воспитательное воздействие семейного коллектива на каждого своего члена со дня рождения до конца своей жизни. *Третий аспект* – постоянное влияние детей на родителей, побуждающее их активно заниматься самовоспитанием. Таким образом, воспитательный процесс

представляет собой комплекс условий и средств, определяющих педагогические возможности семьи.

Для того чтобы наиболее полно владеть объективной информацией о развитии семьи и иметь возможность эффективно вести ее психологическое сопровождение, необходимо изучать институт семьи не только со стороны ребенка, но и со стороны родителей (Овчарова, 2003). Родительство определяется как «социально-психологический феномен, представляющий собой эмоционально и оценочно окрашенную совокупность знаний, представлений и убеждений относительно себя как родителя, реализуемую во всех проявлениях поведенческой составляющей родительства (Овчарова, 2003: с. 10).

В структуре родительства в отечественной литературе выделяются следующие компоненты: ценностные ориентации супругов (семейные ценности); родительские установки и ожидания; родительское отношение; родительские чувства; родительские позиции; родительскую ответственность; стиль семейного воспитания. Проблеме детско-родительских отношений в целом и родительского отношения в частности посвящено большинство работ отечественных ученых, связанных с тематикой родительской компетентности. Именно детско-родительские отношения считаются индикатором социально-психологического состояния семьи с детьми. Важно подчеркнуть наличие когнитивного, эмоционального и поведенческого компонентов в каждом структурном компоненте родительства, включая интегральный компонент – стиль воспитания (Овчарова, 2003).

Анализ российских публикаций по вопросу родительской компетентности позволил выделить три психологических подхода к ее рассмотрению:

1. Родительская компетентность как сочетание личностных качеств и знаний, умений, навыков.
2. Родительская компетентность как готовность к родительству.
3. Родительская компетентность как основа успешного родительства.

К основным характеристикам личности компетентного родителя, обобщая вышеназванные публикации, относятся: личностная зрелость; личностная идентичность как родителя; созидательность; мотивация к эффективной самореализации в семье, к самообразованию в области семейного воспитания; вера в положительные возможности каждого ребенка, признание его субъектом взаимоотношений; признание приоритета собственного родительского опыта, уверенность; активность; преодоление эгоцентризма через включенность в деятельность, цель которой вне самого человека; склонность к самоанализу, рефлексии, умеренная тревожность.

Основными характеристиками поведения компетентного родителя являются: эмоциональное принятие ребенка; высокий объем требований; ясность и непротиворечивость требований; последовательность в предъявлении требований к ребенку; способность родителя к размышлению над ситуацией (что предполагает и эстетическую оценку ситуации); способность родителя к вовлечению ребенка в деятельность по размышлению над ситуацией; организация совместной деятельности через различные активные методы, разнообразные формы и средства; склонность к партнерским отношениям с ребенком; умение создать обстановку доверия, психологической безопасности и сотрудничества; умение вызвать у ребенка положительные эстетические чувства по отношению к своему образу, в результате чего ребенок стремится к идентификации с родителем; уважение индивидуальности ребенка, одобрение его интересов и планов.

Выделенные характеристики укладываются в традиционно выделяемые составляющие структуры родительской компетентности (от трёх до пяти): мотивационно-ценностный, личностный, когнитивный, коммуникативный, креативно-рефлексивный (Мизина, 2010); мотивационно-личностный, гностический, коммуникативно-деятельностный (Минина, 2013).

Обратимся к современным англоязычным публикациям, рассматривающим понятие родительской компетентности. Родительская компетентность, определяемая как детерминанта модели родительства, определяется в большинстве работ как стиль воспитания детей, который способствует лучшему развитию личности для приобретения ею способностей, необходимых для того, чтобы наиболее эффективно реализовать ту экологическую нишу, которую он или она будут занимать в детстве, отрочестве и взрослости. Такое определение базируется на биоэкологической концепции (Belsky, 1984). Поведение и деятельность родителей, изучавшиеся в контексте модели Бельского, были определены как поддержание дисциплины, оказание помощи, присмотр и подготовка/обучение, а также детско-родительское взаимодействие, такое, как близость, наличие конфликта или сопереживания. Родители, опирающиеся на такую компетентность, будут отзывчивыми и включенными людьми, которые способны воспитать высокоразвитых и хорошо адаптированных детей (Belsky & Jaffee, 2006).

Главными детерминантами родительской компетентности, по Дж. Бельскому, являются: личностные ресурсы индивидуума (родителя), социальные источники стресса и поддержки и характеристики ребенка (Belsky, 1984).

Одна из наиболее влиятельных концепций в представлениях о родительской компетентности в XX веке принадлежит Диане Баумринд.



Родительство включает независимость, социальную ответственность и достижения (по сравнению с другими), которые составляют теоретический конструкт, названный ею инструментальной компетентностью. Компетентное родительство, представляющее собой комбинацию типов поведения и отношений (аттитюдов), способствовало становлению инструментальной компетентности самих детей (Baumrind, 1970). Ею также были выделены родительские стили: авторитарный, попустительский и авторитетный, которые в наибольшей степени ассоциируются с родительской компетентностью.

В 90-е гг. понятие компетентного родительства стало тесно связано с понятием социализации и интернализации. С позиций такого подхода компетентные родители – это те, кто способствуют социализации своих детей, а также тому, что дети способны интегрировать родительские послания как свои собственные (Teti & Candelaria, 2002). Интернализация определялась как принятие ценностей и аттитюдов общества в качестве своих, так что социально приемлемое поведение мотивировано не предвидением внешних последствий, а существенными или внутренними факторами. Дисциплинирование является универсальным способом интернализации (Grusec & Goodnow, 1994).

Компетентность может пониматься как необходимая мобилизация множественных когнитивных ресурсов (знаний, информации, ценностей, отношений, умений, интеллекта, а также паттернов восприятия, оценок и объяснения причин) для решения проблем, признаваемая другими людьми. Она состоит из множества компетенций, представляющие собой набор знаний, умений и диспозиций (отношений), которые позволяют успешно выполнять какие-либо действия, отражая способы поведения или мышления, и могут быть усовершенствованы индивидуумом в процессе обучения или адаптации к окружающей среде (Teti & Candelaria, 2002).

Другие авторы под родительскими компетенциями подразумевают набор знаний, умений и отношений (аттитюдов), которые способствуют усилению или оптимизации исполнения родительской роли на таком уровне, чтобы максимально раскрыть все потенциалы роста и развития ребенка. Родительские знания и умения могут быть определены как понимание детского развития и осведомленность в области родительских задач, связанных с вопросами здоровья, способностью оценивать и интерпретировать поведение ребенка, выполнять родительские задачи и выстраивать взаимодействие с ребенком (Ribas Jr. & Bornstein, 2004).

## **Результаты эмпирического исследования родителей** ***The Results of Empirical Research of Parents***

Как было упомянуто выше, одной из методик, направленной на выявление особенностей родительской компетентности, стала авторская анкета. Приведем описание полученных результатов на выборках родителей детей раннего и младшего школьного возраста.

Результаты опроса по первому блоку («Общие сведения о семье») показали, что 72 % опрошенных псковских первоклассников происходят из полных семей (причем 28 % семей – нуклеарные семьи с единственным ребенком), 19 % – из неполных, где мать в одиночку воспитывает детей, и 9 % – из многодетных (3 ребенка) семей. Большинство родителей имеют высшее образование (62,5 % матерей и 53 % отцов) или незаконченное высшее (9 % матерей и 28 % отцов); 19 % матерей и 12,5 % отцов имеют среднее специальное образование и 9 % матерей и 6 % отцов имеют среднее образование.

В группе родителей детей раннего возраста 44 % матерей и отцов имеют среднее специальное образование, по 56 % – высшее. 94 % семей респондентов являются полными, одна из них многодетная (6 %), одна мать-одиночка (6 %). Состав семьи в среднем 3–4 человека, в половине семей один ребенок, в 44 % – двое детей, в 6 % – трое.

Большинство семей родителей первоклассников имеют благоприятные бытовые условия – проживают в собственной квартире (72 %), в собственном доме (9 %) или в муниципальной квартире – (3 %). Однако некоторые семьи первоклассников проживают у родственников (9 %), в съемной квартире (3 %) или в общежитии (3 %). Поэтому отдельную комнату имеют только 66 % детей, у 34 % первоклассников есть только свой рабочий стол. Большинство семей (81 %) имеют средний достаток, 12,5 % семей – низкий, и только 6 % родителей характеризуют материальное положение своей семьи как высокое.

78 % семей с ребенком раннего возраста проживают в собственных 2-комнатных квартирах, 6 % – в трехкомнатной, 6 % – в пятикомнатной, еще 6 % – в съемной, 6 % проживают в собственном доме. 56 % ответили, что у ребенка (детей) есть своя комната, в 94 % случаев у ребенка есть свое место для занятий, письменный стол и т.п. Подавляющее большинство респондентов (89 %) оценивают материальное положение семьи как среднее, 11 % – как низкое.

Давая детям-младшим школьникам психологическую характеристику, многие родители (75 %) утверждали, что их ребёнок «именно такой, о каком они мечтали» и легко указывали как положительные стороны его личности (75 %), так и отрицательные черты (66 %). В своих детях родители особенно

ценят такие качества, как «доброта», «уважение к старшим», «забота о младших», «сопереживание» и т.д. (59 %). Почти все родители (91 %) говорят о наличии у своих детей навыков самообслуживания, а также о помощи ребенка по дому: делает влажную уборку (72 %), убирает за собой постель, игрушки (19 %), моет посуду (3 %), помогает в саду, огороде (3 %). Многие родители (34 %) считают своего ребенка «решительным», «спокойным» (69 %), обладающим «активным, жизнерадостным настроением» (25 %), трудоспособным (60 %), ориентированным на самостоятельное преодоление трудностей (9 %). Вместе с тем выделяются и качества ребенка, которые их раздражают: «неусидчивость», «невнимательность», «эгоизм», «вредность», «непонимание» и др. (44 %). Многие родители (60 %) обращают внимание на тот факт, что их ребенок «не очень уверенный», при встрече с неудачами «переживает: плачет, нервничает, злится» (75 %), «обвиняет других» (6 %). Многие родители (47 %) стремятся отучить своего ребенка от некоторых дурных привычек (лживость, невнимательность к другим, «психи» и др.). Своего ребенка в будущем большинство родителей (75 %) хотели бы видеть «состоявшимся человеком», «человеком, за которого не будет стыдно», «образованным и самостоятельным» и т.п.

Среди положительных сторон своих детей раннего возраста родители называют такие, как добрый/доброжелательный (44 %) и общительный (44 %), веселый/жизнерадостный (28 %) и вежливый (22 %). Реже они характеризуют детей как нежных/ласковых (17 %), сообразительных/понятливых (17 %), дружелюбных (17 %), любознательных (17 %), открытых (11 %), щедрых/нежадных (11 %), отзывчивых (11 %), стеснительных (11 %). Негативными качествами родители считают упрямство (22 %), вспыльчивость/раздражительность (17 %), драчливость (17 %), вредность (11 %), капризность (11 %), жадность (11 %).

Практически все родители (94 %) подчеркивают сформированность таких навыков самообслуживания, как самостоятельность в уборке игрушек и в приеме пищи, более половины (56 %) туалета и немного менее половины (44 %) – одевании. 72 % родителей говорят, что дети пытаются помогать им по дому: убираться, пылесосить, подметать, мыть пол; убирать посуду со стола и мыть ее; поливать цветы; «готовить»; выбрасывать мусор; нести покупки и т.п. 28 % матерей считают, что их ребенок не очень уверенный, однако большинство (72 %) наделяют его решительностью и уверенностью. На неудачи дети склонны реагировать по-разному: игнорированием (11 %), слезами, обидами (39 %), обвинениями других (11 %), просьбами о помощи (22 %), активно продолжают действовать лишь 6 %. Родители пытаются отучить ребенка от некоторых плохих привычек: грызть ногти (19 %), плакать, «истерить» без причины (19 %). Двое родителей ответили, что

плохих привычек у детей нет (11 %), однако треть респондентов не дали ответа на данный открытый вопрос (33 %). Половина опрошенных матерей хотели бы видеть в будущем своих детей с высшим образованием. 33 % считают, что профессия – это будущий выбор ребенка, 22 % просто хотели бы видеть своего ребенка успешным, независимо от профессии, но 19 % видят в будущем своего сына или дочь медиком.

Оценивая уровень развития своего ребенка большинство родителей (94 %) ответили, что их ребенок «развит на одном уровне со сверстниками», а 3 % родителей оценили уровень развития своего ребенка как «лучше сверстников». Большинство родителей называют кружки, секции, которые посещает ребенок (53 %); любимые игрушки ребенка (78 %). Но это делают не все родители: 28 % родителей не смогли назвать ни кружки, ни секции, посещаемые их детьми; ни любимые игрушки (9 %).

Подавляющее большинство родителей детей раннего возраста (78 %) указали, что в их доме есть детская библиотека и в среднем дети проводят, слушая чтение книг родителями, около 45-50 минут в день. Столько же мам смогли назвать тематику или названия любимых книг ребенка. 94 % перечислили любимые игрушки. Посещают какие-либо развивающие занятия (секции, кружки) лишь 22 % детей раннего возраста (по развитию речи либо общеразвивающие занятия для мам с малышами).

Подавляющее большинство родителей (77 %) отмечают, что их дети раннего возраста находятся на одном уровне развития по сравнению со своими сверстниками. Лишь 6 % признались, что хуже, чем одногодки, а 17 % – лучше.

Методы семейного воспитания, по результатам опроса родителей первоклассников: убеждения (объяснение, внушение, совет) (50 %); совместная практическая деятельность (совместный труд, отдых) (19 %); поощрение (похвала, подарки, перспектива) (12,5 %); в зависимости от ситуации (9 %). Чаще всего к ребенку (детям) применяются такие меры поощрения, как похвала, поддержка, ласковое слово (37,5 %); поездки, экскурсии, совместный досуг (19 %); игрушки, подарки, сладости (12 %); игры, кино, аквапарк (9 %); любовь и внимание (6 %). На вопрос о том, как родители поддерживают у своих детей хорошие стремления, были получены следующие ответы: «хваляю» (56 %); «обращаю внимание на хорошее» (31 %); «даю деньги» (3 %). Многие родители (53 %) на проступки ребёнка реагируют «взрывом», а потом жалеют об этом, и им иногда случается просить прощение у ребёнка за своё поведение (81 %). Причиной конфликтов с ребенком, по мнению родителей, чаще всего является: отношение детей к успеваемости (47 %); недисциплинированность (12,5 %); отсутствие помощи в домашних делах (9 %). При разрешении конфликтов с ребенком родители стараются обсудить с ребенком возникшую проблему и

совместно найти «мудрое решение» (84 %); лишают удовольствия (конфеты, игрушки) (28 %); могут несильно ударить по попе (по губам, рукам) (19 %); ставят ребенка в угол (19 %); настаивают на принятии своей позиции, опираясь на собственный опыт (9 %). Основные виды наказания: «наругаю, накричу» (12,5 %); «увожу в другую комнату, изолирую от себя, семьи» (9 %); «лишаю своего внимания; игнорирую ребенка» (6 %). Чаще всего родители применяют к ребенку такие меры наказания, как: лишение удовольствий (игры, планшета, телевидения) (31 %); лишение общения с друзьями (19 %); объяснение запретов (12,5 %); постановка в угол (6 %); физическое наказание («кнул и пряник») (3 %). В ситуации спора со своим ребенком родители поступают по-разному: уходят от спора (38 %), стараются не возражать ребенку (19 %); спорят до полной победы (19 %); признают правоту ребенка (12,5 %); объясняют, если не прав (6 %). У 47 % респондентов не возникает разногласий в семье по вопросам воспитания; 25 % супругов поддерживают, даже если не согласны; возникают разногласия у 9 %; нет ответа (12,5 %). Требования взрослых к детям в семье согласованы только в 67 % семей; не всегда – в 31 % семей; иногда – в 12,5 % семей. В большинстве семей (59 %) супруг эпизодически принимает участие в воспитании ребенка, в равной мере с супругой – 19 %; больше, чем супруга – 3 %. Однако, этот факт имеет место не во всех семьях. Так, в 16 % семей супруг вообще не принимает участие в воспитании ребенка.

Среди методов воспитания, используемых опрошенными по отношению к своим детям раннего возраста, лидирует убеждение, предполагающее объяснение, внушение, советы (4,8 б. из 5 максимальных), за ним следует поощрение, включающее похвалу, подарки, перспективу (4,6 б.) и совместная практическая деятельность (совместный труд и отдых) – 4,5 б. Принуждение в виде наказания или лишения удовольствия ниже всего оценивается родителями, однако стоит отметить, что не стали оценивать данный метод воспитания 22 % респондентов. Большинство отцов детей раннего возраста (67 %), по мнению мам, принимают участие в воспитании своих детей наравне с супругами, 28 % делают это эпизодически. Лишь в одной семье жена считает, что муж не участвует в воспитании ребенка (6 %).

Наиболее применимыми к ребенку раннего возраста мерами поощрения мамы считают похвалу (67 %), угощение или подарок (50 %), совместные прогулки (11 %), а наказания: лишение мультиков, сладкого и др. удовольствий (22 %), слова, беседы с ребенком, порицания (17 %), поставить в угол (17 %), запрет (11 %), изолирование ребенка (11 %), 17 % родителей не дали ответа на данный вопрос. В большинстве семей (78 %) не возникает разногласий с родственниками по поводу воспитания детей, в

остальных случаях поддерживают, даже если не согласны». Требования взрослых к детям раннего возраста согласованы в 100 % семей.

Среди родителей первоклассников имеют психологическое или педагогическое образование 22 %, детей раннего возраста – 33 %.

По вопросам воспитания родители чаще всего советуются со своими прауродителями; намного реже обращаются к специалисту (детскому психологу, педагогам и др.); ищут ответы в специализированной литературе; советуются с друзьями, у которых есть дети такого же или старшего возраста; ищут ответы в Интернете, а некоторые родители стараются решать вопросы самостоятельно (16%). Желание узнать какие-то советы от специалистов образовательных учреждений (педагога, школьного психолога, логопеда) выразили только 22% родителей. Отдельные родители сформулировали ряд психолого-педагогических проблем, по которым они нуждаются в специализированной информации: как способствовать развитию речи ребенка, как объяснить ребенку то или иное действие, как правильно обучать, как отучить от компьютерных игр, как преодолеть истерики (ложь, стеснительность и неуверенность) ребенка, как преодолеть неуспеваемость ребенка, как снять эмоциональное напряжение ребенка, как строить процесс воспитания в разведенных семьях и др.

## **Выводы** *Conclusions*

1. Большинство российских современных исследователей родительскую компетентность понимает как способность родителя правильно сориентироваться в ситуации воспитания, требующей родительского действия, и правильно ориентировать исполнение данного действия.
2. Современные зарубежные концепции рассматривают родительскую компетентность как стиль воспитания, который способствует наиболее гармоничному развитию ребенка и его социализации в современном обществе, учитывая как внешние, так и внутренние факторы его развития.
3. Проведение исследования родителей было затруднено их большим сопротивлением в ответе на вопросы по поводу воспитания детей и отказом большинства отцов принять участие в опросе.
4. Отмечена большая социальная желательность в ответах родителей, желание скрыть негативные тенденции в детско-родительском взаимодействии.
5. Было установлено, что большинство родителей в вопросах воспитания ориентируется на личный опыт своей семьи, а не научно обоснованные профессиональные подходы, что свидетельствует о необходимости

повышения их родительской компетентности в рамках специально созданных родительских университетов.

### Summary

1. Russian tradition is more focused on the study of the characteristics of the parental personality, providing a harmonious style of relations with the child. Foreign concepts are more focused on the characteristics of the behavior of a competent parent. The theory of activity emphasizes the need to take into account the situational factors affecting the choice of parental action and its effective implementation. Combining these positions allows us to consider parental competence as a parent's ability to orient correctly in the situation of education that requires parental action, and the execution of this action based on internal and external factors.
2. The question of the purpose of parental influence, criteria for the success of parenting is unexplored in domestic science and practice is. Most parents define the purpose as the viability and education of their child in adulthood, which, firstly, is too vague definition, and secondly, does not allow to assess the effectiveness of parents' actions in relation to the child of early and younger age. The acceptance of the values and attitudes of society as own (internalization), viewed by a number of foreign researchers as the ultimate goal of parenthood, is also not an ideal with which to assess the daily actions of parents.
3. The study of successful parents shows that they generally match to the characteristics that were identified in the theoretical study: independence and responsibility in making decisions about their child, recognition of their own parental experience, the high level of parental personal maturity. Such parents are characterized by the educational family solidarity and the humanistic orientation of interaction both in ordinary and conflict situations. The lack of psychological and pedagogical knowledge and skills of parents revealed in the choice of methods of encouragement and punishment, which is not optimal from a psychological point of view. Together with the perceived problems and requests to specialists, the above-mentioned facts make it possible to consider the creation of parental universities as an actual and effective tool for improving parental competence.

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# ASSOCIATION BETWEEN PATHOLOGICAL PERSONALITY TRAITS AND DEFENSE MECHANISMS IN HEALTHY SAMPLE: A PILOT STUDY RESULTS

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**Abstract.** *This article aims to define what kind of relationship exists between pathological traits and defense mechanisms. Primary data, collected from 14<sup>th</sup> until 30<sup>th</sup> of March in 2017, was used in this research. Thirty participants (57 % males) in the age of early adulthood (from 25 to 39 years,  $M = 29.9$ ,  $SD = 3.33$ ) filled in two questionnaires: The Multidimensional Clinical Personality Inventory (Perepjolkina, Koļesņikova, Mārtinsons, & Stepens, 2017) and Defense mechanisms questionnaire (Subbotina, 2017).*

*Six of eight analyzed defense mechanisms (repression, regression, rationalization, displacement, denial and psychological projection) showed statistically significant correlation with at least one pathological personality trait both on facet and on domain level. Some weak ( $p > .05$ ) correlations were found between some personality traits and two left defense mechanisms: reaction formation and sublimation. Most of correlations were with neurotic defenses according to Vaillant (1992) classification, in particular with repression and displacement. All together 26 traits correlated with neurotic defenses. With other defenses, just a few traits correlated – three traits with mature defenses, two traits with immature defenses and two with psychotic defenses. Received results need to be validated in the future studies and may be useful for clinical psychologists for better understanding of their clients.*

**Keywords:** *defense mechanisms, pathological personality traits, personality disorders.*

## Introduction

Personality disorder – is contiguous area between psychiatry and psychology. Psychiatrists officially recognised concepts of enduring personality disturbances in the first Diagnostic and Statistical Manual of Mental Disorders in the 1950s (Hoermann, Zupanick, & Dombeck, 2011). Since that time, psychologists and psychiatrists had major changes in their understanding of personality disorders.

Only a few researchers attempted to study correlation between personality disorders and defense mechanisms (e.g. Presniak, Olson, & Macgregor, 2010),

but in those studies, none of them considered personality disorders through dimensional (trait-specified) approach, where personality disorders considered as a combination of pathological traits. This research is an attempt to approach personality disorders through the modern, dimensional approach. It will be the first study on relationship between pathological traits and defense mechanisms based on this approach conducted in Latvia. By defining relationship between pathological traits and defense mechanisms, ways in which defense mechanisms relate to different pathological traits will be demonstrated.

### **Normal range and pathological personality traits**

During the existence of personality psychology, several personality models have been developed, but today the most popular are five-factor model (FFM) or Big Five and six-dimensional human personality model (HEXACO).

The Revised NEO Personality Inventory (Costa & McCrae, 1992b, quoted from Morey et al., 2002) is an inventory designed to assess the five dimensions of personality as described by the Five-factor model. The five trait dimensions that have emerged from factor analyses of numerous trait terms and various personality inventories have been described as Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness (Morey et al., 2002).

Beside the Revised NEO Personality Inventory, Ashton Michael C. and Lee Kibeom (2007) have created an alternative structure of personality traits, which was recently named the HEXACO model, and consists of six rather than five dimensions. Three of these dimensions are interpretable as Extraversion, Conscientiousness, and Intellect / Imagination / Unconventionality and are very similar to the English lexical Big Five factors of these names. An important strength of the HEXACO model is its derivation from cross-culturally replicated findings based on analyses of variable sets that are culturally indigenous and representative of the personality domain. But in addition to the close correspondence of the HEXACO framework to the empirically observed structure of personality variation, an advantage of this model is its theoretical interpretability (Ashton & Kibeom, 2007).

In the course of the last decades there was an on-going discussion between the psychologists regarding the definition of normal and abnormal personality. They are trying to establish whether pathological traits are the specific formation, which is part of the personality or they are common for all individuals, but become highly manifested in some individuals under certain conditions.

Lately there was an increasing consensus that normal and abnormal personality variation can be treated within a single, unified structural framework (Eysenck, 1994; O'Connor, 2002; Widiger & Costa, 1994). A variety of studies have indicated, for example, that personality structure is essentially the same in

clinical and nonclinical samples (O'Connor, 2002), that normal and abnormal personality are strongly related at the etiologic level (Jang & Livesley, 1999; Markon, Krueger, Bouchard, & Gottesman, 2002, quoted from Markon & Krueger, 2005), and that abnormal personality can be modeled as extremes of normal personality variation (O'Connor & Dyce, 2001). Despite consensus about the possibility of describing normal and abnormal personality within a single structural framework, however, there is less consensus about what this structural framework might be. Although there is emerging consensus about the superordinate structure of normal personality (Goldberg, 1993), less consensus exists about a similar structure of abnormal personality (Livesley, 2001). Delineating a unified superordinate structure across normal and abnormal domains of personality has been even more challenging. Empirical results of Jang and Livesley (1999), Markon et al. (2002) and O'Connor (2002) have supported a variety of conclusions, and validity has been demonstrated for multiple structural models (Markon & Krueger, 2005).

Samuel and Widiger (2004), who tried to figure out what kind of traits characterize each personality disorder brought substantial contribution in resolution of this question. In order to investigate the correlation between personality disorder models and trait models, Samuel, Widiger, Lynam and Ball (2012) created the group of experts and psychologists who were studying personality disorders. In their research, they tried to describe each personality disorder through a number of pathological personality traits. This approach has been utilized in previous studies concerning the relations between the five-factor model of personality (McCrae & Costa, 2008) and the personality disorder constructs (Miller, Lynam, Widiger, & Leukefeld, 2001; Lynam & Widiger, 2001; Samuel & Widiger, 2004). For example, Lynam and Widiger (2001) assembled a comprehensive list of researchers, who had published on respective DSM-IV PDs, and asked them to describe a prototypic case of that PD in terms of the FFM. They then averaged the descriptions across raters to produce a FFM profile for each PD. These profiles were reliable and related highly to profiles derived from other methods (Samuel & Widiger, 2008).

The first aspect of the proposal made by the DSM-5 compilers is the inclusion of a dimensional trait model that attempts to organize the universe of personality pathology into component parts, consistent with the approaches of Clark (1993), Livesley (2003), and Widiger (2005). The transition to a dimensional trait model has the potential to address several limitations of the previous diagnostic system. For example, a dimensional trait system might eliminate the problematic comorbidity across and the heterogeneity within the DSM-IV categories by providing a trait profile that is unique to each individual (Widiger & Trull, 2007, quoted from Samuel & Widiger, 2008). Additionally, such a model holds the promise of improving diagnostic stability as traits have

demonstrated greater temporal consistency than diagnostic categories (Morey et al., 2007, quoted from Samuel & Widiger, 2008).

One of the models of pathological personality traits was developed in Latvia as a theoretical frame for Latvian Clinical Personality Inventory (LCPI-v3). First, based on a review of existing normal-range and pathological trait models, a list of 40 traits – a combination of traits listed in Samuel et al. (2012), Wright et al. (2012), DSM-5 Section III was prepared and operationalized in deductively derived preliminary versions of 40 pathological personality trait scales (Kolesnikova, Perepjolkina, Martinsone & Stepens, 2016).

### **Relationship between personality disorders and defense mechanisms**

In last decades, there has been a growing interest in the study of defense mechanisms in psychotherapy and psychopathology (Cramer, 1998a, quoted from Kramer, Roten, Perry & Despland, 2013). In the context of psychodynamic psychotherapy, it has been emphasized that the accurate in-session assessment by the therapist of a patient's defenses and his or her work with the patient by addressing the patient correctly plays an important role in effective intervention (Despland, de Roten, Despars, Stigler, & Perry, 2001; Hersoug, Bøggwald, & Høglend, 2003; Perry, 1993; Siefert, Hilsenroth, Weinberger, Blagys, & Ackerman, 2006, quoted from Kramer, Roten, Perry & Despland, 2013).

Michelle D. Presniak, Trevor R. Olson, and Michael Wm. MacGregor (2010) made the research which aimed to define the relationship between personality disorders and defense mechanisms. The researchers obtained following results: of the five defenses hypothesized to be higher in the borderline personality disorder group, two were supported (passive aggression and turning against self), one was inconsistently supported (acting out), and two were not supported (idealization and splitting). Of the seven defenses hypothesized to be higher in the antisocial personality disorder group, two were supported (devaluation of others and grandiosity), one was partially supported (denial; all effects in the right direction, but only one of three was significant), one was inconsistently supported (rationalization), and three were not supported (intellectualization, turning against the object, and projection). Consistent with the hypothesis and previous theory and research (Bond, 1990; Cramer, 1999, quoted from Presniak, Olson & Macgregor, 2010), was found partial support that the BPD (Borderline personality disorder) group would use the acting out and passive aggression more than the APD (Antisocial personality disorder) group (Presniak, Olson & Macgregor, 2010).

In the study of J. Christopher Perry, Michelle D. Presniak, and Trevor R. Olson (2013) several highly prevalent defenses were consistent with the inclusion of SPD (Schizotypal personality disorder) within Kernberg's

borderline personality organization construct: projection, devaluation, splitting of others-images, splitting of self-images and denial. Most other prevalent defenses were either passive-aggression and acting out, rationalization, or isolation & intellectualization. Repression was also prevalent, contrary to the hypothesis, albeit with a lower mean prevalence than splitting, consistent with the predominance of the latter (Perry, Presniak & Olson, 2013).

Along with autistic fantasy, individuals with SPD rely on such defenses as the passive-aggression, help-rejecting complaining & acting, similar to those with BPD. Overall, many of the most prevalent defenses in SPD are those within Kernberg's broad categorization of BPD, although the defenses most uniquely related to SPD are not related to BPD. (Perry, Presniak & Olson, 2013).

Gacono, Meloy, and Berg (1992) proposed that individuals with ASP and/or psychopathy, have a split-off self-image, as in narcissistic personality disorder, wherein the negative image is denied. They strongly fear their true defense mechanisms self-state of feeling worthless or devalued, and the use of denial and omnipotence/grandiosity helps keep this experience of the self from awareness. They tend to disavow any negative experience by denying the effects of their behaviors on others, rationalizing their criminal and/or aggressive actions, and projecting their negative experiences onto others (Gacono et al., 1992; Presniak et al., 2010, quoted from Perry, Presniak & Olson, 2013). The predictors of ASP were the minor omnipotence, devaluation, idealization, denial, rationalization and projection (Perry, Presniak & Olson, 2013).

In this study used George E. Vaillant classification of defenses (1992). In his model 18 different defenses were arranged hierarchically into four levels: narcissistic (e.g., denial of external reality; distortion of external reality); immature (e.g., denial/dissociation, projection), neurotic (e.g., rationalization, reaction formation), and mature (e.g., altruism, sublimation) (Cramer & College, 2015).

As it was mentioned in previous chapter, dimensional approach had been recently suggested by the group of researchers (Samuel, Lynam, Widiger, & Ball, 2012) who were developing personality disorder classification for DSM-5. Based on their study Hopwood et al., (2012) tried to define which pathological traits belong to each personality disorder (see Table 1).

Respectively study of Hopwood et al., (2012) and other studies in this chapter give a chance to have hypothesis on relationship between pathological personality traits and defense mechanisms.

Table 1 **Correlations between DSM-5 traits and DSM-IV PD (Hopwood et al., 2012)**

<b>Personality disorders</b>	<b>Pathological personality traits</b>
Avoidant	Anxiousness, Social withdrawal, Intimacy Avoidance, Anhedonia
Borderline	Separation insecurity, Anxiousness, Emotional lability, Hostility, Depressivity, Impulsivity, Risk taking
Schizotypal	Restricted Affectivity, Suspiciousness, Withdrawal, Eccentricity, Perceptual dysregulation, Unusual beliefs
Antisocial/Psychopathic	Hostility, Manipulativeness, Deceitfulness, Callousness, Irresponsibility, Impulsivity, Risk taking
Obsessive Compulsive	Perseveration, Rigid perfectionism

## Method

**Participants.** Sample included 30 participants: 17 (57 %) male and 13 (43 %) female ( $M = 29.9$ ,  $SD = 3.33$ ). Nine (30 %) participants are married, nine (30 %) live together, but their relations are not registered and 12 (40 %) single, two (6,7 %) participants have master degree, eight (26,7 %) participants have bachelor degree, five (16,7 %) participants have first level of higher education, five (16,7 %) participants have secondary education with trade, three (10 %) participants have secondary education, one (3,3 %) participant have unfinished secondary education, and one (3,3 %) participant have basic education. Participants were selected using snowball sampling method.

**Measures.** Two questionnaires were used in this research.

1. *Multidimensional Clinical Personality Inventory* (Perepjolkina, Koļeņņikova, Mārtinsons, & Stepens, 2017). Items were answered on a 4-point response format: from 0 – ‘totally disagree’ to 3 – ‘totally agree’. Inventory consists of 500 items, which could be scored in 9 clinical scales (e.g. Depression Symptoms, PTSD, etc.), 33 facet-level scales representing pathological personality traits (e.g. Depressivity etc.) and seven domain-level traits (e.g. Negative Affectivity), five functioning scales (e.g. Sleep problems) and five additional scales (e.g. Self-esteem, Suicidal Ideation, Perceived social support etc.). Only personality trait scales were scored in this study (see Table 2).

2. *Defense mechanisms questionnaire* (Субботина, 2017). The original LSI is a 97-item true–false, self-report questionnaire developed by Plutchik et al. (1979) to assess eight ego defense mechanisms: compensation, denial, displacement, intellectualization, projection, reaction formation, regression, and repression (Plutchik & Conte, 1989). Defense mechanisms questionnaire consist of 63 questions and 9 scales (Repression, Regression, Reaction formation,

Rationalization, Displacement, Denial, Psychological projection, Compensation, Sublimation).

**Procedure.** Questionnaires were uploaded to the online surveys website <http://www.visidati.lv>. 30 participants had filled up questionnaires in period from 14.03.17 until 30.03.17.

**Table 2 Spearman Correlation and Descriptive Statistics for Personality Traits and Defense Mechanisms**

Pathological traits	Repression	Regression	Reaction formation	Rationalization	Displacement	Denial	Psychological projection	Sublimation	$\alpha$	$M$	$SD$
Agression	.52**	.32	-.22	-.17	.64**	-.36*	.06	-.36	.79	5.70	4.74
Irresponsibility	.67**	.44*	.05	-.11	.53**	-.03	-.22	-.13	.84	5.10	4.33
Rashness	.51**	.60**	-.08	-.30	.46*	-.06	-.21	-.26	.80	10.43	5.05
Risk taking	.26	.18	.06	.11	.21	-.45*	-.43*	.14	.91	14.83	7.46
Dominance	-.15	-.04	.19	.15	.25	.16	.21	-.04	.85	8.70	4.67
Arrogance	.08	-.01	.15	-.12	.28	.10	.12	.06	.82	5.67	4.46
Attention seeking	.08	.24	.18	.10	.45*	-.07	.09	-.12	.83	10.30	5.11
Manipulativeness	-.07	.01	-.00	.09	.42*	.30	.37*	.01	.62	7.07	2.88
Harshness	.33	.25	-.27	-.02	.44*	-.20	.10	-.12	.87	14.47	8.43
Deceitfulness	.44*	.48**	-.01	-.32	.43*	-.08	-.09	-.26	.75	5.00	3.43
Intemperance	.38*	.33	-.08	-.31	.62**	-.31	.16	-.50**	.89	8.57	6.08
Emotional Stability	-.23	-.36*	-.12	.39*	-.48*	.31	-.03	.47**	.88	11.23	4.59
Emotional Lability	.35	.53**	-.02	-.36	.42**	-.13	-.09	-.26	.87	11.13	6.15
Depressivity	.43*	.40*	-.05	-.14	.51**	-.45*	-.02	-.28	.91	17.63	10.26
Anxiousness	.48**	.39*	.01	-.08	.46*	-.30	-.06	-.38*	.94	23.73	13.71
Impersistence	.70**	.65**	-.07	-.32	.33	-.08	-.14	-.23	.82	9.13	5.06
Distrustfulness	.20	-.22	.00	.02	.01	-.25	.15	-.09	.79	4.87	3.16
Evaluation Apprehension	.05	.37*	.12	-.26	.22	-.05	.36*	-.09	.91	12.17	7.25
Submissiveness	.46*	.51**	.19	-.27	.31	.02	-.03	-.18	.89	6.93	5.11
Indecisiveness	.33	.60**	.09	-.35	.32	-.38*	-.02	0.29	.91	8.53	5.46
Separation Insecurity	-.05	.07	-.00	.11	.08	.21	.46**	.20	.54	11.40	3.39

Note.  $N = 30$ , \*  $p < .05$ , \*\*  $p < .01$ ,  $\alpha$  – Cronbach’s alpha,  $M$  – Mean,  $SD$  – Standart deviation.

Continuation of Table 2

Pathological traits	Repression	Regression	Reaction formation	Rationali-zation	Displacement	Denial	Psychological projection	Sublimation	$\alpha$	$M$	$SD$
Restricted Affectivity	-.08	-.24	.10	.15	-.47**	-.10	-.35	.12	.80	8.00	4.39
Social Withdrawal	.31	-.11	.09	.01	.14	-.27	.11	-.11	.83	20.97	8.14
Relationship Avoidance	.07	.12	.47**	-.06	-.23	-.10	-.36	.16	.70	6.97	4.03
Cognitive Dysregulation	.12	.22	-.07	.10	.34	.10	.00	.16	.81	4.57	4.75
Dissociation Proneness	.46*	.22	-.18	.15	.44**	-.06	-.10	.12	.90	5.07	4.59
Eccentricity	.18	.09	-.14	.27	.21	-.20	-.14	.19	.87	9.13	5.20
Suspiciousness	.32	-.02	.03	.19	.35	-.00	-.04	-.02	.69	5.10	3.84
Unusual Beliefs	.14	.00	-.08	.21	.37*	.24	.17	.19	.78	4.87	3.51
Self Harm	.59**	.53**	-.09	-.34	.58**	-.37*	-.03	-.33	.84	1.40	2.65
Pedantry	-.43*	-.32	.27	.45*	-.13	-.03	.04	.11	.68	15.43	4.51
Perseveration	-.03	-.14	.41*	.39*	-.02	.02	-.15	.32	.57	5.53	2.22
Perfectionism	-.01	-.13	.39*	.46**	-.03	.01	.00	.23	.88	21.17	8.27
$\alpha$	.63	.51	.62	.42	.73	.37	.54	.54	--	--	--
$M$	17.43	18.47	20.27	24.33	14.93	23.03	21.37	23.03	--	--	--
$SD$	4.38	4.67	4.23	3.21	4.20	3.23	3.71	4.31	--	--	--

Note.  $N = 30$ , \*  $p < .05$ , \*\*  $p < .01$ ,  $\alpha$  – Cronbach's alpha,  $M$  – Mean,  $SD$  – Standart deviation.

## Analysis

Research hypothesis was to define what kind of relationship exist between pathological traits and defense mechanisms. To do so, correlation analysis was performed. Scales did not have normal distribution; therefore, Spearman's correlation analysis was performed. According to the received results, it is seen that many pathological personality traits correlate with defense mechanisms. Some of them have positive and some negative correlation (see Table 2).



## **Discussion**

Received results are partially confirming results from the study of J. Christopher Perry, Michelle D. Presniak, and Trevor R. Olson (2013). Repression correlates with anxiousness and depressivity, traits that relate to borderline personality disorder. Projection correlates with manipulateness and risk taking, traits that relate to antisocial personality disorder.

The rest of the results showed different kind of correlations, for example, repression correlates with such traits as aggression and rashness. Possibly, the person with manifested trait of aggression, especially when it arises towards significant people, can use repression to suppress one's emotions. Repression also correlates with intemperance, depressivity, anxiousness and impersistence. Possibly, the person with dominating repression will have tendency to suppress anxiety and depressive thoughts.

Modern psychoanalysts consider that person have to achieve inner oneness and continuity before one starts using repression to restrain own impulses. Nancy McWilliams (2011) in her classification relate repression to the higher level of defenses.

Regression correlates with negative emotionality such traits as emotional lability and impersistence. Perhaps, the person with dominating regression, when one does reversion to an earlier stage of development, has low level of emotion control and volition, similarly as the infants do (Plutchik, 2000). From this point of view, this correlation makes sense. Regression also correlates with such traits as evaluation apprehension, submissiveness and indecisiveness. It could also explain tendency to reversion to early (infantile) patterns of behavior.

Rationalization correlates with pedantry, perseveration, perfectionism, possibly that tendency of searching rational explanation of undesirable notion, on behavioral level manifests as perfectionism and pedantry. Perhaps that perfectionism and pedantry compensates inferiority. Inferiority also may indicate inability to perceive one's weakness or mistakes, which rationalization interprets in beneficial way.

Displacement correlates with such traits as emotional lability, intemperance, deceitfulness, harshness, and aggression. Possibly, that person with dominating displacement will have low level of emotional intelligence and simultaneously will be driven by strong affects, which one cannot control or realize, and displacement can help to transfer aggression to least significant object.

Sublimation correlates with negative significance, with anxiety and intemperance and correlates with positive signification with emotional stability. According to Vaillant classification of defense mechanisms, defense mechanisms distinguished by level of adaptation. Sublimation relates to mature mechanisms, which has the highest level of adaptation. In this case low level of anxiety and

intemperance and high level of emotional stability proofs G. Vaillant theory (Cramer & College, 2015).

## Conclusion

Research objective was to define what kind of relationship exist between pathological traits and defense mechanisms. Results from Table 2 shows that between pathological traits and defense mechanisms exist many correlations. Correlations also exist on factor level, in MCPI all traits united in factors, so there is substantial correlation on factor level too.

Most of correlations on factor level were with neurotic defenses according to Vaillant (1992) classification, in particular with repression and displacement. All together 26 traits correlated with neurotic defenses. With other defenses just a few traits correlated, three traits with mature defenses, two traits with immature defenses and two with psychotic defenses.

This research provides substantial information about the nature of personality disorders and can help to develop flexible approach and help psychologists to assess personality disorders more accurately.

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# LAIMĪGA UN NELAIMĪGA LATGALES IEDZĪVOTĀJA SOCIĀLI DEMOGRAFISKAIS PORTRETS

## *Socially Demographic Portrait of a Happy and Unhappy Resident of Latgale*

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**Abstract.** *The aim of this scientific research article is the presentation of socio-demographic portraits of the happy and unhappy Latgale inhabitants.*

*A key concept of “happiness” is used in this publication. The theoretical interpretation of the happiness phenomenon is based on the findings of positive psychology, according to which happiness is defined as a life satisfaction and positive evaluation of his life and positive emotions over negative emotions.*

*As the research field Latgale region has been chosen because this is the region of Latvia with the lowest socio-economic development, which is considered one of the poorest regions in the European Union - so it acquires a special topicality of problem of happiness and its socially demographic aspects.*

*“Oxford happiness questionnaire” (Hills & Argyle, 2002) adapted by the author to Latvian culture and socio-demographic survey (Kalvāns, 2013), were used in the research paper. As a result of the research a general socio-demographic portrait of a Latgalian resident was created depending on the structure of happiness.*

**Keywords:** *happiness, material assurance, social activity, gender, employment, education, religious activity, age.*

### **Ievads**

#### ***Introduction***

Pasaulē būtiski palielinājās pieprasījums pēc laimes fenomena pētījumiem, kas ir saistīts ar ikdienas stresa situāciju skaita pieaugumu, cilvēka personiskās dzīves konstruēšanas sarežģītības paaugstināšanos, dzīves orientieru komplicētāku izvēli, socializācijas grūtībām, sociālo normu un vērtību būtiskām izmaiņām.

Virkne pētījumu (Adler & Newman, 2002; Diener & Biswas Diener, 2002; Diener & Seligman, 2011; u.c.), apstiprina laimes izjūtas saikni ar valsts sociāli ekonomiskajiem apstākļiem.

Latgales reģionā ir vizemākie sociāli ekonomiskās attīstības rādītāji Latvijā (saskaņā ar Latvijas Centrālās statistikas pārvaldes datiem, 2017), tādēļ laimes izjūtas un tās sociāli demogrāfisko determinantu izpēte (Kalvāns, 2013) tika veikta, iesaistot tieši šī reģiona respondentus.

Pozitīvās psiholoģijas ietvaros tiek pētīta sociāli demogrāfisko faktoru ietekme uz iedzīvotāju laimes izjūtu un psiholoģisko labklājību (Biswas-Diener & Diener, 2006; Kasser & Ryan, 1993; Lyubomirsky & Lepper, 1999; Seligman, 2002; Бочарова, 2005; u.c). Minētie pētījumi apstiprina, ka laimes izjūtu ietekmē indivīda vecums, dzimums, ģimenes stāvoklis, sociālā aktivitāte, nodarbinātība, reliģiskā aktivitāte, izglītības līmenis. Sociāli demogrāfisko faktoru ietekmes uz laimes izjūtas fenomenu detalizētāka analīze veikta šī raksta problemātikas teorētiskajā pamatojumā.

Latvijā laimes fenomena un to ietekmējošo sociāli demogrāfisko faktoru pētījumi sākās 2004. – 2005. gadā, kad iznāca pirmās publikācijas par šo problemātiku. Šo publikāciju autores G. Svence, S. Miezīte, S. Voitkāne, M. Raščevska uzskatāmas par laimes un psiholoģiskās labklājības problemātikas teorētiskās un empīriskās izpētes pamatlicējam Latvijā. Tā piemēram, Rīgas Pedagoģijas un izglītības vadības akadēmijā tika veikta virkne pētījumu par laimes un psiholoģiskās labklājības problemātiku, turklāt tika adaptēti vairāki testi, kas pēta subjektīvo labklājību, optimismu un apmierinātību ar dzīvi (Svence, 2009).

Tā kā minētie pētījumi tika veikti Vidzemes un Zemgales reģionos, jāuzsver, ka Latgales reģionā iedzīvotāju laimes izjūta un ar to saistīto daudzveidīgo faktoru izpēte līdz šim netika veikta.

Kā pretstats laimes izjūtai, psiholoģijā tiek analizēts arī nelaimes izjūtas fenomens. To raksturo pesimistisks dzīves skatījums, neapmierinātība ar dzīvi un pozitīvu emociju trūkums. Bezdarbs, zemi ienākumi (valstīs ar zemu sociāli ekonomiskās attīstības līmeni), zema sociālā aktivitāte, kas rada sociālā atbalsta trūkumu, zema dzīves apstākļu kvalitāte ir būtiskākie faktori, kas veicina nelaimes izjūtu (Argyle, 2001; Clark & Oswald, 1994; Diener & Seligman, 2004; Uchino et al., 2016).

Ņemot vērā minētos faktus, šī raksta mērķis ir atspoguļot laimīga un nelaimīga Latgales iedzīvotāja sociāli demogrāfisko portretu.

### **Laimes izjūtas sociāli demogrāfiskie determinanti** *The socio-demographic determinants of happiness*

Šī raksta ietvaros tiek analizēti tikai tie laimes izjūtas sociāli demogrāfiskie determinanti, kuri tika iekļauti empīriskajā izpētē (Kalvāns, 2013). Jāatzīmē, ka laimes izjūtas sociāli demogrāfisko determinantu loks neaprobežojas ar turpmāk analizētajiem faktoriem. Saskaņā ar pozitīvās psiholoģijas pētnieku atziņām, laimes izjūtu ietekmē arī indivīda sociālais stāvoklis, brīvā laika pavadīšanas veids, bērnu esamība ģimenē, dzīves apstākļu kvalitāte, etniskā identitāte un personības iezīmes (Argyle, 2001; Campbel et al., 1976; Diener, Oishi, & Lucas, 2003; Evans & Kelley, 2002; Galati, & Sotgiu, 2004; Ming – Liu et al., 2010; ).

Indivīda vecuma un laimes izjūtas korelācija ir mērena (Argyle, 2001). Tika konstatētas atšķirības dažādu vecumu cilvēku laimes fenomena izpratnē, kā arī augsti attīstītās valstīs noteikta vispārīga tendence, kas saistīta ar apmierinātības ar dzīvi (viens no būtiskākajiem laimes komponentiem) paaugstināšanos līdz ar vecumu. Periodā starp 25 un 43 gadu vecumu notiek pozitīvo emociju augšupeja – cilvēki kļūst aizvien apmierinātāki ar dzīvi un laimīgāki, samazinās negatīvo emociju īpatsvars (Blanchflower & Oswald, 2007; Cantril, 1965). Šādu tendenci izskaidro ar to, ka ar gadiem samazinās atšķirība starp to, ko cilvēks vēlas, un to, ko ir sasniedzis.

Analoģiski vecumam, arī dzimuma korelācija ar laimes izjūtu ir mērena. Tomēr pētījumos, kas tika veikti Eiropas valstīs, noteikts, ka sievietes ir nedaudz laimīgākas nekā vīrieši, neskatoties uz to, ka sievietes biežāk cieš no depresijas. Šī sakarība tika izskaidrota ar to, ka sievietes spējīgas izjust spēcīgākas emocijas nekā vīrieši – tāpat arī prieku un citas pozitīvas emocijas, kas saistītas ar laimes izjūtu (Burns & Machin, 2010; Peters & Liefbroer, 1997).

Vidēji laulībā sastāvošie indivīdi ir laimīgāki nekā vientuļie, ko apstiprina gan atsevišķi mūsdienu pētījumi (Diener, Such, & Lucas, 1999), gan Eiroparometra veiktās izpētes reprezentatīvās liela apjoma izlasēs, kurās ietverti tūkstošiem respondentu. 2009. gada Eiroparometra izpēte un A. Vuda un līdzautoru labklājības pētījumu veiktā meta analīze atklāj, ka apmierinātība ar dzīvi, kas saistīta ar laimes izjūtu, vidēji augstāka ir precētajiem, nevis partnerattiecībās (civillaulībā) sastāvošajiem. Apmierinātība ar dzīvi augstāka ir arī šķirtajiem indivīdiem, nevis atraitņiem (Eurobarometer, 2009; Wood et al., 2009).

Longitūdos pētījumos, kā atzīmē M. Ārgails, hipotētiskā saikne starp nodarbinātību un apmierinātību ar dzīvi ir apstiprinājusies: apmierinātība ar darbu un apmierinātība ar dzīvi korelē 0,44 robežās. Tika noteikts, ka darba esamība un tā saturs īpaši svarīgs laimes izjūtas sasniegšanā ir vīriešiem, gados vecākiem darbiniekiem, darbiniekiem ar augstāku ienākumu un izglītības līmeni, cilvēkiem, kuri strādā sava labā (Argyle, 2001).

Savukārt bezdarbs tiek atzīts par vienu no galvenajiem nelaimes izjūtas avotiem mūsdienu pasaulē. Tas var būt cēlonis depresijai, pašnāvībām, pasliktina veselību, rada apātiju un zemu pašvērtējumu (Clark & Oswald, 1994).

Kā atsevišķu laimes izjūtu ietekmējošo faktoru var aplūkot reliģisko aktivitāti. Tiek atzīts, ka visbūtiskāko pozitīvo ietekmi reliģiskās aktivitātes atstāj uz ticīgo veselības stāvokli un emocionālo sfēru, tādējādi veicinot laimes izjūtu (Krause, 2003). Būtiski atzīmēt, ka laimes izjūtu sekmē konkrētas reliģiskas aktivitātes, piemēram, regulāra baznīcas apmeklēšana, nevis kādi iekšēji reliģiozitātes raksturojumi. Baznīcas apmeklējuma laikā ticīgajiem cilvēkiem rodas spēcīgas pozitīvas emocijas, kā arī tiek saņemts sociālais atbalsts no pārējiem noteiktās reliģiskās kopienas dalībniekiem (Ellison et al., 2001).

Par vienu no ārējiem faktoriem, kas ietekmē cilvēka laimes izjūtu, tiek atzīti materiālie ienākumi (Diener & Seligman, 2004). Tomēr šī faktora ietekme uz laimes izjūtu nav identiska valstīs ar dažādu sociāli ekonomisko labklājības līmeni – noteikts, ka bagātājās valstīs ienākumiem nav būtiskas ietekmes uz laimes izjūtu (faktoru korelācija 0,25 robežās), turpretī nabadzīgajās valstīs tika konstatēta būtiska ienākumu ietekme uz laimes izjūtu (faktoru korelācija 0,59 - 0,62) (Diener & Biswas - Diener, 2002).

Analoģiski ienākumu ietekmei uz laimes izjūtu arī izglītības ietekme uz šo fenomenu nav būtiska valstīs ar augstu sociāli ekonomiskās attīstības līmeni, bet valstīs ar zemu ekonomisko attīstības līmeni šī ietekme ir būtiska (Argyle, 2001; Witter & Okun et al., 1984). Minēto sakarību saista ar to, ka izglītība ietekmē nodarbošanās veidu - tādējādi netieši tiek ietekmēta laimes izjūta. Turklāt izglītotākiem cilvēkiem ir vieglāk atrast nodarbošanos, kas sniedz gandarījumu, tādi cilvēki vairāk tic savām spējām, viņiem ir pieejamākas dažādas sociālā atbalsta formas (Ross & Van Villigen, 1997).

Sociālās aktivitātes esamību, pamatojoties uz veikto amerikāņu dzīves kvalitātes izpēti metaanalīzi, F. Starks un M. Ārgails min kā galveno un, iespējams, vienīgo laimes avotu (Starck & Argyle, 1999). Noteikts, ka sociālā aktivitāte būtiski pozitīvi korelē ar emocionāliem laimes izjūtas aspektiem un indivīda fizioloģiskiem rādītājiem (Uchino et al., 2016)

### **Pētījuma metodoloģija** *Research methodology*

Pētāmās izlases (N=450) sociāli demogrāfisko raksturojumu izpētei tika izmantota „Sociāli demogrāfiskās stratifikācijas anketa” (Kalvāns, 2013), bet respondentu klasifikācijai pēc viņu laimes izjūtas satura, kā arī klasifikācijai grupās „Laimīgs” un „Nelaimīgs”, tika pielietota Oksfordas laimes aptauja (turpmāk OL) (Hills & Argyle, 2002; adaptēts Kalvāns, 2013). Jāatzīmē, ka aptaujas „OL” struktūru veido 29 apgalvojumi, kuri respondentiem bija jānovērtē pēc Likerta sešu ballu skalas: 1 – „pilnīgi nepiekrītu”; 2 – „nepiekrītu”; 3 – „nedaudz nepiekrītu”; 4 – „nedaudz piekrītu”; 5 – „piekrītu”; 6 – „pilnīgi piekrītu”.

Savukārt, minēto grupu sociāli demogrāfisko portretu uzveidei tika izmantota lēmumu koka metode (Breiman et al., 1984). Ar šīs metodes palīdzību iespējams noteikt, ar cik lielu procentuālo varbūtību respondentu ar noteiktu sociāli demogrāfisko raksturojumu var attiecināt uz grupām ar noteiktu laimes izjūtas struktūru, kā arī izveidot šo grupu tipiskā pārstāvja sociāli demogrāfisko „portretu”.



Pētījumā tika iesaistīti respondenti no Rēzeknes, Balvu, Ludzas, Preiļu, Daugavpils un Krāslavas novada. Empīriskā pētījuma bāzi veidoja valsts izglītības iestādes, Latgales reģiona valsta iestādes un privātie uzņēmumi.

Respondentu stratifikācija tika veikta pēc dzimuma, vecuma, ģimenes stāvokļa, izglītības, nodarbošanās, materiālās nodrošinātības, reliģiskās un sociālās aktivitātes.

### **Pētījuma rezultātu analīze** *Analysis of the research results*

Pētījuma pirmajā posmā, izmantojot aptauju „OL”, faktoranalīzes rezultātā (KMO=0,909) tika noteikts, ka Latgales iedzīvotāju laimes izjūtas struktūru veido faktori: „Apmierinātība ar dzīvi kopumā”, „Pozitīvu emociju esamība”, Pozitīvs dzīves novērtējums laika perspektīvā”. Liekākā summārā faktorslodze (4,048) laimes izjūtas struktūrā raksturo parametru „Pozitīvu emociju esamība”. Lielākais summārās dispersijas procents (18,6 %) izskaidro faktoru „Apmierinātība ar dzīvi kopumā”, bet mazākais (10,1 %) - faktoru „Pozitīvs dzīves novērtējums laika perspektīvā”. Kronbaha alfa koeficients minētajiem faktoriem variē 0,65 – 0,88 robežās, kas raksturo to saskaņotību kā pietiekamu vai labu.

Turpmāk ar divpakāpju klasteranalīzes palīdzību tika veikta respondentu klasifikācija noteikto laimes izjūtas struktūras faktoru telpā, kuras rezultātā tika iegūtas piecas respondentu grupas, kuras raksturo Latgales iedzīvotāju laimes izjūtas saturu (skat. 1. tabulu).

1. tab. **Latgales iedzīvotāju laimes izjūtas saturs**  
*Table 1 Content of happiness of Latgale residents*

<b>Grupās apzīmējums</b>	<b>Laires izjūtas satura apraksts</b>
L---	Respondenti novērtē savu pagātņi kā neveiksmīgu, viņiem trūkst pozitīvās emocijas dzīvē, nākotnes prognozes ir pesimistiskas. Raksturīga neapmierinātība ar dzīvi kopumā.
L-+-	Respondentiem raksturīga pozitīvo emociju dominante, neskatoties uz mēreni izteiktu neapmierinātību ar dzīvi kopumā un laika perspektīvā.
L++-	Respondenti kopumā ir apmierināti ar savu dzīvi, tomēr raksturīgs negatīvs savas dzīves novērtējums laika perspektīvā. Tajā pat laikā šīs grupas respondentiem raksturīga pozitīvo emociju dominante.
L+++	Grupu raksturo mēreni izteikts pozitīvs savas dzīves vērtējums kopumā, kā arī tādā pašā līmenī izteikta pozitīva attieksme pret dzīvi laika perspektīvā. Tomēr šīs grupas respondentus raksturo spilgti izteikts (viszemākais visā respondentu grupā) pozitīvu emociju trūkums.
L+++	Respondentus raksturo apmierinātība ar dzīvi kopumā, pozitīvu emociju dominante, ka arī pozitīvs dzīves novērtējums laika perspektīvā.

Pamatojoties uz laimes fenomena hedonisma traktējumu (laimes izjūtas kognitīvo komponentu raksturo apmierinātība ar dzīvi, bet emocionālo komponentu – pozitīvu emociju esamība) un pozitīvās psiholoģijas pārstāvju uzskatiem (Seligman, 2002, 2011; Diener & Seligman, 2002; Kahneman, Diener, & Schwartz, 2003), iespējams apgalvot, ka būtiskākais laimes izjūtas rādītājs ir pozitīvu emociju esamība. Saskaņā ar šo apgalvojumu izveidoto grupu respondentus „L+++”, „L++-” un „L+-” var klasificēt kā „laimīgus”, bet grupu „L---” un „L+--” respondentus – kā „nelaimīgus”.

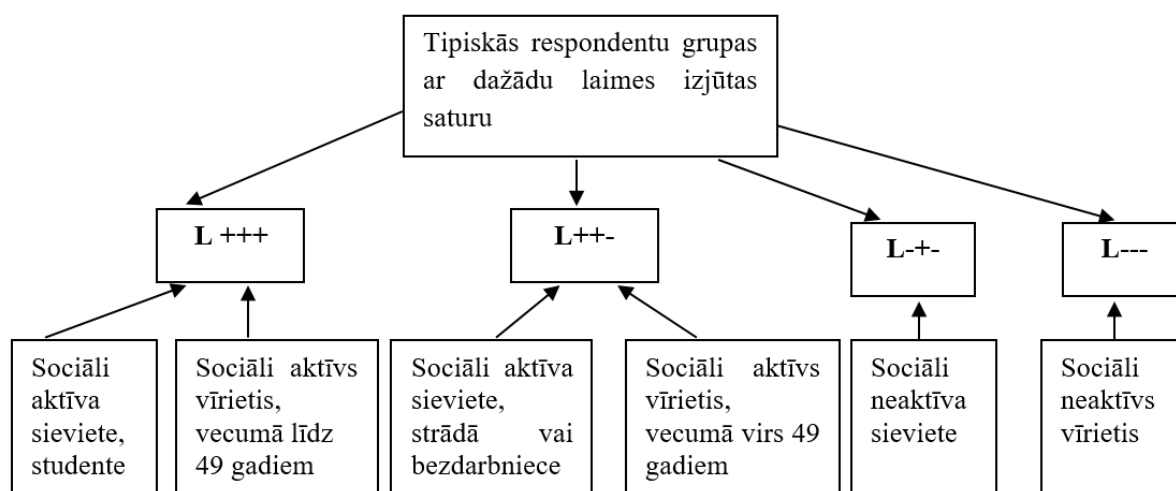
Veiktās divpakāpju klasteranalīzes rezultātā tika iegūtas divas Latgales iedzīvotāju grupas atkarībā no pozitīvu emociju esamības – „Laimīgs” un „Nelaimīgs”. 2. tabulā ilustrētas minēto grupu laimes izjūtas satura faktoru vidējās vērtības un standartnovirzes rādītāji.

2. tab. **Grupu „Laimīgs” un „Nelaimīgs” aprakstošās statistikas rādītāji**  
*Table 2 Indicators of describing statistics in groups „Happy” and „Unhappy”*

Laiques izjūtas struktūras faktori	Grupas	Respondentu skaits	Vidējais	Standartnovirze	Minimums	Maksimums
Apmierinātība ar dzīvi kopumā	Laimīgs	340	0,14	0,862	-2,11	2,46
	Nelaimīgs	110	-0,38	1,229	-2,56	2,82
Pozitīvu emociju esamība	Laimīgs	340	0,45	0,638	-1,30	2,50
	Nelaimīgs	110	-1,24	0,698	-2,85	0,01
Pozitīvs dzīves novērtējums laika perspektīvā	Laimīgs	340	0,06	1,029	-3,48	2,88
	Nelaimīgs	110	-0,18	0,894	-2,48	1,94

Nākamajā pētījuma posmā tika pielietota lēmumu koka metode ar mērķi izveidot sociāli demogrāfiskos portretus grupām ar dažādu laimes izjūtas saturu (1. tabulā raksturotās grupas) un izdalītajām Latgales iedzīvotāju grupām “Laimīgs” un “Nelaimīgs”.

Tika noteikts, ka abu lēmumu koku izveidošanā lielākais diskriminantais spēks raksturo faktoros „Sociālā aktivitāte”, „Dzimums”, „Vecums”, „Ģimenes stāvoklis” un „Izglītība”. Faktoru „Nodarbošanās” un „Reliģiskā aktivitāte” diskriminantais spēks šajā respondentu grupā nav būtisks, tādēļ tie netika pielietoti sociāli demogrāfisko portretu veidošanā. Veiktās klasifikācijas rezultātā, atkarībā no minētajiem faktoriem, iespējams izdalīt tipiskās respondentu grupas un izveidot šo grupu respondentu sociāli demogrāfiskos portretus (skat. 1. attēlu).



1. att. Tipiskās respondentu grupas ar dažādu laimes izjūtas saturu un šo grupu pārstāvju sociāli demogrāfiskie portreti

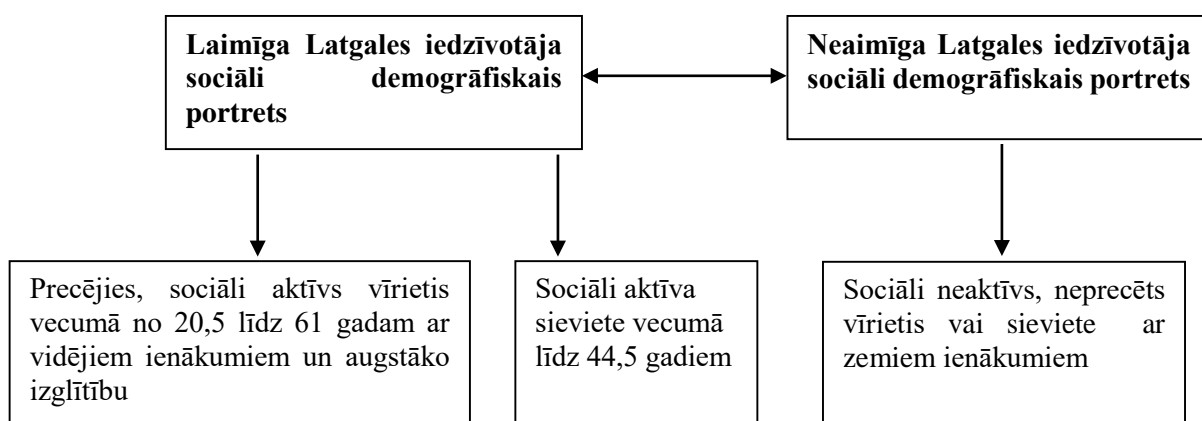
Fig 1. Typical respondent groups with different feeling of happiness and socio-demographic portraits of these groups

Veiktās analīzes rezultātā iespējams secināt, ka grupa „L+--” (grupas raksturojums atspoguļots 1. tabulā) nav tipiska Latgales respondentu klasifikācijai pēc to sociāli demogrāfiskajiem parametriem. Dominējošās respondentu grupas ir „L+++” un „L++-”.

Tipisks grupas „L+++” pārstāvju sociāli demogrāfiskais portrets ir: sociāli aktīva studējoša sieviete, kā arī sociāli aktīvs vīrietis vecumā līdz 49 gadiem. Grupas „L++-” tipiskie pārstāvji ir: sociāli aktīva sieviete, strādājoša vai bezdarbniece. Savukārt grupas „L+--” tipisks pārstāvis ir sociāli neaktīva sieviete, bet grupas „L---” tipisks pārstāvis ir sociāli neaktīvs vīrietis.

Tālāk aprakstīti Latgales respondentu klasifikācijas rezultāti ar lēmumu koka palīdzību grupās „Laimīgs” un „Nelaimīgs”. Veiktās klasifikācijas rezultātā tika izveidots apkopojošs laimīga un nelaimīga Latgales iedzīvotāja sociāli demogrāfiskais portrets, kurš ilustrēts 2. attēlā. Jāatzīmē, ka faktors „Materiālā nodrošinātība” tika iekļauts šī lēmumu koka izveidē, saskaņā ar autora iepriekš veiktajiem pētījumiem minētajā respondentu izlasē, kuri apstiprina ienākumu saikni ar iedzīvotāju laimes izjūtu ( $\chi^2 = 18,704$ ;  $p=0,017$ ).

Veicot izveidotā sociāli demogrāfiskā portreta analīzi, iespējams secināt, ka būtiskākie sociāli demogrāfiskie parametri, kas raksturo laimīgos un nelaimīgos Latgales iedzīvotājus, ir sociālā aktivitāte, ienākumi, ģimenes stāvoklis, dzimums un vecums. Šo secinājumu apstiprina arī laimes izjūtas sociāli demogrāfisko determinantu pētījumi pozitīvās psiholoģijas jomā, kuri atspoguļoti šī raksta problemātikas teorētiskajā pamatojumā.



2. att. Laimīga un nelaimīga Latgales iedzīvotāja apkopojošs sociāli demogrāfiskais portrets

*Fig 2. A general socio-demographic portrait of a happy and unhappy resident of Latgale*

Apstiprinājās arī iedzīvotāju materiālās nodrošinātības ietekme uz laimes izjūtu, jo zems ienākumu līmenis ir viens no būtiskākajiem faktoriem, kas raksturo nelaimīgos Latgales iedzīvotājus. Turklāt šai grupai raksturīga arī zema sociālā aktivitāte un laulības attiecību neesamība.

Ģimenes attiecības, pietiekams ienākumu līmenis un augstākā izglītība ir tipiski laimīgo Latgales vīriešu sociāli demogrāfiskie raksturojumi, savukārt pietiekama sociālā aktivitāte ir būtiskākais laimīgo Latgales reģiona sieviešu sociāli demogrāfiskais parametrs.

## Secinājumi Conclusions

Pētījumu analīze pozitīvās psiholoģijas jomā apliecina, ka laimes izjūtu ietekmē daudzveidīgi sociāli demogrāfiskie determinanti: indivīda vecums, dzimums, nodarbošanās, materiālie ienākumi, izglītības līmenis, ģimenes stāvoklis, sociālā un reliģiskā aktivitāte, indivīda sociālais stāvoklis, brīvā laika pavadīšanas veids, bērnu esamība ģimenē, dzīves apstākļu kvalitāte, etniskā identitāte un personības iezīmes.

Latgales iedzīvotāju laimes izjūtas struktūrā iespējams izdalīt šādus galvenos faktorus: „Apmierinātība ar dzīvi kopumā”, „Pozitīvu emociju esamība”, „Pozitīvs dzīves novērtējums laika perspektīvā”.

Lielākā faktorslodze Latgales iedzīvotāju laimes izjūtas struktūrā raksturo faktoru „Pozitīvu emociju esamība”.

Laimīgs Latgales iedzīvotājs ir precējies, sociāli aktīvs vīrietis vecumā no 20,5 līdz 61 gadam ar vidējiem ienākumiem un augstāko izglītību, vai sociāli aktīva sieviete vecumā līdz 44,5 gadiem.

Nelaimīgs Latgales iedzīvotājs ir sociāli neaktīvs, neprecēts vīrietis, vai sieviete ar zemiem ienākumiem.

Sociālā aktivitāte ir būtiskākais sociāli demogrāfiskais fakotrs, kas raksturo laimīgos Latgales iedzīvotājus. Zema sociālā aktivitāte un materiālā nodrošinātība ir tipiski nelaimīgu Latgales iedzīvotāju sociāli demogrāfiskie parametri.

### **Summary**

The aim of this scientific research article is the presentation of socio-demographic portraits of the happy and unhappy Latgale inhabitants. The happiness phenomenon is defined as a life satisfaction and positive evaluation of his life and positive emotions over negative emotions.

As the research base Latgale region has been chosen because this is the region of Latvia with the lowest socio-economic development, which is considered one of the poorest regions in the European Union - so it acquires a special topicality of happiness problem in this region.

The survey involved respondents (N= 450) from the Balvi, Ludza, Rezekne, Preiļi, Daugavpils and Kraslava regions. The empirical research base: the state educational institution, regional public authorities of Latgale and private businesses.

Were used in the following research methods: „Oxford Happiness Questionnaire (Hills & Argyle, 2002), methodology „Socio-demographic stratification questionnaire (Kalvans, 2011) and decision tree method.

To create social demographic portraits of happy and unhappy residents of Latgale, the following characteristics were used: sex, age, marital status, education, occupation, material security, religious and social activity.

Analysis of research in the field of positive psychology shows that the variety of socio-demographic determinants affects the feeling of happiness: the age, gender, occupation, marital status, material income, level of education, family status, social and religious activity, the individual's social status, leisure time , the existence of children in the family, the quality of life, ethnic identity and personality traits

In the structure of the feeling of happiness of Latgale people, the following main factors can be distinguished: "Satisfaction with life in general", "Existence of positive emotions", "Positive assessment of life in the time perspective".

The most significant factor in the structure of the feeling of happiness of Latgale inhabitants is "Existence of positive emotions".

A happy inhabitant of Latgale is a married, socially active man aged 20.5 to 61 years with average income and higher education or a socially active woman up to 44.5 years old.

An unhappy inhabitant of Latgale is a socially inactive, unmarried man or a low-income woman.

Social activity is the most important socio-demographic factor that characterizes the happy Latgallians. Low social activity and material security are typical socio-demographic parameters of the unhappy Latgale population.

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# PECULIARITIES OF PSYCHOLOGICAL EMPOWERMENT AMONG SOCIAL WORKERS AND SOCIAL PEDAGOGUES IN THE CONTEXT OF CLIENTS' SOCIAL INTEGRITY PROBLEMS

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***Abstract.** The importance of psychological empowerment with regard to employee behaviour and results of their activities was disclosed in various research. However, there is a lack of data about peculiarities of empowerment among specialists, aiming to empower subjects of their professional activities. These data would be helpful for social workers' and social pedagogues' work organisation, qualification, acquiring necessary skills for solving different needs of clients. Thus, the aim of this study is to disclose the peculiarities of social workers' and social pedagogues' psychological empowerment with regard to their clients' social integrity problems, which they need to solve.*

***Keywords:** empowerment, competency, decision-making meaning.*

## **Introduction**

The topic of empowerment in social work has been analysed since 1970 (Solomon, 1976) and has become particularly popular in recent decades. Meanwhile, in Lithuania, education of social work and social pedagogy specialists does not have such deep traditions, as these specialties appeared only after gaining independence. Thus, the analysis and research on peculiarities of educating social workers and social pedagogues, personality functioning, including empowerment, are particularly relevant. The obtained data would help to improve curricula of studies, professional development, organize field practice, increase the effectiveness of the supervisory process, the structure of the workplace and its functioning.

Empowerment in social work theory and practice is understood as one of the most important functions. The following synonyms of the term empowerment are given: power, control, right, authority (Browne, 1995). Thus, on one hand, empowerment can be understood as influence on other people, decision-making, control of the situation and one's life, and on the other hand,



help for others, assisting them to control their lives (Siu-ming, 2007; S. Wendt, & Seymour, 2010). Other authors further elaborate the concept of empowerment and point out three aspects of it: intervention, process and skill. Intervention as one of the aspects of empowerment refers to the strategy of a social worker's behaviour with regard to clients (Solomon, 1976; Browne, 1995). The procedural aspect of empowerment describes the social worker's participation in the client's decision-making process while managing his or her life (Guterriez, 1990; Browne, 1995). Empowerment can be understood as the skill to help various clients (Mandell & Schram, 1985; Browne, 1995). The latter aspect is particularly important educating social workers and social pedagogues, improving their qualification. Although there are attempts to elaborate the phenomenon of empowerment and its role, it can be noted that there is no well-established unified concept of empowerment in social work, and it is further discussed and developed.

In recent years, there was more emphasis on self-empowerment of both the student who has chosen social work studies (Garner, 2006; Wendt & Seymour, 2010) and of the social work practitioner (Seibert et al., 2004). In the latter case, the focus is on the ability of social worker's personality to influence decisions, self-efficacy and intrinsic motivation to seek results (Wendt & Seymour, 2010; Seibert et al., 2004). It is stated that the social worker who experiences self-empowerment himself / herself can effectively empower his or her clients too. Therefore, the results of the research on social workers' self-empowerment would help to efficiently organize work with clients, this way ensuring satisfaction with their work results.

In this study, psychological self-empowerment is understood as an experience of one's power, consisting of three constituents: autonomy in decision-making and influencing them, perception of trust in one's competence and of the meaning of one's work (TvariJonavičius et al., 2016). As the range of social worker's and social pedagogue's professional activities is very broad, the question is to what extent self-empowerment is a universal phenomenon that is equivalent to a personality trait and to what extent it relates to the specificity of the clients served, socially integrating them. Among different categories of clients, social workers and social pedagogues work with clients in law enforcement agencies, where clients' empowerment is regulated by formalized instructions. Providing services to clients in children's institutions, empowerment is also restricted by their age, child rights, etc. Thus, this study will aimed to at least partially answer these questions.

Thus, **the aim of this research** is to disclose the peculiarities of social workers' and social pedagogues' empowerment, considering the client groups with which they work.

**The research subject** is peculiarities of social workers' and pedagogues' psychological empowerment.

## Methodology

**Investigated persons.** The study was attended by 171 respondents: 104 (61 %) social workers and 67 (39 %) social pedagogues; 67 (39 %). There were 163 (95 %) women and 8 (5 %) men among respondents. The respondents' age varies between 23 and 57 years.

**Methodology of the research:** for estimation psychological empowerment of social worker and social pedagogue was used *The Lithuanian Employee Psychological Empowerment Questionnaire (LPEQ – 9)*. (TvariJonavičius et al., 2016). The questionnaire consists of 9 statements, which respondents need to rate from 1 to 6 points: 1 point – *strongly disagree*; 2 points – *disagree*; 3 points – *somewhat disagree*; 4 points – *somewhat agree*; 5 points – *agree*; 6 points – *strongly agree*. The statements of the questionnaire identify three dimensions of psychological empowerment: *decision-making, trust in competence, meaning*. Cronbach's alpha ( $\alpha = 0,842$ ) of the questionnaire shows a sufficiently high level of internal consistency of this methodology, which is suitable for group research. This coefficient corresponds to Cronbach's alpha coefficient 0,82 established by the authors of the Lithuanian scale (TvariJonavičius et al., 2016). Cronbach's  $\alpha$  for the dimension of *meaning*  $\alpha = 0,724$ ; Cronbach's  $\alpha$  for the dimension of *trust in competence*  $\alpha = 0,729$ ; Cronbach's  $\alpha$  for the *decision-making* dimension  $\alpha = 0,739$  with regard to this sample are close to internal consistency coefficients for separate dimensions established by the authors of the questionnaire (TvariJonavičius et al., 2016).

Thus, the main variables are: the total empowerment coefficient and indicators of psychological empowerment subscales: *decision-making, trust in competence, meaning*.

Additional variables: clients' solved problems. They are divided into three groups:

- social workers and social pedagogues working with children in child care and supervision institutions, schools;
- social workers and social pedagogues working with adult convicts or former convicts (representatives of the exclusion group);
- social workers and social pedagogues working with adults in care institutions at social services centres.

**The research process.** The questionnaire together with demographic variables: gender, age group, profession, the qualification category, the share of the post, the amount of income, the type of workplace, solved social problems

and the request to complete the questionnaire were placed on the website [www.apklausa.lt](http://www.apklausa.lt). The online questionnaire was distributed to the members of The Association of Social Pedagogues of Lithuania and The Association of Social Workers of Lithuania, e-mails with the request to complete the questionnaire were purposely sent to various institutions providing social assistance, social supervision and care as well as to educational institutions where social pedagogues work<sup>1</sup>.

**Methods of statistical analysis of research data:** The research data are calculated using 17.0 SPSS software. The strategy for processing the statistical data is orientated to variables. Additional variables belong to the nominal scale; therefore, cross-tabulation was used to establish links between empowerment indicators and categories of solved problems. Cramer's V coefficient was employed because the distribution in the frequency columns is uneven.

## **Discussion**

As it can be seen from Table 1, most respondents work and solve problems of children in care institutions or schools, day centres. Twice fewer respondents work with adults who work in supervision institutions and social services centres. A fifth of all respondents work with the representatives of the exclusion group - convicts or former convicts. The results presented in Table 1 show that the respondents with moderate empowerment indicators prevail, the indicators of the minority of respondents are high, and the indicators of the significant minority of respondents are poor. An analogous distribution of indicators can be observed among social workers and social pedagogues working with different problems of clients. Such regularity of distribution of empowerment indicators is not statistically significant ( $p > 0.05$ ). Thus, it can be assumed that the majority of representatives of this sample feel able to cope with challenges that they face working in their institutions, addressing their clients' problems, helping them in the socialisation process.

The structure of empowerment consists of the dimensions of decision-making, trust in competence and meaning (Tvarijonavičius et al., 2016). Thus, in further analysis, it will be sought to disclose the regularities of distribution of indicators representing the above-mentioned empowerment dimensions among different groups of respondents.

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<sup>1</sup> Data was collected by Eglė Drungėlaitė, student of social work and social rehabilitation study program, during her scientific practice

Table 1 Distribution of Empowerment Indicators by Groups of Respondents (n, %)

Group of social workers and social pedagogues, who:	The level of total empowerment indicator			Total	p (Cramer's V)
	Low	Moderate	Very high		
Work with children	8 (5%)	68 (40%)	14 (8%)	90 (53%)	0,086 p>0,05
Work with adults who are in the exclusion group	3 (2%)	21 (12%)	6 (4%)	30 (18%)	
Work with adults who need care	5 (3%)	40 (23%)	6 (3%)	51 (29%)	
<b>Total</b>	16 (10%)	129 (75%)	26 (15%)	171 (100%)	

As it can be seen from Table 2, the majority of all respondents with moderate and very high indicators of the decision-making dimension work with children, solving their problems. Indicators of the decision-making dimension of the majority of respondents working with adults who need care and occupation, are moderate; they are followed by the respondents with low indicators, slightly less respondents have very high decision-making indicators.

Table 2 Distribution of the Empowerment Dimension – Decision Making – by Groups of Respondents (n, %)

Group of social workers and social pedagogues who:	The level of decision making			Total	p (Cramer's V)
	Low	Moderate	Very high		
Work with children	9 (6%)	69 (40%)	12 (7%)	90 (53%)	0,08 p>0,05
Work with adults who are in the exclusion group	5 (3%)	21 (13%)	4 (2%)	30 (18%)	
Work with adults who need care	5 (3%)	42 (24%)	4 (2%)	51 (29%)	
<b>Total</b>	19 (12%)	132 (77%)	20 (11%)	171 (100%)	

Similar distribution of decision-making indicators can be also recorded among respondents who work with adults who belong to the exclusion group. Besides, indicators of the significant majority of respondents are moderate; of the significant minority, low and very high. Although such regularity of distribution of decision-making indicators is not statistically significant (p>0,05), the qualitative analysis of the distribution of indicators enables to assume that respondents of this sample who work with children feel able to make decisions independently, influence decisions (Tvarijonavičius et al., 2016) and

influence children while representing their rights (The Convention on the Rights of the Child, 1992). Meanwhile, the respondents working with adults both from the exclusion group and from the socially adapted group but in need of care and occupation feel that they have less influence on decision making. This could be also explained by the fact that in case of adults, the social worker and the social pedagogue encourage adults to become autonomous and make decisions themselves. This in turn could reduce social workers' and social pedagogues' possibilities to make decisions for them.

**Table 3 Distribution of the Empowerment Dimension – Competency – by Groups of Respondents (n, %)**

Group of social workers and social pedagogues who:	The level of competency			Total	p (Cramer's V)
	<i>Low</i>	<i>Moderate</i>	<i>Very high</i>		
<b>Work with children</b>	16 (9%)	64 (39%)	10 (5%)	90 (53%)	0,16 p>0,05
<b>Work with adults who are in the exclusion group</b>	9 (5%)	14 (9%)	7 (4%)	30 (18%)	
<b>Work with adults who need care</b>	8 (5%)	38 (22%)	5 (2%)	51 (29%)	
<b>Total</b>	33 (19%)	117 (70%)	21 (11%)	171 (100%)	

The results presented in Table 3 show that the indicators of trust in competence among respondents who work with children are distributed as follows: indicators of the majority are moderate; of the minority, low; and of the significant minority, very high. Similar distribution of indicators is also characteristic to respondents who work with adults of both categories. Such distribution of indicators is close to statistical significance ( $p=0,06$ ). Thus, it can be assumed that most respondents can be characterised by perception of their mastery, realising difficulties, seeking results when they carry out the social worker's and social pedagogue's functions (TvariJonavičius et al., 2016).

As it can be seen from Table 4, the indicators of meaning for representatives of this sample are moderate (the significant majority) and very high (the insignificant majority). The indicators of this dimension of the minority of all respondents are low. The indicators of meaning among the significant majority of social workers and social pedagogues who work with children are moderate and very high. A similar trend in the distribution of indicators is also demonstrated by the respondents who work with the representatives of the exclusion group. Meanwhile, the distribution of indicators of meaning among social workers and social pedagogues who work with adults

in need of care and occupation slightly differs. Indicators of the majority of these respondents are moderate as in the above-mentioned respondents' groups. However, contrary to the above-mentioned respondents' groups, the indicators of meaning of the larger minority are very high; while of the rest, are low. Although this distribution is not statistically significant ( $p > 0,05$ ), it can be assumed that the respondents of this sample may tend to give a sense to their work with children and with adults, representatives of the exclusion group, more than with adults who need care and occupation. This can be explained by the perception of the relation to the perspective of one's age and corresponding psychological defence mechanisms. Verification of this assumption could be the subject of further research.

Table 4 **Distribution of the Empowerment Dimension – Meaning – by Groups of Respondents (n, %)**

Group of social workers and social pedagogues who:	The level of meaning			Total	P (Cramer's V)
	Low	Moderate	Very high		
Work with children	7 (4%)	67 (39%)	16 (10%)	90 (53%)	0,1 $p > 0,05$
Work with adults who are in the exclusion group	3 (2%)	23 (14%)	4 (2%)	30 (18%)	
Work with adults who need care	8 (5%)	38 (21%)	6 (3%)	51 (29%)	
<b>Total</b>	18 (11%)	128 (74%)	25 (15%)	171 (100%)	

Thus, with regard to this sample, the peculiarities of the structure of psychological empowerment, considering the specificity of work with different client groups, disclose moderately expressed empowerment and respectively moderately expressed autonomy in decision-making, trust in one's competence and meaning among the majority of social workers and social pedagogues. The minority of respondents of this group may need improvement of professional skills, (self-)development of the sense of meaningfulness of one's work and of the professional relation with clients and their problems.

Several limitations of this study can be noticed. The sample of this study is not representative of Lithuanian social workers and social pedagogues, since it was drawn up using the convenience sampling method and it was influenced by the specificity of the online survey. Therefore, the conclusions cannot be generalised and can only serve to formulate assumptions. Besides, the data were

collected using a questionnaire, the statements of which had to be evaluated by the very respondents. Therefore, it was not possible to control the effect of social desirability. In addition, the social worker and the social pedagogue encounter such non-standard problems of their clients that are difficult to categorize according to the specificity of the workplace.

However, bearing in mind that this is one of the first studies on social workers' and social pedagogues' self-empowerment in Lithuania, a general conclusion can be made that self-empowerment is important in the social worker's and a social pedagogue's practice. Further research could continue analysing the nature of self-empowerment, self-empowerment (self-) development possibilities, the interaction of self-empowerment with the structure and dynamics of empowering clients and institutions serviced.

### **Conclusions**

Most of respondents are working with children. Most respondents self empowerment is moderate.

The majority of all respondents with moderate and very high capacity of the decision-making work with children, solving their problems. Decision-making dimension of the majority of respondents working with adults who need care and occupation, are moderate; they are followed by the respondents with low indicators, slightly less respondents have very high decision-making indicators.

Trust in competence among respondents who work with children are distributed as follows: indicators of the majority are moderate; of the minority, low; and of the significant minority, very high. Similar distribution of indicators is also characteristic to respondents who work with adults of both categories.

Meaning dimension for representatives of this sample are moderate (the significant majority) and very high (the insignificant majority). The indicators of this dimension of the minority of all respondents are low. The indicators of meaning among the significant majority of social workers and social pedagogues who work with children are moderate and very high. A similar trend in the distribution of indicators is also demonstrated by the respondents who work with the representatives of the exclusion group.

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## FORMULATIONS OF THE MAIN GOAL IN LIFE: A QUALITATIVE CONTENT ANALYSIS

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**Abstract.** *Humanistic tradition emphasizes the main goal in life as something towards which people determine themselves. The main goal (or a group of goals with the highest priority) provides the basis for the sense of purpose in life and for development of its meaning. This study aimed at revealing categories in formulations of the main goal in life. Participants were 226 adults aged from 18 to 69 ( $M = 25.34$ ,  $SD = 8.51$ , 65 % females). They answered an open question: “Kā Jūs raksturotu galveno dzīves mērķi? Lūdzu, padalieties ar savām pārdomām. [How could You describe the main goal in life? Please, share your opinion.]” The qualitative content analysis resulted in 29 categories. Inter-rater agreement among three raters was acceptable and varied from .72 to 1.00 (the mean Krippendorff’s alpha was .88). Work, Family, and Satisfaction were the most frequently selected categories for a formulation of the main goal, while Love, Leisure, and Transcendent Issues were the less selected ones. An additional step of thematic analysis demonstrated that categories can be joined in four overarching themes: Vague Formulations, Self, Others, and Desired States.*

**Keywords:** *categories; qualitative content analysis; the main goal in life.*

### Introduction

Among different approaches to self-regulation (for a review see Karoly, 1993), humanistic tradition emphasizes the main goal in life as integrating the person and forming the genuine self (Buhler, 1971). Intentional moving towards this goal associates with self-fulfillment. At the same time, continuous pursuit of the main goal seems impossible (Buhler, 1971), and multiple motivational “peaks” (Леонтьев, 1975) make empirical investigation of this process very complex. As a result, there are a number of concepts associated with higher levels of goals. The most frequent of them are personal goals (e.g., Emmons, 2003; Nurmi, 1991), life goals (e.g., Gabrielsen, Ulleberg, & Watten, 2012; Roberts, O’Donnell, & Robins, 2004), personal strivings (e.g., Emmons, 1991), and personal projects (e.g., Little, 2006).

In contrast to conceptual variability, empirical studies (Bronk & Finch, 2010; Emmons, 2003; Gabrielsen et al., 2012; Hill, Burrow, O'Dell, & Thornton, 2010; Scheibe, Freund, & Baltes, 2007) demonstrated common tendencies in formulations of goals at the higher level of their hierarchy. In sum, personal goals, strivings, or projects share following themes: (a) self and achievement; (b) intimacy and social relationships; (c) happiness and hedonism; and (d) religiosity and spirituality. Analytical works (e.g., McKnight & Kashdan, 2009) associate these themes with the purpose in life, which is linked to one's sense of meaning in life (e.g., Baumeister & Wilson, 1996), psychological well-being (e.g., Emmons, 2003; Ryff & Singer, 2008), and happiness (Lyubomirsky, Tkach, & Dimatteo, 2006).

At the higher level of generalization, life goals demonstrated rank-order stability comparable with personality traits (Roberts et al., 2004). However, cross-cultural stability or variability of these goals is not well explored. This seems an important issue for the further investigation, because of cross-cultural differences established at the level of less generalized personal goals (Nurmi, Poole, & Seginer, 1995).

In Latvia, studies on the main goal in life are not well presented. "Galvenais dzīves mērķis [the main goal in life]" has one result in Google Scholar with two occurrences in the text. Even "personīgie mērķi [personal goals]" and "dzīves mērķi [life goals]" are presented in only 69 documents. Furthermore, in rare empirical studies in Latvia (e.g., Rone & Vidnere, 2016), measurements of life goals are based on existing instruments without revisiting their basis for the Latvian sociocultural context.

In the current study, we have focused on a more detailed exploration of formulations of the main goal in life construed by people in Latvia. Therefore, *the aim of the study was to reveal categories in formulations of the main goal in life*. We have considered a combination of a qualitative content analysis (Krippendorff, 2004) and a thematic analysis (Braun & Clarke, 2006) as the best strategy for this study. The qualitative content analysis can provide information on the basic categories and their occurrence in formulations of the main goal in life. In turn, the thematic analysis is a tool for more flexible grouping and interpreting these categories.

## Method

**Participants.** Research participants were 226 adults aged from 18 to 69 ( $M = 25.34$ ,  $SD = 8.51$ , 66 % females). The sample was formed as a convenient one. Among the participants, 89 % were university students, 29 % have acquired some level of higher education, 54 % were working, and 13 % were married.

**Measurements.** Filling in the Individual Future Orientation Scale (IFOS, Kolesovs, 2017), participants answered an additional open question: “Kā Jūs raksturotu galveno dzīves mērķi? Lūdzu, padalieties ar savām pārdomām. [How could You describe the main goal in life? Please, share your opinion.]” The question was placed after questions regarding the near and distal personal goals. Five lines were provided for one’s formulation of the main goal.

**Procedure.** Data were collected in a paper-and-pencil format individually or in a group of participants. After informed consent was obtained, participants filled in the inventory without a time limit. Data were transcribed and checked for accuracy of the transcription.

## Results

In accordance with guidelines for a thematic analysis (Braun & Clarke, 2006), reading and re-reading formulations of the main goal was the main procedure applied by three authors of the paper at the first step of analysis. Initial categories of content were formed through grouping of content items included by participants in the descriptions of the main goal. This analysis was performed at a semantic (i.e., explicit) level. Table 1 presents examples of content items and 29 categories developed during this step.

After a group discussion, the list of categories was applied as a guide for coding the entire data set. The presence of each category in a description was marked by the relevant code. In the frame of a content analysis, presence or absence of a category in the description was coded as 1 or 0, respectively. Interrater agreement on the categories was assessed by Krippendorff’s alpha coefficient (Hayes & Krippendorff, 2007). The coefficients (Table 1) demonstrate acceptable level of agreement on the basic categories (from .72 to 1.00, mean Krippendorff’s alpha = .88). The final decision was made by consensus – at least 2 of 3 coders agree on the presence of the category in a description. Table 1 shows also the relative frequency of each category.

It should be noted that no one category was presented more frequently than in 30 % of descriptions. Therefore, no one category dominated in formulations of the main goal in life. Figure 1 presents ranking of categories by their relative frequencies. Work, Family, and Satisfaction, were leading categories in the descriptions. In opposite, Love, Leisure, and Transcendent Issues were the less mentioned categories in formulations of the main goal in life.

**Table 1 Content items, categories, inter-rater agreement (Krippendorff alpha,  $K_{\alpha}$ ), and relative frequencies of the categories ( $f_{rel}$ ) in the descriptions of the main goal in life ( $N = 226$ )**

Content Items	Category	$K_{\alpha}$	$f_{rel}$
“Laieme”; “būt laimīgam”; “laimīga”. [“Happiness”; “be happy”; “happy”.]	Laieme [Happiness, HAP]	1.00	19.5%
“Labklājība”; “dzīvot labi”; “pilnvērtīga dzīve”. [“Wellness”; “to live well”; “fully-fledged life”.]	Labklājība [Wellness, WEL]	.72	8.4%
“Harmonija”; “dzīvot saskaņā ar...”; “sabalansēt”. [“Harmony”; “to live in accordance with...”; “to balance”.]	Harmonija [Harmony, HAR]	.85	11.5%
“Stabilitāte”; “stabils pamats”; “drošība”. [“Stability”; “stable background”; “safety”.]	Stabilitāte [Stability, STA]	.83	7.5%
“Laba veselība”; “veselība”; “veseli”. [“Good health”; “health”; “healthy”.]	Veselība [Health, HLT]	1.00	5.3%
“Absolūts un nemateriāls”; “garīga attīstība”; “attīstīties garīgi”. [“Absolute and non-material”; “spiritual development”; “to develop spiritually”.]	Transcendence [Transcendent Issues, TRA]	.84	2.7%
“Sev”; “man”; “ar sevi”. [“For myself”; “for me”; “with myself”.]	Es [Me, ME]	.77	17.3%
“Būt apmierinātam”; “patīk”; “baudīt”; “gandarījums”; “prieka brīži”. [“To be satisfied”; “like”; “to enjoy”; “pleasure”; “times of joy”.]	Apmierinājums [Satisfaction, SAT]	.92	20.8%
“Brīvība”; “neatkarība”; “patstāvīgs”. [“Freedom”; “independence”; “self-contained”.]	Autonomija [Autonomy, AUT]	.81	5.3%
“Augt un attīstīties”; “pilnveidot sevi”; “personīgā izaugsme”. [“To growth and develop”; “to improve myself”; “personal growth”.]	Izaugsme [Growth, GRO]	.93	19.9%
“Sasniegt”; “panākumi un sasniegumi”; “augsts līmenis”. [“To achieve”; “successes and achievements”; “top- level”.]	Sasniegumi [Achievement, ACH]	.76	9.7%
“Realizēt idejas”; “realizēt savu potenciālu”; “pašīstenoties”; “īstenot savus sapņus”. [“To fulfill my ideas”; “to actualize my potential”; “to actualize myself”; “to live my dreams”.]	Sevis realizācija [Self-Fulfillment, FUL]	.81	17.3%
“Izglītība”; “pabeigt augstskolu”; “mācīšanās”. [“Education”; “to graduate from my university”; “learning”.]	Izglītība [Education, EDU]	.95	13.7%
“Darbs”; “karjera”; “nodarbošanās”; “profesija”; “strādāt”; “bizness”. [“Work”; “career”; “occupation”; “profession”; “working”; “business”.]	Darbs [Work, WOR]	.94	28.3%

“Māja”; “īpašniece”; “nauda”; “labi apmaksāts”; “finansiāla”; “ienākumi”. [“House”; “owner”; “money”; “well paid”; “financial”; “incomings”.]	Īpašums [Property, PRP]	.82	12.8%
“Atpūta”; “hobiji”; “brīvais laiks”. [“Rest”; “hobbies”; “leisure time”.]	Atpūta [Leisure, LEI]	1.00	2.2%
“Ģimene”; “izveidot ģimeni”; “ģimenes dzīve”. [“Family”; “to establish a family”; “family life”.]	Ģimene [Family, FAM]	.99	23.9%
“Tuvi cilvēki”; “draugi”; “savi mīļotie”; “mani vecāki”; “attiecības”. [“Relatives”; “friends”; “loved ones”; “my parents”; “relationships”.]	Tuvas attiecības [Close Relations, CLO]	.90	8.8%
“Mīlestība”; “mīlēt”; “būt mīlētai”. [“Love”; “to love”; “to be loved”.]	Mīlestība [Love, LOV]	1.00	1.8%
“Citi”; “sabiedrība”; “cilvēki”. [“Others”; “society”; “people”.]	Citi cilvēki [Other People, OTH]	.72	12.4%
“Atbalstīt”; “nodot”; “sniegt”; “palīdzēt”. [“To support”; “to hand over”; “to give”; “to help”.]	Devums [Contribution, CON]	.85	12.4%
“Bērni”; “mazbērni”; “radīt pēcnācējus”. [“Children”; “grandchildren”; “to create offsprings”.]	Pēcteči [Offsprings, OFF]	.96	11.9%
“Grūti pateikt”; “nezinu”; “grūti formulēt”. [“It’s difficult to say”; “I don’t know”; “it’s difficult to formulate”.]	Neskaidrība [Unclear, UNC]	.90	7.1%
“Dzinējs, kas dzen uz priekšu”; “tas, ko tu gribi sasniegt”; “lietas, kuras man jāizdara”. [“A mover, which spurs forward”; “something you want to reach”; “things I have to complete”.]	Mērķis motivātors [Motivator, MOT]	.90	11.9%
“Ceļš”; “svarīgāks ir process”; “dzīvot”; “tas ir kaut kas, kas mainās, attīstās dzīves gaitā”; “mazi soliņi”. [“The path”; “the process is more important”; “to live”; “something that is changing, developing during the life span”; “small steps”.]	Process [Process, PROC]	.75	1.6%
“Mērķu izvēle”; “par to domāju un meklēju”; “jāizprot katram”. [“Selecting goals”; “(I’m) thinking about and looking for it”; “Everyone has to understand”.]	Meklējumi [Exploration, EXP]	.87	5.3%
“Dzīves izskaņā”; “atskatoties”; “pēc 30 gadiem”. [“At the decline of life”; “taking a rear view”; “in 30 years”.]	Vēlāk [Later, LAT]	.80	4.0%
“Bez bailēm”; “nepazaudēt”; “neko nenožēlot”. [“Without fears”; “not to lose”; “not to have regrets”.]	Izvairšanās [Avoidance, AVD]	.89	12.8%
“Nav”; “Man nav konkrēta dzīves mērķa”; “Nav nekādas vajadzības to uzstādīt”. Tukšs laukums bez mērķa formulējuma. [“There is no goal”; “I haven’t a specific goal in life”; “There is no need to set it”. An empty field without a formulation.]	Nav mērķa [No Goal, NOG]	.90	11.9%

The number of categories within a description varied from one to 13. The mean number of categories was 3.37 ( $SD = 2.16$ ) and median was 3.00. A single category was recognized in 23 % of formulations.

The next step in the analysis followed the principles of the thematic analysis (Braun & Clarke, 2006). Happiness and Wellness addressed a higher level theme – Positive States – as a part of their main goal. Harmony, Stability, Avoidance, Health, and Transcendent Issues were joined into a theme of Balance. Avoidant formulations were considered as very close to formulations presenting stability and safety, while Transcendent Issues harmonized one’s relationships with the immaterial world. In sum, Positive States and Balance formed a higher-order theme labeled *Desired States* (Figure 2).

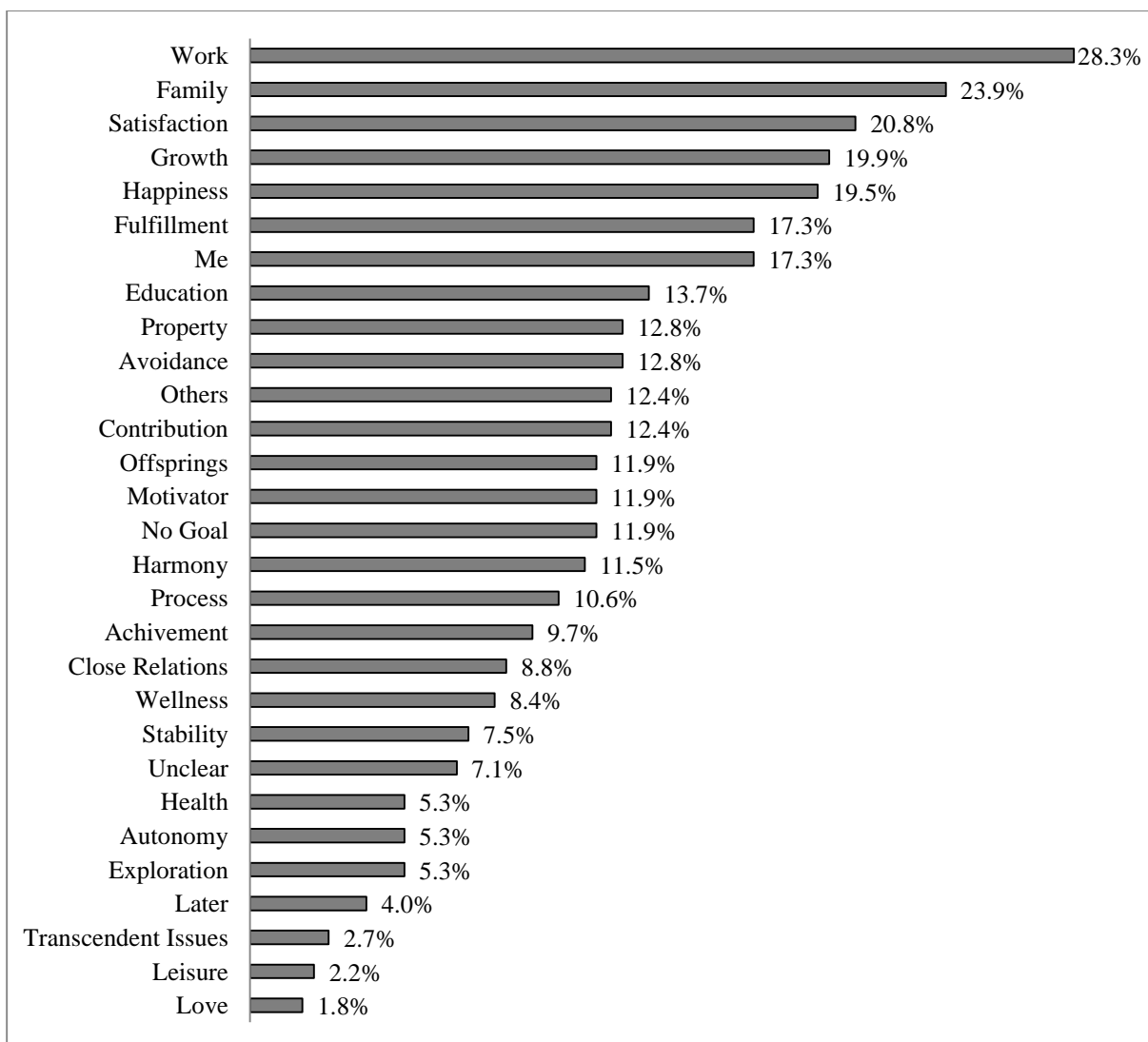


Figure 1. Relative frequency of categories in formulations of the main goal in life (N = 226)

Me, Autonomy, Fulfillment, and Leisure presented self-focused issues and were joined under a theme of *Myself*. Education, Work, and Property formed a theme of *Social Indicators* of individual development and career, while Achievement and Growth formed a theme of *Personal Challenges*. As a result, *Myself*, *Social Indicators*, and *Personal Challenges* were joined into a higher-order theme labeled *Self*.

Family, Close Relations, Offsprings, and Other People were joined into a theme of *Social Networks*. Love and Contribution formed a theme of *Affiliation*. Difficulties in differentiation of *Networks* and *Affiliation* indicated that these themes are very close. This closeness resulted in combining them in a higher-order theme labeled *Others*.

Abstract Formulations was suggested as a theme for *Motivator*, *Process*, *Exploration*, and *Later* (recognizing the main goal at a later time). These themes presented the main goal as potentially existing but not specified in one's formulation. *Unclear* and *No Goal* categories were joined into a theme of *Uncertainty*. The analysis of *Abstract Formulations* and *Uncertainty* revealed common fuzziness of these formulations that resulted in forming the last higher-order theme labeled *Vague Formulations* (Figure 2).

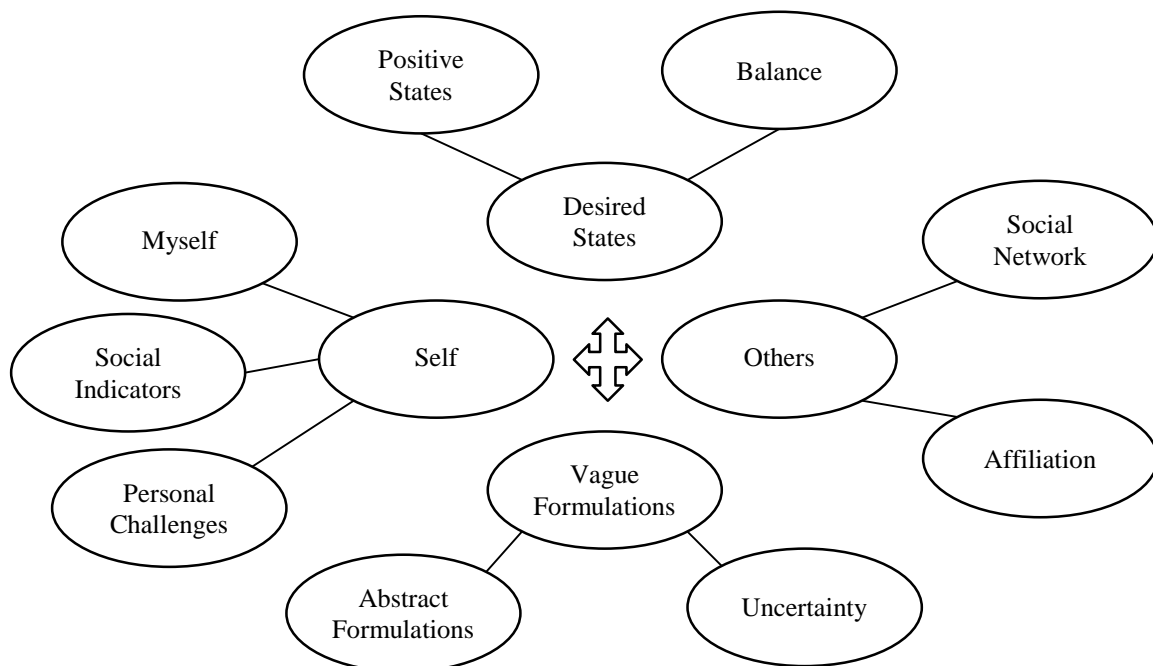


Figure 2. Themes in descriptions of main goal in life

A quantitative assessment of presence of the higher-order themes demonstrates that *Desired States* are identified in 47.8 % of descriptions; *Self* was included in 68.1 % of formulations; *Others* were included in 44.7 % of

descriptions; and *Vague Formulations* were presented in 37.2 % of formulations of the main goal in life. Krippendorff's alphas were .87, .87, .98, and .92 for Desired States, Self, Others, and Vague Formulations, respectively.

## Discussion

The analysis of formulations of the main goal in life demonstrated that individual descriptions combined various categories. Joining the categories into higher-order themes resulted in four overarching themes: Desired States, Self, Others, and Vague Formulations.

Leading of work and family in the list of categories shows that social indicators or developmental tasks are the most accessible for organizing the highest level of personal goals. It is possible that inclusion of these categories was affected by the assessment of personal goals with the IFOS (Kolesovs, 2017) provided a context for construing the main goal. At the same time, leisure (presented in the IFOS) was mentioned relatively rare. Moreover, participants mentioned other themes (e.g., Happiness, Satisfaction), which were not primed by the IFOS.

A broad number of categories and their relatively frequencies confirm that there is no single category predominating in the descriptions. Even the most frequently mentioned category – work – was included in less than 30 % of formulations. It can be supposed that during the process of construal of the main goal, an individual deals with a broad range of possible goals and some level of uncertainty in formulations. The latter is visible in the following examples:

*“Nespēšu konkrēti pateikt. Kopumā vēlos būt veiksmīga... [I can't specify it. In general, I wish to be successful...] (22-years-old female). “Galveno dzīves mērķi skaidri definēt vēl nav izdevies. Taču raksturlielumi tam ir: ģimene, iespēja tērēt... [The main goal in life is not clearly defined yet. However, its characteristics are: a family, a possibility to spend... (20-years-old male).*

Observed presence of multiple categories in one's description of the main goal in life is in accordance with a view of the higher level of human goals as multifaceted rather than singular (Emmons, 2003; Леонтьев, 1975). Co-occurrence and possible combinations of the categories are in question for the further research.

At a higher-order level, revealed themes are in accordance with a view of the purpose in life associated with goals and subjective states (Baumeister & Wilson, 1996). Desired States, Self, and Others are also in accordance with the themes revealed in empirical studies on higher-level goals (Bronk & Finch, 2010; Emmons, 2003; Gabrielsen et al., 2012; Hill et al., 2010; Sheibe et al., 2007). However, religiosity and spirituality do not occur as a higher-order theme. It does not support the previous studies (e.g., Emmons, 2003; Hill et al., 2010). The



current study revealed content items associated with the theme of spirituality in less than three percent of answers. Therefore, this is a significant change in a construal of the content of the main goal, which can be interpreted as an indicator of the secularization of social life in Latvia.

Vague Formulations forms a theme, which contrasts with other formulations of the main goal in life. Uncertainty, distancing, and abstract formulations associate with difficulties in selecting a particular goal at the highest level of a hierarchy. Therefore, occurrence of this theme can indicate a specific kind of formulating the main goal.

In addition to descriptions of the main goal, an association of the purpose in life with its meaning (Baumeister & Wilson, 1996) was found among the descriptions. It was presented as a relationship between the main goal and meaning of life:

*“Kad cilvēks ir sasniedzis savu mērķi dzīvē, tad viņš ir ieguvis dzīves jēgu. [When a person has achieved one’s goal in life, one has obtained the meaning of life.]”* (22-years-old female). *“Galvenais dzīves mērķis ir viena no svarīgākām lietām, kas dod jēgu dzīvei. [The main goal in life is among the most important things making meaning in life.]”* (26-years-old male). *“Kāda ir manas dzīves jēga? [What is the meaning of my life?]”* (21-year-old male). *“Es nejūtu, ka dzīvei ir jēga, tad arī dzīves mērķi nav iespējams atrast. [I don’t feel that life has meaning, and then it is impossible to find the goal of life.]”* (21-year-old female).

This association confirms importance of recognizing personal goals in forming the sense of meaningful life. A more detailed investigation of this connection is needed.

Focusing at the explicit content of formulations of the main goal in life limits the study in the sense of interpreting the meaning of these formulations. Another limitation of the study was the age of the participants. The younger ones were overrepresented in the convenient sample. Involvement of a broader range of participants will be useful for higher variability of views of the main goal in life. Selecting 29 categories at the first step limits some quantitative steps of the further analysis. For example, the number of combination of formulations of the main goal is  $2^{29}$  or about 536 millions of combinations. Therefore, a quantitative analysis of combinations is better to perform on more generalized themes.

## Conclusions

It can be concluded that the main goal in life is construed as either a single or a multifaceted goal. This study demonstrates that multifaceted formulations are more frequent than singular ones. Initial 29 categories present a variety of individual views of the main goal. These categories can be grouped under four

overarching themes: Self, Others, Desired States, and Vague Formulations. Combinations of these themes in individual descriptions and their relationship with the meaning in life are in question for the further research.

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# STUDENTS' SOCIAL ACTIVITIES, VALUES, MEANINGFULNESS OF LIFE AND SELF- CONFIDENCE

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**Abstract.** *The purpose of this study was to develop and test a model that describes the relations between participation of students in social activities oriented toward helping others, their values, namely, discrepancy between importance and attainability of values, meaningfulness of life and self-confidence. The sample consisted of 103 students aged from 18 to 41, 28.2 % were males and 71.8 % were females. In this research the M. Rokeach technique as modified by E. B. Fantalova, the Meaning-in-Life Orientations test (MOL) developed by D. A. Leontiev, the Self-confidence scale of the "Research of self-attitude" questionnaire (RS) developed by V. V. Stolin and S. R. Pantelejew, and questions from the third European Quality of Life Survey, which measure participation in social activities oriented towards helping others, were used. The first three instruments were translated into Latvian by S. Jirgena (now Mihailova). Validity and reliability of the Latvian versions of the MOL and the RS Self-confidence scale were evaluated, and the Latvian versions of both scales were modified. Correlation analysis and structural equation modeling (SEM) were used in order to test a theoretically developed model of students' participation in social activities oriented towards helping others/ discrepancy between importance and attainability of values and meaningfulness of life outcome, and meaningfulness of life and self-confidence outcome. Firstly, it was found that discrepancy between importance and attainability of students' values is not related to meaningfulness of life. In its turn, it was revealed that participation in such social activity as doing unpaid voluntary work in education, cultural and professional associations has a positive impact on meaningfulness of life and, in its turn, meaningfulness of life has a positive impact on self-confidence.*

**Keywords:** *social activities, discrepancy between importance and attainability of values, meaningfulness of life, self-confidence.*

## Introduction

Self-confidence is one of the positive aspects of self-attitude which is characterized by self-regard and by the attitude towards oneself as an independent,

strong-willed and reliable person (Столин & Пантелеев, 1988). It is the assurance in personal ability and power and the tendency to trust oneself. Self-confidence is an important purpose in personal development and a positive factor affecting other desirable outcomes. There is an empirical evidence that self-confidence is positively associated with subjective well-being (Fernandes et al., 2012; Hoffman, 2006), significantly and negatively related to anxiety (Keng & Liao, 2013) and suicidal ideation (Deeley & Love, 2013). The research of self-confidence and factors influencing it is especially topical in school years and in youth as it is found that self-confidence is a significant predictor of academic performance (Tavani & Losh, 2003).

Another important factor that affects subjective well-being is meaningfulness of life. Recently, it was found that meaninglessness is negatively related to and predicts low overall satisfaction with life and low general sense of happiness (Levina, Martinsone, & Kamerade, 2015; Levina & Mārtinsone, in press). Meaninglessness is experienced as a sense of terminal goal ambiguity, in other words, of life meanings, and a generalized sense of meaninglessness which psychological signs are a sense of a lack of control and freedom, a sense of boredom, a pessimism towards one's own future (Levina & Mārtinsone, in press; Levina, Mārtinsone, & Kamerāde, 2015). An individual's will to meaning can be frustrated, and existential frustration can result in noogenic neuroses (Frankl, 1963). In its turn, meaningfulness of life is a quantitative indicator of the degree and stability of an individual's orientation towards any life meaning (Леонтьев, 2003). According to Leontiev, meaningfulness of life can be empirically characterized as a total indicator of life meaning orientations, three of which describe time localization of meaning orientations (in present, past or future) and two of which describe the dominant locus of control (external or internal). Aspiration and searching for meaning is an important developmental task in youth – lifespan when young people search for their identity (Erikson, 1968). Therefore, the research of the problem of meaningfulness of life is topical in this developmental period of life.

The problem of meaningfulness of life and meaninglessness should be closely related to the problem of the structure of value system of personality. Values are enduring beliefs that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence (Rokeach, 1973). An important characteristic of the structure of value system is the extent of the discrepancy between one's evaluation of importance of different values and attainability of them (Фанталова, 2001, 2013).

Youth and adulthood are the life periods when a person is socially active most of all. Social activities were classified into three categories: activities performed for oneself (doing an activity in preparation for connecting with others and being with others), activities performed with others (interacting with others without doing a specific activity with them and doing an activity with others), and activities performed for others (helping others and contributing to the society) (Levasseur et al., 2010). Social participation is recognized as an important determinant of successful and healthy functioning of society and an individual (Wilson, 2000; Wuthnow, 1991). It was found that social activities performed for others and oriented towards helping others, namely doing unpaid voluntary work, positively correlate to subjective well-being (Ļevina & Mārtinsonē, in press).

In the light of the great importance of self-confidence, meaningfulness, inconsistency of value system, and participation of social activities for psychological health and well-being the investigation of these aspects of human existence are significant. More over, the research of relations between them will be especially valuable.

Thus, **the main objective of this research** is to investigate what are relations between self-confidence of students, their meaningfulness of life, discrepancy between important and attainable values and their participation in social activities oriented towards helping others, and to develop and empirically to test a possible model which describes these relations (if it will be necessary, to modify the theoretically hypothesized model and to determine a model that better will describe the data).

Additional research question is: Do the Latvian versions of the Meaning-in-Life Orientations test (MOL) and the RS (RS) Self-confidence scale confirm to the requirements of psychometric criteria?

### **Relations between participation in social activities, discrepancy between importance and attainability of values, meaningfulness of life and self-confidence**

The results of previous studies give an evidence that positive self-esteem is related to meaningfulness of life (Kang, Kim, & Song, 2009; Rosová, Orosová, & Žiaková, 2015), presence of meaning and search for meaning significantly predict self-esteem (Asagba, Agberotimi, & Wimberly, 2017). Self-esteem is described as an attitude towards the self which is connected to personal beliefs about skills, abilities, social relationships, and future outcomes (Farid & Akhtar, 2013). In other words, two notions, namely, positive self-esteem and self-confidence, are used as synonyms. Previous findings allow us to assume that meaningfulness of life positively affect self-confidence of a person.

In previous studies it was also found that there were positive relations between active social life and meaningfulness. Thus, it was discovered that positive daily social events were related to greater daily meaning (Machell et al., 2014). Participation in social activities oriented towards helping others is a significant predictor of low level of a sense of meaninglessness (Levina & Mārtinsonē, in press). Individuals who engaged in such prosocial behaviors, as volunteering and spending money to benefit others, reported experiencing greater meaning in their lives (Klein, 2016). Such findings allow as to hypothesize that participation in social activities oriented towards helping others positively affect meaningfulness of life.

Empirically it was also investigated dependence of meaningfulness from life values, and it was found that personal values contribute to meaningfulness of life (Безумова & Капцов, 2009). Theoretically it was assumed that discrepancy between importance and attainability of values is experienced as a state of internal personal conflict or existential vacuum (Фанталова, 2001, 2013). This theoretical assumption allows us to hypothesize that the discrepancy between importance and attainability of values leads to meaninglessness, while consistency and harmony of value system positively affect an individual's sense of meaningfulness of life.

Summarizing above mentioned theoretical assumptions and empirical findings we developed a theoretical model of relations between participation in social activities oriented towards helping others, discrepancy between importance and attainability of values, meaningfulness of life and self-confidence (see Figure 1).

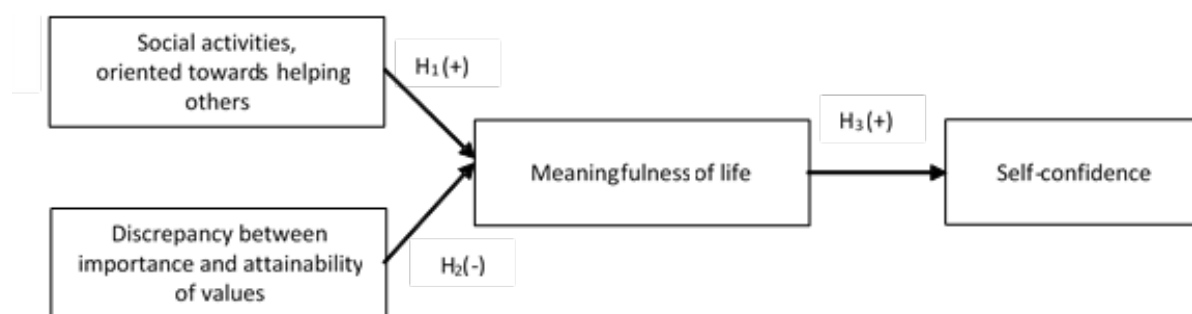


Figure 1. The conceptual model of relations between participation in social activities oriented towards helping others, discrepancy between importance and attainability, meaningfulness of life and self-confidence

The hypothesized model indicates that (H<sub>1</sub>) participation in social activities oriented towards helping others and (H<sub>2</sub>) consistency of meaning-values system have a positive effect on meaningfulness of life; and (H<sub>3</sub>) meaningfulness of life has a positive effect on self-confidence. Thus, further we will test empirically the hypothesized model, and if it will be necessary, we will modify it and will determine a model that better will describe the data.

## Methodology

### Participants

The sample consisted of 103 students aged from 18 to 41 ( $M = 20.77$ ,  $SD = 3.53$ ), 28.2 % were males and 71.8 % were females. All students live in Latvia. The largest percentage of students live in Riga (57.3 %) or other large city of Latvia such as Daugavpils, Liepaja, Jelgava (12.6 %) or other city (13.6 %). The largest percentage of participants of the research have unfinished higher education and are students of any bachelor's study programme (83.5 %). Mostly they have Latvian nationality (79.6 %) or Russian nationality (19.4 %). The main part of students do not work (72.8 %) and are not married (76.7 %).

### Instruments

***Participation in social activities oriented towards helping others.*** For measurement of students' participation in social activities oriented towards helping others five following questions from the third European Quality of Life Survey (EQLS, 2012) were used: "How often did you do unpaid voluntary work through the following organisations in the last 12 months: (1) community and social services; (2) education, cultural, sports or professional associations; (3) social movements or charities; (4) political parties, trade unions; (5) other voluntary organisations?" Respondents have to response using 5-point Likert Scale where "0 – never", "less often", "1 – from one till three times a month", "2 – one time a week at least", "4 – each day or almost each day".

***Discrepancy between importance and attainability of values.*** For measurement of the level of discrepancy between importance and attainability of values the M. Rokeach (Rokeach, 1973) technique modified by E. B. Fantalova (Фанталова, 2001) was used. The Latvian version of the instrument was developed by S. Jirgena (now Mihailova) (Jirgena, 1999). The participants of the research received the list of twelve terminal values. The list included the following values: active life, health, interesting job, beauty of nature and art, love, material welfare, good and reliable friends, self-confidence, cognition, freedom as independence in acts and actions, happy family life, creativity. Two tables of all possible pairs of values were formed. In the first table in each pair of values students had to mark the more important value. In the second table in each pair of values respondents were asked to mark the more attainable value. Importance scores (I) were computed as the number of cases when a value was chosen as a more important, and attainability (A) scores – as the number of cases when a certain value was marked as a more attainable. The index of discrepancy ( $R_{I-A}$ ) between importance and attainability of values was computed as a total difference of importance and attainability for all values ( $\Sigma[I-A]$ ).

***Life Meaning Orientations.*** In order to measure life meaning orientations the Meaning-in-Life Orientations test (MOL) was used. MOL is an adapted



version of Purpose-in-Life Test PIL (Crumbaugh & Maholick, 1964) and is developed by D. A. Leontiev (Леонтьев, 1992). The PIL (Crumbaugh & Maholick, 1964) was created on the basis of Frankl's theory of logotherapy and man's aspiration for meaning (Frankl, 1963). Life Meaning Orientations Test was translated into Latvian by S. Jirgena (Jirgena, 1999).

Meaningfulness of life can be empirically characterized as a total indicator of life meaning orientations – purpose in life, process of life (interest and emotional intension of life), productivity of life (satisfaction with self-realization), locus of control-Self and locus of control-life. It consists of 20 items. Respondents are asked to mark their answer using a bipolar scale (3 2 1 0 1 2 3) where 1, 2 or 3 indicate different degrees of agreement with one or other statement of the bipolar pair of items.

**Self-confidence.** The Self-confidence scale of the method of “Research of self-attitude” (RS) was used. The RS was developed by V. V. Stolin and S. R. Pantileev (Столин & Пантелеев, 1988) and translated into Latvian by S. Jirgena (Jirgena, 1999). The respondents have to response whether they agree or disagree with a certain statement.

### **Procedure**

Data were collected on a voluntary basis in small groups of students after their lectures in 2015. All participants filled out the questionnaires in a pen-and-paper format.

### **Statistical processing**

Firstly, reliability and validity of the instruments selected for this research, namely, of the Latvian versions of the MOL and the RS Self-confidence scale were evaluated using Confirmatory Factor Analysis (CFA). For goodness-of-fit, comparative fit index (CFI) and root mean square error of approximation (RMSEA) were employed. References show that comparative fit index is  $\geq .95$ , and RMSEA  $< .06$  to  $.08$  with confidence interval (Schreiber et al., 2006). Additionally, Cronbach's  $\alpha$  was calculated.

Secondly, Pearson's correlation analysis was conducted to explore correlations between participation in social activities oriented towards helping others, discrepancy between importance and attainability of values, meaningfulness of life and self-confidence.

Thirdly, for inspection of the model of participation in social activities-discrepancy between importance and attainability of values and meaningfulness of life outcome, and meaningfulness of life and self-confidence outcome, the structural equation model (SEM) was adopted to conduct Confirmatory Factor Analysis to test the theoretically developed model within the data collected. For goodness-of-fit, CFI and RMSEA were employed.

For data processing SPSS Statistics 22.0 and SPSS AMOS 23.0 programs were used.

## Results

### Results of evaluation of reliability and validity of the Latvian version of the MOL

How it was mentioned above, in order to test reliability and validity of the Latvian version of the MOL, the CFA has been conducted and Cronbach's  $\alpha$  has been computed.

Initially, the CFA has been performed on the 20 items from the original item pool of the Latvian version of the MOL. Unstandardized and standardized regression weights have been evaluated and 2 items which had  $P$  value lower than .05 and factor loading smaller than 0.3 were excluded. However, the model obtained in CFA, which was performed on the remaining 18 items of the Latvian version of the MOL, had no the acceptable fit. Therefore, we continued to exclude items with the lowest regression weights step-by-step until the modified model's goodness-of-fit reached an acceptable degree.

The newly established scale of the Latvian version of the MOL consists of 5 items that form one factor, and goodness-of-fit indicators are  $\chi^2(5) = 3.640$ ,  $p = .60$ ; RMSEA = .000 (LO90 = .000, HI90 = .017), CFI = 1.000). Unstandardized and standardized regression weights are presented in Table 1.

Table 1 Results of the CFA performed on 5 items of the Latvian version of the MOL: Regression Weights (Group number 1 - Default model)

Item			Regression Weights	S.E.	C.R.	$P$	Standardized Regression Weights
MOL16	<---	MOL	1				.664
MOL18	<---	MOL	.792	.150	5.280	***	.654
MOL3	<---	MOL	.963	.166	5.807	***	.773
MOL2	<---	MOL	.748	.148	5.039	***	.618
MOL1	<---	MOL	.691	.157	4.396	***	.522

Note: MOL - Life Meaning Orientation Test;

\*\*\* $p < .001$

Additionally, the reliability of the modified Latvian version of the MOL was evaluated using Cronbach's  $\alpha$ . Cronbach's  $\alpha$  was .81.

In further data processing we will use this modified version of the Latvian version of the MOL.

### Results of evaluation of reliability and validity of the Latvian version of the RS Self-confidence scale

In order to test the reliability and validity of the Latvian version of the RS Self-confidence scale, as in the case of testing of reliability and validity of the Latvian version of the MOL, the CFA has been conducted and Cronbach's  $\alpha$  has been computed.

Initially, the CFA has been performed on the 14 items from the original item pool of the Latvian version of the RS Self-confidence scale. Unstandardized and standardized regression weights have been evaluated and 6 items, which had  $P$  value lower than .05 and factor loading smaller than .30, were excluded. The CFA was performed on the remaining 8 items of the Latvian version of the SR Self-confidence scale, resulting in acceptable fit indices ( $\chi^2(20) = 16.148$ ,  $p = .71$ ; RMSEA = .000 (LO90 = .000, HI90 = .066), CFI = 1.000). Unstandardized and standardized regression weights are presented in Table 2.

Table 2 Results of the CFA performed on 8 items of the Latvian version of the SR Self-confidence scale: Regression Weights (Group number 1 - Default model)

Item		Regression Weights	S.E.	C.R.	$P$	Standardized Regression Weights
RS103SC	<--- RSSC	1				.356
RS61SC	<--- RSSC	1.209	.440	2.744	.006	.540
RS52SC	<--- RSSC	1.477	.530	2.785	.005	.566
RS51SC	<--- RSSC	.988	.398	2.485	.013	.421
RS36SC	<--- RSSC	1.078	.428	2.517	.012	.433
RS35SC	<--- RSSC	1.493	.517	2.887	.004	.651
RS30SC	<--- RSSC	1.155	.439	2.633	.008	.482
RS24SC	<--- RSSC	.949	.423	2.242	.025	.345

Note: RS - the method of "Research of self-attitude"; SC - Self-confidence scale

The reliability of the modified Latvian version of the RS Self-confidence scale was evaluated using Cronbach's  $\alpha$ . Cronbach's  $\alpha$  was .69.

Thus, in further data processing we will use this modified version of the RS Self-confidence scale.

### Results of the research of correlations between participation in social activities oriented towards helping others, discrepancy between importance and attainability of values, meaningfulness of life and self-attitude

In order to clarify what are relations between social activities oriented towards helping others, discrepancy between importance and attainability of values, meaningfulness of life and self-confidence Pearson's correlation analysis has been conducted (Table 3).

**Table 3. Descriptive statistics and Pearson’s correlations coefficients for measures of social activities oriented towards helping others, discrepancy between importance and attainability of values, meaningfulness of life and self-confidence**

	1.	2.	3.	4.	5.	6.	7.	8.	M	SD
1. Doing unpaid voluntary work in community and social services	-	.223*	.521**	.507**	.345**	-.021	.129	-.096	.48	.65
2. Doing unpaid voluntary work in education, cultural, sports or professional associations		-	.235*	.079	.236*	.040	.247*	.065	1.00	1.08
3. Doing unpaid voluntary work in social movements or charities			-	.231*	.371**	.132	.143	-.030	.44	.62
4. Doing unpaid voluntary work in political parties, trade unions				-	.146	.054	.163	-.045	.09	.35
5. Doing unpaid voluntary work in other voluntary organisations					-	-.208*	.160	-.053	.60	.89
6. Discrepancy between importance and attainability of values						-	.022	.129	52.12	14.18
7. MOL							-	.388**	26.89	5.78
8. RSSC								-	6.32	1.83

Note: MOL - the modified Latvian version of the MOL - total scale score;

RSSC - the modified version of the RS Self-confidence scale - total score;

\* $p < .05$ , \*\* $p < .01$

In this research we found that doing unpaid voluntary work in education, cultural, sports or professional associations is statistically significantly positively related to meaningfulness of life ( $p < .05$ ), and meaningfulness of life is statistically significantly related to self-confidence ( $p < .01$ ). However, it was found that discrepancy between importance and attainability of values is not related to meaningfulness of life ( $p > .05$ ). Therefore, in further data processing we will include in the structural equation model only correlated variables, namely, doing unpaid voluntary work in education, cultural, sports or professional associations, meaningfulness of life and self-confidence. We will not include in the testing model discrepancy between importance and attainability of values as it is not related to meaningfulness of life. Thus, the hypothesis H<sub>2</sub>, according to which consistency of meaning-values system has a positive effect on meaningfulness of life, is not supported in this research, and further we will test the modified model from which discrepancy between importance and attainability of values is excluded.

**Results of testing of the model of Doing unpaid voluntary work in education, cultural, sports or professional associations – Meaningfulness of life – Self-confidence**

After verifying that internal item consistency and validity of the modified Latvian versions of the MOL and the RS Self-confidence scale meets the requirements of model fit and such dimensions as doing unpaid voluntary work in education, cultural, sports or professional associations, meaningfulness of life

and Self-confidence have correlation, we used structural equation model to conduct data fitting, and we verified whether the hypotheses were established.

Responses to the question “How often did you unpaid voluntary work in education, cultural, sports or professional associations in the last 12 months?” and to the modified Latvian version of the MOL and the modified Latvian version of the RS Self-confidence scale were included into the model as observed variables. Respectively, MOL (meaningfulness of life) and RSSC (self-confidence) are unobserved variables. The obtained results are presented on the Figure 2 where unidirectional arrows are used for causal relationships (Byrne, 2009).

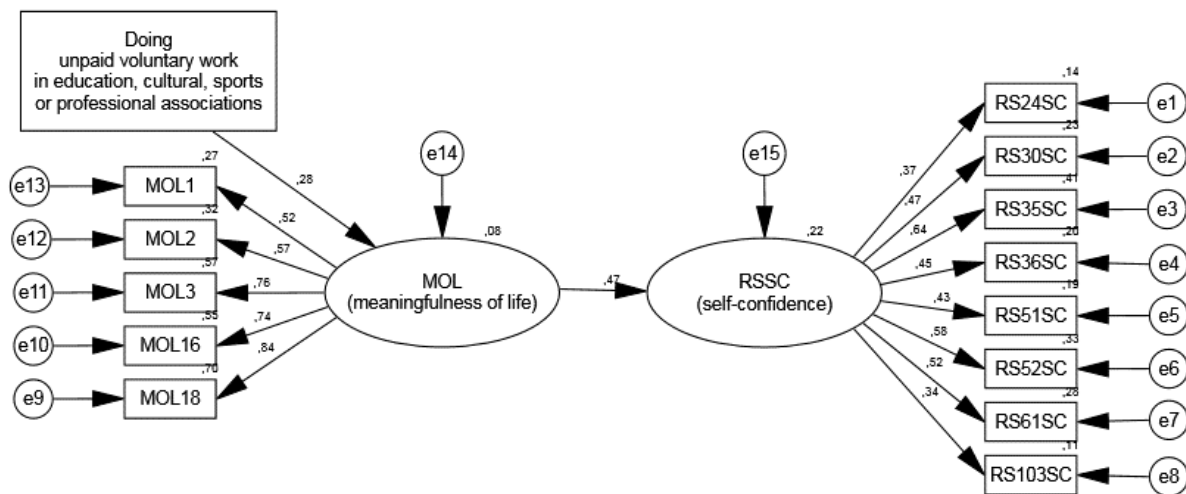


Figure 2. Structural equation model of Doing unpaid voluntary work in education, cultural, sports or professional associations – Meaningfulness of life – Self-confidence

Results show that the goodness-of-fit of the model is acceptable ( $\chi^2(76) = 89.215, p = .14$ ; RMSEA = .041 (LO90 = .000, HI90 = .073), CFI = .951).

The paths of measurement model have significant loadings. All standardized regression weights for RSSC are above .30 and for MOL – above .50 and in both cases are significantly different from zero.

The standardized regression weight from observed variable doing unpaid voluntary work in education, cultural and professional associations to MOL (meaningfulness of life) is .28 ( $p = .008$ ), and from latent variable MOL (meaningfulness of life) to RSSC (self-confidence) is .47 ( $p = 0.47$ ).

### Discussion and conclusions

Hypotheses of this research proposed that (a) participation in social activities oriented towards helping others and (b) consistency of meaning-values system have a positive effect on meaningfulness of life; and (c) meaningfulness of life has a positive effect on self-confidence.

Correlation analysis showed that discrepancy between importance and attainability of values is not related to meaningfulness of life. This finding is surprising and contradicts the assumption build on the base of Fantalova's (Фанталова, 2001, 2013) ideas, in accordance to which discrepancy between importance and attainability of values cause internal conflicts and vacuums. The state of internal conflict is a state of discrepancy between the need for achievement of internally significant values and probability of such achievement in reality, and the state of internal vacuum is an indicator of superfluousness of something in life or of the lack of interest in that, what is attainable. States of internal conflicts and vacuums are states of discrepancy between "I want" and "I have", as well as between "I want" and "I can". Taking into account that in accordance to the ideas of Fantalova the general index of discrepancy between importance and attainability of values can be treated as an indicator of blockade of units of value-meaning system, which function in motivational sphere of personality, and an indicator of internal conflicts as well, it was possible to suggest that the high level of this discrepancy will cause the sense of meaninglessness, while the internal consistency of importance and attainability of values, t.i. between the "desirable" and the "possible", will positively affect the sense of meaningfulness of life. The obtained results do not support this assumption. Probably, it can be explained by the use of mechanisms of psychological defense, which reduce the awareness of discrepancy in value-meaning system. As discrepancy between importance and attainability of values was not related to meaningfulness of life, this variable was not included in SEM. Thus we tested empirically the modified model that presented relations between participation of students in social activities oriented towards helping others, their meaningfulness of life, and their self-confidence.

Correlation and SEM analyses showed that such social activity as doing unpaid voluntary work in education, cultural and professional associations was positively related to meaningfulness of life and, in its turn, meaningfulness of life was positively related to self-confidence. These findings reveal one possible mechanism of development of self-confidence in youth. Participation in social social activities oriented towards helping others serve as a source of filling of meaningfulness of life. This conclusion is consistent with earlier findings (Ļevina & Mārtinsone, in press; Klein, 2016; Machell et al., 2014). Further, it is possible to conclude that meaningfulness of life increases self-confidence. Also in previous studies positive relations between meaningfulness of life and self-confidence were found (Asagba, Agberotimi, & Wimberly, 2017; Kang, Kim, & Song, 2009; Rosová, Orosová, & Žiaková, 2015).

The additional research question was about psychometric properties of the Latvian versions of the Meaning-in-Life Orientations test (MOL) and the RS (RS) Self-confidence scale.

While from the Latvian version of the RS Self-confidence scale consisted of 14 items only 6 items were excluded because of their low regression weights, the newly established scale of the Latvian version of the MOL consists only of five items (item 1, item 2, item 3, item 16, and item 18) that form one factor. Item 1 characterizes a sense of process of life (interest and emotional intension of life) and is an indicator of locus of control-Self. Item 2 characterizes a sense of process of life. Item 3 characterizes a sense of purpose in life. Item 16 is an indicator of a sense of purpose in life and of locus of control-Self, while item 18 is an indicator of a sense of purpose in life and of locus of control-life. A loss in an original factorial structure of the MOL allows us to conclude that meaningfulness of life in Leontiev's view as a total indicator of life meaning orientations – purpose in life, process of life (interest and emotional intension of life), productivity of life (satisfaction with self-realization), locus of control-Self and locus of control-life, is presented in our results only partially, as no one item of the newly established scale of the Latvian version of the MOL presents productivity of life (satisfaction with self-realization).

We have to discuss the limitations of this study. The main limitation of the study is the sample size. Taking into account that this research was conducted on the basis of one from Latvian universities and participation in this research was on a voluntary basis, we were limited in the sample size. The model of relations between participation in social activities oriented towards helping others, meaningfulness of life and self-confidence, which was obtained in this research, can be viewed as “a draft model” that should be tested in a more representative sample in future.

Secondly, the research design should be improved in future as in this research a cause and effect relationship can be viewed as “true” only for two variables, namely, participation in social activities oriented towards helping others and meaningfulness of life, as participants evaluated how often they did unpaid voluntary work through the number of organisations *in the last 12 months*, on the one hand, and their actual sense meaningfulness of life and actual level of self-confidence.

Thirdly, in this study helping others is presented in a context of formalized social activities while informal help is not included. Respectively, in future the role of helping others for a sense of meaningfulness of life and self-confidence in a context of informal social activities can be studied.

Despite of the limitations, this research contributes to understanding of sources and factors important for an individual's self-confidence. We showed the role of social participation for meaningfulness, which, in its turn, serves as a factor increasing self-confidence. This finding is important for practical issues. Namely, practitioners, whose efforts are oriented towards the enhancement of a sense of

meaningfulness and consequently self-confidence of young people, should provide for them an opportunity to participate in social activities, e.g. voluntary work in in education, cultural and professional associations. Nevertheless, in future it will be valuable to investigate other important sources and factors of self-confidence, such as, for example, childhood experiences, social-support, actual achievements in personally important life areas.

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# DOMU PAR PAŠNĀVĪBU SAISTĪBA AR DEPRESIJAS SIMPTOMU IZTEIKTĪBAS PAKĀPI UN PERSONĪBAS IEZĪMĒM SENIORIEM: PILOTPĒTĪJUMA REZULTĀTI

## *The Relationship between Suicide Ideation, Depressive Symptoms and Personality Traits in Elderly: Pilot Study Results*

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**Abstract.** *Healthy aging and the research on the related factors is one of the World Health Organization's priorities for the 2020-2030 years. Depression and suicidal ideation can adversely affect an individual's aging experience. Personality traits are important factors that allow to predict the individual's behavior in different situations, as well as the occurrence of emotional difficulties. The aim of the study was to investigate the relationship between symptoms of depression, suicidal ideation and personality traits in elderly, and to determine whether the relationship between personality traits and suicidal ideation remains statistically significant after controlling the severity of depression symptoms. Thirty nine respondents aged 65 and over were included in the pilot study ( $M = 71.23$ ;  $SD = 4.95$ ). The Latvian Clinical Personality Inventory (LCPI) was used for data collection. The results indicate a statistically significant relationship between several personality traits, depression symptoms and suicidal ideation for elderly. Controlling the severity of depression symptoms, statistically significant correlations were found between suicidal ideation and personality traits such as distrust, social withdrawal, self-harm, dissociation proneness on facet level and introversion on domain level. The results of the pilot study largely coincide with the results of previous studies and indicate that certain personality traits, irrespective of the degree of severity of depression symptoms, can explain an additional variation in suicidal thoughts and, hence, the risk of suicide for elderly. It would be important to conduct a study with similar variables in a larger sample.*  
**Keywords:** *elderly; depression symptoms; personality traits; suicidal ideation.*

## **Ievads**

### ***Introduction***

Saistībā ar globālo populācijas ilgmūžības attīstības tendenci sabiedrībā tiek aktualizēti jautājumi par veselīgu novecošanos un to prognozējošiem faktoriem. Zinātnē pētījuma jautājumu par to, kā dzīvot ilgāk, pakāpeniski nomaina jautājums par to, kā veiksmīgāk pielāgoties fiziskajām un psiholoģiskajām izmaiņām novecojot (Baek et al., 2016; Christensen et al., 2009), t.i., tiek diskutēts par veiksmīgu novecošanos. Ilgmūžība aktualizē jautājumus ne tikai par indivīda dzīves ilgumu, bet arī par pieredzi, kuru indivīds piedzīvo vecumdienās un viņa ikdienas dzīves kvalitāti (Martin et al., 2015). Pasaules veselības organizācijas vadlīnijās „Veselība 2020” Eiropas reģiona dalībvalstīm veselīgas novecošanās izpēte un tās sekmēšana ir atzīta par vienu no prioritārajiem virzieniem (WHO, 2016).

Zinātniskajā literatūrā visbiežāk izmanto veiksmīgas novecošanās modeli, kuru piedāvāja Kolumbijas un Mičiganas universitātes profesori Džons Rous un Roberts Kāns (Rowe & Kahn, 1997). Šajā modelī ir ietverta zema slimības un slimības radītās nespējas varbūtība, augsta līmeņa kognitīvā un fiziskā funkcionēšana, kā arī aktīva iesaistīšanās dažādās ikdienas aktivitātēs. Biežākā šī modeļa kritika ir saistīta ar tā pastiprināto uzmanību indivīda fiziskajai un kognitīvajai funkcionēšanai un nepietiekamo uzmanību, kas veltīta psiholoģiskiem mainīgajiem (Crowther et al., 2002; Vahia et al., 2012). Turklāt ir pierādīts, ka seniori, kuru veselības stāvoklis neatbilst Rousa un Kana piedāvātajiem veselīgas novecošanas kritērijiem, var subjektīvi sevi raksturot kā veiksmīgi novecojošus (Montross et al., 2006; Strawbridge et al., 2002), tā demonstrējot nesaskaņotību starp objektīviem veselības rādītājiem/ kritērijiem un subjektīvo indivīda pašnovērtējumu.

### **Depresija un domas par pašnāvību kā nozīmīgi riska faktori**

#### ***Depression and suicidal ideation as important risk factors***

Viens no būtiskākajiem empīriski apstiprinātajiem psiholoģiskajiem faktoriem, kas negatīvi ietekmē novecošanos, ir depresijas simptomi. Sistemātiskā pārskata rezultāti, ļauj secināt, ka depresijas simptomi ir viens no izplatītākajiem traucējumiem pieaugušajiem pēc 65 gadiem (Polyakova et al., 2014). Atsevišķu empīrisko pētījumu dati par depresijas simptomu izplatību senioru izlasēs sasniedz no 10 %-16 % līdz 20 %-40 % (O'shea et al., 2017). Tomēr tiek norādīts, ka seniori salīdzinoši retāk nekā gados jaunāki pieaugušie, saņem speciālistu palīdzību depresijas simptomu mazināšanai (Unutzer, 2002; Weber et al., 2012), kas iezīmē potenciāli lielāku risku, ko var radīt depresijas simptomi vecumdienās. Depresijas simptomi senioru vecumā ir saistīti ar

vairākiem veselības un novecošanās negatīvajiem iznākumiem, kuri iekļauj depresijas traucējumus (Cuijpers & Smit, 2004), funkcionālo mazspēju (Barry et al., 2009), somatiskas slimības (Rafanelli et al., 2006) un biežākus ārstu apmeklējumus (Richards, 2011), kognitīvo spēju samazināšanos (Alexopoulos, 2005; Kaneko et al., 2007) un agrāku mirstību (Lin et al., 2009). Turklāt ir pierādīts, ka indivīdiem ar izteiktākiem depresijas simptomiem senioru vecumā ir raksturīgs negatīvs novecošanās subjektīvs novērtējums (Vahia et al., 2010). Populācijas mēroga pētījumā tika iegūti dati, kas liecina, ka depresijas simptomu nozīme novecošanās procesā, kā arī šī procesa subjektīvajā novērtējumā, ir salīdzināma ar fiziskās veselības nozīmi (Jeste et al., 2013). Šie rezultāti ļauj uzsvērt holistiskās pieejas nepieciešamību veselīgas novecošanās izpētei un profilaksei, pietiekami lielu uzmanību pievēršot psiholoģiskajiem mainīgajiem.

Viens no potenciāliem riskiem, kas ir saistīts ar depresijas simptomātiku, ir pašnāvības domas un suicidāla uzvedība. Saskaņā ar Pasaules Veselības Organizācijas datiem katru gadu ap 800 000 indivīdu izdara pašnāvību. Daudz vairāk cilvēku izdara pašnāvības mēģinājumus. Kaut gan pašnāvības ir globāla parādība, 2015. gada dati liecina, ka 78 % pašnāvību ir veiktas zema vai vidēja ienākumu līmeņa valstīs (WHO, 2017). 2015. gadā pašnāvības ir kļuvušas par 17 izplatītāko nāves cēloni, izskaidrojot 1,4 % nāves gadījumus pasaulē. Latvijā 2015. gadā pašnāvību ir izdarījuši 21,7 cilvēki uz 100 000 populācijas iedzīvotājiem. Šis rādītājs ievērojami pārsniedz vidējo rādītāju Eiropas valstīs, kas ir 14,1 uz 100 000 iedzīvotāju (WHO, 2015).

Ārsemju populācijas mēroga pētījumi apliecina, ka senioru grupā pašnāvību izplatības rādītāji līdzinās rādītājiem citās vecumgrupās (Conwell, Duberstein, & Caine, 2002). Neskatoties uz to, ka gados vecākiem cilvēkiem statistiski nozīmīgi retāk ir vērojama paškaitnieciska uzvedība, pašnāvības domas (*suicidal ideation*) un pašnāvības mēģinājumi, nekā gados jaunākiem, tieši veciem cilvēkiem pašnāvības mēģinājumi visbiežāk beidzas letāli. Ja gados jaunāko cilvēku izlasē uz vienu izdarīto pašnāvību tiek reģistrēti 200 mēģinājumi (McIntosh et al., 1994), tad senioru grupā šīs attiecības ir 1 pašnāvība pret 2-4 mēģinājumiem (Fremouw, dePerczel, & Ellis, 1990).

Domas par pašnāvību bieži ir saistītas ar pastiprinātām emocionālajām ciešanām (Conrad et al., 2009). Pētījumi liecina, ka domas par pašnāvību prognozē suicidālo uzvedību (Heisel, 2006; Franklin et al., 2017). Depresija, domas par pašnāvību, kā arī iepriekšējie pašnāvības mēģinājumi ir vispāratzīti riska faktori pašnāvībām dažādās vecumgrupās. Gados vecāku cilvēku grupā ir vērojama ciešāka saistība starp pašnāvību un depresiju (Conwell et al., 2011), kā arī starp pašnāvības domām un depresiju (Dennis et al., 2007), nekā gados jaunāko cilvēku grupā.

## **Personības iezīmes un depresijas simptomi** *Personality traits and symptoms of depression*

Personības iezīmes bieži tiek izmantotas, lai skaidrotu stabilus paternus indivīda uzvedībā dažādās situācijās. Domājot par novecošanos, var pieņemt, ka noteiktas personības iezīmes ļauj vieglāk adaptēties notiekošajām fiziskajām un psiholoģiskajām izmaiņām, un līdz ar to var kalpot kā papildus riska vai aizsargājošie faktori. Iepriekš veiktie pētījumi ļauj secināt, ka personības iezīmes izskaidro noteiku daļu variācijas ilgmūžībā un veiksmīgā novecošanās procesā (Baek et al., 2016; Versey et al., 2013).

Lai novērtētu personības iezīmju nozīmi novecošanās procesā, parasti tiek izmantots Piecu personības faktoru modelis (Costa & McCrae, 1985). Izmantojot šo modeli, ir aprakstīta saistība starp personības iezīmēm un depresijas simptomiem senioru vecumā: pētījumu rezultāti norāda uz pozitīvu saistību starp depresiju un neirotismu un negatīvu saistību depresiju un ekstraversiju, atvērtību pieredzei un apzinīgumu (O'shea et al., 2017; Shanahan et al., 2014). Pētījumi rāda, ka tādas personības iezīmes kā agresivitāte, impulsivitāte, trauksmainība, introversija un zema komunikabilitāte ir saistītas ar paaugstinātu pašnāvības risku (Hirvikoski & Jokinen, 2012). Dati, kuri tika iegūti specifiski senioru izlasēs, norāda, ka paaugstinātu risku pašnāvībām rada tādi personības raksturojumi kā zema atvērtība pieredzei un augsts neirotisms (Draper et al., 2014). Tomēr jāatzīmē, ka lielākoties pētījumi par pašnāvības risku saistībā ar personības iezīmēm tika veikti klīniskās izlasēs un nav skaidrs, vai iegūtie rezultāti ir attiecināmi uz senioru populāciju.

Balstoties uz veselīgās novecošanās un saistīto faktoru izpētes aktualitāti, kā arī zinātniskās literatūras pārskatu, tika izvirzīts pētījuma mērķis - izpētīt saistību starp depresijas simptomiem, domām par pašnāvību un personības iezīmēm senioriem, kā arī noskaidrot, vai saistība starp personības iezīmēm un domām par pašnāvību paliek statistiski nozīmīga, kontrolējot depresijas simptomu izteiktības pakāpi.

### **Metode** *Method*

*Dalībnieki.* Pilotpētījuma izlasē tika iekļauti 39 respondenti vecumā no 65 līdz 82 gadiem ( $M = 71,23$ ;  $SD = 4,95$ ) bez psihiskiem un uzvedības traucējumiem, 13 vīrieši un 26 sievietes. Iekļaušanas kritēriji: pilnībā aizpildīts LKPT, atbilžu saskaņotības skalas rādītājs  $< 70$  T ballēm.

*Instrumentārijs.* Datu ievākšanai tika izmantots Latvijas klīniskais personības tests (LKPT; Perepjolkina, Koļesņikova, Mārtinsone, Stepens, pieņemts publicēšanai), kas ir pašraksturojuma tests, ar kura palīdzību ir

iespējams daudzpusīgi novērtēt indivīda psihisko stāvokli, viņa emocionālās un sociālās adaptācijas spējas un grūtības, sevis un citu cilvēku uztveres, emocionālo reakciju un uzvedības īpatnības, t.i., labāk izprast daudzveidīgos personības raksturojumus, tai skaitā patoloģiskās uzvedības tendences. Datu analīzē tika izmantoti rezultāti no 33 personības iezīmju skalām, depresijas simptomu un domu par pašnāvību skalas.

*Procedūra.* Datus ievāca apmācīti speciālisti, testējot respondentus individuāli. Iepriekš tika saņemta informētā piekrišana.

*Datu analīze.* Datu analīze tika veikta, izmantojot SPSS programmas 23. versiju. Tika aprēķināti aprakstošās statistikas rādītāji, kā arī korelācijas koeficienti (t.sk. parciālās korelācijas).

## Rezultāti

### Results

1. tabulā ir atspoguļoti pētāmo mainīgo centrālās tendences rādītāji, kā arī Pīrsona korelācijas (angl. *zero-order*) un parciālās korelācijas koeficients. Iegūtie dati norāda uz statistiski nozīmīgu ciešu korelāciju starp senioru depresijas simptomiem un domām par pašnāvību ( $r = 0,58, p < 0,01$ ), kā arī uz to, ka depresijas simptomu un domu par pašnāvību skalu rādītāji ir statistiski nozīmīgi saistīti ar vairākām personības iezīmēm.

1.tab. Depresijas simptomu, domu par pašnāvību un personības iezīmju skalu aprakstošās un secinošās statistiskas rādītāji senioru izlasē

Table 1 Descriptive and conclusive statistics for depression, suicidal ideation and personality traits in elderly sample

LKPT skala	M	SD	DP	DPP	DPP
			<i>r</i>	<i>r</i>	<i>r<sub>parc.</sub></i>
DP: Depresijas simptomu skala	7,16	6,25	--	--	--
DPP: Domas par pašnāvību	1,59	3,95	0,58**	--	--
NR1: Dominēšana	6,79	5,79	0,06	0,14	0,13
NR2: Augstprātība	4,72	5,28	0,17	0,08	-0,03
NR3: Uzmanību meklējoša uzvedība	5,95	4,95	-0,03	-0,05	-0,05
NR4: Manipulatīvā uzvedība	6,00	5,64	0,14	0,06	-0,03
NR5: Neiejūtība	4,18	4,23	0,38*	0,11	-0,15
NR6: Melīgums	4,26	4,77	0,33*	0,04	-0,19
IM1: Agresivitāte	2,00	3,89	0,30	0,35*	0,23
IM2: Bezatbildība	4,74	5,04	0,44**	0,25	0,00
IM3: Neapdomība	9,85	5,66	0,49**	0,21	-0,11
IM4: Riskanta uzvedība	8,63	4,52	0,00	0,03	0,03
NE1: Nesavaldība	7,13	6,40	0,24	0,15	0,01

Łubenko et al., 2018. Domu par pašnāvību saistība ar depresijas simptomu izteiktības pakāpi un personības iezīmēm senioriem: pilotpētījuma rezultāti

NE2: Emocionālā nestabilitāte	12,63	5,90	0,11	0,12	0,06
NE3: Emocionālā labilitāte	8,29	6,36	0,47**	0,47**	0,27
NE4: Depresivitāte	7,82	6,53	0,84**	0,61**	0,28
NE5: Trauksmainība	11,23	9,01	0,65**	0,49**	0,17
NE6: Neatlaidības trūkums	9,74	7,18	0,80**	0,33*	-0,28
NE7: Neuzticēšanās	10,32	6,44	0,62**	0,14	-0,36*
AT1: Ievainojamība	11,88	6,08	0,57**	0,34*	0,01
AT2: Pakļaujamība	9,40	6,08	0,56**	0,41**	0,12
AT3: Neizlēmīgums	11,49	6,58	0,62**	0,34*	-0,03
AT4: Separācijas trauksme	14,62	7,10	0,50**	0,47**	0,25
PS1: Uztveres dīvainības	1,49	2,78	0,44**	0,34*	0,12
PS2: Nosliece uz disociāciju	1,95	4,17	0,52**	0,53**	0,33*
PS3: Ekscentrisms	4,51	4,98	0,36*	0,16	-0,06
PS4: Aizdomīgums	3,50	4,68	0,39*	0,35*	0,17
PS5: Dīvainās pārliecības	4,97	4,33	0,26	0,35*	0,25
PS6: Tīšs paškaitējums	0,96	2,34	0,47**	0,66**	0,53**
IN1: Ierobežota emocionalitāte	9,49	5,94	0,54**	0,17	-0,21
IN2: Noslēgtība	11,74	5,64	0,39*	-0,02	-0,33*
IN3: Izvairīšanās no tuvām att.	8,46	6,60	0,49**	0,12	-0,24
K1: Pedantisms	16,70	5,93	0,04	0,00	-0,02
K2: Stūrgalvīga neatlaidība	13,78	6,09	-0,05	-0,06	-0,04
K3: Perfekcionisms	11,69	7,55	0,33*	0,25	0,07
NR: Narcisms	5,53	4,08	0,17	0,08	-0,02
IM: Impulsivitāte	6,31	3,78	0,40*	0,26	0,03
NE: Negatīvā emocionalitāte	9,42	4,95	0,67**	0,53**	0,22
AT: Atkarība	11,85	5,09	0,71**	0,50**	0,14
PS: Psihotisms	3,29	3,16	0,51**	0,45**	0,22
IN: Introversija	9,90	5,10	0,57**	0,11	-0,33*
K: Kompulsivitāte	14,06	4,82	0,17	0,10	0,01
A: Antagonisms	5,71	3,62	0,31	0,16	-0,02
N: Neirotisms	10,42	4,76	0,77**	0,54**	0,16
SH: Šizotipija	6,27	3,55	0,65**	0,30	-0,13

\*  $P < 0,05$ ; \*\*  $p < 0,01$ . M – aritmētiskais vidējais; SD – standartnovirze.

DP - Depresijas simptomu skala; DPP – Domas par pašnāvību.

Lai atbildētu uz pētījuma jautājumu par to, vai saistība starp personības iezīmēm un domām par pašnāvību paliek statistiski nozīmīga, kontrolējot depresijas simptomu izteiktības pakāpi, tika aprēķināti parciālās korelācijas koeficienti (skat. 1. tab.). Tika iegūtas statistiski nozīmīgas pozitīvas korelācijas starp domām par pašnāvību un tīšu paškaitējumu ( $r_{\text{parc}} = 0,53$ ;  $p < 0,01$ ) un noslieci uz disociāciju ( $r_{\text{parc}} = 0,33$ ;  $p < 0,05$ ), kā arī statistiski nozīmīgas negatīvas korelācijas ar neuzticēšanos ( $r_{\text{parc}} = -0,36$ ;  $p < 0,05$ ), noslēgtību ( $r_{\text{parc}} = -0,33$ ;  $p < 0,05$ ) un introversiju ( $r_{\text{parc}} = -0,33$ ;  $p < 0,05$ ) (skat. 1. tab.).

## **Diskusija** **Discussion**

Pilotpētījuma rezultāti norāda, ka senioru depresijas simptomi un domas par pašnāvību ir saistītas ar neirotisma un negatīvas emocionalitātes personības iezīmēm. Šie secinājumi lielā mērā saskan ar iepriekšējo pētījumu rezultātiem, kuri liecina, ka neirotisma rādītāji prognozē dažādus depresijas simptomus un atkārtotas depresijas epizodes (O'shea et al., 2017; Shanahan et al., 2014), kā arī domas par pašnāvību (Draper et al., 2014). Neirotisms un negatīvā emocionalitāte padara cilvēku īpaši jūtīgu pret dažāda veida negatīviem stimuliem, kas noved pie plaša spektra negatīvas pieredzes – nomāktības, trauksmes, vainas izjūtas, naidīguma un neapmierinātības ar sevi (Steunenbergs et al., 2009). Var pieņemt, ka senioru vecumā indivīdi ar augstākiem rādītājiem neirotisma un negatīvas emocionalitātes skalā ir vairāk pakļauti distresam un līdz ar to uzrāda augstākus depresijas simptomus un pašnāvības domas nekā indivīdi ar zemāku neirotismu un negatīvo emocionalitāti.

Attiecībā uz pētījumā konstatēto atkarības un psihotisma dimensiju personības iezīmju pozitīvo saistību ar depresijas simptomiem un pašnāvības domām senioriem jāsaprot, ka šie rezultāti ir grūti salīdzināmi ar citos pētījumos iegūtajiem rezultātiem, jo tipiski šādos pētījumos tiek izmantots Lielā piecinieka modelis (Costa & McCrae, 1985), ar kuru minētās iezīmes netiek mērītas. Depresijas simptomu un pašnāvības domu saistība ar ievainojamības, pakļaujamības, neizlēmīguma un separācijas trauksmes rādītājiem var norādīt uz indivīda iekšējo resursu trūkumu, t.i., apgrūtinātu spēju pārvaldīt savu ikdienas rutīnu un esošo stāvokli, pieņemt individuālus lēmumus.

Kaut gan izmantotais pētījuma dizains neļauj izdarīt secinājumus par cēloņu un sekū sakarībām starp pētāmajiem mainīgajiem, hipotētiski var iezīmēt nepieciešamību atbalstīt veca cilvēka neatkarību, iespēju izdarīt izvēles savā ikdienas dzīvē, nevis pārņemt visas rūpes un līdz ar to arī kontroli par viņa (-as) dzīvi.

Īpaša uzmanība ir jāpievērš psihotisma dimensijas personības iezīmēm, jo divas no šīm iezīmēm – tīšs paškaitējums un nosliece uz disociāciju, paliek statistiski nozīmīgi pozitīvi saistītas ar domām par pašnāvību, kontrolējot depresijas simptomus. Kopumā psihotisma skalas augstāki rādītāji atklāj indivīda netipiskās domas un uztveres dīvainības, noslieci uz depersonalizāciju un disociāciju, un ir pozitīvi saistīti ar depresijas simptomiem un pašnāvības domām, kas saskan ar citu pētījumu rezultātiem klīniskajās pacientu grupās (Gournellis & Lykouras, 2006; Zalpuri & Rothschild, 2016). Turklāt tiek norādīts, ka tieši psihotiskie simptomi depresijas pacientiem rada papildus risku pašnāvības mēģinājumiem (Lykouras et al., 2002).



Pilotpētījuma ietvaros iegūtie dati ļauj secināt, ka neatkarīgi no depresijas simptomu izteiktības pakāpes pašnāvības domu izteiktības mērījuma dispersijas daļu senioriem var izskaidrot neuzticēšanās, noslēgtības un introversijas rādītāji. Šo iezīmju parciālās korelācijas ar domām par pašnāvību ir negatīvas, kas nozīmē, ka tie pētāmie indivīdi, kuri uzrāda zemākus rādītājus šajās skalās, biežāk ir godīgi pauduši domas par pašnāvību. Var norādīt, ka šīs personības iezīmju apakšskalās ir saistītas ar savstarpējo attiecību jomu, priekšstatiem par attiecībām, attieksmi pret citiem cilvēkiem, kas var prognozēt rīcību sociālās situācijās.

Interpretējot iegūtos rezultātus, var izteikt pieņēmumu, ka indivīdi, kuriem ir mazāk raksturīga neuzticēšanās un noslēgtība, kā arī introversija ir vairāk gatavi atklāt savas negatīvas domas citiem, atzīt un izpaust tās. Iespējams, iegūtie rezultāti var netieši norādīt, ka tādas personības iezīmes kā neuzticēšanās un noslēgtība var kalpot kā riska faktors, kas var atturēt cilvēku meklēt savlaicīgu palīdzību un atklāt savas problēmas kādam citam.

Analizējot pētījuma ierobežojumus, pirmkārt, jāuzsver, ka pētījuma izlases apjoms bija neliels, kas zināmā mērā ierobežo iespējas attiecināt iegūtos rezultātus uz plašāku senioru populāciju. Otrkārt, jāmin, ka vairākiem respondentiem iztrūka dati par demogrāfiskie rādītāji (piemēram: izglītības līmenis, ģimenes stāvoklis), un tāpēc šie mainīgie netika iekļauti datu analizē, kaut gan tie varētu būt nozīmīgi, skaidrojot konstatētās sakarības. Nākotnē būtu nepieciešams veikt izpēti ar līdzīgiem mainīgiem lielākā pētījuma izlasē.

## **Secinājumi** **Conclusions**

Pilotpētījumā iegūtie dati parāda ciešu statistiski nozīmīgu saistību starp depresijas simptomiem, domām par pašnāvību un dažādām personības iezīmēm cilvēkiem vecumā virs 65 gadiem. Senioriem ar augstākiem depresijas simptomu un domu par pašnāvību rādītājiem ir raksturīgi vidēji augstāki rādītāji neirotizma, negatīvās emocionalitātes, atkarības un psihotisma dimensiju personības iezīmju apakšskalās. Divas no psihotisma dimensijas personības iezīmēm – tīšs paškaitējums un nosliece uz disociāciju, paliek statistiski nozīmīgi pozitīvi saistītas ar domām par pašnāvību, kontrolējot depresijas simptomus.

Iegūtie dati ļauj secināt, ka neatkarīgi no depresijas simptomu izteiktības pakāpes papildus pašnāvības domu izteiktības mērījuma dispersijas daļu senioriem var izskaidrot neuzticēšanās, noslēgtības un introversijas rādītāji. Šo iezīmju parciālās korelācijas ar domām par pašnāvību ir negatīvas, kas nozīmē, ka tieši pētāmie indivīdi ar zemākiem rādītājiem šajās skalās ir biežāk godīgi pauduši domas par pašnāvību.

**Šis raksts ir tapis ar projekta Nr. 48- 23/2017/0452. 2017. - 2020. „Projekts: Datorizētas indivīda personības novērtēšanas sistēmas izstrāde” atbalstu.**

### Summary

The aim of the study was to investigate the relationship between symptoms of depression, suicidal ideation and personality traits in elderly, and to determine whether the relationship between personality traits and suicidal ideation remains statistically significant after controlling the severity of depression symptoms. Thirty nine respondents aged 65 and over were included in the pilot study ( $M = 71.23$ ;  $SD = 4.95$ ), 13 males and 26 females not diagnosed with psychiatric or behavior disorder. The Latvian Clinical Personality Inventory (LCPI) was used for data collection. Data analysis was performed using SPSS program. Descriptive statistics, as well as correlation coefficients (including partial correlations) were calculated.

The results from a pilot study indicate that depression symptoms and suicidal ideation of elderly are statistically significantly positively related to the personality traits of the domains of neuroticism, negative emotionality, dependence and psychoticism. Two of the personality traits of the psychoticism dimension - self-harm and dissociation proneness, remain statistically significantly positively related to suicidal ideation after controlling for depression symptoms.

The data obtained in the pilot study suggests that, regardless of the degree of depression symptoms, the proportion of suicidal ideation dispersion in elderly can be explained by distrust, social withdrawal and introversion. The partial correlation of these personality traits with the suicide ideation was negative, which means that subjects with lower scores on these scales were more likely to express honestly their thoughts of suicide.

In analyzing study constraints, a small sample size and the impossibility to use some demographic data (such as education level, marital status) in the analysis should be mentioned. In the future, it would be necessary to carry out research with similar variables in the larger sample.

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# APZINĀTĪBĀ BALSTĪTO INTERVENČU RAKSTUROJUMS DAŽĀDĀM PACIENTU GRUPĀM – LITERATŪRAS APSKATS

## *Characteristics of Mindfulness Based Interventions for Different Patient Groups – Literature Review*

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**Abstract.** *Mindfulness based interventions has been used in context with different mental and somatic health conditions in health care system with good evidences. In Latvia professionals working in psychiatry and rehabilitation are taking first steps to integrate mindfulness based interventions into their practice, therefore, guidelines for integration these interventions into the health care system is needed. The aim of this study is to evaluate existing evidences, content and mechanisms of mindfulness interventions for different patient groups.*

*Electronic searches in PubMed, ProQuest, ScienceDirect, ClinicalKey, Cochrane Library, Wiley Online Library, and PsycInfo (2010 – 2018). Papers were required to meet the following criteria to be included in this review: (i) systematic review or meta-analysis; (ii) include quantitative outcomes for adult population in health care setting; (iii) published in English.*

*Despite the good evidences, mindfulness based interventions are viewed as "complex intervention", researchers call for methodological, cultural and ethical attention to be made of implementing mindfulness practice into health care setting.*

**Keywords:** *health care; mindfulness based cognitive therapy; mindfulness based intervention; mindfulness based stress reduction.*

### **Ievads**

#### ***Introduction***

Apzinātības (angl. *mindfulness*) koncepts pētījumos veselības aprūpē tiek lietots jau gandrīz 30 gadus, bet beidzamajā desmitgadē būtiski ir pieaudzis ar apzinātību un dažādām apzinātības intervencēm saistīto pētījumu skaits. Datu

bāzes “PubMed”, “SciencDirect” uzrāda, ka 2017. gadā vien ir publicēti vairāk nekā 30 sistemātiskie pārskati (turpmāk tekstā – SP) par apzinātībā balstīto intervenču rezultātiem, 22 no tiem – veselības aprūpē (citi – izglītībā, sociālajā aprūpē). 2017. gadā publicētais pārskats par citējamības paterniem ar apzinātību saistītajos SP parāda, ka 2010. gadā tika publicēti 6, bet 2015. gadā jau 29 SP par apzinātību un apzinātībā balstītajām intervencēm (Chiesa, Fazia, Bernardinelli, & Morandi, 2017).

Kamēr citviet pasaulē ar apzinātību saistītas intervences tiek pielietotas veselības aprūpes vidē, Latvijā tikai šobrīd tiek sperti pirmie soļi, lai šādas intervences iekļautu psiholoģiskās palīdzības un atbalsta sistēmā un piedāvātu tās klientiem vai pacientiem. Pagaidām tā ir atsevišķu dažādu jomu profesionāļu (psihologu, kognitīvi biheiviorālo terapeitu, mākslas terapeitu, fizioterapeitu) iniciatīva, – integrēt apzinātības principus savā profesionālajā darbībā.

Lielbritānijā, kur apzinātībā balstītās intervences (turpmāk tekstā – ABI) ir iestrādātas veselības aprūpes vadlīnijās (piemēram, pacientiem ar hronisku depresiju) (Coronado-Montoya et al., 2016), pētnieki diskutē par ABI integrāciju veselības aprūpes sistēmā un nosauc to par "sarežģītu intervenci" integrācijai. Tās sarežģītību nosaka vairāki faktori: (1) ABI ietver virkni dažādu komponentu un mijiedarbību, kas ir gan praktiski (dažādas tehnikas un apzinātības vingrinājumi), gan teorētiski (atšķirīgs teorētiskais saturs atkarībā no fokusa vai pacientu grupas vajadzībām); (2) tās ietver kompleksas izmaiņas vadībā un uzvedībā (pieņemšana, psiholoģiskais elastīgums, līdzjūtība) gan no dalībnieku, gan profesionāļu puses; (3) tās prasa koordinētu piepūli - stratēģisku plānu dažādos pakalpojuma līmeņos, lai to varētu ieviest sistēmā; (4) tās iekļauj dažāda veida mainīgos (fizioloģiskus, psiholoģiskus, personības iezīmju, pakalpojuma pieejamības u.c.), kas jānovērtē pētījumos; (5) tās pieļauj lielu modeļu daudzveidību (Demarzo, Cebolla, & Garcia-Campayo, 2015).

Vēsturiski apzinātības koncepts ir bijis saistīts ar budisma reliģisko praksi un meditācijas tradīciju, kas mūsdienās rada gan neviennozīmīgu attieksmi pret šo konceptu, gan grūtības operacionalizēt apzinātības jēdzienu. Šīs grūtības pastiprina fakts, ka dažādi autori, izmantojot daudzveidīgus avotus, lieto atšķirīgu terminoloģiju. Lai gan šobrīd apzinātību visbiežāk definē kā tīši vērstu uzmanību pret patreizējo pieredzi ar pieņemšanu, nevērtējošu attieksmi (Jon Kabat-Zinn, 1990), vienlaikus pētnieki to apraksta kā dažādus stāvokļus un procesus. Reizēm pēc būtības līdzīgi fenomeni tiek nosaukti atšķirīgi (Chiesa & Malinowski, 2011), proti, angļu valodā publicētajos tekstos sastopamie jēdzieni *mindfulness based approach*, *mindfulness based therapy* un *mindfulness based intervention* visbiežāk tiek lietoti kā sinonīmi dažādiem ar apzinātību saistītiem psiholoģisko terapiju veidiem, kuriem ir kopīgs teorētiskais pamats un līdzīgs saturs. Apzīmējums “psiholoģiskās terapijas” latviešu valodā vēl nav aprobēts, taču angļu valodā publicētajā zinātniskajā literatūrā (*psychological therapies*) to lieto

jau vismaz 30 gadus kā apvienojošu jēdzienu intervencēm, kuras tiek realizētas konsultēšanas formā un kuru mērķis ir atvieglot psiholoģisko distresu, un veicināt adaptīvas uzvedības apgūšanu (Shadish, Navarro, Matt, & Phillips, 2000). Tātad, šajā rakstā autores ar psiholoģiskajām terapijām saprot dažādu pieeju psihoterapiju, psiholoģisko konsultēšanu, kā arī mākslu terapiju.

Apzinātībā balstītās intervences ir kopīgs apzīmējums daudzveidīgiem psiholoģisko terapiju veidiem, kuru ietvaros tiek praktizēta meditācija un tādējādi attīstīta apzinātība. Par ABI pamata konceptiem tiek nosaukti nolūks, uzmanība un attieksme, kas ļauj pieredzēt perspektīvas maiņu attiecībā pret uztverto – būt dziļā kontaktā ar pieredzi, nevis identificēties ar to (Shapiro, Carlson, Astin, & Freedman, 2006).

Psiholoģisko terapiju ietvaros ABI tiek pieskaitītas pie trešā viļņa kognitīvi biheviatorālās terapijas. Šo trešo vilni apraksta kā neohumānistisku un holistisku pieeju kopumu, ko raksturo intervences uzmanības virzībai uz savu domu un emociju novērošanu, savas pieredzes novērošanu, kontaktu ar tagadni, savu vērtību izpratni un sevis pieņemšanu (Hayes, 2004).

Lai gan pētniekus joprojām interesē ABI efektivitāte dažādās pacientu grupās, pēdējā laikā rodas interese arī par intervences darbības jeb terapeitisko mehānismu noskaidrošanu, tāpēc šī raksta **mērķis** ir apkopot pēdējo 7 gadu laikā datu bāzēs publicētos rakstus par apzinātībā balstīto intervenču izmantošanu veselības aprūpes vidē psihiatrijas un hronisku somatisku slimību pacientiem un atbildēt uz šādiem pētījuma jautājumiem: 1) Kādi ir pierādījumi par ABI ietekmi uz simptomiem psihiatrijas un hronisku somatisku slimību pacientu grupām? 2) Kā tiek raksturotas ABI: kāds ir ABI saturs un ilgums? 3) Kā tiek skaidrots ABI darbības (terapeitiskais) mehānisms?

## **Metode**

### ***Method***

Lai atbildētu uz pētījuma jautājumiem, tika izmantota sistemātiska avotu meklēšanas metode: datubāzēs “PubMed”, “ProQuest”, “ScienceDirect”, “ClinicalKey”, “Cochrane Library”, “Wiley Online Library” un “PsycInfo” laika posmā no 2017. gada oktobra līdz 2018. gada janvārim tika atlasīti raksti, kas publicēti no 2010. līdz 2018. gadam un kuri atbilst šādiem iekļaušanas kritērijiem: 1) sistemātisks pārskats un/vai metaanalīze, 2) pētījumu izlasi veido pieaugušie pacienti veselības aprūpes vidē, 3) publikācija ir angļu valodā. Izmantotie atslēgvārdi ir *mindfulness*; *mindfulness practice*; *mindfulness based intervention*; *mindfulness based stress reduction*; *mindfulness based cognitive therapy*; *mental and physical health*, un to kombinācijas, izmantojot Būla operatoru AND, OR.

**Pierādījumi par ABI ietekmi uz simptomiem psihiatrijas un hronisku somatisku slimību pacientu grupām**  
*Evidence of MBI on the symptoms of psychiatry and chronically somatic patients*

Šī apskata ietvaros tika apkopoti rezultāti no 15 sistemātiskajiem pārskatiem un meta-analīzēm (2012.-2018. gads), kas ietver 411 pētījumu datus.

Visbiežāk (67 %) sistemātiskajos pārskatos tiek minēti augsta līmeņa pierādījumi samazinot depresijas un trauksmes rādītājus. Šie simptomi efektīvi tiek samazināti hroniskas depresijas pacientiem (Coronado-Montoya et al., 2016), progresējošas onkoloģiskās saslimšanas (Zimmermann, Burrell, & Jordan, 2018) vēža pacientiem (Gotink et al., 2015; Piet, Würtzen, & Zachariae, 2012), krūts vēža pacientiem (Zainal, Booth, & Huppert, 2012), hronisku sāpju pacientiem (Veehof, Trompeter, Bohlmeijer, & Schreurs, 2016), fibromialģijas, sirds un asinsvadu slimību (hipertensija, cukura diabēts, sirds slimības) un citu hronisku slimību pacientiem (Abbott et al., 2014; Gotink et al., 2015), multiplās sklerozes pacientiem (Simpson et al., 2014), kā arī pēc pārejošas išēmiskas lēkmes un insulta (Lawrence, Booth, Mercer, & Crawford, 2013).

Stresa simptomu mērījumi visbiežāk ir saistīti ar konkrēto ABI intervenci – apzinātībā balstītu stresa samazināšanu, tas tiek norādīts 33 % no metaanalīzēm. Par efektīvu stresa simptomu samazināšanu tiek minēts vēža pacientiem (Gotink et al., 2015; Zainal et al., 2012), dažādu hronisko slimību pacientiem (Gotink et al., 2015) un pacientiem ar asinsvadu sistēmas traucējumiem (Abbott et al., 2014).

47 % no metaanalīzēm norāda uz dzīves kvalitātes rādītāju uzlabošanos šādām pacientu grupām: progresējoša onkoloģiskā saslimšana (Zimmermann et al., 2018), vēzis un krūts vēzis (Zainal, Booth, & Huppert, 2012; Gotink et al., 2015), hroniskas sāpes (Bawa et al., 2015), multiplā skleroze (Simpson et al., 2014), insults (Lawrence et al., 2013) un hroniska depresija (Coronado-Montoya et al., 2016).

Hronisku sāpju pacientu grupai ABI ir piemērotas, lai attīstītu sāpju pieņemšanu un uztverto sāpju kontroli (Bawa et al., 2015), kā arī lai īstermiņā samazinātu sāpju intensitātes un nespējas simptomus (Cramer, Haller, Lauche, & Dobos, 2012). Ietekme uz sāpju un noguruma samazināšanos ir pierādīta arī multiplās sklerozes pacientiem (Simpson et al., 2014).

Psihiatrijas pacientu grupām ir gūti pierādījumi, ka ABI samazina rumināciju depresijas pacientiem (Perestelo-Perez, Barraca, Peñate, Rivero-Santana, & Alvarez-Perez, 2017). Ruminācija jeb nemitīga domu malšanās ir raksturīgs simptoms pie vairākām psihiskām saslimšanām, taču jo īpaši depresijai. Attiecībā uz šizofrēnijas pacientiem, pētnieki secina, ka lielāka ABI ietekme ir uz šizofrēnijas negatīvo simptomātiku, uzlabojas motivācija, savstarpējā



mijiedarbība, atbildes reakcijas ātrums, emociju apzināšanās un biežāka pozitīvo emociju piedzīvošana (Khoury, Lecomte, Gaudio, & Paquin, 2013).

Apkopojot sistemātisko pārskatu rezultātus var teikt, ka pacientiem ar hroniskām somatiskām saslimšanām un psihiatrijas diagnozi ABI uzrāda uzlabojumus trauksmes, depresijas, dzīves kvalitātes un stresa rādītājos, un samazina dažādus ar hroniskām slimībām saistītus simptomus.

### **Apzinātībā balstīto intervenču raksturojums** *Characteristic of mindfulness based interventions*

Šajā raksta sadaļā ABI tiks raksturotas pēc satura un ilguma.

Visām ABI ir kopīgs pamats – formāla meditācijas prakse, kas ietver dažādas vadītas meditācijas (piemēram, elpas vērošana, ķermeņa skenēšana, skaņu un domu meditācija, atvērtas uzmanības meditācija, meditācija kustībā) un noteiktas attieksmes attīstīšana (piemēram, tagadnes brīža apzināšanās, pieņemšana, ļaušanās, netiesāšana, laipnība un citas), kā arī jogas vingrinājumus un apzinātības attīstīšanu ikdienas rutīnas aktivitātēs, ko dēvē arī par neformālo praksi. Visām ABI saturu veido līdzīgi elementi – meditācija, darbs ar ķermeni, domām un emocijām, kā arī psihoizglītošanās. Atšķirības pastāv šo elementu dažādajās proporcijās un katras intervences specifiskā. Tiek uzsvērtā patstāvīga apzinātības praktizēšana ikdienas dzīvē (gan formālā, gan neformālā prakse), kā arī regulāru mājasdarbu nozīme.

Kā pirmais, kurš integrēja ABI veselības aprūpes vidē darbam ar pacientiem, pieminams Kebets-Zinns, kurš 1979. gadā izveidoja programmu Apzinātībā balstīta stresa samazināšana (angl. *Mindfulness based stress reduction, MBSR*; Kabat-Zinn, 1990) un kura veiksmīgi tika pielietota vairākām hroniski slimu pacientu grupām. Vēlāk pacientiem tika piedāvātas dažādas citas ABI, kuras, izmantojot Kebeta-Zinna formulēto teorētisko pamatu, modificēja intervences saturu, pielāgojot to dažādām pacientu grupām un mērķiem. Kebeta-Zinna Apzinātībā balstītā stresa samazināšana (turpmāk – ABSS) un vēlāk arī Segāla un kolēģu izstrādātā Apzinātībā balstītā kognitīvā terapija (turpmāk – ABKT) (Segal, Williams, & Teasdale, 2002) ir programmas, kas ietver teorētisko pamatojumu un prakses vadlīnijas. Jāpiebilst, ka gan ABSS, gan ABKT, salīdzinot ar citām ABI, ir visbiežāk pētītās intervences ar pārlicinošiem rezultātiem, tāpēc, kā minēts iepriekš, vairākās valstīs (piemēram, Lielbritānijā un ASV) depresijas pacientiem ir iekļautas veselības aprūpes sistēmas vadlīnijās un rekomendētas kā papildus terapija medikamentozajai ārstēšanai (Coronado-Montoya et al., 2016; Goldberg et al., 2018).

ABSS saturu veido meditācijas prakse, neformālā prakse ar ieradumu maiņas vingrinājumiem, vienkārši jogas vingrinājumi un psihoizglītošanās. Sākuma posmā īpaša uzmanība tiek veltīta uzmanības koncentrēšanas attīstīšanai, elpas

vērošanai un ķermeņa skenēšanai – mērķtiecīgai uzmanības virzīšana no vienas ķermeņa daļas pie nākamās, lai attīstītu spēju just ķermeņa sajūtas (nevis par tām domāt) ar atvērtu, ieinteresētu un nevērtējošu attieksmi. Kad ir attīstīta noturīga uzmanība, pakāpeniski tiek izpētīti emocionālie un domāšanas paradumi ar skaņu - domu un atvērtas uzmanības meditāciju palīdzību, un attīstīta prasme tos novērot kā pārejošus, mainīgus fenomenus. Būtisks princips visā astoņu nedēļu ABSS programmā ir septiņu attieksmju attīstīšana – pieņemšana (angl. *acceptance*), ļaušanās/ atlaišana (angl. *letting go*), pacietība (angl. *patience*), uzticēšanās (angl. *trust*), nevērtēšana (angl. *non-judging*), iesācēja prāta atvērtība (angl. *beginner's mind*), netiekšanās (angl. *non-striving*), necentrēšanās (angl. *non-centering*), kas kopumā tiek raksturota kā laipnas attieksmes pret sevi un citiem kultivēšana. (J. Kabat-Zinn & Hanh, 2009).

ABKT līdzās meditācijas formālajai un neformālajai praksei integrē arī kognitīvi biheiviorālās terapijas tehnikas, piemēram, identificēt ierastos, automātiskos, bet disfunkcionālos kognitīvos procesus (tai skaitā depresiju izraisošo rumināciju), attīstīt metaapzināšanos – spēju domas un jūtas novērot kā īslaicīgas un pārejošas, ar pieņemošu, netiesājošu, līdzjūtīgu attieksmi (van der Velden et al., 2015).

Attīstoties ABI izmantošanai veselības aprūpes vidē, var novērot, ka ABI principi tiek integrēti dažādās pieejās, kas izpaužas šo intervenču saturā, piemēram, sistemātiskajos pētījumos ir iekļauta arī Apzinātībā balstīta mākslas terapija, kas ir tikusi pielāgota vēža pacientu grupai. Intervences saturs šajā pieejā norāda uz apzinātības prakses un mākslas tehniku saskaņotu izmantošanu. Tajā tiek integrētas gan dažādas meditācijas tehnikas, gan arī mākslas terapijas aktivitātes (piemēram, direktīvas tehnikas – uzzīmēt sevi; nedirektīvas tehnikas – brīvi izmantot mākslas materiālus, lai izpaustu laipnu attieksmi pret sevi mākslas darbā utt.) (Jang, Kang, Lee, & Lee, 2016). Savukārt Apzinātībā balstītā mūzikas terapija vairāk fokusējas uz relaksāciju, uzmanības un koncentrēšanās kvalitāšu attīstīšanu, kas tiek nodrošināta gan ar reflektīvu mūzikas klausīšanos, gan pašu radītu improvizāciju (Lesiuk, 2016).

Attiecībā uz laika aspekta lietojumu ABI, visbiežāk tiek norādīts, ka ABI veiksmīgai realizēšanai nepieciešams astoņu nedēļu ilgs periods, tomēr, atkarībā no intervences veida, sesiju skaits un ilgums var variēt. Piemēram, sistemātiskie pārskati par ABI lietošanu vēža pacientiem norāda, ka astoņas nedēļas ir pārāk ilgs laiks (pētījums uzrādīja 0-40 % lielu atbirumu), jo šī pacientu grupa ir ļoti ievainojama un jutīga pret fiziskiem apgrūtinājumiem, piemēram, došanos uz klīniku, lai saņemtu intervenci. Intervences ar pielāgotu – īsāku sesiju laiku, uzrādīja ievērojami mazāku atbirumu (Ando, Kira, Hayashida, & Ito, 2016; Warth, Kessler, Hillecke, & Bardenheuer, 2015). Modificētās intervences iespējams realizēt pat četru nedēļu laika posmā (Lesiuk, 2016), tad tās visbiežāk ir ar akcentu uz psihoizglītošanu un prasmju apgūšanu.

Piemērojot ABI saturu šizofrēnijas pacientu vajadzībām, tiek rekomendēts samazināt meditācijas ilgumu, nepārsniedzot 10 minūtes, izvēlēties tādu meditācijas veidu, kas palīdz fokusēt uzmanību uz elpu, ķermeņa sajūtām, apkārtnes skaņām, un galveno uzmanību veltīt psihoizglītošanai un grupas dalībnieku savstarpējai mijiedarbībai. Tādējādi, empīrisko pētījumu rezultāti noraida iepriekš eksistējošo pārliecību, ka ABI nav piemērotas pacientiem ar šizofrēnijas vai bipolāro traucējumu diagnozēm (Khoury et al., 2013).

Tātad ABI ir iespējams pielāgot konkrētu pacientu grupu vajadzībām, kas ir vērtējams kā intervences ieguvums, jo ir atbilstošs uz pacientu centrētas pieejas principiem un ļauj adaptēties mūsdienu veselības aprūpes tendencei orientēties uz īstermiņa ārstēšanu. ABI ir iespējams organizēt arī tiešsaistes, e-intervences formā un iegūt laba līmeņa pierādījumus, īpaši samazinot stresa simptomus dažādām pacientu grupām (Spijkerman, Pots, & Bohlmeijer, 2016). Tomēr, lai arī pētījumu rezultāti norāda uz ABI piemērošanu pēc satura un ilguma dažādu pacientu grupu vajadzībām, šāda intervences adaptēšana paliek katra speciālista ziņā, jo šobrīd pētījumi nenorāda uz principiem, kā šādu pielāgošanu veikt.

### **Apzinātībā balstīto intervenču terapeitisko izmaiņu mehānisms** *Mechanisms of change in mindfulness based interventions*

Beidzamajos gados zinātniskajā literatūrā vērojams interese pieaugums par ABI terapeitiskajiem jeb izmaiņu mehānismiem. Pētnieki uzdod jautājumu – kā ABI palīdz mazināt daudzveidīgus simptomus, pateicoties kam tas notiek (Gu, Strauss, Bond, & Cavanagh, 2015) Kā ir iespējams teorētiski aprakstīt ABI darbības un izmaiņu mehānismu? Vai tas ir līdzīgs/atšķirīgs dažāda veida ABI pielietojot dažādām pacientu grupām (Alsubaie et al., 2017)? Precīzāka intervenču iedarbības un ietekmes izpratne ir nepieciešama vairāku iemeslu dēļ – gan to veiksmīgai integrācijai veselības aprūpes vidē, gan mērķtiecīgākam terapeitiskajam darbam un zinātnisko pētījumu kvalitātes paaugstināšanai (van der Velden et al., 2015).

*Mindfulness Model of Affect Regulation and Depressive Symptoms* (Jimenez, Niles, & Park, 2010) ir viens no pirmajiem aprakstītajiem terapeitiskās darbības modeļiem, kas izveidots statistiski modelējot attiecības starp apzinātību un depresijas simptomiem un pārbaudot iespējamo mediators efektu šādiem mainīgajiem: sevis pieņemšana, pozitīvas emocijas, cerības un gaidas. Rezultāti apliecina sevis pieņemšanas kā būtiskākā mediators nozīmi. Arī šizofrēnijas pacientiem kā nozīmīgākie moderatori, kas ietekmē rezultātu, uzrādās pieņemšana, līdzjūtība un apzināšanās (Khoury et al., 2013).

2012. gadā publicētajā metaanalīzē secināts, ka var izdalīt piecus iespējamus principus, kuri nodrošina depresijas simptomu un rekurences iespējamības samazināšanos (Klainin-Yobas et al., 2012): 1) ilgstoša domu un jūtu novērošana

(*prolonged observation*), saskarsme ar tām, nevis izvairīšanās; 2) izmaiņas kognitīvajā funkcionēšanā, piemēram, uzlabojas uzmanības koncentrēšanās, apzināšanās kvalitāte; 3) relaksācijas paņēmieni apgūšana, kas samazina uzbudinājumu autonomajā nervu sistēmas daļā; 4) sevis pārvaldīšanas iemaņu uzlabojums, kas izpaužas kā daudzveidīgāku un adaptīvāku grūtību pārvarēšanas stratēģiju pielietošana; 5) pieņemšana – apzinātības praktizēšana trenē indivīdu pieņemt domas, jūtas, ķermeņa sajūtas un situāciju tādas, kādas tās ir, nemēģinot izvairīties. Tā ir gan sevis, gan realitātes pieņemšana, kas, iespējams, ir vissvarīgākais terapeitiskās izmaiņas nodrošinošais faktors.

2015. gada SP par ABI pielietojumu rekurentas depresijas pacientiem, veicot korelāciju un mediācijas analīzi, izdalīti četri galvenie iespējamie izmaiņu mehānisma faktori (van der Velden et al., 2015): 1) apzinātības prasmju attīstīšana; 2) izmaiņas depresīvajā domāšanā, ruminācijas jeb domu malšanas samazināšanās (*depressogenic cognition*); 3) līdzjūtība pret sevi; 4) meta-apzināšanās, kas ir spēja sevī novērot domas un jūtas ar attieksmi, ka tās ir īslaicīgas un pārejošas (jeb „notikumi prātā“, nevis realitāte).

Sistemātiskais pārskats, kas apkopo mediācijas analīzes rezultātus par ABI darbības mehānismu pacientiem gan ar psihiskās, gan ar fiziskās veselības problēmām uzrāda kognitīvo un emocionālo reaktivitāti kā spēcīgāko no mediatoriem. Izmaiņu mehānismā vidēji spēcīgu ietekmi izdara apzinātība, ruminācija un raizes, bet vājāku - līdzjūtība pret sevi un psiholoģiskais elastīgums (Gu et al., 2015).

Joprojām tiek diskutēts par ABI izmaiņu mehānismu, norādot, ka nav skaidrs, vai šis mehānisms ir kopīgs visiem fiziskajiem un psiholoģiskajiem veselības stāvokļiem, vai arī tie ir atšķirīgi dažādās pacientu grupās (Alsubaie et al., 2017). Iepriekš aprakstītie pētījumi par ABI mehānismu darbā ar depresijas pacientiem norāda uz specifiskiem mediatoriem, kas raksturīgi tieši depresijas diagnozei. Pētnieki, kas apkopojuši pētījumus par ABI mehānismu somatiskajiem pacientiem, uzskata, ka neatkarīgi no traucējuma, eksistē universāls ABI darbības mehānisms, kas ietver apzinātu uzmanību, pieņemšanu un atvērtību esošajai pieredzei (*exposure*) (Carlson, 2012). Sistemātiskajos pārskatos, kas veltīti ABI izmantošanai somatisko pacientu grupām, biežāk tiek aprakstīti teorijā balstīti ABI darbības modeļi, piemēram, mehānisms, kas izskaidro, kā ABI palīdz samazināt kardiovaskulāro slimību risku. Modelis, ko pētnieki aicina pārbaudīt randomizētos kontrolētos pētījumos, piedāvā apskatīt apzinātību kā pašregulācijas prasmi, kas ABI tiek attīstīta ar uzmanības kontroles, emocionālās pašregulācijas un sevis apzināšanās starpniecību. Teorētiskais modelis pieņem, ka apgūtā pašregulācija potenciāli var ietekmēt kardiovaskulāro slimību risku provocējošos faktoros – veselības uzvedību un fiziskos parametrus (Loucks et al., 2015).

Tātad šeit apkopotie ABI darbības mehānismi parāda nepieciešamību turpināt pētniecību, īpaši kontekstā ar darbu ar somatisko slimību pacientiem, kur vēl nav izveidots statistiski modelēts ABI terapeitiskās darbības mehānisms. Arī psihiatrijas vidē izpētītais darbības mehānisms depresijas un šizofrēnijas pacientiem neatbilst visiem būtiskajiem kritērijiem, kas ļauj identificēt darbības mehānismus vai mediatorus psihoterapijā un uz kuriem ir norādījis pētniecības profesors Alans Kezdens (*Alan E Kazdin*) (Kazdin, 2007).

### **Secinājumi** **Conclusions**

Sistemātiskajos pārskatos ir apkopota plaša informācija par ABI pielietojumu un pierādījumiem darbā ar dažādām pacientu grupām, taču trūkst vienotas izpratnes un vienotu vadlīniju, kā integrēt ABI veselības aprūpē. Britu pētnieki dēvē ABI par pagaidām "sarežģītu intervenci" integrācijai veselības aprūpē, ko var secināt arī apkopojot šī literatūras pārskata rezultātus.

Vienlaikus šis literatūras pārskats ļauj secināt, ka ir iegūti laba līmeņa pierādījumi attiecībā uz ABI ietekmi uz veselības stāvokli psihiatrijas un hronisku somatisku slimību pacientiem, īpaši depresijas, trauksmes un stresa simptomu samazināšanā.

ABI tiek raksturota ar pietiekami daudzveidīgiem satura, ilguma un darbības modeļu aprakstiem, kurus vieno apzinātības attīstīšana praktizējot meditāciju pacientu grupai piemērotā veidā, garumā un kontekstā.

Dažādas ABI ir attīstījušās kontekstā ar konkrētu pacientu grupu vajadzībām, piemēram, hroniskas depresijas, šizofrēnijas un onkoloģijas pacientiem tiek piedāvātas dažāda satura un ilguma intervences. Terapeitiskās darbības modeļi ir izpētīti un tiek piedāvāti kontekstā ar ABI pielietojumu depresijas pacientiem, un kā būtiskākais mediators simptomu samazināšanā tiek norādīta apzinātības attīstīšana un sevis pieņemšana.

Šī literatūras pārskata ierobežojumi ir attiecināmi uz autoru izvēli ietvert tikai sistemātisko pārskatu rezultātus, kas daļu no pētījumiem atstāj ārpus apskatāmo pētījumu lauka. Īpaši tas varēja atsaukties uz ABI mehānismu izpēti, jo tieši kvalitatīvie pētījumi varētu dziļāk atbildēt uz jautājumiem, kāpēc un kā ABI nonāk pie izmaiņām. Citi ABI raksturojošie parametri netika iekļauti šajā pārskatā, piemēram, speciālistu, kas piedāvā ABI izglītība, treniņš, meditācijas pieredze, kas būtu būtisks ABI raksturojošs parametrs, ko izpētīt turpmāk. Tāpat ārpus šī apskata tika atstāti bērni un pusaudži, kuriem ABI tiek piedāvātas gan veselības aprūpes, gan izglītības vidē.

Kopumā šis literatūras pārskats ļauj secināt, ka apzinātībā balstītās intervences veiksmīgi iekļaujas citu psiholoģisko terapiju vidū, palīdzot

pacientiēm tikt galā ar slimību izraisītajiem psiholoģisko un fizisko veselības stāvokļu traucējumiem.

### Summary

Systematic reports summarize extensive information about the evidence and application of mindfulness based interventions (MBI) in working with different patient groups, but integration of MBI into the healthcare system is still a challenge. British researchers define MBI as "complex intervention" and this literature review leads to similar conclusion.

This literature review allows us to conclude that there is good evidence of the impact of MBI on the psychological state of health in patients with psychiatry and chronically somatic illnesses, in particular depression, anxiety and stress symptoms. MBI is characterized by diverse aspects of content, duration and models of work, and are united by development of mindfulness by practicing meditation in appropriate form, time and context for a patient group. Different MBIs have evolved in the context of specific patient group's needs, for example, chronic depression, schizophrenia and oncology patients are offered various content and duration of intervention. Therapeutic mechanisms have been investigated and are offered in context of MBI for depression patients, as a self-acceptance a key mediator in reducing the symptoms indicated. Thus, the mindfulness practice in patients has the most influence on self-acceptance, as well as helps to develop the observation and coping of one's emotions, feelings and thoughts, leading to a decrease in symptoms associated with depression and anxiety.

This literature review allows us to conclude that mindfulness based interventions, like other non-pharmacological approaches, have a place alongside with other psychological therapies to help patients to cope with the psychoemotional symptoms of the disease.

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**PIRMSSKOLAS VECUMA BĒRNU MĀŠU  
AUDZINĀŠANAS PIEEJA, AKTĪVA LĪDZDALĪBA  
BĒRNU DIGITĀLAJĀS AKTIVITĀTĒS UN TO  
SAISTĪBA AR BĒRNU UZVEDĪBAS PROBLĒMĀM UN  
PROSOCIĀLU UZVEDĪBU**

*Preschool Child's Mother's Parenting Practices and Active  
Involvement with Child's Digitally-Based Activity in Relation to  
Child's Prosocial or Problematic Behavior*

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**Abstract.** *The aim of this research was to examine preschool children's prosocial behavior as well as internalizing and externalizing problems in relation to their mothers' parenting practices and active involvement with their child in the use of various digital technologies (television, computer, telephone, play stations), time spent and content of the child's activities. Participating in the research were the mothers of 120 preschool children, aged 5 – 6 years old, 50 girls and 70 boys. Mothers completed the Child Behavior Checklist (Achenbach & Rescorla, 2000), prosocial behavior scale of the Strengths and Difficulties Questionnaire (Goodman, 1997), Block's Child Rearing Practices Report (Block, 1981), as adapted by Aunolo and Nurmi (Aunola & Nurmi, 2004) and also answered questions regarding the child's time spent with digital technologies, the content of their activity (drawing, puzzles, games, etc.), and the mother's degree of active involvement with her child during these activities. Results showed that mother's active involvement with child's digitally-based activity was associated with emotionally warm parenting, as well as with higher child's prosocial behavior ratings. Regression analysis showed that lower mother's involvement and punishment orientation in parenting was predictive of externalizing behavior ratings for boys. Results are discussed in relation to practical implications for parent-child relationships.*

**Keywords:** *child's digitally-based activity, behavior problems, mothers' involvement, parenting practices, preschool children, prosocial behavior.*

## Ievads *Introduction*

Mūsdienās bērniem pat pirmsskolas vecumā digitālās tehnoloģijas ir pieejamas praktiski vienmēr un visur, televizoriem un stacionārajiem datoriem ir pievienojušies planšetdatori un mobilie telefoni, kuru lietošanu bērni apgūst nereti ātrāk kā viņu vecāki. Digitālās tehnoloģijas ir atradušas savu vietu jebkurā mājsaimniecībā, mainot veidu, kā vecāki un bērni dzīvo, strādā un sazinās (Livingstone, Haddon, Görzig, & Ólafsson, 2011). Pētījumi visā pasaulē rāda, ka katru gadu palielinās pirmsskolas vecuma bērnu skaits, kuri lieto digitālās tehnoloģijas. Nevienu nepārsteidz, ka bērnam vecumā no 3 līdz 4 gadiem jau ir savs personiskais planšetdators, pie kura skatīties multfilmas vai spēlēt dažādas spēles (Ofcom, 2017).

Tā kā pirmsskolas vecumā notiek ļoti strauja attīstība visās attīstības jomās, ir skaidrs, ka digitālo tehnoloģiju lietošana var ietekmēt pirmsskolas vecuma bērnu attīstību gan pozitīvā, gan arī negatīvā veidā (Wu, Fowler, Lam, Wong, Wong, & Loke, 2014). Ar digitālo tehnoloģiju palīdzību pirmsskolas vecuma bērni var apgūt alfabētu, uzlabot agrīnās lasīšanas un matemātikas prasmes, attīstīt pozitīvu attieksmi pret mācīšanos kopumā (Jackson, Eye, Fitzgerald, Witt, & Zhao, 2011), kā arī paplašināt vizuāli telpiskās spējas (Li, Atkins, & Stanton, 2006). Tai pat laikā intensīva un ilgstoša digitālo tehnoloģiju lietošana pirmsskolas vecumā samazina bērnu kustību aktivitāti, palielinot aptaukošanās un muskuļu, skeleta problēmu risku (Bremer, 2005), var izraisīt atkarību veidošanās risku, paaugstināt depresijas, agresivitātes un vardarbīgas uzvedības rādītājus, kā arī var novest pie grūtībām atšķirt fantāziju no realitātes (Subrahmanyam, Kraut, Greenfield, & Gross, 2000). Sociālā sfērā bieža digitālo tehnoloģiju lietošana ir saistīta ar augstākiem sociālās izolācijas rādītājiem, un tā kavē pirmsskolas vecuma bērni sociālo prasmju attīstību (Jackson et al., 2011).

Līdz ar to vecāku iesaistīšanās pirmsskolas vecuma bērnu digitālo tehnoloģiju lietošanas procesā ir svarīga, lai nodrošinātu šo ierīču lietošanu veselīgā un lietderīgā veidā (Van den Bulck & Van den Bergh, 2000; Livingstone & Helsper, 2008). Līdz ar straujo tehnoloģiju attīstību jau 21. gadsimta sākumā aktualizējās nepieciešamība pētīt un klasificēt stratēģijas, ko vecāki izmanto bērnu digitālo aktivitāšu regulēšanai. Sākotnēji trīs galvenās stratēģijas tika izdalītas saistībā ar televīzijas skatīšanos – aktīvā vai pamācošā stratēģija (*instructive*), ierobežojošā stratēģija (*restrictive*) un kopīgās skatīšanās stratēģija (*co-viewing*) (Nathanson, 1999; Valkenburg et al., 1999), līdzīgas stratēģijas tika atklātas arī attiecībā uz video spēļu spēlēšanu, kur trešā stratēģija tika nosaukta kā kopīgas spēlēšanas stratēģija (*co-playng*) (Nikken & Jansz, 2006). Mūsdienās pētnieki (Livingstone & Helsper, 2008) piedāvā šīs stratēģijas attiecināt uz visiem medijiem, kas tiek lietoti ar dažādu digitālo tehnoloģiju

palīdzību – vecāki ir vai nu aktīvi iesaistīti (*instructive*), sniedzot dažādus paskaidrojumus un informāciju par notiekošo spēli, filmu vai internetā atrodamo informāciju, vai ierobežojoši (*restrictive*), uzstādot noteikumus digitālās tehnoloģijas lietošanas laikā, veidā un saturā, vai arī līdzdarbojas (*co-using*) bērna digitālajām aktivitātēm – skatās kopā ar bērnu, spēlē vienu spēli u.c.

Tomēr pētījumi rāda, ka daudzi vecāki izmanto jauktas stratēģijas attiecībā uz bērnu digitālajām aktivitātēm – piemēram, limitē lietošanas laiku (ierobežojošā stratēģija), tai pat laikā līdzdarbojas digitālajās aktivitātēs, vienlaicīgi komentējot un paskaidrojot (Wu et al., 2014), t.i. vecāku pieeja ir kompleksa. Pie tam stratēģijas veids konkrētā situācijā var būt atkarīgs no dažādiem aspektiem – piemēram, vecāku uzskatiem par bērnu audzināšanu kopumā, izmantotajām audzināšanas un disciplinēšanas pieejām, attieksmes pret digitālajām tehnoloģijām vispār u.c. Ir arī atklāts, ka mātes iesaistās vairāk, salīdzinot ar tēviem (Nikken & de Haan, 2015). Tāpēc šajā pētījumā fokuss ir tieši uz mātes aktīvu līdzdalību bērna digitālajās aktivitātēs kopumā un ar to saistītajiem faktoriem.

Pētījuma mērķis ir noskaidrot mātes audzināšanas pieejas un aktīvas līdzdalības bērnu digitālajās aktivitātēs saistības ar pirmsskolas vecuma bērnu prosociālu uzvedību un uzvedības problēmām.

Pētījuma jautājumi: 1) Kā mātes aktīva līdzdalība bērnu digitālajās aktivitātēs ir saistīta ar viņas kopējo audzināšanas pieeju?

2) Kā mātes aktīva līdzdalība digitālajās aktivitātēs un audzināšanas pieeja ir saistīta ar pirmsskolas vecuma bērnu prosociālu uzvedību un uzvedības problēmām?

## **Metode** *Methods*

### **Pētījuma dalībnieki**

Pētījumā piedalījās 120 pirmsskolas vecuma bērnu mātes vecumā no 25 līdz 44 gadiem ( $M=34,22$ ,  $SD=5,30$ ). Viņas aizpildīja aptaujas par saviem bērniem – 70 zēniem (58 %) un 50 meitenēm (42 %) vecumā no 5 līdz 6 gadiem ( $M=5,56$ ,  $SD=0,67$ ). 45 % māšu bija augstākā izglītība, 48 % vidējā izglītība, un 7 % māšu pamatizglītība. No pētītajām ģimenēm 60 % dzīvoja pilsētā (tai skaitā Rīgā), 21 % mazpilsētās, savukārt 19 % kā savu dzīvesvietu norādīja laukus. Visi bērni apmeklēja pirmsskolas izglītības iestāžu sagatavošanas grupu. Visi bērni mājās ikdienā bija iesaistīti digitālajās aktivitātēs – vismaz reizi nedēļā televīziju skatījās 93 % bērnu (katru dienu 68 %), datoru lietoja 66 % bērnu (katru dienu 22 %), planšetdatoru lietoja 43 % bērnu (katru dienu 13 %) un pie mobilā telefona vismaz reizi nedēļā darbojās 48 % bērnu (katru dienu 9 %). Biežākās nodarbes bija multfilmu, bērnu filmu un bērnu raidījumu skatīšanās.

Vēl pirmsskolas vecuma bērni pie digitālajām ierīcēm skatījās un klausījās dziesmu videoklipus, spēlēja prāta spēles un zīmēja. Kā vismazāk veiktās aktivitātes mātes norādīja informācijas meklēšanu un komunicēšanu ar vienaudžiem vai citiem pieaugušajiem.

### **Instrumenti**

**Demogrāfisko datu aptauja**, ar kuras palīdzību tika noskaidrota bērnu un māšu vecums, nodarbošanās, izglītība un dzīvesvieta.

**Bērnu digitālās aktivitātes** tika mērītas no vairākiem aspektiem. Lietošanas laiks norāda, cik dienas nedēļā bērns lieto katru no digitālajām ierīcēm (televizors, dators, planšetdators, mobilais telefons), cik reizes vienā dienā un cik ilgi vienā lietošanas reizē. Tāpat tika lūgts novērtēt (skalā no 1 līdz 5), kādas tieši un cik daudz aktivitātes bērni veic pie digitālajām ierīcēm (skatās bērnu raidījumus, skatās pieaugušo filmas, spēlē dažāda veida spēles, liek puzles, skatās un klausās mūzikas videoklipus u.c.).

**Mātes audzināšanas pieeja** tika noteikta, izmantojot Blokas bērnu audzināšanas pieeju skalu (*Block's Child Rearing Practices Report* (Block, 1981)) Aunolo un Nurmi modifikācijā (Aunola & Nurmi, 2004). Skala sastāv no 26 apgalvojumiem, kas veido trīs apakšskalas – Emocionālais siltums (10 apgalvojumi, kas norāda uz pozitīvām attiecībām ar bērnu, paužot atbalstu, uzslavas un cieņu, Kronbaha alfa 0,75), Uz sodīšanu vērsta audzināšana (8 apgalvojumi, kas norāda uz verbālu un fizisku sodīšanu, Kronbaha alfa 0,76) un Psiholoģiskā kontrole (8 apgalvojumi, kas norāda uz bērna pašizpaušmju apspiešanu un vainas izjūtas radīšanu, Kronbaha alfa 0,80). Augstāki rādītāji katrā apakšskalā liecina par konkrētas audzināšanas pieejas izteiktību.

**Bērna uzvedības novērtējuma anketas** vecāku forma (*Child Behavior Checklist, (CBCL/1,5-5), Caregiver Report Form, (C-TRF)*, Achenbach & Rescorla, 2000), kura paredzēta 1,5 līdz 5 gadus vecu bērnu uzvedības problēmu novērtēšanai. Lai rezultātus varētu analizēt vienoti, šī forma tika lietota arī sešgadnieku uzvedības novērtēšanai. Anketā iekļauti 99 apgalvojumi par bērna uzvedību, kuri mātei jānovērtē no 0 līdz 2 pēc šo apgalvojumu atbilstības konkrētā bērna uzvedības raksturojumam šobrīd vai pēdējo 2 mēnešu laikā. Ar „0” tiek apzīmēta atbilde „neatbilst bērnam”, ar „1” – atbilst daļēji vai dažreiz un ar „2” tiek apzīmēta atbilde „pilnībā atbilst vai bieži atbilst bērnam”. Anketā ir izdalītas 7 simptomu apakšskalas, no kurām 4 apakšskalas (Emocionālais jūtīgums, Trauksme/ nomāktība, Somatiskās raizes, Noslēgšanās sevī) veido Internalizētās uzvedības problēmu skalu (Kronbaha alfa 0,80) un 2 apakšskalas (Uzmanības nenoturība, Agresīva uzvedība) veido Eksternalizētās uzvedības problēmu skalu (Kronbaha alfa 0,88). Atsevišķi vecāku anketas formā ir veidota arī skala par bērna gulēšanas problēmām, kas pētījumā izmantota netika.

**Prosociālās uzvedības skala** ir viena no skalām Stipro pušu un grūtību aptaujā (*Prosocial behavior scale, Strengths and Difficulties Questionnaire*

(Goodman, 1997)). Skala sastāv no 5 apgalvojumiem par bērna attieksmi pret citiem cilvēkiem (piem. „Izpalīdzīgs, ja kāds ir sāpināts, satraukts vai jūtas slimš”), kas jānovērtē skalā no 1 līdz 7. Augstāks punktu skaits liecina par izteiktāku prosociālu uzvedību (Kronbaha alfa 0,76).

**Mātes aktīva līdzdalība bērnu digitālajās aktivitātēs** – 10 baļļu skalā mātēm tika lūgts novērtēt, cik lielā mērā viņas piedalās digitālajās aktivitātēs kopā ar bērnu, kur 0 nozīmē, ka visu laiku pie ierīcēm bērns darbojas patstāvīgi, savukārt 10 nozīmē, ka visas aktivitātes pie ierīcēm tiek veiktas tikai kopā ar pieaugušo.

## Rezultāti Results

Lai atbildētu uz izvirzītajiem pētījuma jautājumiem, sākotnēji ar Spīrmena korelācijas koeficientu (jo daļai skalu datu empīriskais sadalījums neatbilda normālajam sadalījumam) tika noteiktas sakarības starp mātes audzināšanas pieejas, aktīvu līdzdalību bērnu digitālajās aktivitātēs, bērnu prosociālas uzvedības novērtējumu un uzvedības problēmām (skat. 1. tab.).

1. tab. Pirmsskolas vecuma bērnu māšu audzināšanas pieejas, aktīvas līdzdalības bērnu digitālajās aktivitātēs, bērnu prosociālas uzvedības un uzvedības problēmu savstarpējās sakarības un centrālās tendences rādītāji (N=120)

Table 1 Correlations between mothers' parenting practices, active involvement with child's digitally-based activity, children's prosocial behavior and behavior problems (N=120)

	1.	2.	3.	4.	5.	6.	7.
<b>1. Emocionālais siltums</b>		-0,44***	-0,10	0,21*	0,16	-0,18	-0,37***
<b>2. Uz sodīšanu vērsta audzināšana</b>			0,44***	0,01	-0,16	0,33***	0,40***
<b>3. Psihologiskā kontrole</b>				0,04	0,03	0,19*	0,16
<b>4. Aktīva līdzdalība bērnu digitālajās aktivitātēs</b>					0,31***	-0,10	-0,27**
<b>5. Prosociāla uzvedība</b>						-0,37***	-0,48***
<b>6. Internalizētās uzvedības problēmas</b>							0,63***
<b>7. Eksternalizētās uzvedības problēmas</b>							
<i>M</i>	4,17	2,52	2,81	5,86	5,79	11,40	12,66
<i>SD</i>	0,40	0,53	0,68	1,90	0,84	7,66	8,09

\* $p < 0,05$ , \*\* $p < 0,01$ , \*\*\* $p < 0,001$

Atbildot uz pirmo pētījuma jautājumu, no trim audzināšanas pieejām tikai emocionālais siltums uzrāda pozitīvu saistību ar mātes aktīvu līdzdalību bērnu digitālajās aktivitātēs ( $r_s=0,21$ ,  $p<0,05$ ), uz sodīšanu vērsta audzināšana un psiholoģiskā kontrole nav saistītas ar mātes līdzdalību bērnu digitālajās aktivitātēs.

Atbildot uz otro pētījuma jautājumu, bērnu prosociāla uzvedība ir pozitīvi saistīta ar mātes aktīvu līdzdalību bērnu digitālajās aktivitātēs ( $r_s=0,31$ ,  $p<0,001$ ), bet nav saistīta ne ar vienu no audzināšanas pieejām. Internalizētās uzvedības problēmas uzrādīja statistiski nozīmīgi pozitīvu saistību ar uz sodīšanu vērsta audzināšanu ( $r_s=0,33$ ,  $p<0,001$ ) un psiholoģisko kontroli ( $r_s=0,19$ ,  $p<0,05$ ), bet netika atklātas saistības ar mātes līdzdalību bērnu digitālajās aktivitātēs. Eksternalizētās uzvedības problēmas uzrādīja statistiski nozīmīgi negatīvu sakarību ar mātes aktīvu līdzdalību digitālajās aktivitātēs ( $r_s= - 0,27$ ,  $p<0,01$ ), emocionālo siltumu ( $r_s= - 0,37$ ,  $p<0,001$ ) un pozitīvu sakarību ar uz sodīšanu vērsta audzināšanu ( $r_s= 0,40$ ,  $p<0,001$ ).

Lai izprastu, kurš no saistītajiem mainīgajiem prognozē pirmsskolas vecuma bērnu eksternalizētās uzvedības problēmas, tika veikta lineārā regresiju analīze kā atkarīgo mainīgo iekļaujot eksternalizētās uzvedības problēmas, savukārt kā neatkarīgos mainīgos – dzimumu, mātes aktīvu līdzdalību bērnu digitālajās aktivitātēs, emocionālo siltumu un uz sodīšanu vērsta audzināšanu (skat. 2. tab.).

2. tab. Lineārās regresiju analīzes rezultāti atkarīgajam mainīgajam Eksternalizētās uzvedības problēmas (N=120)

Table 2 Results of linear regression analysis (enter model) of child's externalizing behavior problem ratings (N = 120)

	<i>B</i>	<i>SD B</i>	<i>β</i>	<i>R</i> <sup>2</sup>	<i>F</i>
				0,27	9,98***
<i>Dzimums</i>	3,30	1,38	0,20*		
<i>Aktīva līdzdalība digitālajās aktivitātēs</i>	-1,03	0,37	-0,24**		
<i>Emocionālais siltums</i>	-3,77	1,98	-0,18		
<i>Uz sodīšanu vērsta audzināšana</i>	4,27	1,43	0,28**		

\* $p < 0,05$ , \*\* $p < 0,01$ , \*\*\* $p < 0,001$

Regresiju analīze rāda, ka eksternalizētās uzvedības problēmas prognozē bērnu dzimums, mātes aktīva līdzdalība bērnu digitālajās aktivitātēs un uz sodīšanu vērsta audzināšana. Šāds modelis izskaidro 27 % no eksternalizēto uzvedības problēmu variācijas.

## **Diskusija** **Discussion**

Pētījuma rezultāti parādīja, ka mātes emocionāli silta audzināšanas pieeja ir saistīta ar viņas aktīvu līdzdalību bērnu digitālajās aktivitātēs – jo māte kā kopēju audzināšanas pieeju izmanto atbalstu, uzslavas, pauž pozitīvu un cieņpilnu attieksmi pret savu bērnu, jo viņa vairāk arī piedalās bērnu digitālajās aktivitātēs. Tātad, pirmkārt, var secināt, ka kopējā audzināšanas pieeja ir traktējama kā viens no faktoriem, kas atsaucas arī uz vecāku līdzdalību bērna digitālajās aktivitātēs (Nikken & de Haan, 2015), savukārt emocionāli atbalstoši vecāki piedalās bērna dzīvē ne tikai ikdienas, bet arī digitālajās aktivitātēs.

Svarīgi norādīt, ka pirmsskolas vecuma bērnu prosociāla uzvedība nebija saistīta ne ar vienu no audzināšanas pieejām, savukārt uzrādīja nozīmīgu pozitīvu sakarību ar mātes līdzdalību bērnu digitālajās aktivitātēs. Šāds rezultāts saskan ar iepriekšējiem atklājumiem, ka ar dažādu mediju palīdzību, kurus pirmsskolas vecuma bērni izzina caur digitālajām aktivitātēm (skatās multfilmas, raidījumus, spēlē spēles) bērni mācās dažādus uzvedības modeļus. Tie var būt gan negatīvi (piemēram, agresīva uzvedība), gan pozitīvi (piemēram, palīdzīga, prosociāla uzvedība). Skatoties kopā ar bērnu televīziju vai spēlējot spēles, vecāki var izskaidrot redzamos uzvedības modeļus, sniedzot atbalstu pozitīvai, prosociālai uzvedībai un nosodot agresīvu un antisociālu uzvedību (Landy, 2009). Šo secinājumu atbalsta arī atklātā negatīvā sakarība starp mātes aktīvu līdzdalību bērnu digitālajās aktivitātēs un eksternalizētajām uzvedības problēmām. Šie rezultāti apstiprina jau iepriekš pausto hipotēzi, ka vecākiem ir nepieciešams iesaistīties bērnu digitālajās aktivitātēs (Livingstone & Helsper, 2008).

Tai pat laikā jāatzīmē, ka pirmsskolas vecuma bērnu internalizētās uzvedības problēmas bija saistītas ar mātes izmantoto audzināšanas pieeju – uz sodīšanu vērstu audzināšanu un psiholoģisko kontroli, bet ne ar mātes aktīvu līdzdalību bērnu digitālajās aktivitātēs. Šis atklājums apstiprina iepriekš veiktus pētījumus (Sebre, Jusiene, Dapkevice, Skreitule-Pikse, & Bieliauskaite, 2014) par to, ka psiholoģiskā kontrole un uz sodīšanu vērstu audzināšana kaitē bērnam – tiek sagrauta pieņemšanas izjūta, veicināta kauna un vainas izjūta.

Paralēli tika atklāts, ka mātes neiesaistīšanās bērna digitālajās aktivitātēs kopā ar uz sodīšanu vērstu audzināšanu prognozēja izteiktākas uzvedības problēmas zēniem. Jau daudzkārtēji pētījumi ir apliecinājuši, ka zēni biežāk kā meitenes uz vecāku neveiksmīgu audzināšanu reaģē ar eksternalizētu uzvedību – ja vecāki ir noraidoši un neiejūtīgi, bērnam ir grūti vadīt pašam savu uzvedību, un attiecībās ar vienaudžiem viņš var būt agresīvs un konfliktējošs (Fearon et al., 2010; Wagner et al., 2015). Šī konkrētā pētījuma rezultāti liecina, ka mātes tendence verbāli un fiziski sodīt savu bērnu, tai pat laikā neiesaistoties viņa



nodarbēs (piem. aktivitātēs pie digitālajām ierīcēm), veicina eksternalizētas uzvedības problēmas pirmsskolas vecuma zēniem.

Iegūtie pētījuma rezultāti ļauj secināt, ka aktīva līdzdalība ir veiksmīga stratēģija pirmsskolas vecuma bērnu digitālo aktivitāšu pārraudzībā. Ir pētījumi, kas apliecina, ka strikta ierobežošana veicina pirmsskolas vecuma bērnu uzvedības problēmas (Wu et al., 2014), jo nereti vecāki, vēlēdamies aizsargāt pirmsskolas vecuma bērnus no nelabvēlīgas mediju vides ietekmes, pārmērīgi cenšas ierobežot bērnu digitālās aktivitātes. Pētnieki (Lee, 2013) uzskata, ka daudzie ierobežojumi panāk pretēju efektu – tiecoties neatkarīgāk izmantot digitālās tehnoloģijas, bērnu uzvedība kļūst vairāk negatīva. Tāpēc aktīva vecāku līdzdalība bērnu digitālajās aktivitātēs ir uzskatāma kā efektīva pieeja tehnoloģiju lietošanas pārraudzībā.

Pētījumam ir vairāki ierobežojumi. Tā kā aptaujas aizpildīja tikai mātes, trūkst informācijas par citu ģimenes locekļu līdzdalību bērnu digitālajās aktivitātēs, lietotajām audzināšanas pieejām un skatījumu uz bērnu uzvedību. Ja bērnu uzvedības novērtējumus aizpildītu arī citi aprūpētāji vai pirmsskolas iestāžu skolotāji, novērtējums būtu objektīvāks.

Turpmākajos pētījumos būtu lietderīgi iesaistīt arī citus ģimenes locekļus, kā arī būtu nepieciešams diferencēti pētīt vecāku lietotās stratēģijas attiecībā uz bērnu digitālajām aktivitātēm, jo šobrīd pētītā aktīvā līdzdalība var sevī ietvert gan ierobežošānu, gan izskaidrošanu, gan kopīgu darbošanos pie ierīces. Nākotnē būtu interesanti izvērtēt vecāku izvēlēto stratēģiju efektivitāti longitudinālā griezumā.

## **Secinājumi** *Conclusions*

No iegūtajiem rezultātiem var izdarīt šādus secinājumus:

1. Mātes aktīva līdzdalība ir veiksmīga stratēģija pirmsskolas vecuma bērnu digitālo aktivitāšu pārraudzībā.
2. Jo mātei raksturīga emocionāli siltāka un atbalstošāka attieksme pret bērnu kopumā, jo viņa vairāk aktīvi piedalās bērna digitālajās aktivitātēs.
3. Mātes aktīva līdzdalība bērnu digitālajās aktivitātēs ir saistīta ar bērnu prosociālu uzvedību un zemākiem eksternalizētas uzvedības rādītājiem, t.i., skatoties kopā ar bērnu digitālo mediju piedāvāto saturu vai spēlējot spēles, vecāki var pārrunāt redzēto informāciju, izskaidrot, paust savu attieksmi, tādejādi sniedzot atbalstu prosociālai uzvedībai un nosodot agresīvu uzvedību.

4. Psiholoģiskā kontrole un uz sodīšanu vērsta audzināšanas pieeja ir saistītas ar pirmsskolas vecuma bērnu internalizētajām uzvedības problēmām.
5. Mātes neiesaistīšanās bērnu digitālajās aktivitātēs kopā ar verbāliem un fiziskiem sodiem prognozē eksternalizētas uzvedības problēmas zēniem.

### Summary

Young children are using digital technology devices anytime and anywhere, especially with the invention of smart phones and the replacement of desktop computers with digital tablets. Current research shows that the use of digital technology can influence child development in both positive and negative manner (Wu et al., 2014), therefore it is necessary for parents to be involved in their child's use of this technology. Active parental involvement could lead children to utilize the digital technologies in more beneficial ways (Van den Bulck & Van den Bergh, 2000; Livingstone & Helsper, 2008).

The aim of this research was to examine preschool children's prosocial behavior as well as internalizing and externalizing problems in relation to their mothers' parenting practices and active involvement with their child in the use of various digital technologies (television, computer, telephone, play stations). Participating in the research were the mothers of 120 preschool children, aged 5 – 6 years old (mean age 5.56 years), including 50 girls and 70 boys.

Results showed that mother's active involvement with child's digitally-based activity was associated with emotionally warm parenting, as well as with higher child's prosocial behavior ratings and lower externalizing behavior ratings. Mothers who are more supportive and respectful to her child are more involved with child's digitally-based life. When parents are watching TV or playing games together with child, it is useful, because then they can discuss and explain seen information, express their attitude, thus providing support to the prosocial behavior and condemning aggressive behavior. Psychological control and punishment orientation in parenting are related to the internalized behavioral problems of preschool children, as well as mother's uninvolved involvement with children's digital activities along with verbal and physical punishment predicts externalized behavioral problems for boys.

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# TĒVU BĒRNĪBAS PIEREDZE, DEPRESIJAS UN TRAUKSMES SIMPTOMI PERINATĀLAJĀ PERIODĀ UN IESAISTĪŠANĀS JAUNDZIMUŠĀ APRŪPĒ

*Father's Childhood Experience, Depression and Anxiety Symptoms  
in Perinatal Period and Their Involvement in Infant Care*

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**Abstract.** *The aim of this research is to make a longitudinal study of the associations between men's childhood experience and their involvement in infant care, also, whereas psychological state of a future father during child's perinatal period affect their involvement in infant care. The research consists of two stages. In the first stage, 43 respondents took part – men between the ages of 23 and 40, who, at the moment of the research, for the first time had prepared themselves to become fathers and their children's mothers were on the last trimester of pregnancy. In the second stage of the research (after childbirth) from 43 respondents 27 young fathers gave their feedback. Fathers completed the Traumatic Antecedents Questionnaire (Herman & Van der Kolk, 1989), The Gotland Male Depression Scale (Zierau et al., 2002), The State-Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), as well as The Newborn Care Involvement Self-Assessment Inventory which was made for the present research. Results showed that father's involvement in infant care is not associated with their childhood experience, but is positively predicted by the state anxiety and negatively – by the trait anxiety. Statistically significant differences between prenatal and postnatal measurements exist only for the state of anxiety.*

**Keywords:** *childhood experience; man's perinatal depression; men's perinatal anxiety; involvement in infant care.*

## Ievads

### *Introduction*

Mūsdienu sabiedrībā tēva loma ģimenē kļūst arvien nozīmīgāka – sociālkulturālā un ekonomiskā vide paredz arvien lielāku sievietes aizņemtību un vienlīdzīgu lomu sabiedrībā, tāpēc mājsaimniecības pienākumi tiek sadalīti starp sievieti un vīrieti. Vīrietis arvien biežāk ir gatavs uzņemties gādīga un iejūtīga tēva lomu un ir gatavs ņemt dalību bērnu dzīvē jau no pirmās dienas.

Jau pagājušā gadsimta 80. gados Lambs ar kolēģiem (Lamb, Pleck, Charnov, & Levine, 1985, 1987) aplūkoja dažus kritērijus, kuri norāda uz tēva līdzdalību bērna dzīvē. Tie ir - iesaistīšanās (nedalītas uzmanības sniegšana savam bērnam), pieejamība (gatavība sniegt bērnam atbalstu, mierinājumu) un atbildība (rūpes par bērna garīgo, fizisko, materiālo stāvokli, medicīniskās aprūpes nodrošināšana u.c.).

Ir ļoti svarīgi, lai tēvi iesaistītos bērnu dzīvē, jo tuvs kontakts ar abiem vecākiem veicina daudzpusīgu bērna attīstību (Cowan, Cowan, Pruett, Pruett, & Wong, 2009), kā arī tēva iesaistīšanās bērna aprūpē nozīmīgi ietekmē bērna attīstību turpmākajā dzīvē (Trautmann-Villalba, Gschwendt, Schmidt, & Laucht, 2006). Pētījumu rezultāti norāda uz to, ka tēva iesaistīšanās sekmē labāku bērna sociālās, emocionālās un kognitīvās funkcionēšanas līmeni (Cabrera, Shannon, & Tamis-LeMonda, 2007), tēva aktīvā līdzdalība bērna dzīvē uzlabo bērna akadēmiskos sasniegumus (McBride, Schoope-Sullivan, & Ho, 2005), psiholoģisko labklājību (Downer & Mendez, 2005), un var mazināt bērna agresīvās uzvedības līmeni (Flouri & Buchanan, 2003). Tēva iesaistīšanās ir arī saistīta ar zemāku stresa līmeni bērna mātei, kas nenoliedzami kopumā uzlabo ģimenes vidi (Kalil, Ziol-Guest, & Coley, 2005).

Fokusējoties tieši uz iesaistīšanos bērna dzīvē zīdaiņu vecumā, ir atklāts, ka tēvi, kuri spēj iejūtīgi un saprotoši pielāgoties jaunai situācijai, bieži vien izveido ar savu bērnu drošo piesaisti un veiksmīgāk nākotnē tiek galā ar tēva lomām (Lamb & Lewis, 2004). Citos pētījumos tiek atzīmēts, ka pastāv saistība starp tēvu iejūtību un atsaucību pret zīdaiņiem un pirmsskolas vecuma bērniem un šo bērnu sociālo kompetenci, valodas attīstību un citām kognitīvām spējām (Shannon, Tamis-LeMonda, Londona, & Cabrera, 2002; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004).

Ir vairāki faktori, kuri nosaka tēvu iesaistīšanos bērna dzīvē, tā ir gan tēva kopējā motivācija, gan pārliecība par savām prasmēm un spējām, gan sociālais atbalsts, gan partneres viedoklis un attiecības ar partneri, kā arī paša bērna individuālās īpašības u.c. (Jacobs & Kelley, 2006). Topošā tēva bērnības pieredze un atmiņas par šo laiku var tieši ietekmēt to, kā viņi saredz sevi kā sava bērna aprūpētāju (Flykt, Poikkeus, Sinkonen, Lindblom, Vilska, & Tiitinen, 2009; Skjothaug, Smith, Wentzel – Larsen, & Moe, 2012). Piemēram, vecākiem, kuri ir piedzīvojuši vardarbību savā bērnībā, ir grūtāk kontrolēt emocijas un impulsus, un pastāv divreiz augstāks risks būt vardarbīgiem arī pret saviem bērniem (Pears & Capaldi, 2001). Sekas pārdzīvotai seksuālai vardarbībai bērnībā ir vecāku nosliece izvairīties no situācijām, kur ir jāsaskaras ar fizisko vai emocionālo tuvību ar savu bērnu, piemēram, bērna vannašana, ieziešana ar eļļu u.c. (DiLillo, Tremblay, & Peterson, 2000).

Tikpat būtisks faktors, kas ietekmē tēvu attiecības ar saviem bērniem, ir tēvu psiholoģiskais stāvoklis bērna gaidīšanas laikā un pēc bērna piedzimšanas. Ilgus gadus fokuss galvenokārt ir bijis uz mātes izjūtām bērna gaidīšanas laikā un pēcdzemdību depresijas cēloņiem un ietekmi uz mijiedarbību ar bērnu. Kopumā zinātniskajā literatūrā tiek atzīmēts, ka sievietēm depresijas un trauksmes simptomi grūtniecības laikā un arī pēc dzemdībām ir ievērojami augstāki nekā vīriešiem (Teixeira, Figueiredo, Conde, Pacheco, & Costa, 2009), tomēr jāņem vērā, ka vīrieši uzrāda netipiskus, atšķirīgus depresijas simptomus, kas ir ietekmēti no dzimumlomas un normām, ko sagaida no vīrišķības (Addis, 2008). Vīrieši biežāk piedzīvo dažādus eksternalizētus traucējumus, ieskaitot vielu atkarības, antisociālas personības traucējumus un dusmas. Pastāv iespēja, ka daudzi no vīriešiem piedzīvo neatpazītu depresijas epizodi un tiek ar to galā ar tādas uzvedības palīdzību, kura ir raksturīga iepriekš nosauktajiem traucējumiem (Addis, 2008). Diagnosticējot depresiju vīriešiem, ir jāvērs uzmanība uz pavisam atšķirīgu simptomātiku nekā sievietēm, piemēram, uz agresijas izpausmēm, nepacietību, riskantu un provocējošu uzvedību, emocionālo nejūtīgumu, pārmērīgu slodzi darbā un fizisku sevī izsmelšanu jeb sublimāciju, kā arī vājiem sociāliem kontaktiem – norobežošanos (Kilmartin, 2005; Olife & Phillips, 2008).

Zinātnisko pētījumu autori atzīmē, ka partneres grūtniecība, bērna piedzimšana, kā arī ar to saistītas izmaiņas vīrieši uztver kā satraucošus, līdz ar ko viņiem var attīstīties iekšējā spriedze un diskomforts, kas, savukārt var sekmēt depresijas simptomu rašanos vai arī pat klīniskās depresijas attīstību (Condon, 2006; Paulson & Bazemore, 2010). Arī Latvijā veikti pētījumi apstiprina, ka topošie un jaunie tēvi atrodas depresijas attīstības riska grupā, un ir svarīgi viņiem laicīgi sniegt atbalstu un kompetentu palīdzību, negaidot, ka viņi paši vērsīsies pēc palīdzības un atbalsta (Zande & Sebre, 2015). Tāpēc ir nepieciešams padziļināti pētīt topošo un jauno tēvu psiholoģisko stāvokli un atklāt dažādus saistītos faktoros, kas ietekmē viņu iesaistīšanos savu bērnu aprūpē.

Pētījuma mērķis: noskaidrot, vai tēvu bērnības pieredze ir saistīta ar viņu iesaistīšanos jaundzimušā aprūpē un kā depresijas un trauksmes simptomi perinatālajā periodā (no 30 grūtniecības nedēļas līdz 28 dienai pēc bērna piedzimšanas) prognozē jauno tēvu iesaistīšanos jaundzimušā aprūpē.

Pētījuma jautājumi:

- 1) Vai pastāv statistiski nozīmīgas atšķirības tēvu depresijas un trauksmes simptomos bērna prenatālajā un postnatālajā periodā?
- 2) Vai tēvu iesaistīšanās jaundzimušā aprūpē ir saistīta ar viņu traumatisko bērnības pieredzi un depresijas un trauksmes simptomiem perinatālajā periodā?

- 3) Cik lielā mērā trauksmes un depresijas simptomi prenatalajā un postnatalajā periodā prognozē tēvu iesaistīšanos jaundzimušā aprūpē?

## **Metode**

### **Methods**

#### **Pētījuma dalībnieki**

Pētījuma pirmajā etapā piedalījās 43 respondenti – vīrieši vecumā no 23 līdz 40 gadiem ( $M=29,09$ ,  $SD=4,08$ ), kuri pētījuma brīdī pirmo reizi dzīvē gatavojās kļūt par tēviem un kuru gaidāmo bērnu mātes atradās pēdējā grūtniecības trimestrī (30-40 grūtniecības nedēļa). Lielākā daļa no respondentiem – 34 (79 %) atradās oficiālā laulībā ar grūtnieci, 5 (12 %) bija grūtnieču romantiskie partneri ar kopīgu saimniecību un dzīves vietu, savukārt 4 (9 %) bija romantiskie partneri bez kopīgas dzīves vietas. Visi respondenti bija nodarbināti un strādāja pilnas slodzes darbu, pie tam 9 (21 %) no viņiem apvienoja darbu ar studijām. Lielākā daļa – 40 (93 %) respondentu savu fizisko un psihisko veselību atzīmē kā labu vai ļoti labu. 35 (81 %) topošie tēvi norādīja, ka grūtniecība ir bijusi plānota, visi respondenti bija gaidāmo bērnu bioloģiskie tēvi, nevienai no respondentu partnerēm grūtniecība nav bijusi saistīta ar mākslīgās apaugļošanas procedūru, kā arī nav novērotas grūtniecības komplikācijas.

Otrajā pētījuma etapā, kas notika 2-4 nedēļas pēc bērna piedzimšana, no visiem respondentiem atsaucās 27 jaunie tēvi ( $M=28,94$ ,  $SD=3,79$ ).

#### **Pētījuma instrumenti**

**Demogrāfisko datu aptauja**, ar kuras palīdzību tika noskaidrots respondentu vecums, izglītība, nodarbinātība, fiziskās un psihiskās veselības novērtējums, kā arī informāciju par partneres grūtniecības norisi un gaidāmo dzemdību datumu.

**Traumatisko pagātnes notikumu aptauja** (*Traumatic antecedents Questionnaire*; Herman, Perry, & Van der Kolk, 1989). Aptaujā ir iekļauti 42 apgalvojumi par dažādiem dzīves notikumiem un traumatisku pieredzi bērnībā (vardarbība, pamešana novārtā, saskarsme ar vecāku atkarību, tuvinieku nāvi u.c.), vecumā līdz 18 gadiem. Katru apgalvojumu ir jānovērtē likerta skalā no 0 - 3, kur 0 atbilst atbildei nekad, 1 – reti, 2 – dažreiz un 3 – bieži. Pētījumā tika izmantotas šādas aptaujas skalas: „Emocionālā vardarbība”, „Pamēšana novārtā”, „Fiziskās vardarbības liecinieks”, „Fiziskā vardarbība”, „Seksuālā vardarbība”, „Citas traumas”, „Kompetences un drošības trūkums” (Kronbaha alfas 0,63-0,87). Jo augstākus rezultātus respondents uzrāda katrā skalā, jo vairāk tas norāda uz piedzīvotu noteikta veida traumatisku notikumu bērnībā.

**Gotlandes vīriešu depresijas aptaujas** (*Gotland Male Depression Scale*; Zierau et al., 2002) latviešu valodas adaptētā versija (Zande & Sebre, 2015).

Aptaujā ir 15 jautājumi, kur papildus tradicionālajiem jautājumiem par depresijas simptomiem, piemēram, enerģijas trūkumu un nomāktību, iekļauti arī jautājumi par aizkaitinājumu, dusmām, agresīvu uzvedību un alkohola, medikamentu lietošanu vai pārmērīgām fiziskām aktivitātēm. Summējot respondentu atbildes skalā no 1 līdz 4, tika iegūts kopējs depresijas rādītājs (Kronbaha alfa 0,89), kur augstāks punktu skaits liecina par izteiktākiem depresijas simptomiem.

**Trauksmes stāvokļa-iezīmju pašnovērtējuma aptauja** (*State-Trait anxiety Inventory, Form Y; "Self-Evaluation Questionnaire"*; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). Aptauja sastāv no divām daļām, kopumā tai ir 40 apgalvojumi – 20 apgalvojumi, lai novērtētu trauksmi kā stāvokli (Kronbaha alfa 0,89) un 20 apgalvojumi, kuri norāda uz trauksmi kā personības iezīmi (Kronbaha alfa 0,86). Visus apgalvojumus ir jānovērtē Likerta skalā no 0-3, augstāki punkti liecina par lielāku trauksmes līmeni. Apgalvojumi, kuri izsaka pozitīvās izjūtas, tika reversēti.

**Iesaistīšanās jaundzimušā aprūpē** – pašnovērtējuma aptauja tika izveidota šim pētījumam ar mērķi noskaidrot, cik lielā mērā tēvi ikdienā iesaistās jaundzimušo aprūpē. Aptauja sastāv no 14 jautājumiem par bērna pārgērbšanu, bērna mierināšanu, iešanu pastaigās u.c. jautājumi, kuri raksturo vīrieša iesaistīšanos jaundzimušā bērna aprūpē. Katru jautājumu tika lūgts novērtēt Likerta skalā no 0-4, kur 0 ir nekad, 4 – regulāri. Lielāks iegūto punktu skaits norāda uz lielāku iesaistīšanos jaundzimušā bērna ikdienas aprūpē (skalas Kronbaha alfa 0,88).

## Rezultāti

### Results

Lai atbildētu uz pirmo pētījuma jautājumu par depresijas un trauksmes simptomu atšķirībām prenatālajā un postnatālajā periodā, tika veikts salīdzinājums ar T- pāru testu.

#### 1. tab. Atšķirības starp depresijas un trauksmes simptomiem pirms un pēc bērna piedzimšanas (N=27)

*Table 1 The differences between depression and anxiety symptoms before and after childbirth (N=27)*

	Prenatālais periods		Postnatālais periods		t
	M	SD	M	SD	
Depresijas simptomi	7,74	7,80	8.70	7,60	-1,14
Trauksme kā stāvoklis	12,30	9,63	17,48	10,89	-3,76**
Trauksme kā iezīme	13,44	7,89	14,67	9,08	-0,93

\*\* $p < 0,01$



Atbildot uz pirmo pētījuma jautājums, redzams, ka postnatālajā periodā trauksmes kā stāvoklis palielinās ( $t = -3,76$ ,  $p < 0,01$ ), bet depresijas simptomu un trauksmes kā īpašības izmaiņas nav novērojamas.

Lai atbildētu uz otro un trešo pētījuma jautājumu, ar Pīrsona korelācijas koeficientu tika noteiktas sakarības starp tēvu iesaistīšanos jaundzimušā aprūpē un viņu bērnības pieredzi, depresijas un trauksmes simptomiem (skat. 2. tabulu).

Pēc korelāciju analīzes redzams, ka iesaistīšanās jaundzimušā aprūpē nav saistīta ar tēvu norādīto bērnības pieredzi, savukārt ir atklāta statistiski nozīmīga negatīva korelācija ar visiem depresijas un trauksmes simptomu rādītājiem pirms un pēc bērna piedzimšanas.

2. tab. *Saistības starp tēvu iesaistīšanos jaundzimušā aprūpē un viņu traumatisko bērnības pieredzi, depresijas un trauksmes simptomiem pirms un pēc bērna piedzimšanas (N=27)*  
 Table 2 *Correlations between father's involvement in infant care and childhood experience, depression and anxiety symptoms before and after childbirth (N=27)*

	Traumatiskā bērnības pieredze						
	EV	PN	FVL	FV	SV	CT	KDT
<b>Iesaistīšanās aprūpē</b>	-0,09	0,01	0,35	0,24	0,33	0,12	0,14
	Prenatālais periods			Postnatālais periods			
	Depresija	Trauksme stāvoklis	Trauksme iezīme	Depresija	Trauksme stāvoklis	Trauksme iezīme	
<b>Iesaistīšanās aprūpē</b>	-0,49**	-0,61**	-0,42*	-0,49**	-0,39*	-0,59**	

\* $p < 0,05$ , \*\* $p < 0,01$

EV-emocionālā vardarbība, PN-pamešana novārtā, FVL-fiziskās vardarbības liecinieks, FV-fiziskā vardarbība, SV-seksuālā vardarbība, CT-citas traumas, KDT-kompetences un drošības trūkums.

Lai noskaidrotu, cik lielā mērā trauksmes un depresijas simptomi prenatālajā un postnatālajā periodā prognozē tēvu iesaistīšanos jaundzimušā aprūpē, tika veikta lineārā regresiju analīze kā atkarīgo mainīgo iekļaujot tēvu iesaistīšanos jaundzimušā aprūpē, savukārt kā neatkarīgos mainīgos depresijas un trauksmes simptomu rādītājus pirms un pēc bērna piedzimšanas (skat. 3. tab.).

Regresiju analīze rāda, ka jauno tēvu iesaistīšanos jaundzimušā aprūpē negatīvi prognozē trauksme kā iezīme pēc bērna dzimšanas, savukārt pozitīva prognoze ir vērojama trauksmei kā stāvoklim pēc bērna dzimšanas. Šāds modelis izskaidro 75 % no iesaistīšanās jaundzimušā aprūpē variācijas.

3. tab. Lineārās regresiju analīzes rezultāti atkarīgajam mainīgajam Iesaistīšanās  
jaundzimušā aprūpē (N=27)

Table 3 Results of linear regression analysis (enter model) of father's involvement in infant care ratings (N = 27)

	<i>B</i>	<i>SD B</i>	$\beta$	<i>R</i> <sup>2</sup>	<i>F</i>
				0,75	9,72***
<i>Depresijas simptomi_pre</i>	-0,21	0,22	-0,22		
<i>Trauksme – stāvoklis_pre</i>	-0,39	0,19	-0,50		
<i>Trauksme – iezīme_pre</i>	0,10	0,18	0,11		
<i>Depresijas simptomi_post</i>	-0,08	0,31	-0,08		
<i>Trauksme – stāvoklis_post</i>	1,08	0,22	1,56***		
<i>Trauksme – iezīme_post</i>	-1,20	0,26	-1,44***		

\*\*\* $p < 0,001$

(pre – prenatalajā periodā, post – postnatalajā periodā)

### Diskusija Discussion

Pētījuma rezultāti parādīja, ka trauksme kā stāvoklis pieaug postnatalajā periodā, t.i., tēvi 2-4 nedēļas pēc bērnu piedzimšanas jūtas nozīmīgi trauksmaināki kā 30-40 partneres grūtniecības nedēļā. Šādi rezultāti norāda, ka pēc bērnu piedzimšanas notiek aktīva adaptācija tēva lomai, ir virkne ar jauniem pienākumiem, kas iepriekš nav zināmi. Atsevišķi autori norāda, ka reizēm vecākiem pēc bērna piedzimšanas rodas uzmācīgas domas, ka viņi ar savu rīcību varētu nodarīt pāri savam jaundzimušajam bērnam (Kim & Swain, 2007). Pie tam, iespējams, šo trauksmes stāvokli var palielināt tēva nepārliedzinātība un neinformētība par dažādiem attīstības aspektiem saistībā ar jaundzimušo. Cits faktors paaugstinātai situatīvai trauksmei var būt izmaiņas vecāku gulēšanas ieradumos. Pieaugušie, kas pirmo reizi kļuvuši par vecākiem, pēc dzemdībām uzrāda augstākus noguruma rādītājus nekā trešajā grūtniecības trimestrī, pie tam rādītāji neatšķiras mātēm un tēviem (Elek, Hudson, & Fleck, 2002). Miega traucējumi un nogurums var būt pamatfaktori garastāvokļa traucējumu attīstībai, tajā skaitā arī trauksmes traucējumiem (Montgomery-Downs, Stremler, & Insana, 2013). Trauksmei kā iezīmei netika atklātas atšķirības pirms un pēc bērna piedzimšanas, kas apstiprina jau iepriekš atklātās likumsakarības, ka personības iezīmes paliek stabilas, neskatoties uz dažādiem dzīves notikumiem (Cobb-Clark & Schurer, 2012).

Rezultāti parādīja, ka neviens no traumatiskiem bērnības notikumiem nav saistīts ar iesaistīšanos jaundzimušā aprūpē. Šāds atklājums savā ziņā nonāk pretrunā ar iepriekš veiktiem pētījumiem par bērnības notikumu ilgtermiņa sekām dažādās indivīda dzīves jomās, tai skaitā arī uz attiecībām ar saviem bērniem (American Academy of Pediatrics, 2014). Tomēr ir atsevišķi

psiholoģiskie koncepti, kas varētu palīdzēt izskaidrot šo sakarību neesamību. Piemēram, pētījumos par dzīvesspēku tiek diskutēts par to, cik spēcīgam traumatiskam notikumam bērnībā jābūt, lai veidotos negatīvas sekas. Tiek atzīmēts, ka katrs traumatiskais notikums tiek uztverts individuāli un vienam indivīdam kāds notikums var radīt negatīvas sekas, tai pat laikā cits indivīds šo notikumu „pārstrādā caur savu dzīvesspēku” un spēj veselīgi integrēt savā pieredzē (Rutter, 2012). Piemēram, noskaidrots, ka tikai 5-10 % no populācijas traumatisku notikumu rezultātā var attīstīties hroniskas disfunkcijas. Tai pat laikā 35-65 % parādās minimāla traumatisku notikumu ietekme, un 15-25 % indivīdu spēj veiksmīgi atgūties no dažādiem nelabvēlīgiem notikumiem (Bonanno, Westphal, & Mancini, 2011).

Pētījumā tika apstiprināts, ka pieaugot depresijas un trauksmes simptomiem gan prenatalajā, gan postnatalajā periodā, samazinās jauno tēvu iesaistīšanās jaundzimušo aprūpē. Šādi rezultāti saskan ar iepriekš veiktiem pētījumiem, ka vīrieša psiholoģiskais stāvoklis ietekmē viņa iesaistīšanos gan partneres grūtniecības laikā, gan zīdaiņa kopšanā (Flykt et al., 2009; Skjothaug et al., 2014), kā arī vecāku personības iezīmes un depresija grūtniecības laikā var paredzēt vecāku negatīvu noskaņojumu pēc bērna piedzimšanas (Saisto et al., 2008). Regresiju analīzes rezultāti atklāja, ka tieši postnatālā trauksme visnozīmīgāk prognozē jauno tēvu iesaistīšanos jaundzimušo aprūpē. Interesanti, ka trauksme kā iezīme paredz mazāku iesaistīšanos, savukārt trauksme kā situatīvs stāvoklis paredz lielāku iesaistīšanos jaundzimušā aprūpē. Šie rezultāti var tikt interpretēti saistībā ar neadaptīvo un adaptīvo jeb mobilizējošo trauksmi. Tātad, ja indivīdam piemīt trauksmainas personības iezīmes, viņš izvairīsies iesaistīties jaundzimušā aprūpē, jo trauksmainām personībām raksturīgas dažādas izvairīšanās stratēģijas, savukārt indivīdi, kuri nav trauksmaini ikdienā, nonākot specifiskā situācijā – sastopoties ar mazuļa piedzimšanu – izjūt situatīvu trauksmi, kas viņus mobilizē aktīvāk iesaistīties aprūpē.

Pētījumam ir vairāki ierobežojumi. Pirmkārt, pētījuma izlase nav skaitliski liela, līdz ar to iegūtie rezultāti var tikt pakļauti nejaušībai. Tas nozīmē, ka iegūtie rezultāti jāinterpretē piesardzīgi. Vēl viens ierobežojums ir izlases specifika – tā kā pētījuma respondenti bija vīrieši, jāreķinās ar to, ka ne vienmēr vīrieši ir gatavi godīgi atklāt par sevi sensitīvu informāciju. Šajā gadījumā gan jautājumi par traumatisko bērnības pieredzi, gan psiholoģisko stāvokli, gan iesaistīšanos jaundzimušā aprūpē bija diezgan personiski, kas varēja veicināt sociāli vēlamu atbilžu sniegšanu.

Tomēr šī pētījuma ieguvums nenoliedzami ir novitāte, jo Latvijā tēvu izlases kontekstā ar viņu bērnības pieredzi, psiholoģisko stāvokli un attiecībām ar jaundzimušo ir pētītas ārkārtīgi maz. Tāpat arī tēvu psiholoģiskajam stāvoklim bērna gaidīšanas laikā un tūlīt pēc viņa piedzimšanas tiek pievērsts nepietiekami daudz uzmanības, galvenokārt fokusējoties tikai uz māti.

## **Secinājumi** **Conclusions**

No iegūtajiem rezultātiem var izdarīt šādus secinājumus:

1. Jaunie tēvi pēc bērna piedzimšanas izjūt lielāku situatīvo trauksmi nekā tas ir bērna gaidīšanas laikā, jo notiek straujš adaptācijas process jaunajai tēva lomai.
2. Tas, cik lielā mērā jaunie tēvi iesaistīsies sava jaundzimušā bērna aprūpē, nav saistīts ar viņu bērnības pieredzi, savukārt pieaugot depresijas un trauksmes simptomiem perinatālajā periodā, samazinās tēvu iesaistīšanās jaundzimušo aprūpē.
3. Tēvi, kuri ir mazāk trauksmaini ikdienā, bet izjūt augstāku situatīvo trauksmi, vairāk iesaistās jaundzimušā aprūpē.

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## HUMAN VALUES AND ATTITUDES TOWARDS MONEY

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**Abstract.** *Spending money which is not earned becomes more available practice with help of the various types of cash loans. It causes social problem in society because easiness of getting money puts families at risk due to the high loan percent. Our study aims to understand if human values are related to attitudes towards money and in what way if any. Values are motivational constructs that apply to abstract goals (Schwartz, 1992). Schwartz believes that the main aspect of value contents is the type of goal or the motivation it expresses (Schwartz, 1992). Also, values are abstract goals and do not effect decisions in specific situations they can work as the underlying assumptions for creating attitudes. Attitudes are more situation-specific and correlate with behavior at moderate level. In our study values were measured using Portrait Values Questionnaire, PVQ-21 (Schwartz, Melech, Lehmann, Burgess, & Harris, 2001). Attitudes towards money were measured using modified version of Money Attitude Scale (Yamauchi & Templer, 1982). Question regarding money related behavior were also asked. We surveyed one thousand and five respondents from whom 58 % were female, all age groups where presented according to Latvia's population (representative sample). Results reveal that values correlate with attitudes towards money although modestly.*

**Keywords:** *attitudes, attitudes towards money, human values, financial behavior.*

### Introduction

Money is very important part of our life. It has motivational power and also can make people feel more secure (Furnham, 1996). Our beliefs regarding money and money skills we learn in our childhood and later as adults, we tend to use these skills based on social learning theory (Furnham, 1996). However, despite money's important role in human life in psychology, there is relatively little research done on this topic (Yamauchi & Templer, 1982). Research shows that money attitudes influence financial behavior such as money spending and money saving (Nga & Yeoh, 2015; Yamauchi & Templar, 1982). Money is not only the means of a transaction but also is a measure of achievement and subjective well-being (Farid & Lazarus, 2008). For some people, money is a materialistic trifle, while others consider money as force and capacity to draw in a relationship

(Sundarasan & Rahman, 2017). So money is not only a trading tool but it may be perceived as a symbol of validity, power, and value (Yamauchi & Templer, 1982).

In our study, we wanted to test attitudes towards money in relation to individual values and financial skills/behaviors. Understanding of the underlying forces (values) that guide people's attitudes and which in turn affect behaviors can allow developing tools that will help people to better manage their money. And we start the description of our study by explaining the value's theory, then we briefly describe values and attitudes relationships.

## Values

Values as defined by Schwartz are "desirable goals, which stand above situations, vary in their importance and serve as the guiding principles in people's lives" (Schwartz, 1992: 4.). Values are motivational constructs that apply to abstract goals (Schwartz, 1992). Values are not specific objectives, for example, a person does not try to reach the goal of *benevolence* in a particular situation; however his or her actions may be motivated by this value. Schwartz believes that the main aspect of value contents is the type of goal or the motivation it expresses (Schwartz, 1992). Three types of cognitive representations of human needs characterize values: the needs of individuals as biological organisms, the need for coordinated social interaction, the need for group survival and wellbeing. In a way all of these values must be important to the functioning of a human, or else these would not be universal values of people in various parts of the world.

Based on the previous research Schwartz suggest five features of values and adds two of his own (Schwartz, 1992, 2017): 1) values are beliefs that are related to affect; 2) values refer to desirable goals; 3) values stand above specific situations; 4) values serve as standards or criteria. Schwartz stresses that in this way values underlie people's attitudes and their evaluations; 5) values are ordered in relative importance; 6) the relative importance of multiple values guides actions; 7) the impact of values on every day decisions is rarely conscious. People become aware of their values only when directly asked about their values or when they have to make decisions and two or more conflicting values "fight" for the importance in decision making (Schwartz, 2017).

Schwartz distinguishes 10 individual values: *Power, Achievement, Stimulation, Hedonism, Self-Direction, Universalism, Benevolence, Conformity, Security* and *Tradition*. Humans can significantly differ in what meaning they ascribe to each of the basic values, however these values are made up of the same structure of motivational opposites and compatibility or the value system (Schwartz, 1992). Schwartz proposes the idea of the circular structure of values, which is confirmed by research of the past years (Maio, Pakizeh, Cheung, & Rees, 2009; Pakizeh, Gebauer, & Maio, 2009). Experiments have shown that values with



similar motivational contents in cognitive structures are placed closer to each other, whereas values with opposite or competitive motivational contents are placed further from each other (Pakizeh, Gebauer, & Maio, 2009). The word 'structure' applies to value conflicts and their compatibility, and the relative importance of values for an individual or a group is called value priority or hierarchy. All ten values may be divided into competing dimensions, which form two fundamental problems a person must solve.

Research on values looks for the link between values and behavior: do values have impact on the behavior? There may be two reasons why people should act according to values. It is firstly the consistency between belief and action. Secondly, action according to values gives satisfaction because the person receives what he or she desires (Bardi & Schwartz, 2003).

### **Attitudes**

Research on attitudes has been done since the 1920s, however, despite its popularity, the concept of attitudes does not have a single, generally accepted definition (Manstead, 2004). All definitions of the attitude concept contain the attitude evaluation aspect – attitudes concern the attitude object and an evaluation category “bad” or “good” (Albarracín, Wang, Li, & Noguchi, 2008). Ajzen & Fishbein (2005) call a particular aim, behavior, an abstract object, a person or an event, anything that can be evaluated – an attitude object. “Attitudes can be viewed as units of social knowledge that are based on experience, belief, and feelings, which are caused by the object of the attitude” (Zanna & Rempel, 1988: pp. 7).

All attitudes are functional, regardless of their motivational basis (value-expressive, ego-defensive), because they allow making decisions quickly and with ease (Fazio, Blascovich, & Driscoll, 1992). The functional approach of attitudes has been developed with a goal to transform attitudes, because, in order to change an attitude, it is necessary to understand what the attitude is based upon. The functional approach allows classifying and researching psychological needs that form the basis of various attitudes. And the identification of these needs lets scholars develop corresponding methods for the change of attitudes.

Attitude functions are also used to clarify the values-attitudes relations. In theory, there should be a stronger connection between values and attitudes in cases when attitude has the value-expressive function (Maio & Olson, 1994). Maio & Olson conducted a study to find out whether attitude functions moderate the relations between values, attitudes, and behavior. The results showed that, as expected, the strongest connection between values and attitudes was found among the people whose attitudes expressed their values. Gregory et al. (Gregory,

Munch, & Peterson, 2002) confirm that the value-expressive function strengthens the link between values and attitudes.

It is generally believed (Dreezens, Martijn, Tenbült, Kok, & de Vries, 2005; Feather, 1980) that values influence attitudes, and, in turn, attitudes influence behavior. Values have a more general purpose and a more stable, unchanging construct than attitudes do. Attitudes are better predictors of behavior than values.

### **Attitudes towards Money**

Money attitude research has been influenced most by Furnham (1984) and Yamauchi and Templer (1982). Motives underlying money attitudes range from striving for status and power and enhancing self-worth. Rimple says that we can conceptualize money attitude as one's perception about money (Rimple, 2012). Attitude we demonstrate in money matters are multiple, it encompasses preservation of social status as well as personal contentment

The concept of money attitude is multidimensional and it has been studied in various socio-economic and cultural settings. The multidimensionality of money is clear from different component and factors that have been discovered by various researchers, who have interpreted various meanings of money, revealed different values held by people for money and have entrusted a range of facets to money (Rimple, 2012).

According to early work by Yamauchi and Templer (1982) individuals may hold the attitude or belief that money is a symbol of success or status of anxiety among certain individuals regarding money; for some, money relieved their anxiety and for others it provoked anxiety (Brad, Sonya, Jennifer, & Ted, 2011). Research suggests that individuals who believe that money is closely related to status are more loss averse than the general population because of the perceived loss of social status associated with lower levels of wealth (Engelberg & Sjöberg, 2007). So we can assume that people with higher scores in *Power* value which is related to social status, will make well-considered financial decisions.

In our study, we wanted to test whether values correlate with attitudes towards money and financial behavior? We are interested in one aspect of attitudes towards money – power-prestige attitude.

## **Method**

### **Instruments**

*Values* were measured using Portrait Values Questionnaire, PVQ-21 (Schwartz, Melech, Lehmann, Burgess, & Harris, 2001). Each description characterizes person's aims and desires that indirectly show the significance of values. For example, *this person finds it important to come up with something*

*new, to be creative.* The respondent must then assess to what extent the described person resembles the respondent him/herself, in a range from 1 - *not similar to me at all* to 6 - *very similar to me*. Scale reliability coefficients (Cronbach's alpha) vary between .32 and .60. Reliability coefficients of individual values are low, although the author of the method notes that values are mutually connected and several values can have the same motivational basis, which means that dimension reliability indicators must be taken into account (Schwartz, 2007).

*Attitudes* towards money were measured by the scale which was created based on K. T. Yamauchi and D. I. Templer (Money Attitude Scale) (Yamauchi & Templer, 1982). We used the power-prestige subscale and added questions regarding the behaviors/actions with money (financial behavior). The power-prestige attitudes subscale consists of items like “*money is the symbol of success*” and respondents have to rate them in Likert scale from 1- *totally disagree* to 5- *totally agree*. Reliability coefficient Cronbach's alpha for this scale is .81. The scale about behavior regarding money consists (financial behavior) of items which describes financial behavior for last six months and are like “*I pay my bills on time*” with answer options *from 1- never to 5 – every month*. Reliability coefficient Cronbach's alpha for money behavior scale is .71. For this scale, higher results mean that people spent money wisely and responsibly, paid their bills on time and saved some money for future or bigger purchase. Lower results for this scale mean that people did not pay their bills on time, took loans, did not follow their spendings etc.

*Demographics* survey included questions regarding age, gender, education and income level.

### **Participants**

One thousand and five participants filled out the survey. The average age of participants  $M=45.38$  ( $SD=15.05$ ), 52 % females. More than half of the respondents have higher education 57.7 %. For distribution of income of respondents see Table 1. Not all respondents gave the answer to this question, only 72 % of the sample.

Table 1 **Distribution of the income per one family member**

<b>Income per one family member</b>	<b>Frequency</b>	<b>Percent</b>
Less than 240 eur	145	20.1
241-349 eur	136	18.9
350-499 eur	141	19.6
500-699 eur	140	19.5
700 or more	158	21.9
Total	721	100.0

## Procedure

Surveys were distributed and collected by a social research company on December 2017 in Latvia. The sample represents all Latvian population from different regions.

## Results

To answer the research question, we studied relationships among individual values and attitudes towards money (power-prestige scale) and financial behavior. Descriptive statistics are presented in Table 2.

Table 2 **Descriptive statistics of attitudes towards money, financial behaviour and individual values**

	N	Min	Max	Mean	Std. Deviation
<b>Attitudes towards Money</b>	1005	1	5	3.12	0.62
<b>Financial behavior</b>	999	1	5	3.26	0.94
<b>Values:</b>					
Power	1005	1	6	2.81	0.99
Achievement	1005	1	6	3.27	1.12
Hedonism	1005	1	6	3.44	1.13
Stimulation	1005	1	6	3.06	1.12
Self-Direction	1005	1	6	3.89	1.08
Universalism	1005	1	6	3.95	0.93
Benevolence	1005	1	6	3.89	0.99
Conformity	1005	1	6	3.51	1.11
Security	1005	1	6	3.98	1.10
Tradition	1005	1	6	3.88	1.04

Correlational analysis of values and attitudes show that there are statistically significant relations among values, attitudes towards money and financial behavior.

Results of correlation (Spearman's Rho) analysis showed in Table 3 demonstrate that the higher scores for values *Power*, *Achievement*, and *Hedonism* produce higher results (or more positive attitude) in attitude towards money –  $r = .37$  ( $p < 0.01$ ),  $r = .23$  ( $p < 0.01$ ),  $r = .20$  ( $p < 0.01$ ) respectively. Such values as *Conformity* and *Security* also positively correlate with the attitude towards money –  $r = .17$  ( $p < 0.01$ ) and  $r = .18$  ( $p < 0.01$ ) respectively.

Table 3 Spearman’s Rho coefficient for values, attitudes towards money and financial behaviour

Values	Attitudes towards Money	Financial Behavior
Power	.373**	.02
Achievement	.233**	.05
Hedonism	.201**	.003
Stimulation	.068*	.015
Self-Direction	.036	.083**
Universalism	.022	.104**
Benevolence	.010	.140**
Conformity	.166**	.152**
Security	.184**	.135**
Tradition	.036	.102**

\*  $p < 0.05$ , \*\* $p < 0.01$

On the other hand, the same values of *Power*, *Achievement* and *Hedonism* do not correlate with financial behaviour. Financial behaviour positively correlates with values *Conformity* ( $r = .15, p < .01$ ), *Benevolence* ( $r = .14, p < .01$ ), *Security* ( $r = .14, p < .01$ ), *Universalism* ( $r = .10, p < .01$ ), *Tradition* ( $r = .10, p < .01$ ), and *Self-Direction* ( $r = .08, p < .01$ )

From the analysis of demographical factors and attitudes towards money and financial behaviour we can conclude that with age positive attitude towards money increases ( $F(5, 999) = 1.88, p < 0.09$  for all groups, analysis of between-group differences reveal that older people score higher on attitudes towards money) and people with age become financially wiser ( $F(5, 992) = 3.46, p < 0.001$  for descriptive statistics (see Table 4).

Table 4 Descriptive statistics for attitude towards money and financial behavior in different age groups and ANOVA results

	Age	N	Mean	SD
<b>Attitude towards Money</b>	18 - 24	96	2.97	0.58
	25 - 34	211	3.15	0.64
	35 - 44	190	3.16	0.59
	45 - 54	192	3.07	0.65
	55 - 63	170	3.18	0.64
	64 and older	146	3.15	0.59
<b>Financial Behavior</b>	18 - 24	94	3.01	0.94
	25 - 34	211	3.23	0.88
	35 - 44	189	3.21	0.92
	45 - 54	191	3.20	0.97
	55 - 63	168	3.36	0.97
	64 and older	146	3.47	0.91

Income level does not correlate with the attitude towards money but it correlates with financial behavior  $r = .083, p < .03$ . People with higher income level make more responsible decisions regarding their money as well as people with higher education level ( $r = .07, p = .02$ )

## **Conclusions**

The results of the research confirm the circular structure of individual values since self-enhancing values (Power, Achievements, Hedonism) positively correlate with the attitude towards money, but those aimed at the well-being of others (Universalism, Benevolence) do not correlate at all with the attitude towards money. It shows that these values have different motivating forces (Schwartz, 1992).

From the perspective of the research question, the results show that values such as Power and Achievement which are also associated with the desire for a high social status positively correlate with the attitude towards money, specifically with power-prestige attitude. This is theoretically a logical outcome. In turn, these same values do not correlate with financial behavior, which means that these values do not relate to financial decisions. This contradicts Engelberg and Sjöberg's study (Engelberg & Sjöberg, 2007), in which they conclude that people for whom social status is important are more afraid of losing material well-being because they feel that it is closely related to social status. From this conclusion, one could expect that people with high scores in values Power and Achievement should have wiser financial behavior. Our study does not support this assumption. It seems that people who value Power and Achievement and money more are not better or worse than others in financial behavior.

Financial behavior positively correlates with values such as Universalism, Benevolence, Conformity, Tradition, and Security. The more important these values are more wisely person handles the money. This can easily be explained by values Security and Conformity because wise money handling allows people to feel more secure and maintain good relationships with their loved ones. The same values are positively correlated with the attitude towards money. This means that people who have a significant Security and Conformity values think of money as of a source of high status and wisely spend money.

Interesting is the fact that with age people show higher results in attitude towards money (positive attitude) and in financial behavior (spends wisely). In addition, the study does not show a correlation between age and income.

The research is only at an early stage and given that attitude towards money has not been studied much in psychology, this area of study has a great potential.

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## THE INDIVIDUALITY SPHERES OF HEALTH PROFESSIONALS

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**Abstract.** *This study focuses on the health professionals' spheres of individuality. We surveyed three groups of health professionals – anaesthesiologists, cardiac surgeons, and cardiologists. The respondents were asked to complete an individuality questionnaire for health professionals – an update of T. Grebenuk's questionnaire for measuring teachers' individuality. The survey results show that a medical specialist's individuality is an integrated system comprising seven interconnected spheres – intellectual, motivational, volitional, emotional, practical and object-oriented, existential, and self-regulative ones, – which are affected by the development of professionally relevant components. The dominant sphere is motivational. Age and experience are associated with a lower rating given to all the components – chiefly, motivational, volitional, and self-regulative ones. No significant difference was observed between the male and the female respondents. However, the spheres of individuality differed across the three groups of health professionals. The anaesthesiologists were inclined to give average ratings. The surgeons' and cardiologists' spheres of individuality showed significant similarities.*

**Keywords:** *individuality, spheres of individuality, professional activity, health professionals.*

### Introduction

Throughout human history, the individualisation of a personality has constantly increased. As a rule, individuality is used synonymously with originality, uniqueness, and personal identity. Individualisation is a process of becoming aware of one's values, originality, and integrity and of translating one's identity and the image of one's originality into behaviour, activities, and interactions with others. Individualisation also means an increased capacity to act independently and autonomously (Боброва, 1997). Although a vast body of literature focuses on individuality, the notion leaves room for research (Сайко, 2011).

A socially significant phenomenon, the work of a medical doctor is associated with strict personality requirements. The enhancement of professionalism and healthcare service quality, the achievement of professional

and personal success and job satisfaction necessitate systematic research on the psychological aspects of medical work and on the personality and individuality of health professionals (Ясько, 2005; Карпин, 2015). This study aims to explore health professionals' spheres of individuality, using an adapted version of the health professionals' individuality map.

### **Theoretical framework**

V. Stern was one of the first psychologists to address individuality and formulate relevant principles. Firstly, understanding the concept of individuality is possible only in terms of both unity and diversity. Secondly, when examining individuality, it is important to identify the substantial characteristics – both those with absolute value (they play the principal role and form the core of individuality) and relative value (they depend on the core elements of a personality) (Штерн, 1998). This theoretical framework determines the existing approaches to individuality studies.

Personology has offered a comprehensive and in-depth analysis of individuality. Three groups of models – research, diagnostic and psychotherapeutic ones – can be distinguished within a wide variety of theoretical constructs (Абульханова, 2009). These research models propose hypothetical parameters of a personality that are used to describe individual typological mechanisms. The models aim to identify personal abilities and limitations and the features of a personality's organisation and self-organisation. Moreover, such models reveal how a personality 'works'. G. W. Allport's and E. H. Erikson's concepts are prime examples of such research models. Diagnostic models provide evidence of certain personality traits and make it possible to describe an actual personality, using a strict set of characteristics. Such an approach was employed in H. T. Eysenck's theory of personality and in Cattell's model. Diagnostic models give a rougher approximation (Абульханова, 2009; p. 36). Psychotherapeutic models reveal the ideal of personal development and help to overcome passivity. For example, within A. Adler's model, a passive existential position can be overcome through 'creative self' – the force that allows one to use their experiences to construct a style of life. The central idea behind C. Roger's model is self-actualisation. Roger emphasised two crucial features. Firstly, a person is in constant search for experiences, which reinforce their individuality. Secondly, the self-concept – the core of individuality – is protected by defence mechanisms that prevent its destruction. This helps to preserve self-esteem, which has an immediate bearing on the significance of individuality for a personality. Another important aspect of Roger's model is the concept of a 'fully functioning person' – a person who is in touch with their feelings and works toward becoming self-actualised.

In A. H. Maslow's model, the concepts of 'individual potential' and 'self-actualisation' comprise the foundation of individual existence. C G Jung's concept explains the logic behind the development of individuality and describes relevant mechanisms (ХЪЕЛЛ & ЗИГЛЕР, 2003).

Overall, there are three interconnected approaches to the phenomenon of individuality. The first approach suggests that individuality is a peculiar combination of psychological aspects of human nature. Here, the 'individual' – a unique combination of features forming a sustainable unity – is counterposed to the 'typical'. Such an understanding of individuality implies that every person has individuality (АНАНЬЕВ, 2001; p. 276).

The second approach introduces the idea of integrity. Originally proposed by S. L. Rubinstein, this concept was developed by V. S. Merlin. The approach focuses on the mechanism of individuality – a person's ability to summarise and synthesise their qualities, traits, etc. Individuality is determined not by a unique combination of qualities but by the effective ways to integrate them (АБУЛЬХАНОВА, 2009; p. 25-26; Орлов & Орлова, 2011). Here, integrity is viewed both as common to all people (i.e. every human has individuality) and as constituting some kind of superior integrity (Орлов & Орлова, 2011; p. 36). According to B. G. Ananyev, individuality is an cohesive whole and a result of integration between the individual (biological and bio-psychological elements), the personality (social and psychosocial elements), and the subject (psycho-biosocial elements). Repeated differentiation and integration of these structures takes place within the actual process of the system's development and transformation into a unique polysystem that is individuality (АНАНЬЕВ, 2001).

The third approach suggests that a personality becomes an individuality by achieving the highest level of development (АНАНЬЕВ, 2001; Рубинштейн, 2003). This approach is a logical continuation of those considered above, as long as a balanced development of individual traits is considered. However, if the emphasis is placed on the achievement of personal perfection in line with the universal human principles (spirituality, ethics, culture), the logical connection is broken (АБУЛЬХАНОВА, 2009; p. 28). This creates a paradox.

The problem of individuality has been studied at different levels. A conceptual and methodological framework is being developed at the theoretical level. The features of the emergence, development, and implementation of individuality are being examined at the procedural level. Quantitative and qualitative measurements are being carried out at the psychometric level (Сайко, 2011; p. 4).

Under the influence of hermeneutics and related psychological theories and practices (humanistic, understanding, and existential psychologies), studies are becoming less focussed on measuring psychophysiological, psychological, and sociopsychological characteristics and parameters. Greater attention is being

paid to the internal life of a person and on how the self – which determines a person's individuality and social existence – is manifested in it. Individuality incorporates a range of psychological phenomena referred to as the 'inner space of a person'. This relatively isolated inner space is where sets of values (life plans and prospects, deep personal feelings), systems of images ('portraits', 'landscapes', 'narratives'), concepts, desires, and one's self-esteem are formed (Ананьев, 2001; p. 274).

The study of individuality requires the registration of multiple characteristics. It is important to create a basic scheme incorporating different spheres of individuality. We believe that a promising method is O. S. Grebenyuk's concept, which covers seven spheres and emphasises the uniqueness of every person. Individuality is a fusion of intellectual, motivational, volitional, emotional, practical and object-oriented, existential, and self-regulative spheres (Гребенюк & Гребенюк, 2000). Later, T. B. Grebenyuk proposed a concept of future teachers' individuality. As a result, a map of teachers' individuality ratings was created (Гребенюк, 2017). The Kaliningrad school of individuality studies emerged. There is a growing body of research, whose findings are being employed at local educational institutions.

The personality of a health professional has been addressed in many recent psychological studies. Within such works, two groups can be distinguished. The first group brings together explorations of personal traits – socially determined, psychological, affected by professional experiences, cognitive, and neurodynamic ones (Ясько, 2005). Some works (Донника, 2009; Грошев, 2011) address the complexes of personal characteristics and aspects. The second group comprises studies into concrete characteristics – intellectual abilities (Ражина, 2017), professional thinking (Лебедева, 2013), pursuit of success and readiness for risk (Кашапов & Солодчук, 2017), emotional stability (Колмогорцева & Логинова, 2009), empathic ability (Строкова et al., 2013), emotional intelligence (Васильева et al., 2013), responsibility and creativity (Кашапов & Солодчук, 2017), internality (Романцов & Мельникова, 2013), extroversion (Колмогорцева & Логинова, 2009), tolerance (Шабалина, 2011), self-esteem and self-understanding (Романцов et al., 2015), self-reflection (Миронова, 2009), temperament (Строкова et al., 2013), self-organisation components (Воронин & Николаев, 2013), professional identity (Мухортова, 2015), meaning of life (Феофанов & Козлова, 2017), core values and meanings (Водяха, 2009), components of agency (Шабалина, 2011).

Based on O. S. Grebenyuk's concept of individuality and T. B. Grebenyuk's concept of teacher's individuality, we define a health professional's individuality as an integrated system of seven interconnected spheres – intellectual, motivational, emotional, volitional, practical and object-oriented, self-regulative, and existential ones. The individuality of a health

professional is associated with the development of professionally relevant components of the psychological spheres, which distinguish it from the individuality of any other person.

### **Methods**

T. B. Grebenyuk's technique (Гребенюк, 2011) for mapping teachers' individuality was adapted to the needs of this study. Changes were introduced to the content of the components. A group of experts reviewed the adapted concepts. The group consisted of 12 employees of the Federal Centre of High Medical Technology (Kaliningrad). Following the review, adjustments were made to the content of professionally relevant components of the seven spheres of individuality.

As a result, the following characteristics were identified as professionally relevant components of psychological spheres. In the intellectual sphere, these are professional thinking (ability to analyse professional situations), the ability to find best solutions and work under uncertainty and lack of information, professional knowledge, the ability to find non-standard solutions, professional intuition, etc. The motivational sphere includes the pursuit of satisfaction from the process and its outcomes, the striving for professional success and greater medical competence, the need for recognition and respect, interest in new technology, etc. The emotional sphere comprises a healthy professional self-esteem (awareness of own limits and abilities), the understanding of one's situation and resources, self-confidence (an objective assessment of one's abilities and skills), stress tolerance, etc. The volitional sphere incorporates endurance (long-term resistance to unfavourable factors), determination (readiness to achieve the desired against all odds), resolve (consistency in reaching long-term goals), etc. The sphere of self-regulation comprises the ability to organise and manage one's activities, self-mobilisation when faced with challenges, the ability to achieve objectives and to manage professional stress, etc. The existential sphere includes professional visions, orientation towards humanistic goals, professional reflection (ability to assess oneself in a professional situation), confidence, etc.

Most adjustments were made to the content of the practical and object-oriented sphere. The federal state standard for the 'Medical care' higher education programme (2016) was used as a reference.

The respondents were asked to rate themselves in regard to the professionally relevant components on a scale from one to seven. Forty-eight health professionals – employees of the Kaliningrad Federal Centre of High Medical Technology – were surveyed. The sample was divided into three groups, based on the field of expertise – anaesthesiologists (n=16), surgeons

(n=17) and cardiologists (n=15). There were 18 female (37.5 %) and 30 male (62.5 %) respondents aged 24 – 63 (a mean of 37.38±10.02). Professional experience ranged from 0.5 to 39 years (a mean of 13.8±9.11). The survey was anonymous.

## Results

**1. An overview of health professionals’ spheres of individuality.** Each of the spheres of individuality was assigned a total rating. The highest rated were the components of the motivational sphere (the pursuit of success, self-development, professional competence, cooperation, etc), followed by the existential and practical/object-oriented spheres (awareness of life goals and values, professional confidence, professional vision). Lower ratings were given to the components of the emotional and self-regulative spheres and the lowest to those of the volitional and intellectual spheres (Table 1).

Table 1 **Ratings given to health professionals’ individuality spheres**

N	Individuality spheres	Mean±Standard Deviation (n=48)
1	Intellectual	5.15±0.81
2	Motivational	<b>5.78±0.97</b>
3	Emotional	5.33±0.90
4	Volitional	5.18±1.04
5	Practical and subject-oriented	5.40±0.91
6	Self-regulative	5.27±1.03
7	Existential	<b>5.50±0.99</b>

A correlation analysis demonstrates a positive correlation between the ratings given to the seven spheres ( $p \leq 0.01$ ) (Table 2).

Table 2 **A correlation matrix of health professionals’ individuality**

Individuality spheres	Intellectual	Motivational	Emotional	Volitional	Subject-practical	Self-regulative	Existential
Intellectual	1.000						
Motivational	0.720	1.000					
Emotional	0.647	0.708	1.000				
Volitional	0.779	0.838	0.857	1.000			
Subject-practical	0.750	0.757	0.732	0.839	1.000		
Self-regulative	0.770	0.751	0.939	0.904	0.781	1.000	
Existential	0.762	0.761	0.921	0.951	0.877	0.949	1.000

**2. The individuality spheres of a health professional, by age and experience.** The ratings of seven individuality spheres demonstrate a negative correlation with age and professional experience. Some of the correlations are significant. These are the correlations 1) between age and the motivational ( $r_s = -0.290$   $p \leq 0.05$ ) and self-regulative spheres ( $r_s = -0.287$   $p \leq 0.05$ ); 2) between professional experience and the motivational ( $r_s = -0.289$   $p \leq 0.05$ ) and volitional spheres ( $r_s = -0.300$   $p \leq 0.05$ ). More experienced health professionals gave a lower rating to the components of all the individuality spheres.

**3. Individuality spheres, by gender.** The highest ratings were given to the components of the motivational sphere, regardless of gender. The same holds true for the existential sphere. On average, male respondents gave average ratings to the components of the emotional sphere and the female respondents to those of the practical and object-oriented ones. The volitional sphere was rated the lowest. The male doctors gave lower ratings to the components of the self-regulative sphere and female doctors to those of the intellectual sphere (Table 3). Significant differences between the male and the female respondents were not revealed ( $\phi^*$  Fisher,  $\chi^2$  Pearson).

Table 3 **Individuality spheres rated by the male and the female respondents**

N	Individuality sphere	Mean±Standard Deviation	
		male (n=30)	female (n=18)
1	Intellectual	5.27±0.85	4.95±0.73
2	Motivational	<b>5.75±1.04</b>	<b>5.82±0.86</b>
3	Emotional	<b>5.46±0.79</b>	5.12±1.04
4	Volitional	5.24±1.06	5.08±1.03
5	Practical and subject-oriented	5.32±0.97	<b>5.52±0.79</b>
6	Self-regulative	5.18±1.06	5.41±0.99
7	Existential	<b>5.50±1.00</b>	<b>5.50±1.02</b>

**4. Individuality sphere, by field of expertise (anaesthesiologists, surgeons, and cardiologists).** The members of all the three groups rated highly the components of the motivational sphere. The surgeons and the cardiologists gave higher ratings to the components of the existential sphere and the anaesthesiologists to those of the emotional sphere. The volitional sphere was rated lowly across all the groups. Moreover, the anaesthesiologists gave lower ratings to the components of the intellectual sphere components, the cardiologists to those of the emotional sphere, the and surgeons to those of the sphere of self-regulation (Table 4).

Table 4 **Individuality spheres, by the field of expertise**

N	Individuality sphere	Mean±Standard Deviation		
		Anaesthesiologists (n=16)	Cardiologists (n=15)	Surgeons (n=17)
1	Intellectual	4.63±0.69	5.18±0.61	5.62±0.80
2	Motivational	<b>5.33±0.93</b>	<b>6.00±0.89</b>	<b>6.00±0.98</b>
3	Emotional	<b>5.16±0.82</b>	5.16±1.00	5.65±0.84
4	Volitional	4.75±0.90	5.27±1.02	5.50±1.11
5	Practical and subject-oriented	5.00±1.00	5.55±0.83	5.64±0.79
6	Self-regulative	4.95±1.00	5.36±1.03	5.47±1.05
7	Existential	5.09±0.96	<b>5.57±1.08</b>	<b>5.83±0.86</b>

There are statistically significant differences between the ratings given by the members of each group to the self-regulative spheres ( $\chi^2=6.77$   $p\leq 0.05$ ;  $\chi^2=10.74$   $p\leq 0.01$ ). Not many anaesthesiologists rated highly the motivational (25 %) (cardiologists: 73.3 %,  $\phi^*=2.80$ ; surgeons: 64.7 %,  $\phi^*=2.36$   $p\leq 0.01$ ) and the self-regulative sphere (25 %) (cardiologists: 73.3 %,  $\phi^*=2.80$   $p\leq 0.01$ ; surgeons: 52.9 %,  $\phi^*=1.67$   $p\leq 0.05$ ).

A comparative analysis of the ratings given by the anaesthesiologists and the surgeons showed the following. Among the surgeons, there were significantly more respondents giving a higher rating to the volitional sphere (surgeons: 70.6 %, anaesthesiologists: 31.3 %;  $\phi^*=2.32$   $p\leq 0.01$ ), the existential sphere (surgeons: 70.6 %, anaesthesiologists: 31.3 %  $\phi^*=2.32$   $p\leq 0.01$ ), the intellectual sphere (surgeons: 64.7 %, anaesthesiologists: 31.3 %  $\phi^*=1.95$   $p\leq 0.05$ ) and the self-regulative sphere (25 %) (surgeons: 52.9 %, anaesthesiologists: 25 %  $\phi^*=1.67$   $p\leq 0.05$ ). Among the anaesthesiologists, there were significantly more respondents giving average ratings to the intellectual sphere (anaesthesiologists: 81.3 %, surgeons: 58.8 %  $\phi^*=2.12$   $p\leq 0.05$ ), the motivational sphere (anaesthesiologists: 75.0 %, surgeons: 35.3 %  $\phi^*=2.36$   $p\leq 0.01$ ), the emotional sphere (anaesthesiologists: 81.3 %, surgeons: 41.2 %  $\phi^*=2.73$   $p\leq 0.01$ ), and the volitional sphere (anaesthesiologists: 75.0 %, surgeons: 47.1%  $\phi^*=1.68$   $p\leq 0.05$ ).

A comparative analysis of the ratings given by the cardiologists and the anaesthesiologists demonstrates that the cardiologists were significantly more inclined to give higher ratings to the self-regulative sphere components (cardiologists – 73.3 %, anaesthesiologists: 25 %  $\phi^*=2.80$   $p\leq 0.01$ ). Among the anaesthesiologists, there were significantly more respondents who gave average ratings to the motivational sphere components (anaesthesiologists: 75 %, cardiologists: 33.3 %  $\phi^*=2.40$   $p\leq 0.01$ ).



A comparative analysis of the cardiologists and the surgeons shows that, among the cardiologists, significantly more respondents gave an average rating to the components of the intellectual sphere (cardiologists: 86.7 %, surgeons: 58.8 %  $\varphi^*=1.65$   $p\leq 0.05$ ).

Overall, most differences were found between the anaesthesiologists and the other respondents. The anaesthesiologists were significantly less inclined to give higher ratings to their development in the intellectual ( $\varphi^*=1.94$   $p\leq 0.05$ ;  $\varphi^*=3.64$   $p\leq 0.01$ ), motivational ( $\varphi^*=2.43$ ;  $\varphi^*=2.24$   $p\leq 0.01$ ), volitional ( $\varphi^*=2.57$ ;  $\varphi^*=3.65$   $p\leq 0.01$ ), and existential spheres ( $\varphi^*=1.69$ ;  $\varphi^*=1.77$   $p\leq 0.05$ ), as compared to the cardiologists and the surgeons. The differences between the surgeons and the cardiologists were insignificant.

## Discussion

The data obtained from the survey show that the individuality of a health professional is a complicated combination of various subsystems. Individuality is an integrated system (АНАНЬЕВ, 2001). A positive correlation between all the spheres of individuality proves this proposition. The motivational sphere is pivotal to the complicated system of individuality. This sphere was ranked the highest, regardless of gender and the field of expertise. It seems that the pursuit of satisfaction from the process and outcomes, the desire for professional success and greater competence, and the need for recognition and respect are essential to the structure of a health professional's individuality.

Older and more experienced doctors gave lower ratings to the development of the components of all spheres of individuality and, particularly, the motivational sphere. This can be interpreted as an early sign of occupational fatigue and, perhaps, professional burnout. The work of a health professional is emotionally demanding and it is associated with constant stress. Medical doctors are exposed to the double social and psychological stress – a product of dealing with the problems of both their patients and their own on an everyday basis. After hours, health professionals still experience the participation effect, with their thoughts constantly returning to the workplace (Сокол, 2015).

Studies have emphasised the need for teaching stress management to medical doctors (Юсупова et al., 2016). Of significant importance for the professional and personal development of health professionals is emotional intelligence (Васильева, 2012).

Surgeons, anaesthesiologists, and cardiologists are constantly faced with situations that require strong will and resolve (patient's death from an incurable disease; objective limits of professional abilities; unfounded criticism, etc.) (Ясько, 2005; Кобякова et al., 2016). Older medical doctors give lower ratings to the components of the volitional sphere.

The medical profession is associated with stringent social-psychological requirements and characterised by high intellectual and emotional strain. Although there are differences between the three respondent groups identified based on the field of expertise, the members of each group have great professional responsibility and they are able to make independent decisions (Семёнова et al., 2017). Surgeons and anaesthesiologists need resolve and determination to act in critical situations and under time pressure (Силкина et al., 2014). It is logical to expect that the ratings given by surgeons and anaesthesiologists will have a lot in common. However, our study revealed a greater number of similarities between the surgeons and the cardiologists. This requires a further study.

### **Conclusions**

The individuality of a medical doctor is an integrated system of seven interconnecting spheres – intellectual, motivational, emotional, volitional, practical and object-oriented, self-regulative, and existential ones. A health professional's individuality is characterised by the development of professionally relevant components of psychological spheres, which distinguish it from the individuality of any other person.

The motivational sphere is pivotal to the individuality of a health professional. The pursuit of satisfaction from the process and outcomes, the desire for professional success and greater medical competence, the need for recognition and respect, interest in modern technology, etc. are essential to the development of a medical doctor's individuality.

Lower ratings of professionally relevant components of the motivational sphere were given by older and more experienced professionals. This can be a sign of occupational fatigue and burnout. The work of anaesthesiologists, surgeons and cardiologists is associated with situations that require a strong will and resolve to overcome difficulties. Greater experience is associated with lower ratings given to self-regulation and volitional characteristics.

The ratings given by male and female participants did not differ significantly.

The spheres of individuality differ depending on the field of expertise. The anaesthesiologists were inclined to give average ratings to the components of individuality spheres, whereas the surgeons and the cardiologists demonstrated significant similarities. This finding requires further examination.

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## PAŠPALĪDZĪBAS PRAKSES: LITERATŪRAS APSKATS *Self-Help Practices: Literature Review*

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**Abstract.** *In recent years, the number of studies covering mindfulness, self-compassion practices, progressive relaxation, meditation and other self-help therapies or therapeutic interventions has grown rapidly. The vast interest in the field has caused fragmentation in methodological approaches and theoretical models, as well as a diffuse use of terminology, which makes it challenging to compare and critically evaluate the results of various studies. The purpose of this article is to collect and analyze the main trends and conclusions of theoretical and practical research devoted to self-help practices in recent years (2012-2017). The strategy in source selection was the following: a) researching the PsychArticles section of ProQuest database; b) main search criterion: Subject ("Self-Help Techniques"); c) additional search criteria: time of publication; peer-reviewed articles. For further analysis a research question was raised: what research topics appear in these sources and how are they elaborated? To answer it a narrative content analysis approach was used. As a result, five most significant research topics, which show an overview of latest tendencies in the research of self-help practices, were identified.*

**Keywords:** *self-help; self-help methods; self-help research; self-help techniques.*

### **Ievads**

#### ***Introduction***

Pēdējos gados aizvien lielāka nozīme tiek piešķirta sabiedrības izglītošanai veselībratības jautājumos. Zināšanas par slimību profilaksi, spēja savlaicīgi atpazīt simptomus, informētība par iespējām saņemt profesionālu palīdzību, prasme izdarīt izmaiņas dzīvesveidā, lai palīdzētu atveseļošanas procesam vai atbalstītu citus viņu veselības problēmās – tas viss veido nepieciešamo pāreju no resursu un kompetences koncentrācijas profesionāļu rokās uz sabiedrības locekļu pilnvērtīgu iesaisti viņu veselības un labizjūtas nodrošināšanā (Jorm, 2012). Arī psiholoģiskās palīdzības un atbalsta jomā vērojama pieaugoša interese par tādu

intervenču attīstīšanu, kas varētu kļūt pieejamas plašam sabiedrības locekļu lokam, it īpaši tiem, kuri kādu sociālekonomisku apstākļu vai psiholoģisku barjeru dēļ šobrīd nesaņem profesionālu palīdzību vajadzīgajā apmērā un laikā (Schueller & Parks, 2012, 2014).

Tādu psiholoģiskās intervences formu, kurā cilvēks patstāvīgi īsteno lielāko daļu vai pilnīgi visu terapeitisko pasākumu kopumu, ir pieņemts dēvēt par pašpalīdzības praksi (angl. *self-help technique*). Šādu praksi var dažādās pakāpēs vadīt vai pārraudzīt profesionāli, tomēr tā atšķiras no citām psiholoģiskās palīdzības formām ar jau minēto resursu un kompetences aktivizēšanu no palīdzības saņēmēja puses.

Lai spētu pilnvērtīgi izmantot pašpalīdzības praksi piedāvātās iespējas un attīstīt zinātnisko pētniecību šajā jomā, speciālistiem ir svarīgi regulāri iegūt plašu un uzticamu informāciju par līdz šim iegūtajiem pētījumu rezultātiem un secinājumiem. Šāda pārskata iegūšana ātri izvērsas par patstāvīgu pētniecisku problēmu. Sarežģījumus rada lielais pašpalīdzības praksēm veltīto publicēto pētījumu skaits<sup>1</sup> un lietotās terminoloģijas dažādība. Latviešu valodā publikāciju trūkums par šo tēmu ir īpaši jūtams. Tāpēc, lai aktualizētu šo jautājumu Latvijas pētnieciskajā vidē, tapis šis literatūras pārskats. Tā **mērķis** ir apkopot un analizēt informāciju par pēdējos piecos gados (2012-2017) pašpalīdzības praksēm veltīto empīrisko un teorētisko pētījumu galvenajiem virzieniem un secinājumiem, tādējādi rosinot tālākus pētījumus un diskusijas psihologu un citu palīdzošo profesiju darbinieku vidū, t.sk. par iespējām pilnvērtīgi izmantot pašpalīdzības praksi sniegtās iespējas.

## Metodoloģija *Methodology*

Pārskata izveides vajadzībām tika izmantota izlases veidošanas (*sampling*) metode, padziļināti izpētot dokumentus, kas pieejami vienā no populārākajām akadēmisko rakstu datubāzēm, ProQuest. Tika pieņemts, ka pilnvērtīgs pārskats par visām ar pašpalīdzības praksēm saistītajām publikācijām vienā universālā un vispārāzītā zinātnisko rakstu datubāzē sniedz netiešu ieskatu kopējās pētniecības attīstības tendencēs.

Avotu ieguvē tika izmantota sekojoša meklēšanas stratēģija: a) meklēšana notiek ProQuest datubāzes psiholoģijai veltītajā sadaļā PsychArticles; b) meklēšanas pamatkritērijs ir datubāzes ierakstos norādītais raksta temats (*subject*) pašpalīdzības prakses: *Subject* (“*Self-Help Techniques*”); c) papildus

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<sup>1</sup> Piemēram, Google Scholar (scholar.google.com) meklētājs atrod aptuveni divus miljonus ierakstu ar atslēgvārdu “*self-help*”, no kuriem vairāk par 67000 attiecas uz periodu 2012-2017

meklēšanas kritēriji: publicēšanas laiks – pēdējie pieci gadi (01.01.2012 – 31.12.2017); atlasīti koleģiāli recenzētie raksti (*peer-reviewed*).

Šādu meklēšanas kritēriju pielietošanas rezultātā 21.01.2018 tika iegūti 40 dažāda apjoma un tematikas raksti. Kā vienīgais iekļaušanas un izslēgšanas kritērijs tika pielietots nosacījums, ka tālākajā analizē nav jāiekļauj iepriekšējos periodos publicēto rakstu korekcijas. Rezultātā tika izslēgti divi sākotnēji meklēšanā iegūtie datubāzes ieraksti un iegūta sekojoša kopējā avotu struktūra:

- 1) **trīs pārskati:**
  - a. *literatūras* pārskats (Brown, Arnold, Fletcher, & Standage, 2017);
  - b. *sistemātiskais* pārskats (Beck et al., 2017);
  - c. *klīniskās prakses (clinical practice)* pārskats (Shingleton, Richards, & Thompson-Brenner, 2013);
- 2) **25 empīriskie** pētījumi, no tiem 4 klīniskie izmēģinājumi (*clinical trial*);
- 3) **10 teorētiskie** pētījumi, kas aptver *pašpalīdzības teorijas*, pašpalīdzības prakšu *vēstures*, pielietošanas *ētisko aspektu* u.c. jautājumus.

Rakstu tālākai analīzei tika izvirzīts pētnieciskais jautājums: kādas pētnieciskās tēmas parādās šajos avotos un kādas atziņas tiek gūtas?

Lai atbildētu uz šo jautājumu, tika izmantota narratīvās kontentanalīzes pieeja. Rezultātā tika identificētas piecas nozīmīgākās avotos apskatītās tēmas.

### **Pašpalīdzības prakses: identitāte un robežas** *Self-help practices: identity and limitations*

Pie pašpalīdzības prakšu daudzveidības un robežu tematiskā loka pieder jautājumi par lietoto terminoloģiju, pašpalīdzības prakšu klasifikācijas iespējām, līdzšinējās prakses un pētniecības vēstures kritisku izvērtējumu un šī brīža teorētiskajām aktualitātēm.

Jāatzīst, ka pārskatā iekļautajos avotos novērojama liela dažādība gan pašpalīdzības prakšu izpratnes, gan terminoloģijas lietojuma ziņā. Empīriskajos pētījumos – pēc īsa ievada, kurā tiek aplūkota pašpalīdzības prakšu vispārējā nozīme un līdzšinējie panākumi – autori tūdaļ pievēršas konkrētajai tehnikai vai metodei, kuru viņi izvēlējušies kā sava pētījuma objektu. Pētāmā interence lielākoties tiek definēta aprakstoši, un tai tiek piešķirts autoru brīvi izraudzīts nosaukums. Rezultāts ir tāds, ka izmantotās definīcijas un termini praktiski neatkārtojas, un apskatāmo avotu empīrisko pētījumu sadaļā vien nākas sastapties ar pāri par 25 dažādiem pašpalīdzības prakšu nosaukumiem.

Atšķirīgie termini un intervenču apraksti apgrūtina iespēju apkopot un salīdzināt dažādu pētījumu rezultātus, ko spilgti apliecina relatīvi nelielais sistemātisku pārskatu skaits. Vienīgais pēdējo piecu gadu periodā publicētais sistemātiskais pārskats analizē SMART Recovery (no angļiskā *Self-Management*

*and Recovery Training*) pašpalīdzības prakses efektivitāti (Beck et al., 2017). SMART Recovery pārstāv pašpalīdzības grupu (*mutual-support*) intervences formu, kas līdzīga anonīmo alkoholiķu 12 soļu programmai, taču izslēdz no tās reliģiskos/garīgos elementus. Kā jau norāda nosaukums, šī intervence ir precīzi aprakstīta un pētīta daudzos empīriskos pētījumos, tāpēc, pielietojot Kohraina vadlīnijas sistemātisko pārskatu veidošanā (*Cochrane Handbook for Systematic Reviews of Interventions*), autori var ar augstu zinātniskās ticamības pakāpi apliecināt šīs konkrētās pašpalīdzības prakses efektivitāti. Sistemātisks pārskats liecina par attiecīgās pašpalīdzības prakses zināmu “briedumu” no zinātniskā viedokļa, taču, kā jau minēts, šāds pētījums bija unikāls pārējo vidū un bija iespējams tikai tāpēc, ka konkrētā intervence ir labi definēta un identificējama starp pārējām.

Pētnieki risina arī dažādo pašpalīdzības prakšu *klasifikācijas* problēmu. Šajā pārskatā iekļautie teorētiskie un apkopojošie raksti izmantoto savulaik Glazgova un Rozena izstrādāto pašpalīdzības klasifikāciju pēc terapeita un pacienta kontakta ciešuma pazīmes (Glasgow & Rosen, 1978). Tā, piemēram, pārskatā par jaunāko klīnisko praksi ēšanas traucējumu terapijā ir izdalīta: terapija (*therapy*) – vadītā pašpalīdzība (*guided self-help*) – pašpalīdzība (*self-help*) (Shingleton et al., 2013). No šādas perspektīvas pašpalīdzības prakse jāsaprot kā plaši definējams jēdziens, kas apraksta veselu intervenču un cilvēka pašiniciētu prakšu spektru, kura vienīgā kopīgā pazīme ir pieaugoša iniciatīvas un kompetences nonākšana pie paša pacienta/klienta.

Pašpalīdzības veidu klasifikāciju apgrūtinā ar tas, ka pētnieku izvēle savu darbu saistīt ar jēdzienu pašpalīdzība (*self-help*) ne vienmēr ir pilnīgi skaidra. Piemēram, pēc augstāk aprakstītās meklēšanas stratēģijas atlasīto avotu vidū neparādās neviens šobrīd populārajai apzinātības (*mindfulness*) praksei vai meditācijai veltīts pētījums. Iemesli, kādēļ apzinātībā balstīto intervenču pētnieki nelabprāt savu darbu identificē ar jēdzienu/atslēgvārdu “pašpalīdzība”, kaut gan pēc formas un satura norises nereti ir līdzīgas, prasa tālāku izpēti.

Jēdzienu un pētniecisko tēmu popularitātes maiņai uzmanību pievērš arī vēsturiskais pētījums, kas apskata 70-os un 80-os gados populāro ideju par cilvēka smadzeņu divu pusložu noteiktiem diviem informācijas apstrādes veidiem – kreiso, racionāli-loģisko, un labo, tēlaini-intuitīvo (Staub, 2016). Tolaik šis temats tika plaši pētīts un eksperimentu rezultāti tika interpretēti kā pierādījums šai hipotēzei, tāpēc ideja par loģiskās un tēlainās domāšanas atšķirībām tika izmantota jaunu izglītības programmu, menedžmenta stratēģiju un pašpalīdzības intervenču izveidē. Tikai vēlāk, parādoties jauniem datiem un metodoloģijai, sākotnējā sajūsma mazinājās. Uz šī konkrētā vēsturiskā piemēra bāzes autors izdara secinājumu, ka psiholoģisko pētījumu un to interpretāciju laukā eksistē “modes tendences”, kas atkarīgas no laikmeta interesēm un pieejamā finansējuma. Šādas tendences nav obligāti aplamas pēc savas motivācijas, taču



nereti laika gaitā tiek būtiski koriģētas jaunas zinātniskās informācijas gaismā. Iespējams, arī mūsdienās ļoti populāras pašpalīdzības intervences var piedzīvot “norietu”, mainoties pētījumu metodēm un līdz ar to arī rezultātiem.

Viena samērā droši prognozējama pārmaiņa pētnieciskajos akcentos gaidāma saistībā ar jaunu izpratni par pašpalīdzības stratēģiskajiem mērķiem. Līdzīgi kā psiholoģijā kopumā, arī pašpalīdzības praksu pētniecībā akcents no intereses par atsevišķu patoloģiju mazināšanas iespējām pakāpeniski pārceļas uz iespējām palīdzēt cilvēkiem piedzīvot “uzplaukumu” (*thriving*). Daniela Brauna un kolēģu raksts “*Cilvēka uzplaukums: konceptuāla debate un literatūras pārskats*” (Brown et al., 2017) pievēršas jautājumam, kādi ir pašpalīdzības praksu uzdevumi – it īpaši no tās lietotāju viedokļa. Autori balstās uz Maslova izteikto tēzi, ka cilvēkam raksturīga vispārēja tiekšanās pēc izaugsmes un pašpilnveides (*self-improvement*). Cilvēks vēlas piedzīvot attīstības un veiksmes izjūtu, un pašpalīdzības praksēm var būt nozīmīga loma šī mērķa sasniegšanā. Autori apkopojusi 13 dažādas cilvēciskā uzplaukuma definīcijas (Brown et al., 2017: p. 169), kā arī izdala faktoros (prasmes un apstākļus), kas veicina cilvēka spēka un potenciāla atraisīšanu, nošķirot *personiskos* veicinošos apstākļus (*personal enablers*) no *kontekstuālajiem* veicinošajiem apstākļiem (*contextual enablers*). Pašpalīdzības praksēm ir liela loma tieši personisko veicinošo apstākļu radīšanā.

Kopumā minētais pārskata raksts mudina meklēt tiltus starp kognitīvi biheiviorālo pieeju, kas bijusi raksturīga pašpalīdzības praksēm aizvadītajos gadu desmitos, un pozitīvo psiholoģiju ar tās akcentu uz dzīvesspēka (*resilience*) attīstīšanas iespējām. Pašpalīdzības prakses ir noderīgas ikvienam, kas vēlas apgūt prasmes un spējas pastāvēt dzīves izaicinājumu priekšā.

### **Panākumu stāsts: palīdzība simptomu mazināšanā**

#### ***Story of success: help in symptom relief***

Empīriskie pētījumi, kas veltīti konkrētām pašpalīdzības praksēm (tehnikām), sastāda lielāko daļu no atlasītajiem avotiem (65,78 %) un apliecina to iedarbīgumu dažādu simptomu mazināšanā, tomēr to izvērtēšanā nepieciešams uzdot kritiskus jautājumus.

Pētnieki ziņo par veiksmīgiem rezultātiem pašpalīdzības prakses izmantošanā *atkarību* (Beck et al., 2017; Greenfield & Tonigan, 2013; Hasan, Babson, Banducci, & Bonn-Miller, 2015; Heinz, Peters, Boden, & Bonn-Miller, 2013; LaBrie et al., 2012; Webb Hooper, Rodríguez de Ybarra, & Baker, 2013), *ēšanas traucējumu* (Ambwani, Cardi, & Treasure, 2014; Cachelin et al., 2014; Grilo, White, Masheb, & Gueorguieva, 2015; Hilbert, Hildebrandt, Agras, Wilfley, & Wilson, 2015; Shea, Cachelin, Gutierrez, Wang, & Phimphasone, 2016), *bezmiega* (Ashworth et al., 2015; Ebert et al., 2015; Kaldo, Ramnerö, & Jernelöv, 2015), *seksuālo traucējumu* mazināšanai (Balzer & Mintz, 2015; Mintz,

Balzer, Zhao, & Bush, 2012), vispārējās un sociālās *trauksmes* gadījumos (Berger, Boettcher, & Caspar, 2014; Johansson et al., 2017). Tāpat atsevišķi pētījumi veltīti *piedošanas* (Greer, Worthington Jr., Lin, Lavelock, & Griffin, 2014) un *pašpiedošanas* spēju uzlabošanai (Griffin et al., 2015), *trihotilomānijai* (Rogers et al., 2014), vispārējās *stresa noturības* palielināšanai (Villani et al., 2013), *garastāvokļa* uzlabošanai (Walker III & Lampropoulos, 2014), ģimenes locekļu savstarpējās *komunikācijas prasmju* uzlabošanai (Bodenmann, Hilpert, Nussbeck, & Bradbury, 2014), kā arī *tinnīta* mazināšanai (Hesser et al., 2012).

Saraksts ir iespaidīgs, jo ietver sevī ne tikai klasiskas psiholoģiskas problēmas, bet arī tādus simptomus, kas parasti tiek asociēti ar psihiatrijas vai pat somatiskās medicīnas jomu.

Piesardzību šajā pašpalīdzības prakšu “veiksmes stāstā” raisa pats fakts, ka datubāzē neatradās neviens kritērijiem atbilstošs raksts, kas ziņotu par neveiksmīgu intervences rezultātu. Protams, pastāv iespēja, ka visas izmēģinātās pašpalīdzības prakses ir ļoti prasmīgi izraudzītas vai gluži nejauši izrādījušās iedarbīgas. Taču pastāv arī citi skaidrojumi. Piemēram, praktiski visās zinātnes nozarēs pētījumi ar negatīvu rezultātu netiek pietiekami reprezentēti akadēmiskajā literatūrā (Fanelli, 2012). Cits iespējama izskaidrojums saistīts ar dominējošo pētījumos izmantoto datu ieguves veidu. Proti, ierastais pašpalīdzības intervenču izvērtēšanas instruments ir pašnovērtējuma anketas, kas tikai atsevišķos pētījumos tiek papildinātas ar kādiem implicītiem mērījumiem, piemēram, svara kontroli (Cachelin et al., 2014), bioķīmisko izelpas kontroli (Webb Hooper et al., 2013) vai speciālu aproci, kas reģistrē dalībnieka aktivitāti dažādās diennakts stundās (Ashworth et al., 2015) u.tml. Pašnovērtējuma riski attiecībā uz pētījuma rezultātiem empīriskajos pētījumos ne vienmēr tiek pienācīgi izvērtēti, mazinot rezultātu kopējo ticamību (Hoskin, 2012).

Svarīgu aspektu atklāj apjomīgais (n=25113) pētījums par pašpalīdzības prakses izmantošanas biežumu un veidiem Kanādas populācijā (MacKenzie & Kocovski, 2016). Tajā konstatēts, ka cilvēki pašpalīdzības iespējas izmanto maz (palīdzību internetā meklējuši 5,9 % no visiem aptaujātajiem, pašpalīdzības grupās iesaistījušies 1,7 %, bet palīdzības telefona līniju iespējas izmantojuši 0,7 %). Ņemot vērā pašpalīdzības industrijas mērogus, kā arī minētos pozitīvos pētījumu rezultātus, šādi dati var likties pārsteidzoši. Tie norāda, ka psiholoģiskās palīdzības jomā svarīga ir ne tikai intervenču izstrāde, bet arī prasmīgs darbs ar to izplatīšanu (Bernecker, 2014; Jorm, 2012; Schueller & Parks, 2014).

### **Pašpalīdzības prakšu uzlabojumi: tehnoloģijas** *Improving self-help practices with technology*

Praktiski visi šajā pārskatā iekļautie empīriskie pētījumi atsaucas uz jaunāko tehnoloģiju izmantošanu. Jāsecina, ka mobilo telefonu aplikācijas, tiešsaistes

saziņas līdzekļi, kustību reģistrācijas aprocēs u.c. moderni tehniskie līdzekļi strauji ienāk arī pašpalīdzības prakšu dizainā (Shingleton et al., 2013). Internets kļūst pieejams visu mobilo iekārtu lietotājiem, kas rada nebijušas iespējas aizsniegt lielu cilvēku skaitu ar mazākiem līdzekļu ieguldījumiem. Empīriskajos pētījumos bieži parādās ziņas, ka personisks kontakts ticis aizstāts ar tiešsaistes saziņu. Vienlaikus trūkst precīzu pētījumu par to, kādu iespaidu uz pašpalīdzības praksi atstāj kontakta veids (fiziska tikšanās, sms, e-pasti u.c). Iespējams, te jārunā par “savienoto trauku” principu: iegūtais izplatības “plašums” gandrīz vienmēr saistīts ar zināmu “dziļuma” zaudējumu.

Jaunās tehnoloģiskās iespējas prasa arī jauna veida zināšanas un prasmes no psiholoģiskās palīdzības sniedzējiem, kuri savā darbā vēlētos izmantot jaunākās pašpalīdzības pakses. Rodas zināmi draudi, kā piemēram, privātuma un datu aizsardzības nodrošināšana interneta vidē (Bernecker, 2014). Šīs tēma apskatīta arī sadaļā par ētiskajiem izaicinājumiem.

### **Pašpalīdzības prakšu efektivitātes attīstīšana** *Developing effectiveness of self-help practices*

Plaša pieejamība ir pašpalīdzības prakšu spēks un vājums reizē. No vienas puses tas ļauj piedāvāt resursu ziņā efektīvu risinājumu lielai populācijas daļai, bet tajā pašā laikā šādi universāli risinājumi neņem vērā cilvēku individuālās īpatnības un vajadzības, kā tas ir tradicionālās psiholoģiskās terapijas gadījumā.

Pētnieki pievērš uzmanību tam, ka pašpalīdzības intervences iespējams padarīt personiskas, un šāda pielāgošana konkrētu cilvēku vajadzībām atstāj statistiski nozīmīgu pozitīvu efektu uz to iedarbību. Piemēram, ja pašpalīdzības prakses ietvaros izmanto kādus izglītojošus materiālus un tos pielāgo dalībnieku *dzimumam*, ar to tiek radīts būtisks rezultātu uzlabojums, piemēram, emocionālas dabas ēšanas traucējumu gadījumā (Shea et al., 2016). Uzlabojums vērojams arī tad, ja pašpalīdzības praksē tiek ņemtas vērā *etniskās* un *kultūras* īpatnības (Cachelin et al., 2014). Cits pētījums liecina, ka uz smēķēšanas atmešanu vērsta pašpalīdzības prakses personalizācija (*tailoring*) – motivējošā izdales materiāla pielāgošana ne tikai dalībnieka dzimumam, bet arī vecumam un konkrētiem smēķēšanas paradumiem – palīdz justies ciešāk iesaistītiem notiekošajā un viņi kopumā labprātāk izpilda pašpalīdzības prakses soļus (Webb Hooper et al., 2013).

Turpinās arī pētījumi par to, kādas personības iezīmes vai klienta īpašības atstāj iespaidu uz kopējo pašpalīdzības prakses rezultātu. Konstatēts (Heinz et al., 2013), ka, piemēram, atliktā baudījuma nenovērtēšana (*delay discounting*) korelē ar agrāku un nopietnāku marihuānas atkarības veidošanos, bet neatstāj gandrīz nekādu efektu uz tās atmešanas mēģinājumiem pašpalīdzības ceļā. Iepretī tam Nansijas Nordmanas izstrādātais *autogenic framework model of interpersonal agency* uzrāda iespēju prognozēt indivīda gatavību un spēju iesaistīties

pašpalīdzības praksē (Nordmann, 2016). Iespējas prognozēt un veicināt cilvēku iesaistīšanos pašpalīdzības praksēs meklē arī iepriekš minētais pārskats par pašpalīdzības prakšu izmantošanas paradumiem Kanādas populācijā (MacKenzie & Kocovski, 2016). Spēja prognozēt kādas pašpalīdzības prakses piemērotību konkrētajam cilvēkam ir aktuāls psiholoģiskās palīdzības prakses jautājums.

Strādājot pie efektivitātes uzlabošanas, pētnieki norāda uz nepieciešamību pašpalīdzības intervencu izstrādē rēķināties ar dalībnieku motivācijas uzturēšanas grūtībām, citādi liela daļa pašpalīdzības iespēju meklētāju, kas iesaistās internetā pieejamajās intervencēs, netiek tālāk par pirmo nodarbību (Schueller & Parks, 2014: pp. 151–152). Kad cilvēki ir augsti motivēti, viņi ir spējīgi veikt sarežģītus uzdevumus (piemēram, izvēlēties pašpalīdzības praksi), bet, kad motivācija pazeminās, cilvēki tomēr spēj veikt sīkus, mērķtiecīgus soļus, kurus ieteicams izplānot augstās motivācijas fāzē (Schueller & Parks, 2014). Šādi pielāgojot pašpalīdzības prakšu intervencu dizainus, var veicināt cilvēku sekmīgu piedalīšanos tajā.

Pie pašpalīdzības prakšu attīstības pieder atvērtība jaunu teorētisko modeļu izmantošana. Šobrīd empīriskajos pētījumos dominē kognitīvi biheiviorālajā pieejā balstītās intervences, parasti biblioterapijas formā, un tās tiek piemērotas vadītās pašpalīdzības (*guided self-help*) veidā. Salīdzinoši daudz mazāk pēdējo piecu gadu laikā tapuši pētījumi par pašpalīdzības grupām (Beck et al., 2017), t.sk. anonīmo alkoholiķu 12 soļu programmu (Greenfield & Tonigan, 2013). Iespējams, tas saistīts ar tehniski sarežģītāku un resursietilpīgāku intervences veidu.

Pārējo starpā izceļas vienīgais pētījums, kas atsauca uz psihodinamisko pieeju kā savu teorētisko bāzi (Johansson et al., 2017), uzskatot to par jaunu un perspektīvu virzienu pašpalīdzības jomā. Dažos šajā pārskatā iekļautajos teorētiskajos rakstos (Brown et al., 2017; Schueller & Parks, 2014) pieminētas pozitīvās psiholoģijas pieejā balstītās pašpalīdzības intervences, kuras empīriskajos pētījumos sevi neidentificē ar jēdzienu pašpalīdzības prakses (*self-help techniques*), un tāpēc ir palikušas ārpus šī pārskata robežām.

### **Ētiskie izaicinājumi** *Ethical concerns*

Vairākos avotos autori apraksta pašpalīdzības prakšu īpašos ētiskos izaicinājumus (Bernecker, 2014; Shingleton et al., 2013). Jāizceļ vairāki jautājumi.

- 1) Pašpalīdzības praksi ir ētiski piedāvāt tikai tad, ja ir pierādīta tās efektivitāte. Neskatoties uz salīdzinoši daudzajiem pētījumiem, to rezultāti bieži vien nav pietiekami vispārināmi un pārnesami uz citiem

- kontekstiem. Šādos apstākļos veselības aprūpē būtiskais *nekaitēšanas* princips iegūst jaunu nozīmi (iesakot neefektīvu tehniku, tiek zaudēts laiks un faktiski nodarīts kaitējums pacienta/klienta interesēm);
- 2) Vai ir ētiski piedāvāt pašpalīdzību, ja ir skaidri zināms, ka tās efektivitāte atpaliek no tieša kontakta terapijas? Kā tiek īstenots taisnīguma princips (ikvienam pacientam piedāvāt līdzvērtīgas palīdzības iespējas)? Risinājums varētu būt posmsecīga pieeja terapijai (izvēties pašpalīdzības praksi vieglākiem gadījumiem, kuri tiktu kontrolēti un nepieciešamības gadījumā terapijas forma tiktu mainīta uz ciešāka kontakta terapiju). Taču tā prasa īpašas zināšanas un prasmes no psiholoģiskās palīdzības sniedzēja, lai savlaicīgi konstatētu to, vai pašpalīdzības prakse ir piemērota un sniedz rezultātu konkrētajam indivīdam un varētu izšķīrties par citas pieejas nepieciešamību;
  - 3) Vai psiholoģiskās palīdzības sniedzēja rīcībā ir pietiekamas zināšanas un tehnoloģiskie līdzekļi, lai nodrošinātu drošu informācijas apriti elektroniskajā saziņā (datortīkli, īsziņas, sociālie tīkli), kā arī to, lai konfidencialā informācija, kas šādi tikusi pārsūtīta caur elektroniskajiem saziņas līdzekļiem nenonāktu “trešās puses” rīcībā – tagad vai nākotnē?

Svarīgs faktors pašpalīdzības prakses iedarbīgumā ir posmsecīga tās īstenošana (Ambwani et al., 2014). Pētījumi liecina, ka vismaz minimāls personisks kontakts nodrošina labāku grūtību pārvarēšanu un motivācijas uzturēšanu. Atstātais iespaids nav tik daudz atkarīgs no atbalsta sniedzēja terapeitiskās kompetences, cik spējas sniegt atbalstu un tā nodrošināt uzdevumu izpildi, atgādināt par nākamajiem soļiem un sniegt palīdzību tehnisku grūtību gadījumos. Rodas ētiska rakstura jautājumi – vai un kādu cilvēku loku (piemēram, datorspeciālisti) pieļaujams iesaistīt pašpalīdzības prakšu realizācijā.

### **Secinājumi** **Conclusions**

Pašpalīdzības prakse mūsdienu izpratnē nav tikai simptomu mazināšanas, bet vispārējas cilvēka attīstības un labizjūtas veidošanas līdzeklis. Šobrīd notiek aktīvs darbs pie esošo pašpalīdzības prakšu izvērtēšanas un jaunu pašpalīdzības formu izstrādes, adaptējot jaunākās tehnoloģijas un teorētiskās atziņas jaunu pieeju veidošanā. Vienlaikus jāturpina darbs pie terminoloģijas un prakšu klasifikācijas uzlabošanas. Nepieciešami pētījumi, kas palīdzētu noskaidrot personības iezīmes un citus iemeslus, kas traucē vai atvieglo cilvēkiem izmantot pašpalīdzības prakses. Tikai kompetentā, uz pierādījumiem balstītā praksē ir iespējams pilnvērtīgi izmantot pašpalīdzības piedāvātās iespējas.

## Summary

The purpose of this literature review was to collect and analyze information on the main directions and conclusions of empirical and theoretical research devoted to self-help practice in the last five years (2012-2017). 40 articles of different volumes and themes were examined, for the analysis of which the research question was raised: what research topics appear in these sources and how are they dealt with? Five thematic categories were identified as a result of the narrative content analysis: 1) Self-help practices: identity and limitations; 2) Story of success: help in symptom relief; 3) Improving self-help practices with technology; 4) Developing effectiveness of self-help practices; 5) Ethical concerns. The conclusion was made that the concept of self-help practice gets defined in different ways and describes a whole range of psychological interventions and practices, with their only common trait being the increasing initiative and competence of the patient / client. Further work is needed to improve the terminology and practice classification, as well as more research is needed to help identify personality traits and other causes that prevent or facilitate people to use self-help practices.

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## ATTITUDE OF LATVIAN PEOPLE TOWARDS WILDLIFE

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**Abstract.** *The wildlife values orientation and attitude towards wildlife has become a hot topic nowadays in Latvia because the management of preservation and conservation of wildlife must be based on the understanding of the general public. Furthermore Latvia is considered to be one of the more densely forested countries in Europe with 50 % of its territory covered with forest.*

*This article examines the wildlife values orientation of different groups of people from six regions of the country towards wildlife. Catherine M. Hill, Amanda D. Webber, Nancy E. C. Priston studies of conflicts in society about wildlife (2017) show that these conflicts rise because of different values between different human groups. Wildlife value orientation framework used in this study is taken from early studies of Fulton, Manfredo and Lipscomb (1996), which was later developed by Teel, Dayer, Manfredo, Bright (2005).*

*According to the data of a nationwide survey conducted by the author all respondents are divided into “utilitarians”, people who consider that wildlife exists for human use and enjoyment; “mutualists”, people who consider humans and wildlife live side by side as parts of one big family, “pluralists” who share both the “utilitarian” and the “mutualist” point of view and take one or the other side in different situations and “distanced”, people who lack well - formed value orientation, indicating very little interest.*

*Respondents were categorized into four wildlife value orientation types based on their responses to 24 statements. The wildlife value orientations among different groups of people were compared according to their age, gender, education, level of income, place of living and place where their childhood was spent. The attitude of people with different wildlife values and general attitude of all people towards hunters was established.*

**Keywords:** *attitude, Latvian people, utilitarian, mutualist, wildlife.*

### Introduction

One of the basic principles of modern wildlife conservation and wildlife management is that nature deserves to be protected not only for its utility but also for the unique values of people (Mykra, Vuorisalo, & Mykra, 2015). Value orientation theory of Florence Kluckhohn and Fred Strodtbeck (1961) constitutes that all societies must answer a limited number of universal problems, and solutions for these problems are limited as well and universally known but different depending on the particular culture. These problems include people's relation with each other, with time, with nature and the environment. But the base

for it is taken from the values concept of Florence's husband Clyde Kluckhohn (1951) who defined value as a conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection of available modes, means and ends of action (Kluckhohn, 1951). It is important that people feel their own cultural beliefs and practices as normal and natural but those of others are considered as strange. As an outcome of four questions (time, humanity and natural environment, relation to other people, motive for behaviour) Kluckhohn and Strodtbeck set up three possible orientations: mastery (people can and should have total control over the forces of nature and the super-natural) harmonious (people can and should control partially but not totally by living in a balance with the natural forces) submissive (people cannot and should not control natural forces but, rather are subject to the higher power of these forces) Kluckhohn and Strodtbeck (1961). Despite the fact that the theory of Kluckhohn and Strodtbeck of universal values which was later developed by Rokeach (1973), Hofstede (2001), Schwartz (1992) is mostly appropriate to explore different cultural groups, it is viable especially because only few societies are homogenous and the idea of total controllers, harmonious and submissive people is well rooted in the consciousness of the society. Wildlife value orientation theory was found to be functional for examining people's intercourse with wildlife. Wildlife value orientation framework is taken from early studies of Fulton, Manfredo and Lipscomb (1996) later developed by Teel, Manfredo (2010). The framework of cognitive hierarchy was taken to generalize across situations from values to beliefs, attitudes and norms, and end up with behaviours (Rokeach, 1973). Fulton, Manfredo and Lipscomb stated that wildlife value orientations are defined by the pattern of direction and intensity among a set of basic beliefs regarding wildlife as fundamental value orientations have been defined as clusters of interrelated fundamental values (Fulton, Manfredo, & Lipscomb, 1996).

Wildlife value orientations are often measured on bipolar scales such as utilitarian – protectionism and are thought of as the foundation upon which attitudes are built. In this study people were separated into four types according to their wildlife values orientation. "Utilitarian": these people are characterized by a view of human mastery over wildlife and a prioritization of human well-being over wildlife. Representatives of the Utilitarian type believe that wildlife should be managed for human benefit. "Mutualist": These people view wildlife as capable of relationships of trust with humans. They believe that humans and wildlife are meant to co-exist or live in harmony, and thus wildlife deserve rights similar to the rights of humans. "Pluralist": These people possess both value orientations mentioned above. "Distanced" people lack a well formed wildlife value orientation, indicating little interest in wildlife related issues. (Manfredo, Teel, & Bright, 2003). The different values constitute different attitudes. Attitudes

are commonly seen as evaluations of psychological objects on scales that run from positive to negative (Ajzen, 2001). Attitudes are usually resistant to change, especially if they are based on many beliefs, but a person's experience has a strong influence on his or her attitudes (Heberlein, 2012). Undoubtedly all three components of attitude as knowledge, emotions and behaviour are important. Several famous studies on people's attitude toward animals and knowledge of them were done in USA by Stephen R. Kellert (Kellert, 1984, 1990). Kellert's typology separated ten groups of people: Naturalistic (primary interest in an affection with wildlife and the outdoors), Ecologicistic (primary concern for the environment as a system, for interrelationship), Humanistic (primary interest in and strong affection for individual animals), Moralistic (primary concern for the right and wrong treatment of animals, with strong opposition to cruelty), Scientific (primary interest in the physical attributes and biological functions of animals), Aesthetic (primary interest in the artistic and symbolic characteristics), Utilitarian (primary concern for the practical and material values of animals), Dominionistic (primary satisfactions derived from mastery and control over animals), Negativistic (primary orientation towards active avoidance of animals due to dislike or fear), Neutralistic (primary orientation towards passive avoidance of animals due to indifference and lack of interest) (Kellert, 1984) and determined the groups by large scale (65) of attitude questions.

The people's attitude toward hunting is explored in different studies around the world and is influenced by long existing values as well as current social economic factors. In the developing countries wildlife generates economic, social, and ecological benefits for people and hunting is important part of family supplies (Larson, Conway, Hernandez, & Carroll, 2016). The group of scientists in India exploring people's attitude towards wildlife conservation found out that majority of people despite the low level of education supported wildlife conservation if there is no associated cost and the attitude toward forest protection staff was largely positive. (Rohini, Aravindan, Anoop Das, & Vinayan, 2017). Cost is a key word changing people's attitude towards hunting which can be considered a recreational element in Western countries and the food provider and saver from wildlife destroying crops and attacking livestock in developing countries. (Larson, Conway, Hernandez, & Carroll, 2016). Because of this there is a challenge to balance the conservation of wildlife from the one hand and needs of local residents from the other. Hunters could play an important role in this process because of their closeness to the nature and this nowadays means a lot considering that people all around the world have become more and more urban. Hence their interactions with nature is decreasing (Manfredo, Teel, & Bright, 2003) and people living in the cities interact less with wildlife and are less positive towards hunting and hunters than people from rural areas using natural resources, including wildlife. Thirty or forty years ago, most of the studies evidenced that

people supported hunting in general (Kellert, 1984). Nowadays, most of people do not support hunting if it is done only for recreation, and other motives are needed, for example, obtaining game meat (Fischer et al., 2013).

### **Empirical research**

Wildlife values orientation as well as pro or anti-hunting attitude establishment is the result of a combination of different factors like influence of family, education, role-models, experience during childhood, and influence of education and environmental organizations, which is explored in this article. Four objectives were set up for this study:

Objective 1: To discover wildlife value orientation of Latvian people.

Objective 2: To discover wildlife value orientation of hunters in Latvia.

Objective 3: To discover the attitude of Latvian people with different value orientation toward hunting and hunters.

Objective 4: To discover the attitude of hunters with different value orientation toward hunting and hunters.

Before the empirical research two hypothesis were constructed:

H1: Hunters mainly belong to the “utilitarian” type of wildlife value orientation while other people belong to the “mutualist” type.

H2: Representatives of the “utilitarian” type from both groups, hunters and non-hunters, have more positive attitude towards hunting and hunters than representatives of other types.

Taking into consideration that this research has three objectives, and to keep the survey optimally short, 26 questions were created to identify wildlife value orientation and two general questions C 1 and C 2 to measure the acceptance of hunting and attitudes towards hunters were set up.

There are five planning regions in Latvia – Riga, Kurzeme, Zemgale, Vidzeme and Latgale, but the sixth region Pieriga (the area around the capital of Latvia) was added because many people live in this area in private houses and are closer to wildlife than inhabitants of the capital. The mixed method of internet survey, telephone survey and direct interviews was introduced to gather residents' opinions mainly the internet because 79 % of Latvian households had internet access (csb.gov.lv, 2018, a). Wildlife value orientation and attitude towards hunters were measured directly as self - reported assessments on a 5 point Likert scale ranging from very negative (1) and somewhat negative to neither/nor to somewhat positive and very positive (5). The part of questionnaire where attitude towards hunters were questioned was constructed in a way allowing to calculate the maximum of points possible totally and then compare it with the real scores for every type of wildlife value orientation – utilitarian, mutualist, pluralist and distanced. The questionnaire was pre-tested with a representative sample of

people from different age groups and refined for survey implementation. The survey was conducted from January 10<sup>th</sup> to February 3<sup>rd</sup> in 2018 and 1600 answers were recognized as valid. 202 respondents identified themselves as hunters, which exceeds the proportion of hunters/non-hunters in Latvia where there are approximately 22 000 hunters out of 1 92.9 thousand inhabitants (csb.gov.lv, 2018, b). Therefore both groups hunters and non-hunters were analysed separately. The sample represents the opinion of Latvian people proportionally from all regions mentioned above.

## Results

Respondents were separated according to four types of different wildlife value orientation. Only respondents who had scored 70 % of the maximum resulting score were included in one or the other group. Respondents who scored less were separated in the fifth group shown as ‘others’. The main type of wildlife value orientation for hunters was “utilitarian” (table 1) while the main type of wildlife value orientation for non-hunters was “mutualist” (table 2).

Table 1 **Wildlife hunting is acceptable (hunters)**

Type	Negative	Neither/nor	Positive	Total
Mutualist	0.5%	0.0%	1.0%	1.5%
Utilitarian	0.5%	0.0%	25.2%	25.7%
Pluralist	0.5%	0.0%	10.4%	10.9%
Distanced	0.0%	0.0%	1.0%	1.0%
<i>Others</i>	0.5%	0.5%	59.9%	60.9%
<b>Total</b>	<b>2.0%</b>	<b>0.5%</b>	<b>97.5%</b>	<b>100.0%</b>

25.7 % of respondents hunters had “utilitarian” type of wildlife value orientation, while 60.9 % were distant from any type. 97.5 % of respondents hunters considered that wildlife hunting is acceptable.

Table 2 **Wildlife hunting is acceptable (non-hunters)**

Type	Negative	Neither/nor	Positive	Total
Mutualist	19.7%	4.1%	2.8%	26.7%
Utilitarian	0.4%	1.6%	16.0%	18.0%
Pluralist	0.1%	0.3%	2.4%	2.9%
Distanced	0.9%	0.8%	1.4%	3.0%
<i>Others</i>	4.4%	10.0%	35.1%	49.5%
<b>Total</b>	<b>25.5%</b>	<b>16.8%</b>	<b>57.7%</b>	<b>100.0%</b>

26.7 % of respondents non-hunters had “mutualist” type of wildlife value orientation, while 49 % were distant from any type. Overall 57.7 % of non-hunters considered that wildlife hunting is acceptable, and 16 % out of total percentage of the “utilitarian” type (18%) considered that hunting is acceptable.

**Table 3 Attitude towards hunters (hunters)**

<b>Type</b>	<b>Negative</b>	<b>Neither/nor</b>	<b>Positive</b>	<b>Total</b>
Mutualist	0.5%	0.5%	0.5%	1.5%
Utilitarian	0.5%	1.0%	24.3%	25.7%
Pluralist	0.0%	0.5%	10.4%	10.9%
Distanced	0.0%	0.0%	1.0%	1.0%
<i>Others</i>	0.0%	2.5%	58.4%	60.9%
<b>Total</b>	<b>1.0%</b>	<b>4.5%</b>	<b>94.6%</b>	<b>100.0%</b>

94.6 % of respondents hunters assessed hunters positively.

**Table 4 Attitude towards hunters (non-hunters)**

<b>Type</b>	<b>Negative</b>	<b>Neither/nor</b>	<b>Positive</b>	<b>Total</b>
Mutualist	21.5%	3.9%	1.2%	26.7%
Utilitarian	0.3%	4.1%	13.6%	18.0%
Pluralist	0.0%	0.6%	2.2%	2.9%
Distanced	0.6%	1.8%	0.6%	3.0%
<i>Others</i>	7.9%	19.0%	22.7%	49.5%
<b>Total</b>	<b>30.3%</b>	<b>29.4%</b>	<b>40.3%</b>	<b>100.0%</b>

40.3 % of respondents non-hunters assessed hunters positively. Around 30 % assessed them negative and the same amount answered neutrally.

**Table 5 Ratio between assertion "Wildlife hunting is acceptable" (C1) and attitude towards hunters (C2) (hunters)**

<b>C1 / C2</b>	<b>Negative</b>	<b>Neither/nor</b>	<b>Positive</b>	<b>Total</b>
<b>Negative</b>	25.0%	25.0%	50.0%	100.0%
<b>Neither/nor</b>	0.0%	100.0%	0.0%	100.0%
<b>Positive</b>	0.5%	3.6%	95.9%	100.0%
<b>Total</b>	<b>1.0%</b>	<b>4.5%</b>	<b>94.6%</b>	<b>100.0%</b>

95.9 % of respondents hunters having a positive attitude towards hunting had a positive attitude towards hunters.

**Table 6 Ratio between assertion "Wildlife hunting is acceptable" (C1) and attitude towards hunters (C2) (non-hunters)**

<b>C1 / C2</b>	<b>Negative</b>	<b>Neither/nor</b>	<b>Positive</b>	<b>Total</b>
<b>Negative</b>	84.9%	12.9%	2.2%	100.0%
<b>Neither/nor</b>	29.8%	60.4%	9.8%	100.0%
<b>Positive</b>	6.2%	27.7%	66.1%	100.0%
<b>Total</b>	<b>30.3%</b>	<b>29.4%</b>	<b>40.3%</b>	<b>100.0%</b>

From respondents non-hunters, who positively assessed hunting, only 66.1 % positively assessed hunters and from respondents non-hunters who positively assessed hunting 27.7 % had an indifferent attitude. From respondents non-hunters with an indifferent attitude towards hunting 60.4 % had an indifferent attitude towards hunters but 29.8 % had a negative attitude.

### **Conclusions**

People’s attitudes are based on a few, stable values that they have. Wildlife value orientation provides meaning to people’s core values, and can be linked to specific attitudes towards hunting and hunters. Some see wildlife as a symbol of wilderness, some see wildlife as a vital part of their existence, and some consider wildlife as a place for recreation, a source of joy or income.

Latvia is a highly interesting place for such a research and although more than half of its population lives in cities, most of urban people still are rooted in the rural areas and hunting is a tradition, something that allows them to be closer to nature. Furthermore Latvia is a country interested in the development of wildlife conservation, eco – tourism, ecological land use and livestock production.

Living in the city means less contact with nature and less use of natural resources which leads to less utilitarian thinking of wildlife. As can be seen from the results the wildlife value orientation of Latvian people and hunters are different. Hunters had a more positive attitude towards hunters than non-hunters. Both groups generally consider that hunting is acceptable. The attitude towards hunting of non-hunters is more positive than the attitude towards hunters.

The understanding of public wildlife value orientation and attitudes towards hunters is important for coexistence with wildlife, for wildlife management and conservation. Acceptance and integration of hunting and hunters in the society is vitally necessary for both sides, hunters and non-hunters, in order to enjoy outdoor recreation and wildlife conservation.

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# PERSONAL MEANING OF ACADEMIC EXPERIENCE: A COMPARISON OF INTRINSICALLY AND EXTRINSICALLY MOTIVATED GRADUATE STUDENTS

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**Abstract.** *To analyse the similarities and differences in personal meaning of academic experience associated with intrinsic and extrinsic academic motivation, the conceptual ideas of Self-Determination theory were blended with methodological elaborations based on the Dialogical Self Theory. The Academic Motivation Scale to identify intrinsically and extrinsically motivated graduate students and the Self Confrontation Method to disclose the important experiences in past, present and future related to the graduate studies were administered to 128 graduate students at the Daugavpils University. Both the quantitative and qualitative data analysis contributed to the understanding of relationships between the types of academic motivation and personal meaning of academic experience. The main differences in students' personal meaning of academic experience, expressed in narrative themes were following: self-development, ideas about the further studies and factors inhibiting graduate studies were more frequent for intrinsically motivated students, while external support from influential persons, work/career, and past experience influencing current academic life were mentioned more often by extrinsically motivated students. The obtained results may help to develop more effective teaching strategies and institutional support of graduate students.*

**Keywords:** *academic motivation; dialogical self; extrinsic motivation; intrinsic motivation; graduate students; personal meaning; self-determination.*

## Introduction

The interrelations of students' cognitive, emotional, motivational, and volitional processes are an emerging focus in educational psychology (Eyende & Turner, 2006). Personal meaning of academic studies has been studied quite seldom, usually by qualitative approach and small samples. Personal meaning of academic studies for differently motivated graduate students has not been studied yet. To feel satisfied with college life and to present good academic performance, students need to adjust well to the personal and social changes while sustaining their motivation for studies (Astin, 1993; Baker & Siryk, 1984). To compare the personal meaning of academic experience for students with intrinsic and extrinsic

academic motivation, the main ideas of Self-Determination Theory (SDT) will be blended with the methodological views based on Dialogical Self Theory (DST).

The SDT originated by Ryan and Deci (2000) has been used frequently to study the academic motivation. SDT is a macrotheory that relates to human motivation focusing on how personal motives are integrated and regulated within the self and shows how the self internalises values, goals, and intentions in different social contexts (Deci & Ryan, 2014). Fostering the fulfillment of autonomy, competence and relatedness we produce self-determined behaviours or intrinsic motivation, while thwarting these needs results in less self-determined behaviours or extrinsic motivation. The motivation can be expressed through a continuum of decreasing self-determination with three fundamental positions reflecting the degree of autonomy (Stover, de la Iglesia, Boubeta, & Liporace, 2012): the intrinsic motivation is featured by a desire to seek new challenges, to explore and learn, extrinsically motivated behaviours are performed for some consequence external to the task itself, such as acquiring rewards or avoiding punishment (Ryan & Deci, 2000), while amotivation signifies the individual's perception of lack of control over events, incompetence and absence of purpose.

It seems that intrinsic and extrinsic factors independently, but concurrently influence academic performance and behavior (Lepper, Corpus, & Iyengar, 2005), though, autonomous motivation is considered to be high-quality motivation, whereas controlled motivation is viewed to be of low quality (Deci & Ryan, 2000, 2008). SDT also shows that knowing whether students' motivation is more autonomous or controlled is more important for predicting their school-related outcomes, e.g., meaning, relevance, and persistence, than the overall amount of motivation (Utvær & Haugan, 2016). Students with extrinsic life goals tend to have lower life satisfaction, self-esteem, and self-actualization (e.g., Ümmet, 2015), while the autonomous academic motivation relates to higher achievement and enhanced well-being (Soenens & Vansteenkiste, 2005).

Among the most commonly used scales to measure the regulation of motivation according to SDT is the Academic Motivation Scale (AMS, Vallerand et al., 1992), though, very few studies so far have been applied AMS for graduate students at master level. It was found that graduate students are not intrinsically motivated, although there could be differences between the study programs (Hegarty, 2010) and older graduate students could show higher levels of internal motivation (McCollum & Kajs, 2007).

Various life changes, such as entering graduate studies, invite us to become engaged in processes of self-reflection and meaning-making. According to Parks (2000) (as cited in Quinlan, 2011, p. 8), "students are in a time of change, in which they must not only deconstruct old meanings and ways of making meaning, but reconstruct a sense of purpose in their own life that integrates expanded perspectives and worldviews".

The Self-Confrontational Method, used in this study to discover the personal meaning of graduate students, is based on DST (Hermans & Hermans-Konopka, 2010), drawing from narrative psychology, in which, among other things, people are considered as story-tellers. Conscious personal meaning is generated both by cognitive processes that construct different selves at different times (Hermans, Kempen, & van Loon, 1992) and by self-organization and self-explication of one's own emotional experience. People are constantly representing themselves to themselves and to others in images, actions, and narratives, and they continuously construct views of themselves in consciousness (Greenberg & Pasquale-Leone, 2001). Since the people are always situated in time, place and space, the meaning they attach to their most important experiences, will change depending on the stages in their life and the context in which they operate. Every recollection of an event, all circumstances that individuals have been going through, have touched them and will influence their perspective on their life and themselves (Visser, 2016). Thus, to study personal meaning, researcher has to ask people to describe several concrete interrelated acts and events, playing a significant role in their daily lives (Hermans & Hermans-Jansen, 1995).

Therefore, the presented mixed method research aims to explore the differences in personal meaning of academic experience for graduate students with intrinsic and extrinsic academic motivation. The general research question regarding the differences in personal meaning for graduate students with intrinsic and extrinsic academic motivation was extended by quantitative sub-questions: 1) *What types of academic motivation dominate in this sample of graduate students?* 2) *What are the quantitative differences in narrative themes related to the personal meaning of graduate studies obtained from the answers of intrinsically and extrinsically motivated students?* and qualitative sub-questions: 1) *What narrative themes related to the personal meaning of graduate studies appear from the qualitative data of graduate students?* 2) *What qualitative differences if any could be discovered in the narrative themes of intrinsically and extrinsically motivated graduate students?*

### **Participants and procedure**

The convenience sample recruited at the classrooms of Daugavpils University (Latvia) consisted of 128 graduate students (105 female/23 male) with the mean age of 29.1 (SD=8.67) and mean work experience of 7.12 years (SD=9.12); the sample included students from the 1st year (45.9 %), 2nd year (20.8 %) and 3rd year (20.1 %) of studies enrolled in Psychology (18.1 %), Education (56.3 %) and Management (14.6 %) programmes. Their satisfaction with income ranged from sooner/fully unsatisfying (38.9 %), partly satisfying (32.6 %) to fully/almost satisfying (17.4 %). The data in written form was

collected by the main author administering the measures to the groups of participants during their classes. The informed consent from participants was acquired before the administration of the survey, ensuring the confidentiality and anonymity regarding the received data.

## Measures

**Academic Motivation Scale (AMS-C28, Vallerand et al., 1992).** The modification of college version of AMS was used to assess the academic motivation of graduate students as to divide them into groups with intrinsic and extrinsic motivation. This 28-item instrument includes three subscales of Intrinsic motivation (IM) (know, accomplish things, experience stimulation), three subscales of Extrinsic motivation (EM) (external, introjected, and identified regulation) and Amotivation (absence of IM or EM). The AMS items were rated on a scale ranging from 1 = does not correspond at all to 7 = corresponds exactly. Cronbach alpha for seven subscales varied from 0.64 to 0.78 (in original version from 0.62 to 0.86). IM item example (to know): *“Because my studies allow me to continue to learn about many things that interest me.”* EM item example (external regulation): *“In order to have a better salary later on”*; Amotivation item example: *“I can’t understand what am I doing in graduate studies”*. The construct validity of AMS was tested with the factor analysis. Principal Component Analysis revealed three factors aligning with the theoretical concept of AMS: the Component 1 loaded on three IM scales, Component 2 loaded on three EM scales, Component 3 loaded on amotivation scale.

**Self Confrontation Method (SCM, Hermans & Hermans-Jansen, 1995).** As essentially qualitative method focusing on the personal meaning, the SCM as a narrative method has been used for understanding emotional patterns and themes associated with adaptation to life challenges (Lyddon, Yowell, & Hermans, 2006). Originally, it was constructed as an idiographic instrument intended to provide the space for the participant to construct valuations during the interview with a psychologist or psychotherapist, rate these valuations according to specific affective indices and, finally, evaluate and integrate the results of the method. Valuations are valuable events located in time and space reflecting the personal meaning of person (Visser, 2016). For this study the SCM was adapted to disclose the narrative themes (valuations) embodying the personal meaning of graduate students’ academic life. The SCM was administered in paper-pencil format as a qualitative survey comprising five open-ended questions (‘triggers’) to identify anything significant in the student’s life (related to past, present and future)

associated with his/her graduate studies:

- 1) *Was there in the past any person, experience, or circumstances that greatly influenced your life and that appreciably affects your present existence as graduate student?*
- 2) *Is there in your present existence any person or circumstances that exerts a significant influence on you as graduate student?*
- 3) *Do you foresee anything that will be of great importance for or exert a major influence on your future life after graduate studies?*
- 4) *Do you feel that a certain person or circumstance will exert a significant influence on your future life after graduate studies?*
- 5) *Is there any future goal of object that you expect will play an important role in your life after graduate studies?*

The students' answers were analysed by both authors using an inductive approach to thematic analysis with the aim of identifying prominent and consistent narrative themes across participants (Baxter, 1991: 1) all the material was read to obtain an overall impression and to become aware of any preconceptions; 2) the units of meaning with a primary focus on the expression of an idea (i.e. case) (Minichiello, Aroni, Timewell, & Alexander, 1990), not individual items of language, were identified and coded; 3) these units of meaning were then distilled into broader themes. The number of cases captured within each narrative theme provided an indication of the extent to which this mapping exercise revealed a shared understanding about the themes amongst students. Given the explicit objective of the study to compare two groups of students and large data set, qualitative data were quantified to see the prevalence of themes in entire sample as well as in each subgroup of sample. The percentage of discerned themes for each group allowed to compare the theme "intensity" in these two groups (Boyatzis, 1998). Guest, MacQueen and Namey (2012) do not recommend to use statistical techniques on thematical data due to the sample and data (not truly dichotomous) peculiarities. To simplify the presentation, the separate time perspectives (past, present, future) will not be considered in this analysis and findings will appear in synthesized form containing all time perspectives.

## **Results**

### **Academic motivation of graduate students**

Paired samples t-test to compare intrinsic and extrinsic academic motivation for the given sample showed the dominance of EM. There was a significant difference in the scores of IM ( $M = 4.42$ ,  $SD = 1.05$ ) and EM ( $M = 4.84$ ,  $SD = 1.07$ ):  $t(127) = -4.30$ ,  $p < 0.000$  (two-tailed). The eta squared statistics (.13) indicated near to large effect size. Amotivation was found at low level ( $M=1.76$ ,  $SD=1.06$ ). To allow for the qualitative analysis, the sample were divided into two

groups based on the comparison of EM and IM average aggregate scores for each student: EM group (n=86) included students with larger score for EM scales, IM group (n=39) included those with larger score for IM scales. Three students representing amotivation were excluded from the further analysis.

### **Personal meaning of academic experience: qualitative analysis**

The narrative themes related to the personal meaning of academic experience associated with graduate studies will appear together with the number of meaning units discerned from the body of answers of the whole sample and textual illustrations of qualitative differences in the themes featured by IM and EM students.

The most frequent theme regarding the students' academic experience were **motivation and support from influential persons** (n=308).

The teachers at school and university (n=106) were mentioned most often; following examples of quotations illustrate the EM students' answers regarding their school teachers described mostly as the role models: *my teachers had an impact on me in the past, now I evaluate the situations exactly as they would do; I would like to attain such level of professionalism as my best teacher had (still has); I recall several teachers at school and later at university whom I would like to follow.* IM students stressed the impact in terms of motivation for self-development: *I had teachers who taught me to enjoy the learning process; although my communication with the advisor of my bachelor work has stopped, her advices and support still influence my life today; the scientific advisor of my master thesis gives me the green light for self-development and self-improvement.*

The next largest group of influential persons was family (n=103). EM students tried to avoid the feelings of guilt for disappointment of family members: *I would not want to disappoint my parents after graduating from Bachelor studies; my husband strongly supports me, he hopes that I will graduate master studies, I cannot disappoint him; my parents have always encouraged me in difficult moments, thanks to their assertion I am graduate student; may be it is my older sister, as she graduated Master studies and what about me? Am I worse? No!* IM students often stressed the support for their own choice: *support and encouragement from my family helped me to implement my wishes and goals; parents help me a lot, they want me to reach my goals; support from father since I started my psychology studies, his pride about the continuation of studies; my mother heavily fought for my education and after grade 9 I fully understood the importance of education and started my own, un-imposed, learning journey.*

The students also felt an impact from other persons (n=36) like classmates, relatives, administration at work: *in the past my boss urged me to enter the studies; my course-mates from bachelor studies; my classmate encouraged me to go to*

university (EM students); *my relatives say that I need to study; understanding and kindness of the administration at my current workplace* (IM students). Interesting theme was colleagues at work (n=22) that had an influence both on IM and EM students: *my colleagues at work already have master degree, they serve as a role model for me; my colleagues are waiting for my graduation*. Quite large number of students (n=21) (mostly with IM) replied that they have chosen the studies and proceed on their own: *to enter the graduate studies was my own idea; everything happens in my life because of my own motivation; no person has an impact on me now, also, there are no circumstances pushing me to study, everything is my own wish; I decided to study on my own, although many were against it. Yet, I was very stubborn and did it my own way (despite my enemies!)*. Rather important persons, especially for students with EM, were their friends (n=18): *my friends who already study at master program; my best friend is beside me and always supports me; my best friend is at the 2nd year of graduate studies now; my friends and relatives who already ask my advice regarding the career opportunities*.

Less frequent theme in comparison to influential persons was **work, career, professional development** (n=182). The EM students concentrated on employment-related instrumental benefits of education: *I entered graduate studies, since I needed pedagogical education to continue my work at school; [to enter studies] was prompted by refusal to take up the managerial position; failure to find job in a field of psychology; wish to find a good job*. IM students stressed the professional development and helping people: *my professional development is very essential for me; it is important for me to become a well-trained expert, I want to help people, thus, I need the graduate studies to obtain the relevant practical experience; one need continuous professional development – graduate studies are one of ways selected voluntarily by myself; I would like to become a psychologist, to help people in difficult situations, this aim motivates my studies*.

Quite large number of cases was associated with **studies/writing master thesis** (n=65): *it is very important for me to reach the aim – Master degree, to write and successfully defend the master thesis; it is very important for me to attend the classes at university; to work on the Master thesis, do the research, read special literature; I want to proudly submit my thesis* (EM students), *I would like to know more, understand what does it mean – graduate studies; conferences, seminars, courses will extend my perspective on different topics* (IM students).

The theme of **personal development** was mentioned less often (n=55). EM students focused more on personal interests, need for education: *I always had an interest in languages, work with children; this helps me to continue my way toward master degree; so much is needed for the individual to develop into personality and integrate in society, one needs to be educated*. IM students mentioned intellectual development and need for extra knowledge: *I got a feeling*



that I am unable to further my intellectual development without the help; need for extra knowledge; I like to delve deeply into the new theories.

Several students mentioned factors **inhibiting successful studies** (n=49) and the answers did not differ significantly for EM and IM students – these were mostly external conditions: *I have a small child who asks attention and leaves no time for studies; very large work load leaves no time and resources for master studies; I am unemployed now, it has the negative consequences on my emotional state, but at least I have time to study.*

**Past experience leading to master studies** (n=45) was described from different angles: *been 11 years old I was able to dissuade person from suicide, this encouraged me to study psychology and also to enter master studies; probably it was my good marks, without them I even would not think about graduate studies; international summer camp after grade 9 helped me to choose a work related to English and French.*

**Diverse application of knowledge/further studies** (n=34) was specified mostly by IM students: *I am planning to enter doctoral studies; in future I would like to continue my studies, engage in self-realization; I would like to participate in projects, continue my education; in future I would like to develop the decent set of math exercises for grades 10-12.*

### Personal meaning of academic experience: quantitative analysis

Table 1 illustrates the frequency of narrative themes (discussed above) of IM and EM students in terms of their personal meaning of academic experience. Answers from 86 EM students contained 430 cases; 39 IM students created 195 cases.

Table 1 Frequency distribution (%) of narrative themes from intrinsically/extrinsically motivated graduate students

Narrative Theme	Distribution of Frequency (%)		Difference  E-I
	EM students (E)	IM students (I)	
External support	<b>36.3</b>	<b>32.3</b>	4.0
Work/career	<b>20.8</b>	<b>17.9</b>	2.9
Personal development	<b>8.5</b>	<b>13.7</b>	5.2
Past experience	7.0	5.7	1.3
Master thesis/studies	6.0	6.2	0.2
Inhibiting factors	4.0	5.3	1.3
Further studies	2.5	6.2	3.7
Other	4.4	5.1	0.7
No answer	10.5	7.6	2.9

Note. The numbers in bold represents the highest percentage for each group of students.

The most frequently mentioned themes both for IM and EM students were external support, work/career and personal development (see Table 1). The larger differences between IM and EM graduate students were discovered in following themes: personal development, further studies, factors inhibiting graduate studies were more frequent for IM students, while external support, work/career, and past experience influencing current academic life were mentioned more often by EM students. Writing master thesis and current studies were similarly important both for IM and EM students. Interestingly, that EM students decided not to provide any answer more frequently than IM students.

### **Discussion and conclusions**

In the selected sample of graduate students, the EM was dominating type of motivation followed by IM, while amotivation was at a very low level, thus confirming the idea about the concurrent influence of IM and EM and coinciding with the results obtained from graduate students at US university (Hegarty, 2010).

Largest group of themes for the whole sample of students were motivation and support from influential persons, next two considerably smaller themes referred to work/career and personal development. This could be explained by the fact that almost all graduate students are employed, besides, family and work are recognized as two main spheres of our life (Eby, Maher, & Butts, 2010). Emphasis on the personal development would show that this aspect of academic experience is important both for IM and EM graduate students already due to the decision by these young adults to enter master studies. Next themes, represented at much smaller rate, were master/thesis and studies and further studies – rather natural occurrence given the specific sample and research context.

The qualitative differences, as well, were discovered in the narrative themes of IM and EM graduate students. According to the SDT, less autonomous students (EM students) viewed their teachers as role models, tried not to disappoint their family and relied on their friends, while more autonomous students (IM students) viewed their teachers as persons improving their motivation for self-development, family as the people supporting their own choice, as well as reported self-chosen studies. These findings are in line with Waterman's proposition (2004), showing that IM in form of personal expressiveness could serve as the third defining dimension of identity, along with exploration and commitment. In a sphere of work and professional development EM students focus on education as an instrument to ensure employment, while IM students stress the professional development and helping people, thus aligning with findings by Spittle, Jackson and Casey (2009), showing that confident interpersonal service reasons to become a physical education teacher were linked with IM, while sport and physical activity reasons were related to EM. The difference related to the continuum of

self-determination is noticeable also in terms of personal development theme, where EM students are reporting their personal interests and need for education, while IM students focus on their intellectual development and need for extra knowledge. Diverse application of knowledge and further studies were mentioned much often by IM students, confirming the instrumental nature of education for EM students and real interest in knowledge application for IM students. However, it has to be explored, if financial security and higher career status would appear as the mediators between the academic motivation and intention to pursue the further studies.

In line with the SDT, EM students more frequently mentioned support from influential persons and career/professional development, while those with IM – personal development and further studies. Though, career and professional development were important also for IM students, as, probably, the professional requirements are already deeply integrated in the motivational structure of young adults. The largest difference between the EM and IM graduate students pertains to the personal development (connected with self-efficacy concept related to competence element of IM) (c.f., Buch, Säfvenbom, & Boe, 2015).

Thus, it can be concluded: the selected sample of graduate students is more extrinsically than intrinsically motivated. The main themes of personal meaning related to academic experience for the whole sample were motivation and support from influential persons, work/career and personal development. The main differences in personal meaning of IM and EM students relate to the more autonomous nature of academic experience of IM students, for them graduate studies are step forward in the process of their self-development, enhancement of personal knowledge in order to help people, while for EM students graduate education also is necessary, but endowed with mostly instrumental value.

Among the limitations of given study the lack of gender balance, time consuming approach/tiredness of respondents during the survey, different socio-demographical profile of motivation groups, and lack of inter-rater reliability calculation should be mentioned.

These results would be of interest for directors of graduate study programs, the student guidance sector and for psychologists working with young adults. Understanding the relationships between the academic motivation and personal meaning of academic experience may help to develop more effective teaching strategies and institutional support of graduate students. Teaching graduate students with EM, university teachers might earn their authority first and then build the learning collaboration on it, at the same time orienting the teaching process toward the theoretical knowledge and practical skills necessary for workplace. Students with IM might be more open to master self-regulated learning strategies and engage in acquisition of broad knowledge foundation needed for further education. The results can encourage the different avenues for

the further investigation in this field, for instance, regarding the comparison of academic achievement and learning strategies of IM and EM graduate students.

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# PSIHOLOĢISKĀS PALĪDZĪBAS PROFESIONĀLU GRUPU IDENTITĀTE: LITERATŪRAS PĀRSKATS

## *Identity of Professional Groups Providing Psychological Help: a Literature Review*

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**Abstract.** *Providing high quality mental health services is one of the key objectives for national governments declared by WHO, where professional groups providing psychological help play an important role. Confusion among the professional groups in the field poses difficulties both for the professionals and service users. The paper aims to review the studies focused on the identity of professional groups providing psychological help with a special emphasis on used methodological approaches. In the first section of the paper concepts used in the relevant studies are discussed, proposing collective professional identity as the most appropriate theoretical idea to ground the future research in the given field. The second section of this paper analyses the methodological approaches applied in mentioned studies. Collective identity of professionals is conceived by the scholars in given field as a multidimensional concept which is studied both quantitatively and qualitatively. Thus far quantitative research methods are more common, but benefits of qualitative research in the future are also stressed. The results of literature review will serve as the theoretical background for studying professional groups providing psychological help in Latvia.*

**Keywords:** *collective identity, literature review, professional identity, psychological help.*

### **Ievads**

#### ***Introduction***

Pasaules Veselības organizācijas (PVO) vadlīnijās „Veselība 2020” Eiropas reģiona dalībvalstīm kā viena no pirmajām prioritātēm veselības un sabiedrības labklājības nodrošināšanai uzsvēta psihiskās veselības veicināšanas programmu stiprināšana (World Health Organization, 2012). Viens no būtiskiem

ierosinājumiem ir katrai valstij Eiropā ievērojami paplašināt dažādas psiholoģiskās palīdzības pieejamību iedzīvotājiem (Gustavsson et al., 2011; World Health Organisation et al., 2013).

Latvijas situāciju īpašu padara fakts, ka psiholoģiskās palīdzības jomai ir tikai nedaudz vairāk nekā 20 gadus ilga vēsture. Šajā laika periodā Latvijā ir izveidojušās trīs lielas psiholoģiskās palīdzības sniedzēju profesionāļu grupas – psihologi, psihoterapeiti un mākslu terapeiti. Katrai no šīm profesionāļu grupām ir sava unikāla attīstības vēsture, apakšspecializācijas, profesionālās darbības normatīvais regulējums, profesionālās apvienības, izglītības process (Bite, Mārtinsons, & Sudraba, 2016; Mārtinsons, 2011, 2012). Aprakstot veicamos pienākumus, definējot kopīgos darba principus un atšķirīgās iezīmes, attīstot izglītības procesu un normatīvo regulējumu, šo 20 gadu laikā ir veidojusies gan šo profesiju speciālistu profesionālā identitāte, gan profesionālo grupu identitāte. Profesionālās jomas pētnieki norāda, ka profesionālās identitātes formēšanās ir viens no būtiskajiem katras profesijas pastāvēšanas aspektiem (Spurgeon, 2012).

Identitātes veidošanās aspekti arī literatūrā tiek uzsvērti kā nozīmīgs izaicinājums psiholoģiskās palīdzības jomas profesionāļiem, jo būtiski ir definēt līdzīgo un atšķirīgo dažādu profesiju starpā (Reiner, Summer, Dobmeier, & Hernández, 2013; Spurgeon, 2012). Šādas izpratnes un konceptualizācijas trūkums par profesiju vai profesiju grupām tiek uzskatīts par nopietnu riska faktoru profesijas attīstībai un ilgtermiņa pastāvēšanai (Turner & Knight, 2015; Van Zyl, Nel, Stander, & Rothmann, 2016).

Profesionāļu spēja skaidri definēt līdzīgo un atšķirīgo starp dažādām grupām ir ļoti svarīga, jo nespēja definēt skaidras profesionālās identitātes atšķirības bieži rezultējas lomu un atbildību sajukumā, statusa un varas konfliktos, kā arī profesionālo stereotipu veidošanā, kas apdraud starpprofesionālās sadarbības efektivitāti (Mellin, Hunt, & Nichols, 2011; Kreindler, Dowd, Star, & Gottschalk, 2012).

Latvijā līdz šim nav veikti pētījumi par psiholoģiskās palīdzības sniedzēju grupu profesionālo identitāti, tāpēc, lai gūtu priekšstatu par atbilstošos pētījumos izmantoto terminoloģiju un pētījumu metodoloģiju, nepieciešams veikt literatūras pārskatu par psiholoģiskās palīdzības profesionālo grupu identitātes pētījumiem. Šī literatūras apskata rezultāti tiks izmantoti, lai izvēlētos precīzu un atbilstošu terminoloģiju un metodoloģiju turpmākajam empīriskajam pētījumam par Latvijas psiholoģiskās palīdzības profesionālo grupu identitātes jautājumiem.

## **Mērķis un metode** *Aim and method*

Pētījuma mērķis: iepazīt un analizēt profesionālo grupu identitātes pētījumos izmantoto terminoloģiju un metodoloģiju. Rakstā atspoguļotajā pētījumā izmantota nereprezentatīva profesionālo grupu identitātes pētījumu analīze. Tā kā autoru mērķis bija gūt pārskatu par psiholoģiskās palīdzības un veselības aprūpes jomas profesionāļu grupu identitātes pētījumos izmantoto terminoloģiju un metodoloģiju, tad šādi izvēlēta zinātniskā literatūra ļāva iegūt plašu priekšstatu par šo pētījumu jomu un izdarīt pamatotus secinājumus par terminoloģijas un metodoloģijas lietojumu.

## **Identitātes jēdzienu izmantošana profesionālo grupu pētījumos** *Terminology used in identity studies of professional groups*

Profesionāļu un profesionālo grupu pētījumos bieži tiek izmantots identitātes jēdziens. Jau viens no pirmajiem un atpazīstamākajiem identitātes jēdziena pētniekiem amerikāņu psihologs Eriks Eriksons norādīja, ka identitāte vienlaikus ir individuāla un sociāla: „...mums ir darīšana ar procesu, kas „atrodas” indivīda būtības kodolā un vienlaicīgi arī šī indivīda kopienas kodolā...” (Eriksons, 1998: 19. lpp.). Attiecīgi identitāte tiek definēta un uztverta caur personīgās identitātes prizmu, attiecinot to uz individuālo ķermeni un pieredzi, kas raksturo katru indivīdu kā atšķirīgu fizisku un psiholoģisku vienību salīdzinājumā ar citiem cilvēkiem un, otrkārt, saistībā ar sociālo kontekstu, attiecībām un mūsu piederību sociālām grupām.

Lai skaidrotu un pētītu identitātes sociālo komponenti, kā viena no visbiežāk izmantotajām ir Sociālās identitātes teorija (Social Identity theory), kuru pagājušā gadsimta septiņdesmitajos gados radīja britu sociālie psihologi Henrijs Tajfels un Džons Tērnors (Tajfel & Turner, 1979). Šie autori norāda, ka identitātes būtība vienmēr ir sociāla, jo jebkuru individuālo identitāti nosaka sociālā vide. Tomēr visbūtiskākais sociālās identitātes teorijas autoru ieguldījums ir tieši grupu procesu un fenomenu detalizēta izpēte, un tālākā šīs teorijas attīstība būtiski ietekmējusi tālākos grupu un starpgrupu uzvedības pētījumus (Abrams & Hogg, 1998, 2001; Hogg & Tindale, 2001).

Saskaņā ar Sociālās identitātes teoriju, sociālā grupa ir indivīdu kopums, kas redz sevi kā vienas sociālas kategorijas locekļus, piemēram, rase, dzimums vai profesija. Sociālās identitātes teorijas ietvaros ar grupu saistīto identitāti sauc par kolektīvo identitāti. Sociālās identitātes teorijas autori apraksta, ka kolektīvā identitāte veidojas sociālas mijiedarbības ceļā, trīs procesu rezultātā – ar sociālo klasifikāciju, identifikāciju un salīdzināšanu. Klasifikācija jeb kategorizācija notiek kognitīvi grupējot indivīdus, balstoties uz kopīgām pazīmēm. Pēc tam



cilvēki identificējas ar līdzīgo un, izmantojot salīdzināšanu, nosaka arī atšķirīgo, kas veido robežu starp tiem, kuri pieder grupai, un tiem, kuri tai nepieder (Tajfel, Fraser, & Jaspars, 1984). Tādējādi gan kognitīvie procesi, gan emocionālās saites ietekmē turpmākos savstarpējo attiecību un uzvedības modeļus grupā un starp grupām (Jenkins, 2008). Attiecīgi indivīdu kopīgi konstruētā realitāte rada grupas kultūru (Hymans, 2008).

Pēdējā dekādē ir veikti daudzi pētījumi, kuru dalībnieki ir psiholoģiskās palīdzības un veselības aprūpes profesionāļi, un kuros kolektīvās identitātes jēdziens tiek atzīts kā atbilstošs darba un profesiju izpētes jomai (Cardoso, Batista, & Graça, 2014; Feitosa, Salas, & Salazar, 2012; Knez, 2016). Jāatzīmē, ka kolektīvās identitātes jēdzienu mūsdienās plaši izmanto arī starpkultūru pētījumos, pētot etnisko un rasu identitāti, kā arī politiskos procesus (Eder, 2009; Ieviņa, 2014; Jasper, Tromantano, & McGarry, 2015).

Profesionāļu un profesionālo grupu pētījumos tiek lietots gan sociālās identitātes, gan kolektīvās identitātes jēdziens. Lai viestu skaidrību un precizētu jēdzienu lietošanu, vairāki autori norāda, ka būtu jānošķir šo divu jēdzienu lietojums (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Cheek & Briggs, 2013; Miscenko & Day, 2016). Kolektīvās identitātes jēdziens būtu jālieto attiecībā uz tiem identitātes definējumiem, kuri balstās grupu piederībā, kā to apraksta sociālās identitātes teorijā (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Brewer & Gardner, 1996).

Literatūras pārskatā, kurā apkopoti 600 raksti par ar profesionālo darbību saistītās identitātes pētījumiem, nodalītas individuālā, starppersonu un kolektīvā identitāte, kur pēdējo definē kā izrietošu no identifikācijas ar kādu simbolisku grupu, kas var būt organizācija vai profesija (Miscenko & Day, 2016). Savukārt, pētījumā par Identitātes aspektu aptauju (Aspects of Identity Questionnaire), izmantojot faktoru analīzes metodes, autori Čīks un Brigs pierāda, ka personīgās, sociālās un kolektīvās identitātes skalas apzīmē trīs atšķirīgus identitātes veidus un nākotnē tie būtu jāpēta kā savstarpēji saistīti, bet atšķirīgi identitātes aspekti (Cheek & Briggs, 2013).

Pētījumos par profesionāļiem un profesionāļu grupām tiek lietots vēl arī profesionālās identitātes jēdziens. Ar profesionālo identitāti plašākā izpratnē parasti apzīmē ar profesiju vai darba jomu saistīto personas identitāti (Knez, 2016; Spurgeon, 2012). Sašaurinot šo definējumu var teikt, ka profesionālā identitāte ir individuālās identitātes sociālais aspekts, identificējoties ar profesionālo grupu (Cardoso et al., 2014).

Vēl precīzāku iedalījumu sniedz literatūras pārskats par darba jomas identitātes pētījumiem, kur nošķirtas organizācijas, darba grupas un profesionālā identitāte. Ja pirmās divas attiecināmas uz sociālās identitātes jēdzieniem un kolektīvo "es", tad profesionālās identitātes jēdzienu autors attiecina uz personīgo identitāti un individuālo "es" (Knez, 2016).

Tā kā katra indivīda profesionālo identitāti veido piederība grupai, tad tieši grupas aspekts ir ļoti nozīmīgs un bieži nepietiekami novērtēts un pētīts, secināts literatūras pārskatā par kolektīvās identitātes jēdziena izmantošanu (Kreindler, Dowd, Star, & Gottschalk, 2012).

Literatūras analīze par izmantoto terminoloģiju profesionāļu un profesionāļu grupu identitātes izpētei atklāj, ka vienlaicīgi tiek lietoti vairāki termini – sociālā identitāte, kolektīvā identitāte un profesionālā identitāte. Tādēļ nākotnes pētījumos būtu jāpievērš uzmanība precīzai un korektai šo terminu lietošanai. Nobeidzot literatūras pārskata pirmo daļu par terminu lietojumu pētījumos, var apkopot, ka:

- 1) vairākums pētījumu par profesionāļu un profesionāļu grupu identitāti atsaucas uz sociālās identitātes teoriju;
- 2) sociālās identitātes teorijas ietvarā ar grupu saistīto identitāti definē kā kolektīvo identitāti, attiecīgi grupu pētījumiem korekti būtu izmantot kolektīvās identitātes jēdzienu;
- 3) profesionālās identitātes jēdzienu lieto gan plašākā izpratnē attiecinot uz personas identitāti saistībā ar profesionālo jomu, gan šaurā izpratnē attiecinot tikai uz identitātes individuālajiem nevis kolektīvajiem aspektiem.

Tādējādi, profesionālo grupu identitātes pētījumiem nākotnē iesakāms lietot kolektīvās profesionālās identitātes jēdzienu.

Šī raksta otrajā daļā tiks analizētas profesionāļu un profesionāļu grupu pētījumos izmantotās metodoloģiskās pieejas psiholoģijas un veselības aprūpes nozares pētījumos.

### **Profesionālo grupu identitātes pētījumu metodoloģijas**

#### ***Methodological approaches used in identity studies of professional groups***

Pievēršoties profesionālo grupu identitātes pētījumos izmantotajām metodēm, pirmkārt, jānorāda, ka kolektīvā identitāte tiek aprakstīta kā daudzdimensionāls koncepts. Literatūras pārskatā par pētījumiem kolektīvās identitātes jomā tiek secināts, ka var izdalīt no vienas līdz septiņām kolektīvās identitātes dimensijām jeb komponentiem, kuras tiek pētītas dažādos veidos (Ashmore, Deaux, & McLaughli-Volpe, 2004; Feitosa, Salas, & Salazar, 2012). Ričards Ešmors ar līdzautoriem piedāvā visas kolektīvās identitātes dimensijas sadalīt divās lielās grupās – kognitīvās jeb ar kategorizāciju saistītās un afektīvās dimensijas. Ar kategorizāciju saprot grupas locekļu uzskatus un pieņēmumus par grupas locekļu kopīgajām pazīmēm, grupas ideoloģiju un mērķi. Afektīvo dimensiju raksturo piederības izjūta, kas atklāj vērtības, grupas emocionālo nozīmīgumu, to, kā paši grupas dalībnieki vērtē savu kategoriju un kādi ir

pieņēmumi par vērtējumu no citu puses, tuvība ar grupas locekļiem (Ashmore, Deaux, & McLaughlin-Volpe, 2004).

Analizējot publikācijas, kurās veikti apkopojumi par kolektīvās identitātes pētījumiem (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Cardoso, Batista, & Graça, 2014; Feitosa, Salas, & Salazar, 2012; Knez, 2016; Kreindler, 2012; Ye, Ollington, & Salas, 2016; Woo, Henfield, & Choi, 2014) jāsecina, ka kolektīvās identitātes pētījumiem vairāk tiek izmantoti kvantitatīvi pētījuma dizaini, bieži tiek izmantotas kvantitatīvas mērījumu skalas, kā piemēram, Kolektīvās pašvērtības skala (Collective Self-esteem Scale) (Luhtanen & Crocker, 1992), vai Profesionālās identitātes skala (Professional Identity Scale) (Phillips & Leahy, 2012).

Izmantojot kvantitatīvās pētījumu metodes, visbiežāk tiek pētīts viens no kolektīvās identitātes aspektiem kādā noteiktā profesionāļu grupā vai arī tiek aplūkota kāda kvantitatīvi mērīta identitātes aspekta saistība ar citiem kvantitatīvu mērījumu rezultātiem. Piemēram, kā pētījumā par mākslu terapiju kolektīvās pašvērtības saistību ar labklājības rādītājiem (Orkibi & Bar-nir, 2015) vai pētījumā par mūzikas terapiju kolektīvās pašvērtības saistību ar izdegšanas sindroma rādītājiem un apmierinātību ar darbu (Kim, 2012).

Salīdzinoši retāk profesionālās identitātes pētījumiem gan psiholoģiskās palīdzības, gan veselības aprūpes profesionāļiem tiek izmantotas kvalitatīvās stratēģijas. Analizējot izmantotos kvalitatīvā pētījuma dizainus, var secināt, ka tiek izmantoti gan etnogrāfiski pētījumi (Arceciado Marañón & Isla Pera, 2015), gan tematiskā analīze (Burton, Boschmans, & Hoelson, 2013; Gignac & Gazzola, 2016), tomēr viena no biežāk izmantotajām ir pamatotā teorija (angl. *grounded theory*) (Glaser & Strauss, 1967; Charmaz, 2006).

Pētījumi, kas balstās pamatotajā teorijā bieži tiek izmantoti, lai detalizēti izprastu un aprakstītu profesionālās identitātes attīstību, kā, piemēram, pētījumā par medmāsu profesionālo attīstību kā morālas attīstības ceļu (Ranjbar, Joolae, Vedadhir, Abbaszadeh, & Bernstein, 2017) vai arī par sociālas grupas ietekmi uz identitāti (Lovell, 2015). Tieši profesionālās identitātes veidošanās un attīstība, kā arī tās attīstības posmi un transformatīvie uzdevumi plaši pētīti tieši konsultatīvās psiholoģijas profesijas ietvarā (Brott & Myers, 1999; Gignac & Gazzola, 2016; Moss, Gibson, & Dollarhide, 2014; Dollarhide, Gibson, & Moss, 2013).

Paralēli identitātes attīstības posmiem ar kvalitatīvās pētniecības metodēm pētīta arī dažādu identitātes lomu pārklāšanās (Casc On-Pereira, Chillas, & Hallier, 2016; Sharma, Johansson, Prakasamma, Mavalankar, & Ctensson, 2013) vai arī identitātes pašuztveres aspekti (Alves & Gazzola, 2013).

Salīdzinot kvantitatīvo un kvalitatīvo pētījuma metožu izmantojumu kolektīvās identitātes pētījumu jomā, jāatsaucas uz Austrālijas pētnieku Jē, Ollingtona un Salas metodoloģisko pārskatu (Ye, Ollington, & Salas, 2016). Šajā

pētījumā secināts, ka, lai gan pozitīvisma paradigmas kvantitatīvie pētījumi ir plaši izplatīti un dod savu ieskatu pētāmajā jautājumā, tiem trūkst ekoloģiskās validitātes. Tāpat autori norāda, ka pozitīvisma paradigmas pētījumi neatklāj sociālo fenomenu būtību, kad paši sociālās vides dalībnieki veido un piedod jēgu sociālajiem fenomeniem. Šī kolektīvās identitātes izpētes metožu salīdzinājuma rezultātā secināts, ka pozitīvisma paradigmas instrumentu atklātie jēdzieni un mehānismi varētu tikt efektīvāk un dziļāk izpētīti, izmantojot interpretatīvo pieeju.

### **Secinājumi** **Conclusions**

Profesionālo grupu identitātes pētījumi ļauj noskaidrot profesionāļu izpratni par savas profesionālās grupas identitāti un atšķirīgo no citām profesionālajām grupām. Latvijā psiholoģiskās palīdzības profesijas uzskatāmas par jaunām un pagaidām nav veikts neviens pētījums par psiholoģiskās palīdzības profesionāļu grupu identitāti. Vairākums pētījumu par profesionāļu un profesionāļu grupu identitāti atsaucas uz sociālās identitātes teoriju, kuras ietvaros ar grupu saistīto identitāti definē kā kolektīvo identitāti. Lai pētītu ar profesionālo jomu saistīto identitāti individuālā līmenī, tiek lietots profesionālās identitātes jēdziens, savukārt, lai pētītu profesionālo grupu identitāti tiek lietots kolektīvās identitātes jēdziens. Tādēļ, kā atbilstošākais nākotnes pētījumiem izvēlēts kolektīvās profesionālās identitātes jēdziens. Kolektīvā identitāte ir daudzdimensionāls jēdziens, kurš tiek pētīts gan kvantitatīvi, gan kvalitatīvi, tomēr pētījumi norāda, ka šī kompleksā sociālā fenomena pētniecībai nākotnē iesakāmi kvalitatīvi pētījumi. Tādējādi, literatūras apskata rezultātā var secināt, ka Latvijā būtu jāpēta psiholoģiskās palīdzības jomas profesionāļu grupu kolektīvo profesionālo identitāti, izmantojot kvalitatīvas pētniecības metodes.

### **Summary**

Identity formation is considered one of key aspects in the development of profession and lack of professional awareness and conceptualization among professional groups is considered to be a serious risk factor for long term survival of the profession. Researchers point out identity issues being a significant challenge for professionals in the field of psychological care in order to define similarities and differences among allied professions.

In Latvia, professions in the field of psychological care are considered new and no research has yet been conducted on identities of professional groups working in the field. Therefore, there is a need for a literature review on identity studies of professional groups in order to get understanding on the terminology used in the relevant studies as well as the research methodology. The results of this literature review will be used to select the exact and relevant terminology and methodology for the future empirical research on identity of professional groups providing psychological help in Latvia.

Summarizing the first section of this paper on terminology use it can be concluded that several terms - social identity, collective identity and professional identity are used simultaneously. As well, literature analysis shows that accurate and correct use of these terms is needed. The concept of collective professional identity has been chosen as the most appropriate for future research.

In conclusion of the second part of this paper multidimensionality of the concept of collective identity is stressed, studied both by quantitative and qualitative methods. Thus far quantitative studies have been more widespread investigating some aspect of collective identity in a particular group. But studies indicate that this complex social phenomenon could be more effectively and deeply explored using quantitative research in the future.

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## THE ROLE OF HEALTH LITERACY IN PREDICTING PATIENT SATISFACTION WITH HEALTH CARE

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***Abstract.** Patient satisfaction has become one of the central indicators to measure quality of provision of health care services. However, it has been made clear in previous literature that the effectiveness and efficiency of the health care services is not directly proportional to the satisfaction level, because an array of patient's personal, psychological, and cognitive factors such as beliefs, expectations, knowledge and others may come into play. In this current article, we report on a study aiming to examine the role of health literacy in predicting patient satisfaction with health care in Latvia. In summer-autumn 2017, data were collected from a random sample of 451 participants (44 % male) in age from 18 to 81 years. The participants filled-in the questionnaire consisting of: Patient Satisfaction Questionnaire (PSQ-III, Ware, Snyder, & Wright, 1976) and European Health Literacy Survey Questionnaire (HLS-EU-Q, HLS-EU Consortium, 2012). We measured four out of the seven aspects of PSQ, namely, general satisfaction, technical quality, interpersonal aspects, and communication. HLS-EU-Q contains three subscales: health care, disease prevention, and health promotion. Study results confirm that one of the health literacy aspects - health care - was the most important predictor of all patient satisfaction aspects, while health promotion predicted technical quality.*

***Keywords:** patient satisfaction, health literacy.*

### Introduction

Latvia traditionally has given low priority to health care system, and consequently it suffers from poor public financing in long term. In fact, expenditure for the health care system in Latvia is almost twice as low as average public spending in OECD countries, also health status of Latvians lags behind, compared to other OECD countries (OECD, 2017). According to Health Consumer Powerhouse's Euro Health consumer Index, in 2008 Latvian health care was ranked as the most unfriendly health care system in Europe. Despite improvements, eight years later, in 2016, it was still ranked among at least patient-centred health care systems. As the comparative study demonstrated, patients

must cover themselves a substantial part of the costs across all health services (OECD, 2017). Under these conditions, patient health literacy becomes increasingly significant, as it is associated with maintenance of health, wellbeing, prevention of illnesses, and ability to seek, understand and utilise health care information (Sørensen et al., 2012), which is highly needed and essential to navigate individuals through Latvian health care system.

Latvian government has introduced a set of legal norms aimed to reform our health care system and urge medical care institutions to show greater interest into patient satisfaction with the provision of health care services. Medical care institutions in Latvia establish patient satisfaction measurement systems gradually; however, main attention till now has been focused to the systemic aspects that affect patient satisfaction (Ministry of Health of the Republic of Latvia, 2017). Unfortunately, such approach where individual factors are largely neglected, does not lead to full understanding of the situation. Therefore, based on the argument that patient's awareness, and knowledge of health-related issues influence the patient satisfaction, this study focuses on a crucial individual aspect of patients – health literacy. The aim of the current study is to explore the role of health literacy in predicting patient satisfaction with health care in Latvia. The study strives to promote the debate about the importance of health literacy in shaping patient satisfaction. Research data were collected during a survey with a random sample consisting of 451 participants.

Number of previous studies have focused on the relationship between patient satisfaction and health literacy (e.g. Shea et al., 2007; Kaphingst et al., 2014; Altin & Stock, 2015; Komenaka et al., 2014, 2016; Macleod et al., 2017; Verkissen et al., 2014); yet, health literacy only recently has gained attention of researchers in Latvia and is not enough discussed topic in public space. Few isolated studies focus on health literacy in Latvia such as Policy recommendations of health literacy by The Standing Committee of European doctors and Latvian Human Development report 2015/2016 on Mastery of Life and Information Literacy contained the chapter of health literacy (Rasnača et al., 2017)

During last few decades, medico-social services, patient care relations and patient guidance counselling have been introduced in health care institutions (Von Wagner et al., 2009). The overall trend in health care to treat patients as clients (Priporas et al., 2008; Gourley & Duncan, 1998) urges hospitals to measure not only quality of delivered health care services but also patient satisfaction. Consequently patient satisfaction has become one of the critical indicators for measuring the health care quality. It contradicts traditional approach when quality evaluation was based on provided medical services (Von Wagner et al., 2009). Overall patient satisfaction is multidimensional, hard-to-define and measure concept, depending on various socio-demographic characteristics of patients (Shea et al., 2007). Availability of services, reliability, continuity, reliability,

efficiency, treatment results, service provider`s communications skills are cited as factors affecting patient assessment of received health care. (Naidu, 2009: 367-368) However, effectiveness and efficiency of the health care services is not directly proportional to the satisfaction level, because an array of patient`s personal, psychological, and cognitive factors such as beliefs, knowledge and others may come into play. Previous studies have generated lists of influences, e.g. Naidu (2009: 371-372) indicates that patients expectations are related to the culture and specifics of health care system. Priporas et al. (2008) states patients do not have clear expectations in clinical setting, and their` criteria for satisfaction measurement also depends on severity of illness, on the stage of treatment as at some stages patients are unable to draw conclusions. (Priporas et al., 2008: 324-325). DiMatteo et al. (2014) cites low health literacy as one of the major impediments to accurate assessment of patient's adherence.

Patient activation enhance patient satisfaction and the shift in the patient–physician relationship suggests patients should actively participate in their health care, through engaging in shared decision making, asking questions, and other services (Shea et al., 2007); however, there are pre-conditions for the person to be able actively engaged in the process of health maintenance or disease treatment. Previous studies cite list of factors having negative impact to patient activity such as limited health literacy, low level of confidence, emotions and individual characteristics of patients. From the perspective of service providers, the barriers for patient involvement are time pressure, limited communication skills, and attitude (Laisaar-Powell et al., 2014: 99-100).

The complexity of modern health care system settings emphasizes the increasing need to patient health literacy (Berkman et al., 2014). Health literacy, alike patient satisfaction, is a widely applied concept with various definitions; however, all definitions have in common “*the focus on individual skills to obtain, process and understand health information and services necessary to make appropriate health decisions*” (Sørensen et al., 2012). Health information seeking has important role in the process of patient empowerment because it is considered “*purposeful and goal oriented activity rather the result of passive exposure to information*” (Graffigna et al., 2017: 1919). Patient health literacy and specifically the ability to seek, understand and use of information is critical determinant defining if the person is able to participate in the health care process (Jordan et al., 2010: 36).

Recently, studies move beyond individual focus and consider health literacy “*as an interaction between the demands of health systems and the skills of individuals*” (Sørensen et al., 2012). Broader understanding of health literacy emphasizes the significance of health context and circumstances that may be outside of individuals` control. (Jordan et al., 2013) The framework of Health literacy management scale extends the concept of health literacy by including

number of domains such as proactive health related behaviour, being able to ask for social support, capacity to communicate to health care professionals, socioeconomic considerations defining to what extent individual can afford health care (Jordan et al., 2013: 233). Komenaka et al. (2014) has found limited health literacy is a barrier for patient-physician communication. Other studies indicate patients with inadequate health literacy are at risk not being able to proceed information that they are provided by the physicians (Verkissen et al., 2014). In summary: health literacy has become central in the context of empowerment of the patient and patient – physician communication in the increasingly complex health care system.

The association between patient health literacy and health outcomes is well established (Von Wagner et al., 2009), as low health literacy has been associated with wide range of health related outcomes, including poorer overall health status and higher risk of hospitalization (McCray, 2005). At the same time, it is unlikely that health literacy has direct effects on most health outcomes as its impact is mediated by external factors attributed to health care system or health care provider (Von Wagner et al., 2014).

Previous studies suggest that the level of patient health literacy can predict overall patient satisfaction with provided health care (Macleod et al., 2017). Findings of the study by Shea et al. (2007) confirm that health literacy although weakly but yet consistently predicts primary care patient dissatisfaction. Macleod et al. (2017) claims individuals with insufficient health literacy express lower satisfaction with physicians and overall health care delivery. Findings allow to identify characteristics shared by adults with insufficient health literacy, - more likely they are to be older, male, minorities, have lower income and education and they generally are in poorer physical and mental condition (Macleod et al., 2017: 335). Altin and Stock (2015) have explored the patient satisfaction with primary care services in the context of individual's health literacy, patient centred communication and shared decision making. Their study demonstrates that patients with limited health literacy skills and experiencing poor patient-centred communication are likely to be less satisfied with provided care (Altin & Stock, 2015).

## **Method**

*Participants.* In the study 451 adults (44 % male) in age from 18 to 81 years ( $M = 41.28$ ,  $SD = 13.31$ ) participated. The duration of formal education of respondents was from 4 to 33 years ( $M = 15.53$ ,  $SD = 3.05$ ).

*Instruments.* The participants filled-in the questionnaire consisting of: Patient Satisfaction Questionnaire (PSQ-III, Ware, Snyder, & Wright, 1976) and European Health Literacy Survey Questionnaire (HLS-EU-Q, HLS-EU

Consortium, 2012), as well as responded a number of questions about the frequency of illnesses that have required or had not required medical assistance, and respondents' demographic information such as age, gender, and length of formal education.

Patient Satisfaction Questionnaire (PSQ-III, Ware, Snyder, & Wright, 1976) was adapted in Latvian as part of this study. Patient Satisfaction Questionnaire consists of seven sub-scales, of which four sub-scales were used in this study: *General Satisfaction* (e.g. "very satisfied with care"), *Technical Quality* (e.g. "doctors are competent, well-trained"), *Interpersonal Aspects* (e.g. "very friendly and courteous") and *Communication* (e.g. "explain the reason for tests"). The three sub-scales *Time Spent with Doctor*, *Financial Aspects*, and *Access / Availability* were not used in this study for following reasons: 1) *Time Spent with Doctor* includes only two items, 2) *Financial Aspects* and *Access / Availability* consist of items related to health system problems in Latvia and the interest of researchers was more focused on the personal aspects of patient satisfaction. 28 items were used in the instrument, and the five-point scale was used for answers: 1 – strongly agree, 2 – agree, 3 – uncertain, 4 – disagree, 5 – strongly disagree. In previous studies Cronbach's alpha varies from .82 to .88 (Hay, Davies, & Ware, 1987), in this study the variation is from .77 to .82.

Health Literacy Survey Questionnaire (HLS-EU-Q, HLS-EU Consortium, 2012) consists of three sub-scales: Health care (16 items), Disease prevention (15 items), and Health promotion (16 items) about ability to access health related information, ability to understand health related information, ability to interpret and evaluate health related information, and ability to make informed decisions on medical and health issues (Sorensen et al., 2012). The five-point scale was used for answers: 1 – very difficult, 2 – fairly difficult, 3 – fairly easy, 4 – very easy, 5 – don't know. In this study Cronbach's alpha varies from .89 to .90. In the survey carried out by European Health Literacy Project the variance was from .91 to .92 (HLS-EU Consortium, 2012).

*Procedure.* In summer-autumn 2017 data were collected using Google forms. Respondents were invited to participate in the study using social networking sites and e-mail. The respondents were introduced to the topic of the study and informed about the anonymity. Participation in the study was voluntary.

*Data analysis.* Data was analysed using IBM SPSS Statistics 22. Correlation analysis and hierarchical regression analysis was performed. The results were considered at the level of significance  $p < .05$ ,  $p < .01$  and  $p < .001$ .

## Results

Hierarchical regression analysis was performed to determine the role of health literacy in predicting patient satisfaction. The assumptions of linearity,

normally distributed errors, and uncorrelated errors were checked and met. Means, standard deviations and correlations are presented in Table 1.

Regression analysis was performed on four aspects of patient satisfaction – general satisfaction, technical quality, interpersonal aspects, and communication. The following variables were included in the first stage of hierarchical regression analysis: gender, age, education, frequency of illness that does not require medical assistance, and frequency of illness requiring medical assistance.

**Table 1 Descriptive statistics, Cronbach alpha and correlations of patient satisfaction and health literacy subscales**

	<i>α</i>	<i>M</i>	<i>SD</i>	2.	3.	4.	5.	6.	7.
1. General Satisfaction	.80	2.43	.62	.67	.68	.61	.32	.21	.27
2. Technical Quality	.82	3.00	.56		.76	.76	.40	.27	.33
3. Interpersonal Aspects	.81	2.93	.63			.77	.40	.28	.32
4. Communication	.75	3.22	.67				.41	.26	.28
5. Health Care	.89	2.93	.42					.68	.55
6. Disease prevention	.89	2.90	.48						.69
7. Health promotion	.90	2.80	.48						

*Note.* All the correlation coefficients in the table are statistically significant  $p < .01$

In case of general satisfaction all controlling variables explained 9 % of the variance ( $F(5,435) = 8.90, p < .001$ ), gender ( $\beta = .12, p < .05$ ), age ( $\beta = -.13, p < .01$ ) and frequency of illness that does not require medical assistance ( $\beta = -.26, p < .001$ ) were significant predictors. When all health literacy aspects were added, they improved the prediction and 17 % of the variance was explained ( $F(8,432) = 11.48, p < .001$ ). Individuals who were less likely to suffer from illnesses that did not require medical assistance, as well as men, were slightly more satisfied with medical care. Health care as one of health literacy domains ( $\beta = .30, p < .001$ ) was significant predictor of patient general satisfaction. In case of technical quality, controlling variables explained only 3 % of the variance ( $F(5,434) = 2.58, p = .026$ ), frequency of illness that does not require medical assistance ( $\beta = -.12, p < .05$ ) was predictor of technical quality. In case of interpersonal aspects, controlling variables explained 4 % of the variance ( $F(5,436) = 3.66, p = .003$ ) and education turned out to be the predictor of satisfaction with interpersonal aspects ( $\beta = .10, p < .05$ ). In case of communication, controlling variables were explained only at 4 % of the variance ( $F(5,435) = 3.35, p = .006$ ). When all health literacy domains were added, they improved the prediction and 18 % of the variance was explained in case of technical quality ( $F(8,431) = 11.83, p < .001$ ), 19 % – in case of interpersonal aspects ( $F(8,433) = 13.04, p < .001$ ), and 19 % – in case of communication ( $F(8,432) = 12.28, p < .001$ ). In all cases health care was significant predictor of

patient satisfaction (general satisfaction  $\beta = .30, p < .001$ , technical quality  $\beta = .38, p < .001$ , interpersonal aspects  $\beta = .37, p < .001$ , communication  $\beta = .40, p < .001$ ). All standardized coefficients and R square change are presented in Table 2.

Table 2 Summary of hierarchical regression analysis for variables predicting patient satisfaction

Independent variables	Dependent variables: Patient satisfaction							
	General Satisfaction		Technical Quality		Interpersonal Aspects		Communication	
	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$
	Step 1	.09		.03		.04		.04
Gender		.12*		.04		.08		.05
Age		-.13**		-.08		-.06		-.06
Education		.01		.09		.10*		.07
Frequency of illness <sup>a</sup>		-.26***		-.12*		-.11		-.07
Frequency of illness <sup>b</sup>		.07		-.001		-.05		-.11
	Step 2	.08		.15		.15		.15
Gender		.12*		.04		.09		.06
Age		-.08		-.01		.004		.004
Education		-.03		.04		.04		.03
Frequency of illness <sup>a</sup>		-.23***		-.07		-.06		-.03
Frequency of illness <sup>b</sup>		.09		.02		-.03		-.08
Health Care		.30***		.38***		.37***		.40***
Disease prevention		-.11		-.13		-.08		-.12
Health promotion		.11		.19*		.14		.11
	$R^2$	.17		.18		.19		.19

Notes. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Frequency of illness<sup>a</sup> – does not require medical assistance

Frequency of illness<sup>b</sup> – requiring medical assistance

## Discussion and conclusions

This study focused on an under-researched area in the field of patient satisfaction, namely, the role of health literacy in predicting patient satisfaction with health care services in Latvia. Arguing that along with the systemic aspects, the patient individual aspects such as health literacy should be given an equally significant role, we carried out our survey with a patient satisfaction measurement instrument that specifically focused on communication, interpersonal aspects,

technical quality and general satisfaction of patients. Further, based on our results, we discuss the role of health literacy in predicting these four aspects of patient satisfaction. We distinguish between three domains of health literacy, based on Sorensen et al. (2012): health care, disease prevention, and health promotion that all shape and entail patients' knowledge, competences and, motivation to access, understand, evaluate and apply health-related information and make informed decisions, and take action.

In our study the general satisfaction was mainly predicted by frequency of illness that does not require medical assistance, and the gender played a role too, – male respondents turned out to be slightly more generally satisfied with the health care services than females. Based on this we can conclude that patients who have less experience with health care services, are more satisfied. Individuals having better understanding of health related information and ability to interpret and evaluate information, are more satisfied with the competencies and medical experience of physician, which might suggest they more appreciate health care service providers.

In spite the fact that previous studies suggest that the level of patient health literacy, especially in older population, can predict overall patient satisfaction (Macleod et al., 2017), our findings show that, measured separately, each domain of health literacy has only a weak relationship with patient satisfaction. However, when all health literacy domains were added to regression, they improved the prediction of patient overall satisfaction to 17-19 %. Our findings thus are in line with the results of previous studies (e.g., Shea et al., 2007) pointing out that health literacy does not alone predict general patient satisfaction. Our findings suggest that one of the health literacy domains - health care - turned out to be the strongest predictor of patient satisfaction in all cases, while patient's satisfaction with the technical quality of the health care services was predicted by the domain of health care, and additionally by the domain of health promotion. The least predictor among all three was the domain of disease prevention.

Three conclusions can be derived from these findings: first, the patient's ability to access, understand and evaluate relevance of various risk factors – elements that are associated with disease prevention and are in line with the concept of active and empowered individual (Shea et al., 2007) who interacts with health care professionals – should be examined more closely. It is due to the fact that in our study, the disease prevention domain showed no significance in predicting patient satisfaction, while previous studies (e.g., Jordan et al., 2013) emphasize the crucial role of proactive health related behaviour of patients. Second conclusion is that the domain of health promotion of health literacy plays an important role regarding satisfaction with interpersonal aspects and communication, which means that patients who are more informed and knowledgeable on the domain of health promotion, are more able to understand



the received information and as a result more satisfied with the health care services. Attention therefore should be paid towards educating patients and explaining them the diagnosis and treatment recommendations. Medical personnel might need specific training to recognise low health literacy and develop strategies that enhance the communication between patient and doctor to make sure that patients understand what they have been told. This might lead to higher level of adherence, as the previous research show (Komenaka et al., 2014; Verkissen et al., 2014). Finally, health literacy should not be overlooked as a sole predictor of patient satisfaction. Instead, future studies should take a complex and multidimensional approach and combine patients individual aspects such as health literacy with the ones associated with the systemic influences.

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# LEARNING TO NOTICE: PROFESSIONAL VISION AND CHALLENGING BEHAVIOUR IN THE CLASSROOM

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**Abstract.** *Based on the Talis study teachers spend about 13 % of their teaching time keeping order in the classroom and solving disciplinary problems. Especially student and novice teachers often report tension and anxiety related to the misbehaviour, disruptive behaviour, and challenging classroom situations. When teachers need to cope with a challenging incident in the classroom they usually go through a three-phase process comprising a) identification of a situation (selective attention), b) interpretation of a scene (using either knowledge-based reasoning or implicit, intuitive interpretation) and c) intervention (taking action). This study aims to investigate the development of professional vision related to challenging situations in the classroom among student teachers. 40 junior (bachelor) and 40 senior (master) student teachers were watching a classroom video with the example of disruptive behaviour. Then they wrote short scripts describing the situation. Their answers were analysed in the context of identification, interpretation and intervention model. Both qualitative and quantitative differences were found between the groups. Implications for further research and teacher training are discussed.*

**Keywords:** *challenging behaviour, misbehaviour, student teachers, professional vision.*

## Introduction

Each school class is a complex social group with its structure and rules. Teachers are expected to be sensitive to the classroom dynamics, to spot and understand the clues that might signal disciplinary problems, misbehaviour or any other kind of disruptive incident, and to take appropriate action. This skill develops over time, and it is difficult to teach prospective teachers how to deal with challenging classroom situations. Professional vision plays a crucial role in this process.

## Teacher's professional vision

Professional vision has been studied in many occupations. This term was coined in 1994 by Ch. Goodwin, and it is described as a profession specific vision and interpretation of events and situations. Teacher's visual expertise is “the

ability to simultaneously perceive and interpret classroom situations for effective classroom management” (Wolff et al., 2016: 243). Classroom dynamics are very complex, diverse and fast-paced. That is why teacher's professional vision requires multi-dimensional cognitive processing. Seidel et al. (2010) and Lefstein and Snell (2010) described two cognitive dimensions of professional vision within teacher's work:

- a) **Selective attention** – teacher's perception of classroom events. A teacher cannot follow every action in the classroom. This level of professional vision demonstrates teacher's ability to be sensitive enough to identify the relevant moments of the classroom activity. Expert teachers seem to show “efficient information-reduction abilities, even in classroom scenes that were previously unknown to them” (Wolff et al., 2016: p. 244).
- b) **Knowledge-based reasoning** – teacher's reasoning about school scenes is based on their professional knowledge; the ability to understand the processes of teaching and learning differs from the common reasoning about school situations (such as reasoning of students or parents). The knowledge-based reasoning consists of three processes: 1) Description, an ability to describe in detail relevant aspect of the observed scenes. 2) Interpretation, an ability to connect the observed phenomena with the previously acquired knowledge. 3) Prediction, an ability to use the interconnection of scene interpretation and professional knowledge to evaluate and predict classroom events (Sherin & van Es, 2009; Seidel et al., 2010).

Teachers should use educational and psychological knowledge and research-based evidence to solve various classroom situations (i. e. knowledge-based reasoning). However, they often rely on their intuitive, implicit theories (Kierner & Kollar, 2017). Pre-service and novice teachers tend to use subjective approach, especially when perceiving misbehaviour and challenging situations (Sokolová, Lemešová, & Jursová Zacharová, 2014). They seem to lack ability and experiences to implement professional knowledge in interpreting and solving these incidents.

### **Challenging behaviour in the classroom**

Teachers and media often report on the changes in pupils' behaviour at school, increasing of negative, aggressive or “problem” behaviour (Lemešová, 2012). Pupils' behaviour affects teachers' professional well-being and occupational stress (Cabanová & Brozmanová, 2015). Challenging or “problem” behaviour is usually described in the context of child's characteristics. Slovak teachers described “problem” children as those who *suffer from disorders*

affecting their school achievements and participation; those who *break school rules*; and those who live in or are in contact with the *social environment at risk* (Lemešová, 2010). However, the definition of misbehaviour is to a certain extent a teacher's subjective construct. The perception of misbehaviour is associated mainly with the length of professional experience (Wolff et al., 2016; Cortina et al., 2015; Seidel et al., 2010). Especially student and novice teachers report tension and anxiety related to misbehaviour, disruptive behaviour, and challenging classroom situations (Sokolová, Lemešová, & Jursová Zacharová, 2014). However, teacher's perceptions are also influenced by his or her personality characteristics and cultural variables.

Based on the Talis study, teachers spend about 13 % of their teaching time keeping order in the classroom and solving disciplinary problems (OECD, 2007). The rates differ among countries participating in the survey. Teachers in Brazil, Malaysia or Portugal seem to face more disciplinary problems than teachers in Lithuania, Estonia or Slovakia (Fig. 1). There are also cross-cultural differences in the strategies that teachers use in their daily teaching routine (see e. g. Andreánska, 2015).

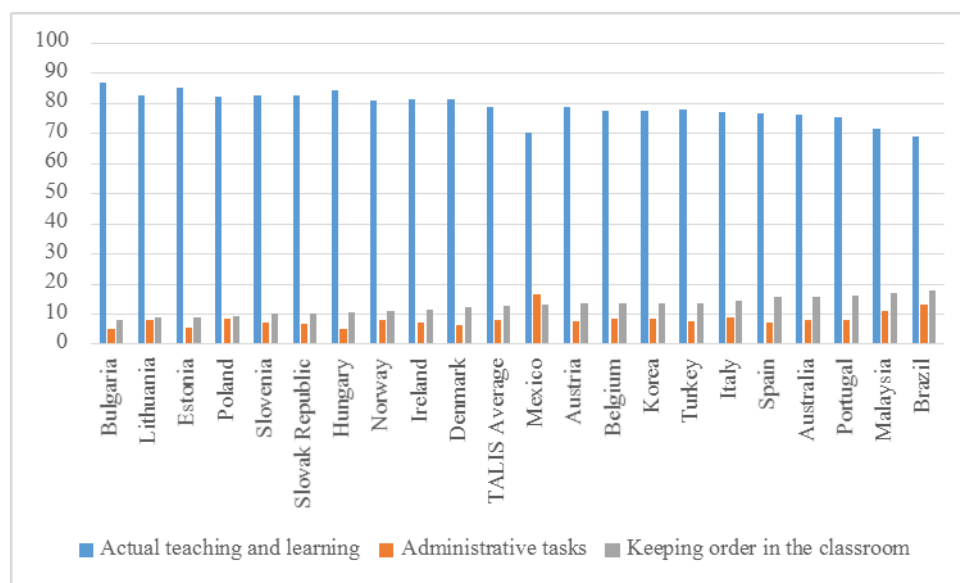


Figure 1. **Teachers' time spent on actual teaching and learning, administrative tasks, and keeping order in the classroom in the average lesson (OECD, 2007)**

When teachers need to cope with a challenging situation in the classroom they usually go through a three-phase process comprising: a) identification of a situation (selective attention), b) interpretation of a situation (using either knowledge-based reasoning or implicit, intuitive interpretation), and c) intervention (taking action). Kiemer and Kollar (2017) described the more detailed five-script process that experienced teachers activate to solve these

situations: a) identifying problems, b) reconstructing problems, c) building an explanatory model, d) deriving goals of an intervention, and e) selecting adequate actions. Based on their research (N = 339), both beginning and advanced student teachers only rarely showed the activities in an expected order. Pre-service training should help teachers to develop these scripts to be more efficient in classroom management. That is why it is important to analyse how student teachers build up their professional vision and classroom management strategies.

## **Method**

This study aims to investigate the development of professional vision related to challenging situations in the classroom among student teachers. 40 junior (bachelor) and 40 senior (master) student teachers participated in this study as a part of seminars in psychology included in their pre-gradual training. At the time of data collection, junior student teachers had passed one compulsory course in psychology and one compulsory course of observational teaching practice. Senior student teachers had passed two compulsory courses in psychology, teaching practice and they were attending an optional course on classroom management and discipline based on the principles of Alfred Adler and Rudolf Dreikurs (Dreikurs, Grunwald, & Pepper, 1998). Both groups were watching the same sequence of classroom video (1 minute and 17 seconds) with an example of disruptive behaviour. In this sequence, a girl Amy sought teacher's help, insisting that she was unable to do the assigned work on her own. It was a training video retrieved from [www.behavioradvisor.com](http://www.behavioradvisor.com). After watching the video, the participants wrote short scripts describing the situation. Their answers were analysed in the context of word usage and identification, interpretation and intervention categories.

## **Results**

We implemented two levels of data analysis. In the first phase, the comments were transcribed and thematic deductive coding was used to divide the comments into three predefined categories: identification (participant's descriptions of the scene and behaviour of individuals), interpretation (participant's explanatory comments describing why individuals acted in a certain way), and intervention (participant's suggestions for the solving of this situation, comments on teacher's coping behaviour).

Based on a descriptive content analysis of comments, junior student teachers tended to use more evaluative comments regarding both pupil's and teacher's behaviour. They focused their comments rather on the description of the scene than on the interpretation and intervention. Senior student teachers gave more

balanced comments on all three categories. Their descriptions of the scene were more objective, using terminology related to the adlerian model of classroom management (based on the content of the course they were attending at the time of data collection). In both, junior and senior student teachers groups some participants tended to label the behaviour as aggressive, violent, inappropriate or cheeky. The least developed ideas and comments were found in the category of interpretation in both groups.

The second level of analysis was a quantitative analysis of the number and frequency of words used to describe the scene. Word usage was analysed to identify differences in the way how junior and senior student teachers “notice activity and think about the classroom situations presented” (Wolff et al., 2016: 252). Word usage analysis (Table 1) revealed that junior student teachers used fewer words (42 %) to describe the scene than senior student teachers (58 %). The most significant difference between the groups was found in the category of intervention; senior student teachers used 92 % of words in this category. Junior student teachers tended to describe the situation in more detail, but they gave only a few comments on the interpretation and possible solution of the situation. On the other hand, senior student teachers used fewer words to identify the situation and focused more on the interpretation and intervention. The differences in all three categories were tested using chi square test. The differences are significant (identification  $\chi^2 = 58,87$ ,  $DF = 32$ ,  $p < 0,005$ ; interpretation  $\chi^2 = 51,87$ ,  $DF = 12$ ,  $p < 0,001$ ; intervention  $\chi^2 = 72,00$ ,  $DF = 26$ ,  $p < 0,005$ ).

Table 1 Word usage

	Total number of words/average number of words per comment/percentage			
	<i>identification</i>	<i>interpretation</i>	<i>intervention</i>	<i>sum</i>
Junior student teachers (n = 40)	1036 25,90 67%	171 4,28 33%	88 2,20 8%	1295 32,38 42%
Senior student teachers (n = 40)	521 13,03 33%	343 8,58 67%	959 23,98 92%	1823 45,58 58%
SUM (N = 80)	1557 19,46 100%	514 6,43 100%	1047 13,09 100%	3118 38,98 100%

To analyse the frequency of words used to describe the scene we selected only full active verbs, adjectives and substantives. The words of the same stem (e. g. help, helps, helping) were analysed as the same category. General nouns like “teacher”, “pupil” or “children” were excluded from the analysis. The five most





care). The adjectives used to comment on the behaviour, or the situation (*aggressive* or *cheeky*) were less frequent than in a junior group. Senior student teachers used in their comments terminology of adlerian psychology classroom management (*attention*, *power*, *goal*, *consequence*, or *revenge*). These are examples of student teachers' tendency to connect the observed phenomena with the previously acquired knowledge (Figure 3).



Fig. 3. Frequency of words used by senior student teachers

## Discussion

Teaching skills develop over time; teachers learn how to use professional knowledge more efficiently and develop their ability to notice essential segments of behaviour in the classroom. These skills develop not only in the course of teaching practice; they can be trained and developed within pre-gradual teacher training. Similarly to Kierner and Kollar (2017), we identified differences in the description of classroom situation between junior and senior student teachers. The differences cover both content and quantity of words used in scripts. According to Wolff et al. (2016), teaching experience was associated with higher frequency of mental and action word categories used to describe classroom scenes. Word usage, in this case, may reveal the information on thinking, perceptual processing and attention to classroom events (Wolff et al., 2016).

Based on the results of our small scale study there are differences in the reasoning about classroom events among junior and senior student teachers. Similarly to the research of novice and expert teachers (Wolff, Jarodzka, & Boshuizen, 2017), junior student teachers are more focused on the situation context, while senior student teachers pay attention also to its reasons and solutions, or in other words “novices tell what they see, whereas experts extend their telling beyond what is seen” (Wolff, Jarodzka, & Boshuizen, 2017: 305). If

it is a part of teacher training, students tend to implement knowledge of classroom management in their reasoning about classroom scenes, even they do not have practical teaching experiences. That is why, initial teacher training should contain courses related to the classroom management, work with emotions in teaching (see e. g. Jursová Zacharová, 2015) and social interactions (Sokolová, Lemešová, & Jursová Zacharová, 2014).

As far as in both groups the least detailed comments were found in the category of interpretation, we find essential to develop student teachers' ability to understand and interpret behaviours in the classroom. They tend to identify the behaviour and to give solutions without deeper understanding of the behaviour itself and its reasons. Even senior student teachers were able to use course knowledge to interpret the behaviour, their comments in this category were more concise than the comments in the category of description or intervention. Even the length of teaching practice seems to be an important factor influencing professional vision of teachers (Gegenfurtner & Seppänen, 2013; Seidel et al., 2010; Wolff, Jarodzka, & Boshuizen, 2017), we can see certain development also during the initial teacher training. If student teachers are provided with classroom relevant situations and materials, they may learn how to notice and interpret classroom events.

**Study limitations:** The results showed differences in the perception of the same classroom situation among junior and senior student teachers. These differences might be caused by the more advanced professional vision and professional knowledge of senior student teachers. They, however, cannot be interpreted as better skills or competences to solve classroom situations. The intervention strategies in the real classroom are complex actions, and even they are strongly influenced by the teacher's perception of the situation, one cannot predict the effectiveness of the teacher's intervention strategy from his or her description of the situation.

In the further research project, we plan to aggregate data on pre-service and in-service teachers' professional vision, on their personality characteristics and other demographic variables to identify some typical patterns in the perception of the challenging classroom scenes and to develop a more efficient course material in classroom management and discipline for pre-service teachers.

## **Conclusion**

Based on our findings there are both qualitative and quantitative differences in the perception of challenging classroom scene between the beginning (junior) and advanced (senior) student teachers. Junior student teachers were more focused on describing the situation, while senior student teachers showed tendency to interpret the situation and suggest some intervention. These results offer an insight

into changes of the professional vision in the course of teacher training. The complex interpretation of these differences, however, requires further investigation and comparison with experienced in-service teachers.

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# COGNITIVE RESERVE AND COGNITIVE PERFORMANCE IN HEALTHY LATVIAN SENIORS

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**Abstract.** *In the next 30 years, a significant increase of the population aged over 65 is expected (WHO, 2015). Ageing can often be associated with cognitive decline; however, recent research indicates that symptoms of age-related cognitive impairment are modulated by Cognitive Reserve (CR), which derives from level of education, working activity, and social activity (Tucker & Stern, 2011). The role of CR in neurodegenerative disease has been extensively researched, but little is known about its contribution to normal ageing. Fifty-four healthy Latvian seniors were recruited for the study. We assessed simple and complex reaction times, associative memory, memory retrieval, attention, working memory. Furthermore, we quantified their CR. We analysed the relationship between CR and reaction times with two separate logistic regressions. Then, four linear regression models were built to analyse the relationship between CR and the scores on the cognitive tasks. CR was not related to the cognitive performance of healthy Latvian seniors. Such results indicate that CR resources may be mostly required when high-demanding tasks have to be performed.*

**Keywords:** *ageing, cognitive performance, cognitive reserve.*

## Introduction

Ageing has become one of the core issues regarding health and wellbeing, with the World Health Organization (WHO) predicting in next 30 years a significantly increased number of people aged over 65 (WHO, 2015). Ageing produces changes not only in the biological domain, but also in psychological and

social contexts. Such changes sometimes generate a decrease in brain volume (Bherer, Erickson, & Liu-Ambrose, 2013; Colcombe et al., 2003), or declined cognitive functioning (Morra, Zade, McGlinchey, & Milberg, 2016). Previous studies indicate that the most vulnerable cognitive functions in ageing are the executive functions (e.g., inhibition, working memory, cognitive flexibility, updating and shifting) (Boucard et al., 2012; Diamond, 2013), memory encoding, episodic memory (Hedden & Gabrieli, 2004; Reuter-Lorenz & Park, 2010; Salthouse, 2010), and processing speed (Baudouin, Clarys, Vanneste, & Isingrini, 2009).

The ability to overcome neuropathology in ageing by using previously developed cognitive or compensational processes can be modulated by Cognitive reserve (CR) (Stern, 2009). Educational level, working activity, free time and social activities, IQ (Stern, 2009; Tucker & Stern, 2011) and bilingualism (Guzmán-Vélez & Tranel, 2015) are considered proxies of CR. Yaakov Stern has indicated two main mechanisms underlying CR, that is neural reserve and neural compensation. Neural reserve refers to increased efficiency of existing functional neural resources and the ability to overcome the impact of brain damage or pathological cognitive decline (e.g., mild cognitive impairment), while neural compensation can be considered as the ability to recruit new, or additional, functional resources. Neural compensation is associated with the ability to use different neural pathways, either in the presence of neuropathology or while conducting high-demanding cognitive tasks (Steffener, Reuben, Rakitin, & Stern, 2011; Stern, 2009; Tucker & Stern, 2011).

A number of studies have focused on the contribution of CR to mild cognitive impairment (MCI) and Alzheimer's disease (AD). However, research on the relationship between CR and cognitive decline in normal ageing has only recently started and results have been contradictory. A recent meta-analysis conducted by Opdebeeck, Martyr and Clare (2016) has indicated that in healthy seniors there is an association between CR and cognitive performance in memory, executive functions, working memory, visuospatial abilities, language tasks, and with level of IQ. However, there is very little evidence on the relationship between CR and "fluid" cognitive functions (Baltes, 1999), such as processing speed and reaction times (Lavrencic, Churches, & Keage, 2017; Ritchie, Bates, Der, Starr, & Deary, 2013), episodic memory, working memory or executive functions (Thow et al., 2018).

**The aim of this study** is to examine whether level of CR predicts performance of working memory, associative memory, attention and processing speed.

## **Materials and methods**

### ***Participants***

To assess the relevance of cognitive reserve on cognitive functioning, fifty-four healthy Latvian seniors aged from 65 to 85 ( $M = 71.44$ ,  $SD = 4.91$ , 25 % male) were recruited. We adopted inclusion/exclusion criteria on the basis of medical history. Thus, we excluded participants with cardio-vascular diseases, metabolic disorders, pulmonary and respiratory diseases requiring regular inhalator use, ongoing oncological diseases, rheumatic diseases requiring regular medication intake, and mental diseases. Data were obtained during a two-year time span.

### ***Measures***

We acquired demographic data through the *Demographic data questionnaire*, which consists of different questions regarding health and health behaviour of participants, as well as questions regarding their socio-economic status.

The *Montreal Cognitive Assessment (MoCA)* (Nasreddine et al., 2005) was used as a measure of global cognitive score. The MoCA test is an instrument to assess mild cognitive dysfunction and it evaluates different cognitive domains.

We assessed long-term memory retrieval and associative memory with the subtest *Memory for Names* from the *Woodcock-Johnson Test of Cognitive Abilities* (Woodcock, McGrew, & Mather, 2001). Participants were presented with pictures of cartoon-like aliens with their names and then asked to recognise both the picture and the name of each alien.

Working memory was assessed with *Numbers Reversed test*, another subtest from *Woodcock-Johnson Test of Cognitive Abilities*. Participants had to repeat a series of numbers in reverse order (Woodcock, McGrew, & Mather, 2001).

*The Map Test of Everyday Attention* (Robertson, Ward, Ridgeway, & Nimmo-Smith, 1996) was used to measure attention, concentration and information processing speed. Participants were asked to mark on a map as many pictures of a gas station as possible.

Attention and concentration were also assessed with *Visual Matching test* from *Woodcock-Johnson Test of Cognitive Abilities* (Woodcock, McGrew, & Mather, 2001). Participants were presented with a set of rows of 5 numbers, where two of the numbers were identical. They were asked to mark the two identical numbers present in each row. In all Woodcock-Johnson subtests, standardized score was used.

Simple and choice reaction times were measured by two computerized reaction time tasks, that is: (1) simple reaction times task (SRT; participants had to react to a visual stimulus by pressing a button on the keyboard as fast as they could) and (2) choice reaction times task (CRT; participants were asked to detect



the left-or-right position of the same visual stimulus and press the corresponding button on the keyboard; Molotanovs, 2013). A training phase preceded each assessment.

To measure participants' cognitive reserve we used the *Cognitive Reserve Index questionnaire* (CRIq; Nucci, Mapelli, & Mondini, 2012, adapted in Latvian by Šneidere & Harlamova, 2017). The questionnaire is used for a standardized estimation of the cognitive reserve accumulated by individuals through their life, including demographic data and three sections: education, working activity, and leisure time, each of which returned a sub-score.

### ***Procedure***

Participants were recruited via retirement associations and mass media. Data were obtained separately from each participant. Before being asked to take part in the study, the healthy seniors were interviewed by telephone to determine their compliance with the inclusion/exclusion criteria. All participants were right-handed, with good or corrected vision and hearing. Before the assessment, the aims of the study were explained, and the ethical aspects elucidated. Participation was voluntary. Ethical approval was obtained from the Riga Stradiņš University Ethics Committee.

### ***Data analysis***

A null model (i.e., *Model 0*) was built for each dependent variable respectively. All models were built by entering the CRI total score in the null model, then adjusting the test scores for the effect of CRI in a series of regression analyses. In two separate logistic regressions, the mean value of *Simple Reaction Time (SRT; Model 1)* and *Choice Reaction Time (CRT; Model 2)* were considered as dependent variables. Then, four linear regression models were separately built with the CRI total score as predictor and the *Map Test of Everyday Attention (Model 3)*, the *Memory for Names (Model 4)*, the *Visual Matching test (Model 5)* and the *Numbers Reversed Test (Model 6)* as dependent variables.

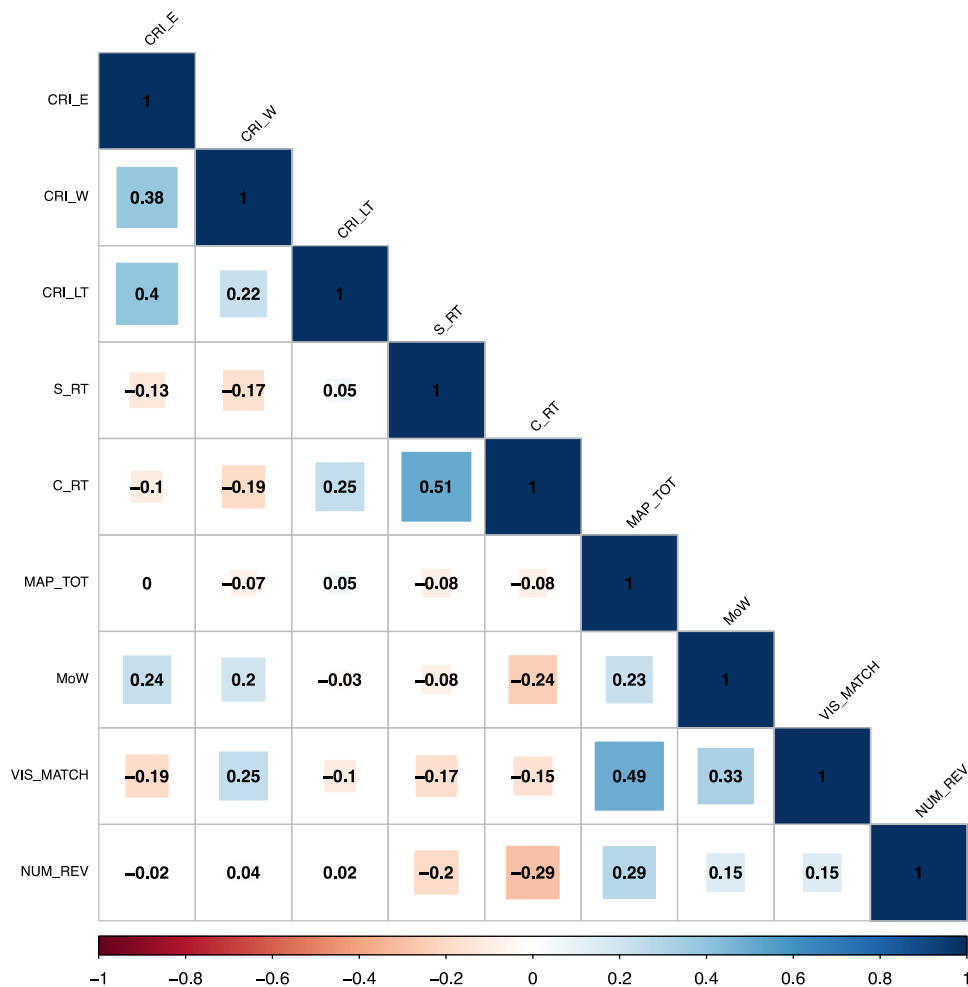
The global cognitive performance of participants (i.e., MoCA score) was entered as dependent variable and the CRI score as independent variable in *Model 7*. Outliers' influence was checked by means of the Cook's distance (Di) (Cook & Weisberg, 1982). Data distribution of each dependent variable was checked before the analyses. The Bayesian Information Criterion (BIC) was used for checking consistency of the models (Neath & Cavanaugh, 2012). The difference between consistency of *Model 0* and consistency of models with CRI as predictor, was calculated by means of delta-BIC ( $\Delta$ BIC), which explains "how many times" the *Model 0* fits the data better than the models with CRI as predictor. Delta-BIC was calculated on each dependent variable. A series of correlations was performed to measure the association between CRI sub-components (i.e. CRI-Education, CRI-WorkingActivity and CRI-LeisureTime; Nucci et al., 2012)

and the dependent variables (see Table 1). All the analyses were performed by using R Software (R Core Team. Version 3.3.1, 2017) and an alpha level of 0.05 was set to determine significance.

### Results

One observation was deleted due to missing values; one observation was deleted due to the presence of influential outliers ( $D_i > 1$ ; Cook & Weisberg, 1982).

Table 1 Correlation matrix



Notes: Explanation of acronyms: CRI\_E – Cognitive Reserve Subindex “Education”, CRI\_W – Cognitive Reserve Subindex “Working Activity”, CRI\_LT – Cognitive Reserve Subindex “Leisure Time”, S\_RT – simple reaction time, C\_RT – choice reaction time, MAP\_TOT – The Map test total score, MoW – Memory of Names task, VS\_MATCH – Visual Matching test, NUM\_REV – the Numbers Reversed test.

In Model 1 and Model 2 (i.e., Simple and Choice RT), adding the CRI as predictor did not produce significant improvement in the fit of the model [ $t_{(52)} = 0.81, p = 0.41$ ;  $t_{(52)} = 0.23, p = 0.78$ ]. In the same way, CRI did not improve the model fit of any cognitive score, compared to their baseline (i.e., Model 0): Map Test (Model 3:  $R^2 = 0.0003, p = 0.89$ ), Memory of Names (Model 4:  $R^2 = 0.032, p = 0.19$ ), Visual Matching (Model 5:  $R^2 = 0.001, p = 0.78$ ), and Numbers Reversed Test (Model 6:  $R^2 = 0.0002, p = 0.9$ ). The Global cognitive score (MoCA) did not show any relationship with the CRI total score (Model 7:  $R^2 = 0.003, p = 0.65$ ).

Each *Model 0* (i.e., the model with no predictors for each dependent variable) generally predicted our data distribution better than the models with CRI as predictor; that is, in the *Simple Reaction Times* task, *Model 0* was 3.9 times better than *Model 1*. For the *Choice Reaction Time* task, *Model 0* was 7.03 times better than *Model 2*. Similar results were found for the *Map Test* ( $\Delta\text{BIC} = 7.28$ ), the *Memory of Names test* ( $\Delta\text{BIC} = 3.02$ ), the *Visual Matching test* ( $\Delta\text{BIC} = 7.07$ ), the *Numbers Reversed test* ( $\Delta\text{BIC} = 7.29$ ) and the *MoCA test* ( $\Delta\text{BIC} = 6.61$ ). Participants with high CRI-Education and CRI-Working Activity were faster in the *Complex Reaction Times* task (see Table 1). Correlations of CRI sub-scores with participants' performance showed a very heterogeneous pattern. Only in the performance on the Numbers Reversed test, participants showed relevant low relationship with all CRI sub-components.

## Discussion

The aim of our study was to examine whether the level of cognitive reserve (CR) can predict performance in working memory, associative memory, attention and processing speed tasks in healthy Latvian older persons. Our main results indicate that CR is not significantly associated with simple reaction times, or with choice reaction times. Similarly, CR was not associated with performance in working memory, associative memory and memory retrieval and attention tasks. Our results might suggest that CR does not modulate specific cognitive performances in this group of healthy seniors. This could be due to the complexity of the tasks. Previous studies (which investigated the relationship between CR and neural reserve) have found that as the complexity of verbal working memory tasks increased participants with high CR presented reduced neural activity and faster time responses. This suggests greater neural efficiency with high CR especially in the elderly (Speer & Soldan, 2015). Similarly, in a study by Gu et al. (2018) in which the effect of CR on brain activation in MCI patients and healthy seniors was investigated, healthy seniors with higher CR showed lower task-related activity.

The above-mentioned studies confirm the results found by Ansado et al. (2013), who examined both neural compensation and neural reserve in attention and in speediness tasks. Participants were divided into two age groups (i.e., younger adults and older adults). In high-demanding tasks, older adults had similar results to the younger participants. However, in a low-demanding task the younger group was significantly faster than the older group.

While objective measures in pathological ageing indicate the beneficial role of CR, the relationship between cognitive performance and CR in healthy people is less clear. A meta-analysis conducted by Opdebeek and colleagues (Opdebeek et al., 2016) indicated that there are specific cognitive processes that might be related either to a composite score for CR, or to specific CR proxies (e.g., education, working activity or social activity). Furthermore, it has been found that CR is associated with working memory, verbal memory, executive functions, verbal fluency and verbal interference tasks (Lavrencic, Churches, & Keage, 2017), but no relationship has been shown between processing speed and CR. Such results only partially support our findings. This can be due to the use of proxies of CR (e.g., education) instead of specific measures of CR components. Instead, we adopted a composite measure of CR (CRIq; Nucci et al., 2012).

The present study has some limitations. First, the sample was rather small; second, an objective measure (e.g., measurement of event-related potentials during cognitive performance) was not included. In the future, research should be longitudinal in order to measure not only cognitive performance, but also its decline.

### **Conclusion**

The present study indicates that CR might not be beneficial in tasks measuring simple and choice reaction times, working memory, associative memory and attention in healthy seniors. While previous research confirms a relationship between CR and the later onset of symptoms of neurodegeneration, we suggest that in healthy ageing CR might be beneficial only in very high-demanding tasks.

As already said, the applicability of the data is limited by the sample size and lack of objective measures. To adequately measure the relationship between CR and normal age-related decline in cognitive functioning, a longitudinal research would be beneficial.

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# DEMENCES PACIENTU PSIHOLOĢISKĀS VAJADZĪBAS SOCIĀLĀS APRŪPES IESTĀDĒ: KVALITATĪVS PĒTĪJUMS

## *Psychological Needs of Dementia Patients in Social Care Institution: A Qualitative Study*

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**Abstract.** *Psychological needs are present in all human beings, but are likely to be heightened for people with dementia because they are usually more vulnerable and less likely to be able to take action to satisfy these needs. The open, unstructured interviews of six patients with dementia were performed with the aim of clarifying their psychological needs in the social care institution. Key themes, derived from interviews: the need for emotional support; the need to maintain autonomy and independence; the need for dignified attitude; the need to participate in decision making and control their lives; the need to preserve the sense of identity; the need to engage in meaningful activities. One expert - social rehabilitator – was interviewed to find out, in which areas dementia patients need psychological support. The expert interview discovered the following themes: dignified attitude; emotional support; meaningful activities; the sense of identity. Increased competence of understanding psychological needs and how those needs can be met, are essential for delivering high-quality care for persons with dementia living in social care institutions.*

**Keywords:** *dementia, psychological needs, social care institution, qualitative study.*

### **Ievads**

#### **Introduction**

Demences pacientu vajadzību noskaidrošana ir svarīgs elements, lai varētu piedāvāt viņiem kvalitatīvu aprūpi. Šajā kontekstā individuālo vajadzību apmierināšana identificēta kā viens no šo pacientu aprūpes kvalitātes pamata elementiem (Orrell & Hancock, 2004). Demences pacientu vajadzības var noskaidrot gan no viņu aprūpē iesaistīto personu viedokļa, gan veicot individuālas intervijas ar pašiem pacientiem (Bradbury-Jones et al., 2009). Intervijas dod iespēju gūt dziļāku izpratni par pacienta subjektīvajām vajadzībām un precīzāk tās identificēt. Savukārt, vajadzību apmierināšanas rezultātā samazinās pacientu uzvedības un psiholoģiskie simptomi, un uzlabojas viņu dzīves kvalitāte (Soderlund et al., 2016). Pēdējos gados ir palielinājusies demences pacientu līdzdalība pētniecībā, jo pētnieki uzskata, ka svarīgi iegūt

pacientu subjektīvo pieredzi par to, kāda ir dzīve ar demenci (Von Kutzleben et al., 2012). Neskatoties uz to, ka demences pacientiem var rasties grūtības atbildēt uz jautājumiem, kas attiecas uz viņu intelektuālajām spējām, savas jūtas un pieredzi viņi tomēr spēj izteikt (Moore & Hollett, 2003).

### **Demences pacientu psiholoģiskās vajadzības** *Psychological needs of dementia patients*

Demences pacientu vajadzības nav atšķirīgas no citu cilvēku vajadzībām (Cohen-Mansfield et al., 2015) un to noskaidrošana dotu iespēju veiksmīgākai šo cilvēku iesaistīšanai aktivitātēs, jo bieži vairums aprūpes centrā dzīvojošu demences pacientu nepiedalās aktivitātēs vai piedalās neregulāri tikai dažās no tām (Buettner & Fitzsimmons, 2003). Pētniece Koena-Mensfilda ar kolēģiem (Cohen-Mansfield et al., 2015) apgalvo, ka demences pacientu uzvedības izpausmes varētu būt kā atbilde uz neapmierinātām vajadzībām, nevis slimības simptomi. Iespējams, ka no šādas situācijas varētu izvairīties, ja vajadzības tiktu rūpīgāk noskaidrotas (Cohen-Mansfield et al., 2015). Tā kā demences pacienti pakāpeniski zaudē savas izziņas un fiziskās spējas, nespēj darboties patstāvīgi, un arī ne vienmēr ir spējīgi informēt apkārtējos par savām vajadzībām, tad šiem cilvēkiem ir nepieciešama lielāka palīdzību gan to identificēšanā, gan apmierināšanā, jo, pretējā gadījumā, viņu dzīves kvalitāte var tikt negatīvi ietekmēta (NIA, 2017).

Izmantot uz pacientu orientētu komunikāciju un, veicot pacientu subjektīvās pieredzes apkopojumu, iespējams indentificēt vajadzības un grūtības, kas ilgstošas sociālās aprūpes iestādēs ievietotajiem demences pacientiem izpaužas kā: nepietiekoša pašapzināšanās; grūtības pieņemt savu saslimšanu; stigmatizācijas draudu izjūta (Von Kutzleben et al., 2012); vientulības izjūta (Twenge & Im, 2007); jēgas trūkums un ierobežotas iespējas piedalīties lēmumu, kas attiecas un viņu dzīvi, pieņemšanā (Choi et al., 2008). Kontroles trūkums pār savu dzīvi rada šiem pacientiem bezspēcības sajūtu, un demences pacienti šajā ziņā ir īpaši neaizsargāti, jo viņiem nepieciešams būtisks atbalsts no aprūpes personāla (Van Malderen et al., 2013). Pētījumi par demences pacientiem, kuri dzīvo sociālās aprūpes iestādēs, identificē sekojošas viņu psiholoģiskās vajadzības: emocionālais atbalsts (personāls, tuvinieki, nozīmīgi apkārtējie); cieņpilna attieksme no apkārtējo puses, autonomija un privātums, reliģijas vajadzības (Moyle et al., 2015); vajadzība saglabāt savu identitāti un uzturēt jēgpilnu dzīvi (van Gennip et al., 2016).

Darbā ar demences pacientiem svarīgi fokusēt uzmanību ne tikai uz viņu fizisko veselību, bet pievērst uzmanību arī šo cilvēku starppersonu kontaktiem (van Gennip et al., 2016), jo viņiem ļoti svarīgi ir veidot draudzīgas attiecības ar apkārtējiem (Scholl & Sabat, 2009). Piemēram, samazināta sociālā mijiedarbība



var būt nevis slimības simptoms, bet tiešs rezultāts tam, ka pret šiem pacientiem izturas negatīvi (ģimenes locekļi, aprūpes personāls), (Scholl & Sabat, 2009).

Kvalitatīvajos pētījumos, uzklusot šo pacientu stāstīto, ir iespējams identificēt viņu vajadzības un vērtības, stiprināt autonomiju (Feinberg & Whitlatch, 2001) un apliecināt cieņu pret viņiem kā pret personībām (Moore & Hollett, 2003).

**Pētījuma mērķis:** noskaidrot demences pacientu psiholoģiskās vajadzības sociālās aprūpes iestādē.

## Metode

### Method

**Pētījuma dizains.** Kvalitatīvs pētījums. Atvērtās, nestrukturētās intervijas. Intervijas ierakstītas audio lentā un pēc tam transkribētas. Iegūtajam materiālam veikta deduktīvā kvalitatīvā kontentanalīze. Balstoties uz literatūras apskatu, no iegūtajiem datiem izveidota strukturēta kategoriju matrica, izdalot tikai tos fragmentus, kas atbilst jau noteiktajām kategorijām (Elo & Kyngäs, 2007).

**Pētījuma dalībnieki.** 6 demences pacienti no valsts sociālās aprūpes centra Latvijā. Konkrētās iestādes izvēle pamatojas tajā, ka pētījuma autore jau 11 gadus tur strādā par psihologu. Pacientu iekļaušanas kritēriji: demences diagnoze; pastāvīgi dzīvo aprūpes iestādē; ārstējošā psihiatra atļauja iekļaut pētījumā; spēj sazināties latviešu valodā; parakstījuši informētās piekrišanas veidlapu. Pacientu vidējais vecums 72 gadi (2 vīrieši, 4 sievietes); uzturēšanās ilgums aprūpes iestādē no 1 līdz 22 gadiem; izglītība – pamatizglītība (2), vidējā speciālā (4).

Intervēts viens eksperts - sociālais rehabilitētājs. Konkrētā eksperta izvēle pamatojas tajā, ka šis speciālists ir iestādes, kurā tiek veikts pētījums, starpprofesionāļu komandas loceklis, un ikdienā strādā ar demences pacientiem.

**Procedūra.** Katrs pētījuma dalībnieks sākumā parakstīja informētās piekrišanas veidlapu un notika vienošanās par viņam piemērotu intervijas laiku. Intervijas tika ievāktas 2017. gadā, laika periodā no 15. – 20. decembrim. Katrs dalībnieks sniedza vienu individuālu interviju (30 – 50 minūtes). Intervijas norises vieta aprūpes iestādes telpas, psihologa kabinets, un to vadīja šī pētījuma autore. Kā galvenie jautājumi pacientiem: *Pastāstiet, lūdzu, sīkāk par savu dzīvi aprūpes iestādē. Kas Jūs apmierina/neapmierina? Kādu atbalstu saņemat? Kas vēl pietrūkst?* Kā galvenais jautājums ekspertam: *Kāds, no Jūsu kā eksperta viedokļa, būtu nepieciešamais psiholoģiskais atbalsts demences pacientiem, lai uzlabotu viņu dzīves kvalitāti sociālās aprūpes iestādē?* Lai nodrošinātu iegūto datu anonimitāti, pētījuma dalībnieku vārdi tika kodēti.

Pētījuma veikšanai saņemta Rīgas Stradiņa universitātes Ētikas komitejas atļauja.

## Rezultāti un diskusija *Results and discussion*

Nodaļā izklāstīti eksperta un demences pacientu interviju kontentanalīzes rezultāti un diskusija.

**Vajadzība saglabāt identitātes izjūtu** - 6 pacienti no 6 uzsvēra to, ka viņi izjūt vajadzību atcerēties savu dzīvi, dalīties ar savas biogrāfijas notikumiem, pagātnes pieredzi.

„BR: *Tētiņš ilgi nodzīvoja; mamma, tā bija nejauka, mani sita; sākumā strādāju kolhozā. ZA: Piedzimu mammai kūtī, pie gotiņām; esmu kristīta baznīcā, ūdeni uz galvas lēja. AN: Lopkopēja biju jaunībā ilgus gadus; tagad tur dzīvo citi un manu vareno ābeli nozāģējuši. RI: Kādreiz strādāju pie lopiem, vajadzēja mammai palīdzēt...nest sienu, slaukt, ravēt. PE: Es ar kājām slimnīcā gulēju; man bija dzīvoklis; pus Latvijas esmu izbraukājis. VO: Pēc profesijas biju traktorists; man jau dzīvē ar tām sievietēm vienmēr neveicās; bija arī kāda iedzeršana”.*

**Eksperta satura vienības** arī apstiprina šo demences pacientu vajadzību: „patīk runāt; pat koridorī sastaps un uzrunās tevi; būtu ļoti gari dialogi; stāsta, kur strādājis”.

Stāsti demences pacientiem ietver saglabātus aspektus no dažādām viņu dzīves identitātēm (loma darbā, ģimenes attiecības, konkrētas intereses utt.) un palīdz izjust dzīves jēgpilnumu un saglabāt identitātes izjūtu (van Gennip et al., 2016), jo jāņem vērā, ka kognitīvajām spējām demences gadījumā ir tendence samazināties (Scholl & Sabat, 2009).

**Emocionālā atbalsta vajadzība** - 6 pacienti no 6 uzsvēra to, ka viņiem ir svarīga pozitīva un atbalstoša saikne ar tuviniekiem, aprūpes personālu un arī citiem iestādē dzīvojošiem pacientiem; svarīgi veidot draudzīgas attiecības, justies pieņemtam un cienītam.

“BR: *Māsa nupat bija pie manis ciemos. AN: Draudzene tepat...viņa arī ēd virtuvītē...mēs viena otru tad varam redzēt visu laiku; aizbrauc laukos un tur zina visu to, kas tev patīk; meita visu bija nopirkusi, cienasts bija, garšīgi bija; mazdēli atbrauc. RI: Patīk runāties ar citiem; nekad neatsaku...palīdzu; ar visiem atklāta; ir te cilvēki, skumīgi nav. PE: Visas māsiņas (medmāsas) laipnas; pie māsas aizbraucu; otrs brālis mani pie māsas ved, tas labs; kad biju bērns, par PE (pamazināmā formā) neviens nesauca, bet tagad visi sauc, tas ir tā mīli. VO: Istabīnā viens tāds, ar kuru varu parunāt...kopā skatāmies TV, runājam, atceramies; kursabiedrs atbrauc”.*

**Eksperta satura vienības**, kas apstiprina pacienta vajadzību: „Viņai ļoti patīk komunicēt; vienmēr pozitīvi atņem sveicienus; gribas runāties...atverās; bēdu vienmēr grib izsūdzēt; katru rītu prasa, vai nākošā dienā es atkal būšu; viņš jau mani meklē”.

Demences pacientiem svarīgi veidot draudzīgas attiecības, jo viņiem nepieciešams emocionāls atbalsts (Scholl & Sabat, 2009), ko var nodrošināt pozitīva attieksme no apkārtējo puses (personāls, tuvinieki, citas nozīmīgas personas). Emocionāla atbalsta vajadzības apmierināšana dod iespēju mazināt vientulības izjūtu, jo šie cilvēki ļoti bieži jūtās vientuļi, pamesti un nevienam nevajadzīgi (Twenge & Im, 2007). Vientulības izjūta ir arī viens būtiskākajiem faktoriem, kas ietekmē viņu uzvedību (Catanese & Tice, 2005; Gardner et al., 2005; Twenge & Im, 2007).

**Vajadzība saglabāt autonomiju un neatkarību** - 3 pacienti no 6 uzsvēra to, ka pieaugošu atkarību no citiem rada gan grūtības izdarīt savu izvēli, gan fiziski šķēršļi (spēja pārvietoties patstāvīgi; telpu izvietojums un pieejamība), kā arī personāla izturēšanās, uzskatot, ka pacients pats nav spējīgs izdarīt vai dara pārāk lēni.

*“BR: Nav man jāpalīdz, pati tieku galā. AN: Man pateica „velc mugurā, nav jātaupa”, es jau negribēju gan, bet ko darīsi, jāvelk bija, jo tās (citu apģērbu) nodeva mazgāšanā... es taču pati varu saģērbties, gultiņu uztaisīt. VO: Pats nekur nevari, jo zāle, bibliotēka, darbnīca atrodas kur kurā...jābrauc ar liftu”.*

Neatkarības zaudēšana un pieaugoša atkarība no citiem demences pacientiem saistīta, galvenokārt, ar kognitīvās sfēras traucējumu izraisītajiem ierobežojumiem, un tā rezultātā viņi izjūt ietekmi uz savu neatkarību (Van Malderen et al., 2013).

**Vajadzība pēc cieņpilnas attieksmes** - 3 pacienti no 6 uzsvēra to, ka izturēšanās, kas aizskar personisko cieņu, ir novērojama gan no citu pacientu, gan aprūpes personāla puses.

*“AN: Viņi (radi) mani neņem par pilnu. PE: Viena darbiniece sāka lamāt rupjiem vārdiem; kādreiz nevainīgu sabar, jācieš ir viss; kad dienēju...man uzticējās; viņš bija iesācis mani mēdīt...es vairs nevarēju iet televizoru skatīties. VO: Aprūpētāja ir neapmierināta, ka man skapī vecas avīzes glabājas, bet man tas ir svarīgi; instrumenti vairs nestāv pie manis; kā nāk ģenerāltīrīšana, tā visu noņem”.*

**Eksperta satura vienības** apstiprina pacientu teikto: *“Es atradu viņai pieeju, kā komunicēt ... kundze ... viņai ļoti patīk kundze ... tagad es ar viņu pasveicinātos; ļoti gudrs cilvēks ... viņam patīk piedalīties viktorīnās”.*

Demence samazina personiskās cieņas izjūtu un tās smazināšanās intensitāti būtiski ietekmē sociālais konteksts, kurā indivīds atrodas. Tāpēc svarīgi fokusēt uzmanību ne tikai uz demences pacientu fizisko veselību, bet pievērst uzmanību arī viņu starppersonu kontaktu kvalitātei ar apkārtējiem, lai nepieciešamības gadījumā sniegtu atbalstu un palīdzētu uzlabot šo cilvēku sociālo mijiedarbību ar apkārtējiem (van Gennip et al., 2016).

**Vajadzība piedalīties lēmumu pieņemšanā un kontrolēt savu dzīvi** - 6 pacienti no 6 uzsvēra to, ka iestādē ir strikti noteikumi, kuriem jāpakļaujas. Pacientu individuālās vajadzības nav pietiekoši izziņātas un, tādējādi, arī netiek apmierinātas. Neatkarīgi no pacienta interesēm un vēlmēm, viņam ir jāpielāgojas kārtībai, ko nosaka aprūpes personāls. Medikamentu lietošana būtiski ierobežo pārvietošanās brīvību, ko būtu vēlams nodrošināt vismaz ar atbalsta personāla palīdzību.

*BR: Mani vienu pašu nekur nelaiž, jo dzeru zāles; radio arī nedrīkst slēgt, jo visas gul; es pasēdētu varbūt uz krēsliņā, ja man būtu tāds, kā jums te; gribētu sēdēt un adīt, bet man nav adatu. ZA: Gribētu spēlēt dambreti...nav kauliņu; uzliek mums tur kanālu (TV) un skatāmies visas. AN: Meita negribēja, ka citi radi apmeklē; šorīt jauki gulēju, bet ceļ augšā...jāceļas augšā...visi jau uzcēlušies. RI: Padarām, ko liek un viņa (aprūpētāja) apskatās, labi vai slikti, un pasaka; ko liek, to daru, tad viss ir kārtībā. PE: Gribēju aiziet uz kapiem...nepalaida, ka es zāles lietoju. VO: Gribētos dzīvot vismaz divatā, bet nevar jau izvēlēties”.*

Demences pacienti pakāpeniski zaudē savas izziņas un fiziskās spējas un kļūst arvien atkarīgāki no apkārtējo atbalsta, kas rada bezspēcības sajūtu (Van Malderen et al., 2013). Tomēr tas nenozīmē, ka šos cilvēkus vajadzētu izslēgt no lēmumu pieņemšanas procesa, jo viņi spēj izteikt to, kas ir svarīgi viņu dzīves kvalitātei (Katsuno, 2003).

**Vajadzība iesaistīties jēgpilnās aktivitātēs** - 6 pacienti no 6 uzsvēra to, ka viņi izjūt vajadzību uzturēt jēgpilnu dzīvi, nodarbojoties ar lietām, kas atbilst viņu interesēm un funkcionēšanas līmenim. Pacientiem svarīgi izjust savu noderīgumu; uzturēt un apzināties savas spējas un prasmes, saņemot pozitīvu apstiprinājumu no apkārtējiem un individualizētu pieeju.

*„BR: Es pat pirkstaiņus māku noadīt. ZA: Kādreiz labi spēlēju dambreti... kustos visu laiku, lai arī tas ir staigulis. AN: Biju devītās piecgades uzvarētāja. RI: Protu latviski un pat krieviski; darbinieki izturās kā pret cilvēku, jo es palīdzu darbos. PE: Pusbibliotēku esmu izlasījis, ne tā kā citi; patīk spēlēt dambreti...braukāju pa sacensībām; žurnālus lasu, pastaigājos; ir radioaparāts...mīlu dziesmas klausīties; uz koncertiem eju. VO: Gribētos tos instrumentus dabūt atpakaļ...protu šo to paķimerēt... teātrī piedalos, lasu mīklas, dziedu”.*

**Eksperta satura vienības** apstiprina demences pacientiem nepieciešamo individuālo pieeju un vajadzību iesaistīties jēgpilnās darbībās: „Grūti iesaistāma jebkurā aktivitātē...tikai pareizā pieeja...tagad es ar viņu pasveicinos; ar daudz ko neapmierināts...vienmēr iebilst, apstrīd...tu pieej no visām pusēm; aizej un nomierini...var viņu šādi iesaistīt; novēroju viņus; pastāvīgi gāju katru dienu, to gadu, to posmu es gāju; visi vēlas to individuālo (pieeju)...tieši ar viņa problēmu... lasa daudz avīzes un grib parunāt; iesaistās galda spēlēs, kaut arī švaki kustās... viņam patīk piedalīties viktorīnās”.

Jēgpilnas darbības veicina sociālo mijiedarbību; stiprina demences pacientu noderīguma un identitātes izjūtu, paaugstina pašvērtējumu (van Gennip et al., 2016).

### **Secinājumi** **Conslusions**

No iegūtajiem pētījuma rezultātiem var secināt, ka demences pacientu, kuri dzīvo sociālās aprūpes iestādē, psiholoģisko vajadzību identificēšanai ir piemērots kvalitatīvs pētījuma dizains, un atvērtas, nestrukturētas intervijas. Demences pacientu intervijas atklāj, ka, dzīvojot sociālās aprūpes iestādē, šie cilvēki izjūt tādas psiholoģiskās vajadzības kā: vajadzība saglabāt identitātes izjūtu; emocionālā atbalsta vajadzība; vajadzība saglabāt autonomiju un neatkarību; vajadzība pēc cieņpilnas attieksmes; vajadzība piedalīties lēmumu pieņemšanā un kontrolēt savu dzīvi; vajadzība iesaistīties jēgpilnās aktivitātēs. Eksperts - sociālais rehabilitētājs - savā intervijā izdala tādas demences pacientu psiholoģiskās vajadzības kā: vajadzība pēc cieņpilnas attieksmes; emocionālā atbalsta vajadzība; vajadzība iesaistīties jēgpilnās aktivitātēs un vajadzība saglabāt identitātes izjūtu.

Kā pētījuma ierobežojums uzskatāms mazs izlases apjoms un tikai viena eksperta piesaistīšana. Par ierobežojumu var uzskatīt arī atšķirīgo intervēto demences pacientu uzturēšanās laiku sociālās aprūpes centrā (no 1 līdz 22 gadi). Izpētē izmantota tikai viena metode – intervija, ko arī var uzskatīt par pētījuma ierobežojumu.

Uz pētījuma stiprajām pusēm var attiecināt faktu, ka iegūtie dati sniedz pašu demences pacientu subjektīvo viedokli par viņu vajadzībām un, savukārt, piesaistītais eksperts nodrošina iegūto datu triangulāciju. Tā kā demences pacienti ir īpaši neaizsargāti informatori, tad pētnieka uzdevums, lai nodrošinātu iegūto datu ticamību, ir veidot uzticības pilnu vidi intervijas situācijā. Šajā gadījumā tas tika nodrošināts, jo pētījuma autore ilgstoši strādā aprūpes centrā un iesaistītie pacienti viņu labi pazīst. Tas pats attiecas arī uz piesaistīto ekspertu, kurš ikdienā strādā ar šiem pacientiem. Iegūtie rezultāti būs par pamatu lielākam pētījumam par atbilstošas psiholoģiskā atbalsta programmas izveidi un aprobāciju demences pacientiem sociālās aprūpes iestādē ar mērķi uzlabot šo pacientu dzīves kvalitāti.

### **Summary**

People with dementia in care homes have multiple psychological needs and unmet needs can lead to decreased quality of life and increased costs of care (Mozley et al., 2004).

The aim of this study was to identify the psychological needs of dementia patients in social care institution. The sample consisted of 6 dementia patients from the social care

institution in Latvia, where author of the research is working as a psychologist for already 11 years. Each participant was interviewed, used individual open, unstructured interview (30 - 50 minutes). The main questions asked to patients: Please, tell me more about your life here. What satisfied/dissatisfied you? What support do you get? What's missing? The main question asked to expert: What is your opinion about psychological support needed for dementia patients in order to improve their quality of life in a social care institution? To ensure the anonymity of the data obtained, the names of the participants in the study were coded.

To summarize the implications of the findings in this study, the following aspects are important. Dementia patients feel loneliness and need emotional support; they need to communicate and tell stories about their lives, because they feel the need to maintain identity; they feel loss of independence and increasing dependence on others, because of lack of control and limited opportunities to participate in decision-making; they need appropriate support resources and engagement in meaningful activities; they need dignified attitude from the others, because recognize cognitive decline problems. The expert's interview confirms that dementia patients feel loneliness and need dignified attitude; they need to communicate and get emotional support from the others; they feel the need to be engaged in meaningful activities and preserve the sense of identity.

This research confirms, that in order to identify psychological needs of dementia patients living in a social care institution, qualitative research design and open, unstructured interviews are appropriate method. The finding of this study might be limited by the sample size and the fact, that only one expert was involved. Strengths of the research: the findings provide important information about psychological needs of dementia patients in social care institution through the use of an appropriate method, ensuring the rigor of data collection and analysis, and presenting the data from the patients' perspective. The expert interview providing triangulation of obtained data. The results will be the basis for a larger study on the development and approbation of an appropriate psychological support program for dementia patients in a social care institution with the aim of improving the quality of life of these patients.

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## MORĀLĀS ATTĪSTĪBAS PSIHOLOĢISKIE ASPEKTI: VĒSTURE UN AKTUĀLIE PĒTĪJUMI

### *Psychological Aspects of Moral Development: History and Recent Studies*

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**Abstract.** *The aim of the study is to analyse psychological aspects of moral development by assessing studies on cognitive rational theory, as well as to learn about the most recent studies on the socially intuitive and evolutionary paradigm of morality. The study analyses the views of Piaget, Kohlberg, Lind, Shweder, Haidt, Joseph, Hamlin, Wynn, Bloom and others on cultural differences of the content of morality, process and mechanisms of moral development, as well as endogenous and environmental factors affecting development. The study led to conclusion that general understanding about morality is innate to a human being and that morality is the core of personality, which helps people to work and live together in a community.*  
**Keywords:** *moral development, moral foundations, moral intuition, moral reasoning.*

### **Ievads**

#### ***Introduction***

2015. gada 18. jūnijā Saeima pieņēma grozījumus Izglītības likumā, nosakot, ka izglītības sistēma nodrošina izglītojamā tikumisko audzināšanu, kas atbilst Satversmē ietvertajām un aizsargātajām vērtībām. Attiecīgie priekšlikumi sabiedrībā izraisīja plašas diskusijas politiķu, pedagogu un vecāku vidū. Taču ne pirms Izglītības likumu grozījumiem, ne arī pēc to pieņemšanas un diskusijām sabiedrībā nesevoja zinātniski pamatotas un argumentētas diskusijas par morāles sociālo funkciju, morāles izpratnes politiski kulturālo atšķirību un bērnu morālās attīstības jautājumiem. Dotā teorētiskā pētījuma mērķis ir apkopot dažādu psiholoģijas pētniecisko paradigmu – kognitīvi racionālās un sociāli intuitīvās pieejas ietvaros veikto pētījumu atziņas, lai skaidrotu morālās attīstības faktorus un mehānismus un pilnveidotu izpratni par cilvēka morālo funkcionēšanu, kā analizētu sociāli psiholoģiskos faktorus, kas ir atšķirīgo uzskatu par tikumiskās audzināšanas saturu un mērķiem pamatā.

## Kognitīvi racionālā pieeja morālās attīstības izpētē *Rational-Cognitive Approach to Studies on Moral Development*

Kognitīvi racionālā pieeja psiholoģiskajā morāles izpētē bija raksturīga 20. gs. 30.– 80. g, kad īpaša uzmanība tika pievērsta kognitīvo procesu pētīšanai un to saistībai ar citiem psihiskajiem procesiem un uzvedību. Šī pieeja uzsvēra morāles un kognitīvo procesu ciešo saistību morāles attīstībā, morālo lēmumu pieņemšanā un uzvedībā.

Bērnu kognitīvās attīstības pētnieks Piažē (Piaget, 1932/1965), par morālās attīstības pamatu pieņēmis noteiktu kognitīvo spēju attīstības līmeni un uzskatījis, ka indivīda morālie spriedumi atspoguļo ne tik daudz to, ko viņam ir iemācījuši vecāki vai sabiedrība, bet gan viņa paša ģenētiski noteikto kognitīvās attīstības līmeni. Saskaņā ar Piažē pētījumiem, morālā attīstība virzās no heteronomās morāles stadijas, kurā morāles normas tiek izjustas kā dotas no ārpuses, uz autonomās morāles stadiju, kurā morālie principi ir interiorizēti un integrēti indivīda apziņā.

Kolbergs (Kohlberg, 1968/1995), turpinot Piažē pētījumus un paplašinot pētījuma dalībnieku vecumposmu robežas, morālajā attīstībā izdalījis trīs līmeņus, katru līmeni sadalot divās stadijās, tādējādi iegūstot sešu stadiju modeli (sk. 1. tabulu).

1.tab. Kolbera morālās attīstības modelis  
*Table 1 Kohlberg's theory of moral development*

<b>Pirmskonvencionālā morāle</b>
1. Morāles normas ievēro, lai izvairītos no soda.
2. Morāles normas ievēro, lai iegūtu izdevīgumu un atalgojumu.
<b>Konvencionālā morāle</b>
3. Morāles normas ievēro, lai izvairītos no nopēluma un iegūtu atzinību.
4. Morāles normas ievēro, lai sabiedrībā valdītu likumība un kārtība.
<b>Pēckonvencionālā morāle</b>
5. Ievēro demokrātiskus, brīvi izvēlētos principus un uz to pamata uzņemtās saistības.
6. Savu rīcību balsta uz katra cilvēka cieņas atzišanu un universāliem morāles, taisnīguma, saprāta un loģikas principiem.

Kolbergs (Kohlberg & Kramer, 1969/1995) uzskatīja, ka jebkuras kultūras cilvēki iziet šīs stadijas nemainīgā secībā, atšķirība pastāv vienīgi stadiju maiņas ātrumā. Līdz deviņu gadu vecumam lielākais bērnu vairums atrodas pirmskonvencionālajā attīstības līmenī, pusaudža gados sāk dominēt konvencionālā morāle, kas ir pārsvarā lielākajai daļai pieaugušo. Tikai neliela daļa pieaugušo sasniedz postkonvencionālo morāles attīstības līmeni. Kolberga

pētījumi atklāj, ka vairums cilvēku tikumiskajā attīstībā apstājas aptuveni 25 gadu vecumā un ka daudzi cilvēki pēdējās stadijas nemaz nesasniedz.

Linds (Lind, 1978b, 2002, 2008) pilnveidojot un attīstot Piažē un Kolberga teorētiskās koncepcijas, ir izveidojis morālās spriešanas divu aspektu teoriju (*dual-aspect theory*), kurā izdala divus neatkarīgus morāles aspektus: *afektīvo*, kas atklājas Kolberga morālās attīstības sešu stadiju modeli un ietver sevī morālās normas, attieksmes pret tām un morālās rīcības motivāciju; un *kognitīvo*, ko veido morālās spriešanas formālā puse, tās konsekvence un struktūra, ko atklāj Piažē morālās autonomijas fāze.

Linds uzskata, ka noteicošās morālajā attīstībā morālās spriešanas spējas (*moralische Urteilsfaigkeit, moral competence*), kas izpaužas caur spējam atpazīt un pielietot morāles principus konkrētās dzīves situācijās, kā arī izdarīt izvēli, pamatojoties uz morāles principiem, nevis personīgo izdevīgumu vai vēlmi pieskaņoties citu cilvēku viedoklim. Linds uzskata, ka morālās spriešanas spējas ir iespējams pilnveidot, taču tās var arī stagnēt un pat regresēt, ja tās netiek attīstītas un lietotas morālo problēmu risināšanā. Tādēļ ir svarīgi noskaidrot faktorus, kas sekmē vai tieši otrādi kavē morālās spriešanas attīstību.

Lai gan Kolbergs un līdzstrādnieki (Kuhn, Langer, Kohlberg, & Haan, 1977) uzskatījuši kognitīvo attīstību par būtiski nepieciešamu faktoru morālajā attīstībā, viņa uzskati par morālās spriešanas attīstības mehānismiem ir pretēji: morālās spriešanas spējas attīstās un mainās nevis spekulatīvu pārdomu rezultātā, pieredzes rezultātā. Kolbergs (Kohlberg, 1976/1995) aprakstījis trīs sociālo faktoru grupas, kas stimulē morālo attīstību gan bērna vecumā, gan arī vēlāk, – attīstoša sociālā vide, līdzdalības iespējas un kognitīvi morālais konflikts. Īpaša nozīme saskaņā ar Kolberga (Kohlberg & Kramer, 1969/1995) un Linda (Lind, 2002, 2003) veiktajiem pētījumiem morālās spriešanas attīstībā ir izglītībai, jo atbildības pieredze bez izglītības pieredzes nenodrošina uz principiem balstītas morālās spriešanas attīstību. Izglītības kvantitāte un kvalitāte ir galvenais faktors, kas sekmē morālās spriešanas attīstību, neviens cits faktors nav parādījis līdzīgu ietekmi (Kohlberg, 1984; Lind, 2002; Pascarella, 1991; Rest, 1991; Schläfli, Rest, & Thoma, 1985).

Linds (Lind, 2002, 2003, 2006, 2008, 2011) uzskata, ka vislabākais veids, kā attīstīt morālo spriešanu, ir morāli labvēlīga vide izglītības iestādēs, iespēja gūt morāli nozīmīgu pieredzi ikdienā, uzņemoties dažādus sociāli nozīmīgus pienākumus un sociālās lomas, līdzdarboties lēmumu pieņemšanā, saņemot pedagogu un vienaudžu atbalstu, Īpaša loma ir noteiktu pedagoģisko metožu, piemēram, morālo dilemmu diskusiju, kurās tiek izvērtēta pretējo pušu pausto argumentu morālo kvalitāte, izmantošana mācību nodarbībās. Savos darbos Linds (Lind 2002, 2003) uzsver, ka mūsdienu plurālistiskajā sabiedrībā, kurā cilvēkam nemitīgi jāsasaras ar dažādu kultūru un sociālo grupu pārstāvjiem un dažādiem, no paša pārlicēģas atšķirīgiem viedokļiem, morālās spriešanas spēju attīstīšanai

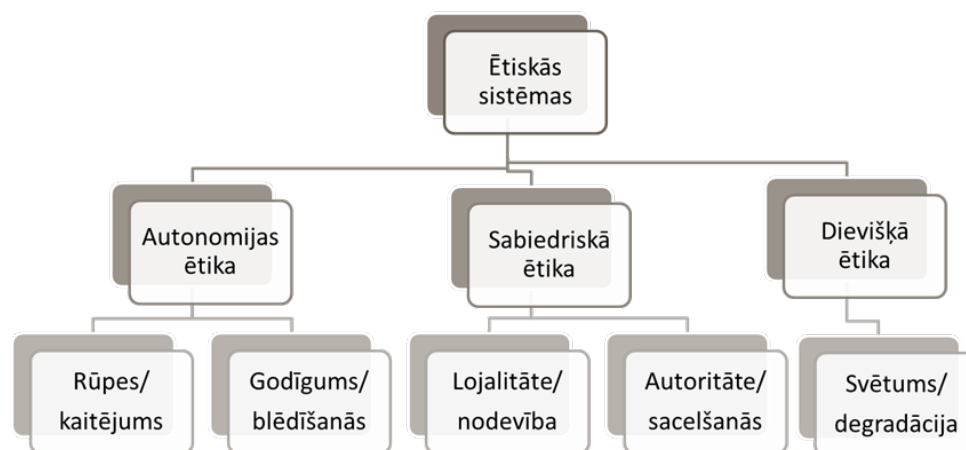
ir sevišķi liela nozīme, jo šī spējas palīdz risināt konfliktus demokrātiskā un nevardarbīgā veidā.

### **Sociāli intuitīvās pieejas skatījums uz cilvēka morālo funkcionēšanu** *Perspective of Socio-Intuitive Approach on Moral Functioning of Human*

20. gs 90. g. notiek revolucionārs pavērsiens morāles psiholoģiskajā izpētē, ko iniciēja pētījumi un atklājumi kognitīvajā, sociālajā, evolucionārajā un starpkultūru psiholoģijā un sociālajā antropoloģijā. Heits (Haidt, 2001), piedāvā sociāli intuitīvo modeli morāles psiholoģiskajā izpētē. Viņš, norāda, ka morālais spriedums tiek iegūts nevis secīga, apzināta un loģiska spriešanas procesa rezultātā, kā tika uzskatīts agrāk, bet gan ātras, automātiskas novērtēšanas – morālās intuīcijas – darbības rezultātā. Morālā intuīcija (*moral intuition*) ir pēkšņa morālā sprieduma parādīšanās apziņā, iekļaujot afektīvo valenci, bez apzinātas meklējumdarbības, argumentu izsvēršanas vai secinājumu izdarīšanas (Haidt, 2001). Savukārt morālās spriešanas rezultātā indivīds piedāvā racionālus argumentus, lai sniegtu ticamus iemeslus morālās intuīcijas darbības rezultātā izveidotajam spriedumam. Heita piedāvātais modelis nav anti-racionāls, taču norāda uz iedzimto intuitīvi emocionālo procesu primāro lomu cilvēka morālajā funkcionēšanā. Heits (Haidt, 2001) norāda, ka morālā intuīcija parādās kā *normāla nobriešanas sastāvdaļa* agrā bērnībā. Savukārt tas, kāpēc vienam indivīdam ir izteiktāka morālā intuīcija tajā vai citā jomā, ir saistīts ar tādiem morālās intuīcijas attīstības mehānismiem, kā *selektīva intuīcijas zaudēšana*, ja attiecīgajā kultūrā noteikta morālā intuīcijas netiek izkopta; *intuīcijas pārveidošana kultūras paražās* un *līdzcilvēku socializācija*.

Švēders un viņa kolēģi (Shweder, Much, Mahapatra, & Park, 1997), kas studējuši morāli no antropoloģiskās un vēsturiskās perspektīvas, atklājuši, ka morāles jēdziens, gandrīz visās ne-rietumu kultūrās ir daudz plašāks, nekā to aplūkojis Kolbergs un viņa līdzstrādnieki. Viņi ir norādījuši, ka uz indivīdu centrētā Kolberga un viņa domubiedru teorija atspoguļo tikai vienu no trim universālajām ētikām – autonomijas ētiku, ignorējot sabiedriskās un dievišķās (religiskās) ētikas sistēmu vērtības.

Heits un Džozefs (Haidt & Joseph, 2004) pamatojoties uz pētījumiem starpkultūru un evolucionārajā psiholoģijā, postulēja, ka pastāv piecas psiholoģiskas sistēmas (morāles intuitīvie pamati), katrai no tām ir sava evolucionārā vēsture, kas ir pamatā morālajai intuīcijai visās kultūrās. Katra sistēma ir līdzīga garšas kārpiņai, kas rada patiku vai nepatiku pret konkrētām situācijām, ar ko cilvēks saskaras sociālajā vidē (sk. 1. attēlu). Šo morāles intuitīvo pamatu izteiktība indivīdiem un sociālais svarīgums dažādās kultūrās un sociālajās grupās ir atšķirīgs.



1. att. Ētiskās sistēmas un morāles intuitīvie pamati

*Figure 1. System of Ethics and Moral Foundations*

Greiems, Heits un Noseks (Graham, Haidt, & Nosek, 2009) norāda uz diviem veidiem, kā sabiedrība mēģina savaldīt cilvēkiem piemītošo egoismu. Dažas kultūras – visbiežāk – rietumu industriāli attīstītās, liberālās sabiedrības - cenšas savaldīt egoismu, tieši aizsargājot indivīdu, fokusējoties uz indivīdu kā morālo vērtību, t.i. rūpju un godīguma morāles intuitīvajiem pamatiem. Savukārt citas – visbiežāk austrumu kolektīvisma kultūras, konservatīvās, tradicionālās un reliģiskās kopienas - mēģina savaldīt egoismu, nostiprinot grupas un institūcijas, saistot indivīdu ar noteiktu lomu un pienākumu uzņemšanos. Šī pieeja, kas balstās uz tādiem morāles intuitīvajiem pamatiem - lojalitātes autoritāte un svētums, fokusējas uz grupu kā morālo vērtību.

Šajās morāles intuitīvo pamatu atšķirībās un atšķirīgajos uzskatos par morāles nozīmi sabiedrībā ir meklējamas saknes konfliktam starp liberālo un konservatīvo sociālo grupu uzskatiem par tikumiskajām vērtībām, tikumiem, kas ir kas jāieaudzina jaunajā paaudzē. Šie atšķirīgie uzskati spilgti izpaužas arī Latvijā sociālajos mēdijos uzvirtojošajās diskusijās par izglītības satura un skolotāja izvēlēto mācību materiālu un metožu ētiskajiem aspektiem (piemēram, Kultūršoks, 2016).

### **Zīdaiņu un mazu bērnu morāles pētījumi mūsdienās** *Modern Studies on Morality of Infants and Young Children*

Sociāli intuitīvā pieejas pamatpostulāti, kas norādīja uz morālas intuīcijas pamatā esošajiem iedzimtajiem mehānismiem, iniciēja arī eksperimentālus pētījumus par zīdaiņu un mazo bērnu morālo funkcionēšanu. Līdz šim morāles psiholoģiskā izpēte balstījās uz pieņēmumu, ka bērni apgūst morāles normas attīstības un socializācijas procesā, taču mūsdienu pētnieki, pamatojoties uz nesen veiktajiem pētījumiem izvirza pieņēmumu, ka morāles pamatspējas ir iedzimtas

un parādās agrīnā bērnībā, kad vēl nav bijusi iespēja iegūt ar morālo uzvedību saistītu sociālo vai pedagoģisko pieredzi. Turklāt šis morāles kodols paliek nemainīgs visas dzīves garumā un ir kulturāli universāls.

Morāles pētnieki uzsver, ka morāle ir neatņemama veiksmīgas grupas dzīves sastāvdaļa morālais jūtīgums ir attīstījies, lai nodrošinātu grupas kopīgu rīcību un sadarbību (sk. Alexander, 1987; Cosmides & Tooby, 1992; de Waal, 2006; Henrich & Henrich, 2007). Tas ļauj gūt lielāku savstarpējo labumu, taču tādēļ grupas locekļiem dažreiz ir nepieciešams upurēt personiskās intereses. Dzīvei grupā ir nepieciešamas vismaz trīs morālās spējas un īpašības: morālā labestība, morālā izpratne un novērtējums (spriedums), kā arī morālā retribūcija - tendence veikt vai atbalstīt sodu tiem, kas uzvedas ļaunprātīgi vai netaisnīgi. Visas šīs morālās spējas eksperimentālajos pētījumos ir konstatētas jau zīdaiņa vecumā, kad bērniem vēl nav bijusi minimāla iespēja gūt pieredzi šajās jomās.

Ir konstatēts, ka kopš dzimšanas zīdaiņi ir spējīgi paust rudimentāras emocionālās reakcijas uz citu cilvēku ciešanām (Martin & Clark, 1982; Sagi & Hoffman, 1976). Tiklīdz tie kļūst fiziski spējīgi, viņi sāk papildināt šīs emocionālās reakcijas ar aktīvu prosociālo uzvedību - mierina briesmās, palīdz citiem sasniegt mērķus, informē citus par lietām, ko viņi vajadzētu zināt, un dalās ar lietām un resursiem (Dunfield, Kuhlmeier, O'Connell, & Kelley, 2011; Eisenberg, Fabes, & Spinrad, 2006; Warneken & Tomasello, 2009).

Ja argumenti attiecībā uz sadarbības un morāles koevolūciju ir pareizi, tad jau agrīnā vecumā ir jāparādās spējām saprast un novērtēt morālo rīcību, kas ir būtiska sadarbībai, piemēram – palīdzēšanu vai otrādi kaitēšanu, došanu, dalīšanos vai tieši pretēji – atņemšanu, godīgumu vai blēdīšanos. Pētījumi atklāja, ka bērni saprot un spēj novērtēt trešo pušu morālo uzvedību.

Tika izpētīts, ka (Henderson & Woodward, 2011), ka pirmā dzīves gada beigās zīdaiņi saprata, ka ir jāsadarbojas, lai sasniegtu kopīgu mērķi un ka palīdzēt ir labi, bet traucēt – slikti (Premack & Premack, 1997) un ka palīdzēšana vai pretēji – kaitēšana ietekmē sociālās izvēles (Piemēram, Kuhlmeier, Wynn, & Bloom, 2003). Savukārt otrajā dzīves gadā bērni sagaidīja, ka indivīdi izturēsies godīgi (vienlīdzīgi sadalīs resursus (piemēram, Geraci, & Surian, 2011).

Heimlina un kolēģi (Hamlin & Wynn, 2011; Hamlin, Wynn, & Bloom, 2007, 2010) savos pētījumos noskaidroja, ka zīdaiņi pozitīvi novērtē leļļu izrādes varoņus, kas palīdzēja, bet negatīvi – tos kas kaitēja vai traucēja. Piemēram, vērojot leļļu izrādi, kurā trijstūrītis palīdzēja bumbiņai uzkāpt kalnā, bet savukārt kvadrātiņš – traucēja, neļāva sasniegt mērķi. Bērni pēc demonstrējuma, kad tiem piedāvāja, kuru no figūriņām viņi izvēlas, kura viņiem patīk, līdz 80 % gadījumi izvēlējās to, figūriņu kas palīdzēja.

Arī citos līdzīgos gadījumos, kad zīdaiņi vēroja leļļu teātra sižetu kā rotaļu dzīvnieks – sunītis vai kaķītis vēlējas atvērt kasti ar rotaļlietām, taču viens no viņa draugiem palīdzēja atvērt kasti, bet cits rupji to aiztaisīja un neļāva tikt pie

rotāļlietām. 75 līdz 100 % zīdaiņu, kas piedalījās pētījumā, deva priekšroku tam leļļu izrādes varonim, kas sadarbojās un palīdzēja. Trīs mēnešus veci zīdaiņi, kas vēl nespēj koordinēt rokas kustības un ar roku norādīt savu izvēli, to izdarīja ar skatienu. Sākumā viņi ar nepatiku paskatījās uz Kaitētāju, tad ilgstoši virzīja skatienu uz Palīdzētāju figūru vai rotaļlietu (Hamlin, 2013). Turklāt zīdaiņi reaģēja tikai uz personalizētu personāžu uzvedību, ja palīdzētāju varoni aizstāja ar nepersonalizētu priekšmetu (piem. knaiblēm, kas taisa kasti ciet vai vaļā), iepriekšminētie rezultāti netika konstatēti.

Trešā joma, kas ir svarīga sadarbībai ir morālā retribūcija jeb morālā atmaksa, tā ir tieksme sodīt vai ļaut citiem sodīt par pārkāpumiem sadarbībā – negodīgumu, blēdīšanos, kaitēšanu, citādi kaitējošā un negodīgā uzvedība novedīs pie sadarbībā balstītās sistēmas sabrukuma.

Dažos gadījumos otras personas mērķu bloķēšana (t.i., kaitēšana) mazie bērni uzskatīja par pareizu, ja šī persona ir pārkāpusi sadarbības principus. Pētījumos mazie bērni ap 2 gadu vecumu savu antisociālo uzvedību virzīja pret tiem, kas iepriekš bija netaisnīgi piesavinājušies trešās puses resursus (Hamlin, Wynn, Bloom, & Mahajan, 2011). Turklāt, lai gan parasti viņi izvēlējās tos personāžus, kas bija palīdzoši, gadījumos, kad kāds leļļu izrādes personāžs pirms tam bija izdarījis ko sliktu (piemēram, bija negodīgs spēlē), mazie bērni deva priekšroku tam, kas šim personāžam kaitēja/traucēja. Tādā veidā tie sodīja šo personāžu par iepriekš pieļauto negodīgumu sadarbībā. Šī morālo spriedumu īpatnība bija raksturīga pat zīdaiņiem, kas ir jaunāki par pieciem mēnešiem (izlasē lielākā daļa bija pirmie bērni ģimenē), kuri nekad nebija redzējuši sodīšanu.

Pētījumi turpinās arī pašlaik (piemēram, Steckler, Liberman, Van de Vondervoort, Slevinsky, & Hamlin, 2018; Van de Vondervoort, & Hamlin, 2018), neskatoties uz atsevišķiem kritiskajiem iebildumiem attiecībā uz pētījuma metodoloģiju (piemēram, Scarf, Imuta, Colombo, & Hayne, 2012) ļauj slikties atbalstīt pieņēmumu, ka daži cilvēka morāles aspekti ir iedzimti. Jau kopš pirmajiem dzīves mēnešiem zīdaiņi parāda morālās empātijas, niansētas morālās izpratnes un novērtējuma spējas, kas nav radušās socializācijas vai pieredzes rezultātā. Turklāt tās ir pārsteidzoši līdzīgas pieaugušu cilvēku morālajiem spriedumiem un uzvedībai, iekļaujot tādus aspektus kā empātija, labestība, morālā izpratne un spriedumi, kā arī morālā retribūcija.

## **Nobeigums**

## **Conclusions**

Pirmie pētījumi morāles psiholoģiskajā izpētē 20. gs. pirmajā pusē tika veikti tai laikā vadošās kognitīvās pieejas ietvaros, kas uzsvēra kognitīvās attīstības vadošo lomu morāles attīstībā. Tika uzskatīts, ka morālās attīstības pamatā ir morālās spriešanas un morālo spriedumu attīstība un ka kognitīvā attīstība

priekšnoteikums morālajai izaugsmei. Tālākie pētījumi atklāja arī sociālo un pedagoģisko faktoru nozīmi morālās spriešanas attīstībā, kas, mijiedarbojoties ar kognitīvajiem faktoriem, vai nu sekmēja vai arī kavēja morālās spriešanas spēju attīstību.

21. gs. sākumā, aktualizējoties psiholoģijas virzieniem, kas uzsvēra emocionāli intuitīvo un automātisko procesu lomu cilvēka psiholoģiskajā funkcionēšanā, notika arī būtiskas pārmaiņas arī morāles psiholoģiskajā izpētē, kas ļāva daudz labāk saprast cilvēka morāles psiholoģiskos aspektus.

Sociāli intuitīvajai pieeja morāles psiholoģiskajā izpētē, atzīstot morālās spriešanas lomu morālajā funkcionēšanā, uzsvēra morālās intuīcijas vadošo lomu morālā sprieduma izveidē. Pieejas ietvaros tika analizētas psiholoģiskās sistēmas, kas ir morālās intuīcijas pamatā un ietekmē morālo spriedumu saturu dažādās sociālajā grupās. Tika uzsvērts, ka morālā intuīcija ir iedzimta un parādās kā normāla nobriešanas sastāvdaļa agrā bērnībā.

Savukārt mūsdienu pētījumi zīdaiņu psiholoģijā, ir ļāvuši apgalvot, ka tādas morālās spējas kā morālā labestība, morālā izpratne un novērtējums un morālā retribūcija varētu būt iedzimti, jo parādās ļoti agrīnā vecumā, kad iespēja iegūt pieredzi šajā jomā ir bijusi minimāla. Turpmākajiem pētījumiem būtu jānoskaidro, kādā veidā iedzimtie morāles mehānismi līdzdarbojas ar sociāli kulturālajiem faktoriem, veidojot nobriedušu morālo funkcionēšanu, kas palīdzētu veidot uz zinātniskiem pētījumiem balstītas morālās izglītības programmas.

### **Summary**

The first psychological studies of morality in the first half of the 20<sup>th</sup> century were conducted as part of the leading cognitive approach, which highlighted the decisive impact of cognitive development in development of morality. It was believed that development of morality is based on development of moral reasoning and reasons, and that cognitive development is a prerequisite for moral growth. Further studies also revealed the impact of social and pedagogical factors on development of moral reasoning and the way their interaction with cognitive factors either stimulated or hindered development of moral reasoning skills.

In the beginning of the 21<sup>st</sup> century, as a trend in psychology emerged emphasising the impact of emotionally intuitive and automatic processes on psychological functioning of a human being, psychological studies of morality also experienced significant change leading to better understanding of psychological aspects of human morality.

Social-intuitive approach in psychological studies of morality recognised the role of moral reasoning in moral functioning and emphasised the decisive impact of moral intuition on formation of moral reasoning. This approach analysed psychological systems, which form the basis of moral intuition and affect the content of moral reasons in diverse social groups. It was emphasised that moral intuition is inherited and emerges as natural part of maturation in early childhood.

However, modern studies in infant psychology allow concluding that moral skills such as moral goodness, moral insight and evaluation, as well as moral retribution, are innate because



they appear at very early age when previous experience has been minimal. Further studies would have to determine how innate moral mechanisms interact with socio-cultural aspects in forming mature moral functioning.

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# STUDY OF ATTITUDES TOWARDS THE USE OF MOBILE PHONES WHILE DRIVING WITH IMPLICIT ASSOCIATION TESTS AND SELF-ASSESSMENT PROCEDURES

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**Abstract.** Analysis of studies shows that in studying attitudes towards risky and safe driving only few researches are based on the use of implicit methods. The aim of the study: the study of attitudes towards the use of mobile phones while driving with the use of Implicit Association Tests and self-assessment procedures. Participants: 69, age 21-59,  $M = 42$ ,  $SD = 9.02$ , 27 female and 42 male, all with B category driver licenses, driving experience 9-24 years. Implicit measurements: two experimental procedures of the Implicit Association Test (IAT) developed by the authors for measuring attitudes towards the use of mobile phones while driving: IAT and self-concept IAT Explicit measurements: a self-assessment procedure developed by the authors "Scale of measuring attitudes towards the use of mobile phones while driving," cross-cultural Personality Questionnaire ZKPQ-50-CC (Aluja, Rossier, García, Angleitner, Kuhlman, & Zuckerman, 2006). A positive relationship between the results of measurements using IAT and self-concept IAT was found in participants with high anxiety. The effect size obtained with the IAT is larger than the effect size obtained with self-concept IAT. A relationship between the results of measurement of attitudes towards the use a mobile phone while driving, measured by experimental procedures and the personal factors was found.

**Keywords:** Attitudes towards driving, drivers, explicit, implicit measurements, personality factors.

## **Introduction**

The study of the traffic psychology and behavior is in its infancy. There are studies related to various types of driving (dangerous driving, risky driving, aggressive driving and distracted driving) and to various psychological, demographic, gender factors affecting road safety. The use of mobile phones while driving is one of the significant reasons for distracted driving. A significant number of studies have shown that the use of a mobile phone impairs driving quality (Violanti & Marshall, 1996; Violanti, 1999; Lambie, Rajalin, & Summala, 2002; McEvoy, Stevenson & Woodward, 2006), increases the risk of accidents (Violanti, 1999; Bener, Crundall, Özkan & Lajunen, 2010), increases the reaction time of the driver (Patten, Kircher, Östlund, & Nilsson, 2004), has a negative influence on driving style (Bener, Lajunen, Ozkan, & Haigney, 2006), reduces driving performance (Treffner & Barrett, 2004) and diminishes driver's attention (Amado & Ulupinar, 2005).

Scientists note that, in addition to the importance of the above factors, the prospect of scientific research should be aimed at studying the intentions and attitudes towards the use of the mobile phone while driving (Lipovac, Đerić, Tešić, Andrić, & Maric, 2017).

Stressing the importance of the study of attitudes towards risky and safe driving on the roads is attributable to the fact that they are able to influence the subject's intention and subsequent behavior. In line with modern views, attitudes provide a final assessment of the target object and are often assumed to follow the specific beliefs, emotions and past behavior associated with this object (APA, 2009). Scientists in the field of social cognition understand the attitudes to be the integration of cognitive and emotional assessments of an object that can change in strength (Olson & Kendrick, 2008). The process of actualization of attitudes can require volitional efforts and be conscious, controlled or, conversely, spontaneous, unconscious and automatic. In the first case we are talking about explicit attitudes, in the second, about implicit ones. Implicit attitudes are evaluative tendencies that can influence judgments and behavior, even though the subject is not aware of it. (Plotka, Igonin, & Blumenau, 2016). Explicit attitudes are understood as a product of, basically, propositional, logical processes, and implicit ones are the result of associative processes (Plotka et al., 2016). There are two approaches in cognitive psychology aimed at studying the processes of cognitive processing of information. The essence of the first approach is that it is based on studies of selective attention (Posner & Snyder, 1975; Shiffrin & Schneider, 1977), and the second - on implicit memory processes (Plotka et al., 2016). Based on the first approach, Fazio defines attitude as "an association in memory between a given object and a given summary evaluation of the object"

(Fazio, 1995: p. 247) In the frameworks of the second approach Greenwald defines the implicit attitude as “introspectively unidentified (or inaccurately unidentified) traces of past experience that mediate favorable or unfavorable feeling, thought, or action toward social objects” (Greenwald, & Banaji, 1995: p. 8)

Modern implicit measurements are based on measuring the reaction time (RT) of participants when they perform various tasks and their attention is focused on the fulfillment of these tasks, rather than on the object of attitudes (Rudman, 2011). Implicit measurements are indirect, automatic and unconscious (Petty, Fazio, & Brinol, 2009). The classical Implicit Association Test (Greenwald, McGhee, & Schwartz, 1998) and its varieties (Klauer, Voss, & Stahl, 2011) are widely used. Explicit methods are direct, controlled and realized (Petty et al., 2009). These are measurements of deliberate assessments that come to mind after some reflection and are based on explicit knowledge about oneself and others (Petty et al., 2009).

It should be noted that there is a problem of both explicit and implicit measurements related to the study of attitudes towards the use of mobile phones.

Most researchers study explicit attitudes towards the use of mobile phones while driving, using self-assessment procedures (Ronggang, Changxu, Rau, & Zhang, 2009; White, Hyde, Walsh, & Watson, 2010; Nemme & White, 2010; Ronggang, Rau, Zhang, & Zhuang, 2012; Yannis, Theofilatos, & Marinou, 2015; Lipovac et al, 2017). Studies of driving attitudes using implicit methodology were mainly focused on the study of attitudes towards speed infringement, attitudes towards the use of seat belts, attitudes towards driving in a state of intoxication, attitudes towards fatigue driving (Fernandes, Hatfield, & Job, 2006; Hatfield, Fernandes, Faunce, & Job, 2008), attitudes towards risky and safe driving (Martinussen, Sumhovd, Muller, & Siebler, 2015), attitudes towards using motorcycle helmets during motorcycle driving (Ledesma, Tosi, Poo, Montes, & López, 2015) and were focused on the study of role of implicit attitudes on road safety behaviors. Hatfield et al. (2008) made an important contribution to the development of implicit tools by studying attitudes towards speeding. The Implicit Association Test (IAT) developed by the researchers, turned out to be valid enough. Another group of researchers (Fernandes et al., 2006) studied the effect of predictive capabilities of demographic factors, personal characteristics and driver attitudes towards various types of driving using the Implicit Association Tests appropriate to each type of driving. The scientific finding was that it was attitudes that were the strongest predictors for all four kinds of risky driving and pointed to specificity for various types of driving. Martinussen et al. (2015) studying implicit attitudes towards risky/safe driving using a specific experimental procedure (GNAT) concluded that implicit attitudes towards risky and safe driving can be separate constructs and, accordingly, stem from different

cognitive processes. Summing up the results of the above, we can state a shortage of studies aimed at developing tools (mostly implicit) designed to measure implicit attitudes towards different forms of driving. Analysis of the relevant literature showed that the study of attitudes towards the use of mobile phones while driving using implicit and explicit measurements are single, which led to the objectives of this research. For this purpose, two experimental procedures were developed for the measurement of attitudes towards the use of mobile phones while driving on the basis of the classical IAT and the self-concept IAT.

**Research aim** is the study of attitudes towards the use of mobile phones while driving with the use of Implicit Association Tests and self-assessment procedures.

**The Research questions are:**

1. Is there a relationship between measurement results of attitudes towards the use of mobile phones while driving using the IAT experimental procedures and the self-concept IAT?
2. Is there a relationship between measurement results of attitudes towards the use of mobile phones while driving, obtained with the help of experimental IAT procedures and the self-concept IAT with measurement results using the self-assessment procedure?
3. Is there a relationship between measurement results of attitudes towards the use of mobile phones while driving, measured using the IAT experimental procedure and the self-concept IAT and personal factors?
4. Is there a relationship between measurement results of attitudes towards the use of mobile phones while driving, measured by the self-assessment procedure and personal factors?
5. Which of the experimental IAT or self-concept IAT procedures show a larger size of the observed implicit effect of using mobile phones while driving?

## **Method**

**Participants:** 69 drivers in the city of Riga with B Category drivers licenses, 27 females and 42 males, aged 21-59, *Mdn*= 42 years old.

### **Implicit methods**

**The experimental procedure of the Implicit Association Test (IAT)** was developed on the basis of the classical two-categorical IAT (Greenwald, McGhee, & Schwartz, 1998); Target categories were: visual stimuli - 12 pictures depicting people using a mobile phone while driving and 10 pictures depicting people who do not use the mobile phone while driving. When selecting pictures, their similarities in size, visual complexity and clarity of the image (absence of

strangers, absence of celebrities, visibility of the road and the movement of the car) were taken into account. The target attributes were words with strong affective meaning. Positive words: attentive, disciplined, responsible, reasonable, safe, observant, pleasure, calm, prudent, concentrated and cautious; and negative words: absent-minded, light-minded, irresponsible, frivolous, dangerous, neglectful, disgusted, careless, anxious, reckless, distracted and risky. Preliminary, 80 drivers were interviewed in order to select the target attributes. The task of the participant was to describe the characteristics of the driver, who uses the mobile phone while driving with three adjectives. Next, the most common words were analyzed. As a result, 12 words were selected and antonyms were selected for them.

**The experimental procedure of the self-concept Implicit Association Test** was developed on the basis of the two-category self-concept IAT (Greenwald & Farnham, 2000).

Target categories are: "I" and "Others". The target category "I" was represented by verbal stimuli *I, my, me, mine* and *self*; the target category "Others" was represented by verbal stimuli *they, their, theirs, them* and *other*.

Target attributes are: visual stimuli - pictures depicting the driver using and not using the mobile phone while driving, related to the target categories "Using the phone" and "Not using the phone", similar to the first IAT.

#### **Explicit methods:**

**The self-assessment questionnaire "The Scale of Measuring Attitudes towards the Use of Mobile Phones while Driving"** developed by the research authors and containing 31 statements, measuring the attitude towards using mobile phones while driving. Cronbach's Alpha is  $\alpha = .93$ .

**The cross-cultural questionnaire of personal traits "ZKPQ-50-CC"** (Aluja, Rossier, García, Angleitner, Kuhlman, & Zuckerman, 2006), for which the primary linguistic adaptation was carried out. Cronbach's Alpha is  $\alpha = .78$ . The questionnaire consists of 50 statements that characterize the behavior of a person in typical life situations, in which his/her personality traits are most clearly manifested. The methodology includes the following scales: *Impulsive Sensation Seeking, Sociability, Activity, Aggression-Hostility, Neuroticism-Anxiety*. "*Neuroticism-anxiety*: measures anxiety, fear, general emotionality, psychasthenia, and inhibition of aggression. The factor is also associated with obsessive indecisiveness, lack of self-confidence, and sensitivity to criticism. *Aggression-hostility* vs. social desirability: measures aggression, hostility, anger, lack of inhibitory control, and low social desirability. The factor is associated with rudeness, thoughtless and antisocial behaviour, vengefulness, quick temper and impatience. *Impulsive sensation-seeking*: measures low socialisation, and high psychoticism, impulsivity, and sensation-seeking. The impulsivity items assess lack of planfulness and a tendency to act without thinking. The sensation seeking



items describe a liking for thrills and excitement, novelty and variety, and unpredictable situations and friends. *Sociability*: measures affiliation, social participation, extraversion. Assesses liking for big parties and interactions with many people, as well as a dislike of isolation in sociable people versus a liking for the same in unsociable people. *Activity*: measures energetic behavior and persistence. This factor is associated with need to keep active and feelings of restlessness when there is nothing to do” (Zuckerman, 2002: pp. 382-383).

**Apparatus:** Certified licensed software E-Prime 2®.

**Procedure of the research**

**IAT measure.** Performance of the IAT took an average of 10 to 20 minutes. Participants’ reaction time (RT) was registered. Each stage was preceded by a set of instructions concerning the dimensions of the categorization task and the appropriate key responses. Instructions were written in black letters on a white background and located in the center of the monitor screen. Before the start of the experiment, on a computer monitor a participant was given general instructions and specific instructions before each of the blocks (tasks). Each word or picture was presented in the screen center in random order. The task of the participants was the differentiation of presented stimuli. The IAT combined the verbal and visual stimulus. The stimulus word or picture displayed on the screen without auditory accompaniment and remained on the screen until the pressing a key of the participant (Table 1). The RT for each trail was recorded as the time interval between the onset of stimulus presentation and pressing the correct key. Words and pictures were selected randomly without replacement.

Table 1 IAT for mobile phone use while driving

Block	Test	Function	Procedure
1	24	Training block	“Using the phone” vs “Not using the phone”
2	24	Training block	“Bad” vs “Good”
3	24	Critical block for analysis	“Using the phone” + “Bad” vs “Not using the phone” + “Good”
4	48	Critical block for analysis	“Using the phone” + “Bad” vs “Not using the phone” + “Good”
5	24	Training block	“Not using the phone” vs “Using the phone”
6	24	Critical block for analysis	“Not using the phone” + “Bad” vs “Using the phone” + “Good”
7	48	Critical block for analysis	“Not using the phone” + “Bad” vs “Using the phone” + “Good”

**Self-concept IAT measure.** The procedure was similar to the IAT measure (Table 2).

Table 2 **Self-concept IAT for mobile phone use while driving**

Block	Test	Function	Procedure
1	20	Training block	“Others” vs “I”
2	20	Training block	“Using the phone” vs “Not using the phone”
3	20	Critical block for analysis	“Using the phone” + “Others” vs “Not using the phone” + “I”
4	40	Critical block for analysis	“Using the phone” + “Others” vs “Not using the phone” + “I”
5	20	Training block	“I” vs “Others”
6	20	Critical block for analysis	“I” + “Using the phone” vs “Others” + “Not using the phone”
7	40	Critical block for analysis	“I” + “Using the phone” vs “Others” + “Not using the phone”

Each participant of the experimental study passed through two experimental procedures: the IAT and self-concept IAT. For the purity of the experiment, half of the participants had to undergo first the experimental procedure of the IAT (on the computer), undergo the experimental procedure of the self-concept-IAT (on the computer) in a couple of days after the first experiment and fill in explicit questionnaires. The second half of the participants were first asked to undergo the experimental procedure of the self-concept IAT (on the computer), undergo the experimental procedure of the IAT (on a computer) in a couple of days after the first experiment and fill in explicit questionnaires.

### Results

*Variables: D, D(S)* – are the effect sizes, obtained as a result of measurements using the IAT and the self-concept of the IAT, respectively.

$D \geq 0.15$  – the effect size of implicit preference for not using a mobile phone while driving obtained by IAT,

$D \leq -0.15$  – the effect size of implicit preference for using a mobile phone while driving, obtained by IAT.

$D(S) \geq 0.15$  – the effect size of implicit associations of perceiving oneself as a not using the mobile phone while driving, obtained by the self-concept IAT,

$D(S) \leq -0.15$  – the effect size of implicit associations of perceiving oneself as an using the mobile phone while driving, obtained by the self-concept IAT,

*Attitude* - is a variable measured using the self-evaluation procedure “Scale of measuring attitudes towards the use of mobile phones while driving”. The quarters are:  $Q_1 = 56$ ,  $Q_3 = 85$ . Variable values less than  $Q_1$  indicate the high explicit preference for using the mobile phone while driving. Values greater than  $Q_3$  - the low explicit preference.

Personal factors: *ImpSS* - Impulsive Sensation Seeking; *N-Anx* - Neuroticism-Anxiety; *Agg-Host* - Aggression-Hostility; *Act* - Activity; *Sy* - Sociability.

For variables - personal factors, the division into groups by levels of severity was performed by quartiles: for values greater than  $Q_3$  - high level, less than  $Q_1$  - low level.

**Statistical methods.** The analysis of the initial data showed that for the study it is possible to apply both parametric and nonparametric statistics. To answer all four research questions the Pearson's ( $r$ ) and Spearman's ( $r_s$ ) correlation coefficients were used. These correlation coefficients are indexes of the effect size. At their values effect sizes are: .1 - small, .3 - medium, .5 - large (Ellis, 2010, p.41).

**The first research question.** In the general sample, no correlation between the results and measurements using the IAT and the self-concept of IAT was found. A positive correlation was found in the group of participants with a high level of neuroticism-anxiety:  $r_s(25) = .59, p = .002$ . The effect size is large.

**The second research question.** The correlation coefficients of the variables *D* and *Attitude*, as well as *D(S)* - and *Attitude* are shown in Table 3.

Table 3 Correlation coefficients between the results of IAT procedures (*D, D(S)*) and the self-evaluation procedure "Scale of measuring attitudes towards the use of mobile phones while driving" (*Attitude*)

Variables	Group	Correlation coefficient	Effect size
<i>Attitude - D</i>	<i>Agg-Host</i> low	$r_s(22) = -.50, p = .018$ .	Large
<i>Attitude - D</i>	<i>Experience more 24 years</i>	$r_s(19) = -.56, p = .013$ .	Large
<i>Attitude - D(S)</i>	<i>Act</i> low	$r_s(17) = .54, p = .024$	Large
<i>Attitude - D(S)</i>	<i>Agg-Host</i> high	$r(20) = .52, p = .019$	Large
<i>Attitude - D(S)</i>	<i>Age 33-46 years</i>	$r_s(33) = .36, p = .042$	Medium

Note. *Agg-Host* - Aggression-Hostility; *Act* - Activity. *D, D(S)* - the effect sizes, of IAT and self-concept IAT respectively.

**Table 4 Correlation coefficients for the results of measuring implicit attitudes towards the use of mobile phones while driving using the IAT and personal factors obtained using the explicit methodology of ZKPQ-50-CCVariable 1**

	Variable 2	Group	Correlation coefficient	Effect size
<b>D, IAT</b>	<i>ImpSS</i>	21 - 32 years	$r_s(18) = -.54, p = .002$	Large
	<i>ImpSS</i>	<i>Sy</i> medium	$r_s(21) = -.42, p = .057$	Medium
	<i>ImpSS</i>	<i>D</i> no effect	$r_s(14) = -.75, p = .002$	Large
	<i>N-Anx</i>	<i>Attitude</i> no effect	$r_s(34) = -.36, p = .039$	Medium
	<i>N-Anx</i>	Men	$r_s(42) = -.33, p = .025$	Medium
	<i>N-Anx</i>	33-46 years	$r_s(33) = -.47, p = .005$	Large
	<i>N-Anx</i>	<i>Act</i> high	$r(23) = -.48, p = .020$	Large
	<i>N-Anx</i>	<i>Sy</i> high	$r_s(27) = -.42, p = .030$	Medium
	<i>Agg-Host</i>	21 - 32 years	$r(18) = -.49, p = .039$	Large
	<i>Agg-Host</i>	<i>Agg-Host</i> high	$r(20) = -.52, p=.019$	Large
	<i>Act</i>	<i>Act</i> high	$r_s(23) = -.55, p = .007$	Large
	<i>Act</i>	<i>Act</i> low	$r(17) = -.62, p = .009$	Large
	<b>D(S), Self-concept IAT</b>	<i>Act</i>	<i>ImpSS</i> low	$r_s(18) = -.47, p = .050$
<i>Act</i>		47-59 years	$r_s(18) = -.48, p = .046$	Large
<i>N-Anx</i>		<i>Act</i> high	$r_s(23) = -.45, p = .030$	Medium
<i>N-Anx</i>		<i>Sy</i> high	$r_s(27) = -.40, p = .038$	Medium
<i>N-Anx</i>		<i>Sy</i> medium	$r_s(21) = .51, p = .020$	Large
<i>Agg-Host</i>		Women	$r_s(27) = -.39, p = .047$	Medium
<i>Agg-Host</i>		<i>Attitude</i> : phone	$r_s(17) = -.59, p = .012$	Large
<i>Agg-Host</i>		Experience till 9 years	$r_s(19) = -.62, p = .004$	Large
<i>ImpSS</i>		<i>N-Anx</i> medium	$r_s(16) = -.58, p = .019$	Large
<i>Sy</i>		<i>N-Anx</i> high	$r_s(25) = -.43, p = .030$	Medium
<i>Sy</i>		Experience till 9 years	$r(19) = -.52, p = .023$	Large
<i>Sy</i>		<i>N-Anx</i> medium	$r_s(16) = -.59, p = .017$	Large

Note. *ImpSS* - Impulsive Sensation Seeking; *N-Anx* - Neuroticism-Anxiety; *Agg-Host* - Aggression-Hostility; *Act* – Activity; *Sy* – Sociability

**The third research question.** The correlation coefficients of the variables *D* and *D(S)* - the sizes of the effects obtained as a result of the measurement using the IAT and the self-concept IAT, respectively, with personality factors are shown in Table 4.

**The fourth research question.** The coefficients of correlation between the *Attitude* variable measured using the self-evaluation procedure “Scale of measuring attitudes towards the use of mobile phones while driving” and personal factors are shown in Table 5.

Table 5 Correlation coefficients for measurement results of explicit attitudes towards the use of mobile phones while driving with the self-evaluation procedure “Scale of measuring attitudes towards the use of mobile phones while driving” and personal factors obtained using the explicit methodology of ZKPQ-50-CC

Personal factor	Group	Correlation coefficient	Effect size
<i>Activity</i>	47 – 59 years	$r_s(18) = .49, p = .041$	Large
<i>Activity</i>	<i>Agg-Host</i> medium	$r_s(27) = -.46, p = .017$	Large
<i>Activity</i>	<i>Sy</i> high	$r(27) = .46, p = .015$	Large
<i>Activity</i>	<i>Act</i> high	$r(23) = .48, p = .022$	Large
<i>Activity</i>	<i>ImpSS</i> high	$r_s(23) = .57, p = .004$	Large
<i>Activity</i>	<i>D(S)</i> : “I use”	$r_s(13) = .60, p = .032$	Large
<i>Aggression-Hostility</i>	<i>D(S)</i> : “I don’t use”	$r(35) = .34, p = .046$	Medium
<i>Aggression-Hostility</i>	<i>Sy</i> low	$r(21) = .43, p = .053$	Medium
<i>Aggression-Hostility</i>	21 - 32 years	$r_s(18) = .53, p = .024$	Large
<i>Aggression-Hostility</i>	<i>N-Anx</i> medium	$r_s(16) = -.57, p = .022$	Large

Note. *ImpSS* - Impulsive Sensation Seeking; *N-Anx* - Neuroticism-Anxiety; *Agg-Host* - Aggression-Hostility; *Act* – Activity; *Sy* – Sociability

**The fifth research question.** To answer the fifth research question Wilcoxon Signed Ranks Z-Test for paired samples was used. It revealed, that effect sizes, detected by IAT – the levels of *D* (*Mdn* = 0.45) significantly higher than effect sizes, revealed with the help of the self-concept IAT – the levels of *D(S)* (*Mdn* = 0.45):

$Z = 3.56, p < .001, r = .30$ . The effect size for Wilcoxon’s test is medium.

Note.  $r$  – is the effect size for Wilcoxon’s test:  $r = |Z|/\sqrt{N}$ ,  $N$  – is the number of observations (Field, 2009: p. 558). Effect size: .1 – small, .3 – medium .5 – large.

## **Discussion and Conclusions**

As a result of the research, its aim was implemented and the key results were presented; answers to research questions were received.

The theoretical analysis of the literature devoted to the problem under research has shown that among the many factors influencing dangerous/safe driving, the leading and insufficiently researched attitude is the attitude towards using mobile phones. The scarcity of the tools is largely presented with implicit measurements. In this connection, two experimental procedures were developed by the authors. The first procedure is an experimental procedure based on the two-category IAT (Greenwald et al., 1998) that measures relationships between target categories (visual stimuli depicting the use/non-use of mobile phones while driving) and evaluating attributes (verbal stimuli) and negative valence. The second procedure is the experimental procedure (self-concept IAT), based on the two-category IAT (Greenwald & Farnham, 2000) that measures implicit relationships between the target categories of I/Others and the perception of oneself as observing (not using the mobile phone while driving) / neglecting (using the mobile phone while driving) the traffic regulations. Also, the research authors developed the self-assessing procedure “Scale of Measuring Attitudes towards the Use of Mobile Phones while Driving,” aimed at measuring explicit attitudes towards driving.

*The answer to the first research question* showed that there was no correlation between the results of the IAT and self-concept IAT measurements - the effect sizes - by the total sample. However, in the group of participants with a high level of neuroticism-anxiety, a positive correlation was revealed. The size of the found effect is large. In this group of participants, the implicit preference for using the mobile phone while driving (IAT) corresponds to implicit associations of perceiving oneself as using the mobile phone while driving (self-concept IAT) and vice versa. Thus, in the group of participants with the high level of neuroticism-anxiety, a good consistency of the measurement results obtained by the experimental procedures of the IAT and the self-concept IAT is established.

*Answering the second research question*, it was found that the presence of the correspondence between the results of implicit measurements is associated with personality traits - aggression-hostility and with age.

For participants with the low level of aggression-hostility, the effect of the implicit preference of “not using a mobile phone while driving” (IAT) corresponds to the explicit attitude towards using mobile phones while driving and vice versa. (Table 3). Thus, for participants with the low level of aggression-hostility there is a inconsistency of the measurement results, using the IAT and the self-assessment procedure. The same inconsistency of the results of the IAT

and an explicit procedure is observed for drivers with experience more than 24 years.

In the group of drivers with the high level of aggression-hostility, as well as in the group of drivers with the low level of activity, as well as in the group of drivers aged from 33 to 46, the effect of implicit associations of perception of themselves as using mobile phones while driving, measured with self-concept IAT, corresponds to the explicit positive attitude towards using mobile phone while driving and vice versa (Table 3). In these groups of drivers a good correspondence of the results of measurements with the self-concept IAT and self-report procedure was established.

*The answer to the third research question* was the discovery of a relationship between measurement results of attitudes towards the use of mobile phones while driving, measured using the IAT experimental procedure and the self-concept IAT and personal factors (Table 4).

The implicit preference for using mobile phones while driving (the result of the IAT) is characteristic of the participants in the research, such as:

- *with a high level of impulsive sensation seeking* (in the groups: participants aged 21 to 32, participants with medium level of sociability, participants who did not show the effect of any implicit preference in performing the IAT);
- *with a high level of neuroticism-anxiety* (in the groups: participants - men, participants aged 33 to 46, participants with high activity, participants with high sociability and participants who did not show the effect of any explicit preference);
- *with a high level of aggressiveness-hostility* (in the group: participants aged 21 to 32);
- *with a high level of activity*.

Implicit associations of perceptions of oneself as using the mobile phone while driving (the result of the self-concept IAT) are characteristic of the participants in the research, such as:

- *with a high level of activity* (in the groups: participants with a low level of impulsive sensation seeking, participants aged 47 to 59);
- *with a high level of neuroticism-anxiety* (in the groups: participants with a high level of activity and participants with high level of sociability);
- *with a low level of neuroticism-anxiety* from the participants with medium level of sociability;
- *with a high level of aggression-hostility* (in the groups: women, participants with the experience of driving till 9 years, participants who showed the explicit preference to mobile phone while driving);

- *with a high level of impulsive sensation seeking* from the participants with medium level of neuroticism-anxiety;
- *with a high level of sociability* (in the groups: participants with a high level of neuroticism-anxiety, participants with the experience of driving till 9 years, and participants with a medium level of neuroticism-anxiety).

*Responding to the fourth research question*, a relationship was found between the measurement results of attitudes towards the use of mobile phones while driving, measured by the self-assessment procedure and some personal factors (Table 5).

The explicit preference for using the mobile phone while driving is characteristic of the participants in the research, such as:

- *with a high level of aggression-hostility* (in the groups: participants with implicit associations of perceiving oneself as a not using the mobile phone while driving, obtained by the self-concept IAT, participants with a low level of sociability, participants aged from 21 to 32, participants with a medium level of neuroticism-anxiety);
- *with a low level of activity* (in the groups: participants aged from 47 to 59 years, participants with a high level of sociability, participants with a high level of activity, participants with a high level of impulsive sensation seeking and participants with implicit associations of perceiving oneself as an using the mobile phone while driving, obtained by the self-concept IAT);
- *with a high level of activity* in the groups of participants with a medium level of aggression-hostility).

*The fifth research question* related to the point whether the experimental IAT or the self-concept IAT procedures show a larger size of the observed implicit effect of using mobile phones while driving. It was shown that the effect sizes of implicit preferences detected by IAT statistically significantly exceed the effect sizes of implicit associations detected by the self-concept IAT. The size of the resulting excess effect is average.

The limitations of the research relate to the fact that the consistency of measurement results obtained by the IAT experimental procedures and the self-concept IAT refers to only a part of the sample. In this research, it was not possible to use random sampling.

Research perspectives are aimed at developing new experimental procedures for both the Implicit Association Test and the unconscious emotional priming in relation to attitudes towards driving.



It is necessary to conduct further research aimed at both improving the tools used and creating a sample that will allow us to find additional variables under which the consistency of measurement results could be achieved.

The results of the research can be used by various psychological services in the development of psycho-correction and educational programs. The patterns identified in the research can be taken into account in the development of preventive measures and strategies aimed at improving road safety, as well as corrective programs to form attitudes towards safe driving.

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# FENOMENOLOĢISKĀS PIEEJAS IZVĒLE DZĪVES PIEREDZES IZPĒTĒI: METODOLOĢISKAIS SALĪDZINĀJUMS

## *Choosing the Phenomenological Approach to Explore a Lived Experience: Methodological Comparison*

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**Abstract.** *With the escalating use of qualitative methods in health psychology, the need for the careful match between the studied topic and research design has been repeatedly stressed. The purpose of this study is to choose and substantiate the most compatible methodological approach for the use in the prospective phenomenological doctoral research investigating a lived experience of fathers of fatally ill child. This methodological paper compares three main phenomenological research approaches: Hermeneutic Phenomenology (van Manen, 1990), Psychological or Transcendental Phenomenology (Moustakas, 1994) and Interpretative Phenomenological Analysis (Smith, 1996). The comparative analysis of these three approaches to phenomenological research shows that the Interpretative Phenomenological Analysis could be viewed as the most appropriate approach for analyzing the lived experience of fathers of fatally ill child considering the specific sample of this study, character of the research topic and experience of researcher with phenomenological studies. The methodological underpinnings and possible issues of chosen approach have been discussed at the end of paper.*

**Keywords:** *hermeneutic phenomenology; interpretative phenomenological analysis; lived experience; phenomenological research, psychological phenomenology.*

### **Ievads**

#### ***Introduction***

Latvijā jau ilgstoši aktuāli ir veselības aprūpes jautājumi. 2017. gada 31. maijā Ministru kabinets pieņēma Veselības aprūpes pakalpojumu onkoloģijas jomā uzlabošanas plānu 2017. – 2020. un izdeva šī plāna rīkojumu Nr. 269. Viens no plāna veicamajiem pasākumiem ir uzlabot paliatīvās aprūpes pakalpojumu

pieejamību. Atbilstoši Plāna pasākumu tabulas 3.5. punktam ir paredzēts veikt situācijas izpēti paliatīvās aprūpes nodrošināšanā (MK, 2017).

Izglītības un zinātnes ministrijas augstākās izglītības, zinātnes un inovāciju departaments par prioritārajiem virzieniem 2018.– 2021. gadam uzsver, ka cilvēka veselība ir viena no galvenajām Latvijas valsts prioritātēm un zinātnei izvirza mātes, bērna un tēva veselības pētījumus kā prioritārus (IZM, 2017).

Tēva loma ģimenē, kurā ir neizārstējami slim bērns, un paša vīrieša pārdzīvojumi pasaulē ir nepietiekami un maz pētīti. Pārsvarā visos pētījumos par bērnu paliatīvo aprūpi un ģimenes pārdzīvojumiem tiek pētītas mātes pieredzes un pārdzīvojumi. Tēvi līdzīgi kā dzīvē arī pētījumos paliek ēnas zonā (Wolfe, Hinds, & Sourkes, 2011).

Latvijā tēvu pieredze ir pētīta plašākā nozīmē ģimenes un sabiedrības kontekstā (Dardedze, 2014; Jansone-Ratinika, 2013; Sedlenieks & Rolle, 2016), taču nav izdevies atrast pētījumus Latvijā par tēvu pieredzi ar neizārstējamu bērna slimību bērnu paliatīvajā aprūpē.

Lai pētītu tēvu pieredzi ar neizārstējami slimu bērnu psiholoģijas kontekstā, kā visatbilstošākā tika izvēlēta kvalitatīvā pētījuma stratēģija, jo tās mērķis ir saprast konkrētu indivīdu pieredzētu notikumu, procesu vai parādību pētniecībai izvēlētajā vidē vai kontekstā (Mārtinsons, Pipere, & Kamerāde, 2016). Kā piemērotākais kvalitatīvā pētījuma dizains tika izvēlēta fenomenoloģija, jo tas apraksta vairāku indivīdu dzīvās pieredzes jēgu attiecībā uz kādu jēdzienu vai parādību (Creswell, 2006). Šī raksta mērķis ir salīdzināt dažādas fenomenoloģiskā pētījuma pieejas, lai izvēlētos piemērotāko pētījumam par tēvu piedzīvoto pieredzi ar neizārstējami slimu bērnu.

### **Kvalitatīvā pētniecība: postmodernisma perspektīva** *Qualitative research: the postmodernist perspective*

Kā norāda K. Villiga kvalitatīvie pētnieki “cenšas izprast, ko nozīmē dažādu konkrētu apstākļu pieredze (piemēram, ko tas nozīmē un ko cilvēki izjūt, kad dzīvo ar hronisku slimību vai kad ir bez darba) un kā cilvēki rīkojas noteiktos apstākļos (piemēram, kā cilvēki tiek galā ar ģimenes dzīvi vai attiecībām ar darba kolēģiem)” (Willig, 2008: 9). Savos pamatos kvalitatīvais psiholoģiskais pētījums var tikt uzskatīts par iesaistīšanos datu, kas nesatur skaitļus (angl. *non-numerical*), vākšanā un analīzē, izmantojot psiholoģisko perspektīvu, lai sniegtu detalizētus aprakstus un iespējamus skaidrojums tam, kā cilvēki veido jēgu, lai izprastu pasauli, un kāda ir viņu dažādu notikumu pieredze (Howitt, 2010).

Kvalitatīvie pētījumi sakņojas postmodernisma paradigmā. T. Kūns (Kuhn, 1970) grāmatā “Zinātnisko revolūciju struktūra” paradigmu definē kā prakses kopumu, kas raksturo jebkuru zinātnisko disciplīnu kādā konkrētā laika periodā. Tas ir noteikts pasaules uzskats, ko veido vērtību, pārlicību un metodoloģisko

pieņēmumu kopums, kuru uzskata par atbilstošu noteiktā laika posmā noteikta zinātnieku apvienības ietvaros. Tādējādi var secināt, ka zinātne ir vēsturiski un sociokulturāli nosacīta cilvēka darbības joma. Literatūrā patreiz nosacīti tiek izdalītas trīs dominējošās zinātnes paradigmas: pozitīvisms, postpozitīvisms un postmodernisms jeb konstrukcionisms (Mārtinsone, Pipere, & Kamerāde, 2016). Pozitīvisma piekritēji uzskata, ka zinātniskā metode (galvenokārt eksperiments) ļauj iegūt zināšanas, kas objektīvi atspoguļo reālo pasauli. Postpozitīvisms ir uzskats, ka ir iespējams gūt tikai daļēji objektīvu viedokli par pasauli, jo visas metodes ir nepilnīgas, tādējādi, ar noteiktā izlasē veiktu mērījumu palīdzību var noskaidrot varbūtību, ar kādu iegūtie rezultāti ir attiecināmi uz populāciju. Abām paradigmām ir svarīga operacionalizācija (prasība, lai terminoloģija būtu objektīva un precīza, visiem jēdzieniem jābūt izteiktiem izpildāmo operāciju terminos) un redukcionisms, turklāt pētījumos tiek kombinēts liels daudzums vienkāršotu fenomenu.

Kā pretreakcija pozitīvismam radās postmodernisms jeb konstrukcionisms, ko ir grūti precīzi definēt, jo tas ir plašs virziens mākslā, literatūrā, arhitektūrā un zinātnē, kas apstrīd universālu patiesību pastāvēšanu un veicina viedokļu mainību un daudzveidīgumu. Šeit pētījuma centrā nav reprezentatīvas izlases veidošana, statistiskas varbūtības, operacionalizācija un redukcionisms. Par atskaites punktu pētījumā kalpo specifiskais konteksts, pētnieks un pētāmais ir līdzvērtīgi pētījuma dalībnieki, kas, balstoties uz savu subjektīvo pieredzi, iesaistās vienlīdzīgā dialogā un, mācoties viens no otra, veido jaunas zināšanas. Pētījuma laikā metodes var attīstīties un mainīties.

Pēc D. Hovita uzskatiem kvalitatīvs pētījums saistās ar pozitīvisma noliegumu, pievēršanos postmodernisma jutīgumam, subjektīvai pieredzei (Howitt, 2010). Kvalitatīviem pētniekiem rūp datu aprakstošā vērtība, to daudzveidība un dziļums, viņiem veidojas relatīvi tuvas attiecības ar pētāmajiem; pētnieki mēdz uzskatīt sevi par pētāmās parādības “iekšgrupas” pārstāvjiem. Tiek pētīts indivīda skatījums uz pasauli. Šāds pētījums ir saistīts nevis ar hipotēžu pārbaudi, bet ar teoriju un jēdzienu radīšanu, lietojot relatīvi nestrukturētas pētījuma stratēģijas (Howitt, 2010).

Lai gūtu izpratni par tēvu pieredzi ar neizārstējami slimu bērnu, iespējams, vispiemērotākā ir konstrukcionisma paradigmā balstīta kvalitatīva pētījuma stratēģija, jo kvalitatīvie pētnieki cenšas izprast, ko nozīmē dažādu konkrētu apstākļu pieredze un kā cilvēki rīkojas šajos apstākļos (Willig, 2008).

No vairākiem kvalitatīvā pētījuma dizainiem, tādiem kā etnogrāfija, gadījuma analīze, pamatotā teorija, diskursīvā psiholoģija, darbības pētījums, fenomenoloģija u.c., kā piemērotākais tēvu unikālās pieredzes izpētei tika izvēlēts tieši fenomenoloģisks pētījums, jo šāda veida pieeja ir vispiemērotākā, lai pētītu dzīvās pieredzes jēgu (Creswell, 2006). Tālāk rakstā šis pētījuma dizains tiks aplūkots sīkāk un tiks pamatota tā izvēle autoru iecerētajam pētījumam.

## Fenomenoloģija *Phenomenology*

Fenomenoloģisks pētījums apraksta vairāku indivīdu piedzīvotā jeb dzīvās pieredzes (angl. *lived experience*) jēgu attiecībā uz kādu jēdzienu vai parādību (Creswell, 2006). Ar šāda veida pētījuma palīdzību tiek pētīta ikdienas dzīves pieredzes būtība vai struktūra, atklājot, kā no vienkāršām tiešas pieredzes vienībām veidojas sarežģītas jēgas jeb jēgu tīklojumi. Pētnieka mērķis ir reducēt individuālo parādības pieredzi līdz tās universālās būtības aprakstam, vācot datus no indivīdiem ar konkrētās parādības pieredzi un izveidojot visu indivīdu pieredzētā būtības integrētu aprakstu par to, ko un kādā veidā ir pieredzējuši pētījuma dalībnieki (Moustakas, 1994). Fenomenoloģiski orientēts pētījums ietver pieredzes struktūras tā, kā tās atklājas cilvēka apziņā, neatsaucoties uz kādām teorijām, dedukciju vai citu nozaru, piemēram, dabaszinātņu, pieņēmumiem. Fenomenoloģijas pamatlicējs E. Huserls un viņa sekotāji skata cilvēku kā viņa vides neatņemamu sastāvdaļu. Konstruējot simboliskus jēgas tīklojumus, mūsu mijiedarbība ar citiem cilvēkiem un vidi bagātina katru mūsu interpretētu vārdu un pasaules uztvērumu (Geertz, 2000).

Fenomenoloģiska pētījuma centrā ir cilvēku pieredze attiecībā uz kādu parādību un tas, kā cilvēki interpretē šo pieredzi. Šī pētījuma dizaina mērķis ir aprakstīt izdzīvoto pieredzi fenomenoloģiskajos jēdzienos (t.i., aptvert pētījuma dalībnieku izdzīvoto pieredzi). Pētnieks cenšas pēc iespējas precīzāk aprakstīt parādību, atturoties no jebkādas iepriekš noteiktas atskaites sistēmas un atsaucoties tikai uz faktiem. Šādus pētījumus parasti veic jomās, kas vēl nav pietiekoši izpētītas (Donalek, 2004). Vienīgais drošais informācijas avots atbildei uz plašo jautājumu “Kāda ir cilvēka dzīvās pieredzes jēga?” ir pats cilvēks. Cilvēka darbība, izpratne vai pieredze prasa, lai cilvēks pats interpretā šo darbību vai pieredzi pētniekam un tad pētniekam ir jāinterpretē cilvēka sniegtais skaidrojums (Pipere, 2011).

Fenomenoloģiskam pētījumam ir pieejami vairāki pētījuma dizaini. Dž. Kresvels izdala divas fenomenoloģisko pētījuma dizaina pieejas: hermeneitisko fenomenoloģiju (van Manen, 1990) un empīrisko, transcendentālo jeb psiholoģisko fenomenoloģiju (Moustakas, 1994; Creswell, 2006). Vēl viena fenomenoloģiskā pētījuma pieeja, kura ir radusies un tiek plaši pielietota tieši psiholoģijas pētījumos, ir interpretatīvā fenomenoloģiskā analīze. Šo virzienu arvien vairāk pieņem arī tie, kas strādā ar radniecīgām disciplinām sociālajās, medicīnās un citās zinātnēs (Smith, Larkin, & Flowers, 2009). Šo pieeju Birkbekas Universitātes profesors A. Smits ir plaši pielietojis sociālās un veselības psiholoģijas pētījumos un tās detalizētu aprakstu sniedzis 2009. gadā izdotajā grāmatā “Interpretatīvā fenomenoloģiskā analīze”.

Tādējādi patreiz šos varētu nosaukt par trim galvenajiem fenomenoloģiskā pētījuma dizainiem. Turpmāk tekstā ieskicēsim katru no tiem, vairāk uzmanības veltot tieši šo dizainu salīdzinājumam, lai izvēlētos piemērotāko pētījumam par tēvu pieredzi ar neizārstējami slimu bērnu.

**Hermeneitiskās fenomenoloģijas, psiholoģiskās fenomenoloģijas un interpretatīvās fenomenoloģiskās analīzes salīdzinājums**  
*Comparison of Hermeneutic Phenomenology, Psychological Phenomenology, and Interpretative Phenomenological Analysis*

Hermeneitiskās fenomenoloģijas (HF) pieejas filosofiskie pamati balstās M. Heidegera un H. G. Gadamerā filosofijā. HF orientējas uz dzīvo pieredzi (fenomenoloģija) un interpretē dzīves „tekstus” (hermeneitika). Tā neizmanto kādu likumu vai metožu kopumu, bet skata šādu pētniecisko aktivitāšu dinamisku mijiedarbību: vispirms pētnieks pievēršas parādībai, kas viņu nopietni interesē (piemēram, lasīšanai, skriešanai, mašīnas vadīšanai, mātes lomai); šajā procesā viņš reflektē par būtiskām tēmām, kas veido šīs dzīvēs pieredzes dabu; pētnieks apraksta parādību saistībā ar pētāmo tēmu un līdzsvaro atsevišķu parādības daļu aprakstu ar kopējo skatījumu uz šo parādību. Viņš veic dzīvēs pieredzes jēgas interpretāciju jeb mediē starp dažādām jēgām.

Psiholoģiskās jeb transcendentālās fenomenoloģijas (PF) filosofiskie pamati balstās E. Husserla filosofijā. PF mazāk pievēršas pētnieka interpretācijām, bet vairāk akcentē dalībnieku pieredzes aprakstu (Moustakas, 1994). Pētnieks pēc iespējas vairāk cenšas apspiest savu pieredzi, lai ar svaigu skatījumu aplūkotu pētāmo parādību. PF pētījuma posmi ir šādi:

- 1) pētāmās parādības identifikācija, distancējoties no savas pieredzes un vācot datus no vairākiem cilvēkiem ar šīs parādības pieredzi;
- 2) datu analīze, reducējot tekstu līdz nozīmīgiem apgalvojumiem vai citātiem un apvienojot apgalvojumus tēmās;
- 3) pieredzes tekstuāls apraksts (ko dalībnieki ir pieredzējuši), strukturāls apraksts (kā viņi to pieredzējuši – apstākļi, situācijas vai konteksts) un šo abu aprakstu kombinācija, lai atspoguļotu vispārējo pieredzes būtību.

Interpretatīvā fenomenoloģiskā analīze (IFA) (Smith, 2009) ļauj izpētīt, kā cilvēki rod savas dzīves svarīgas pieredzes jēgu (Smith, Larkin, & Flowers, 2009). Tā sakņojas psiholoģijā, sākotnēji attīstītās veselības psiholoģijas ietvaros (20. gs. 90. gados), vēlāk ienāk sociālajā un klīniskajā psiholoģijā. IFA skata indivīdu kā savas pieredzes ekspertu un pēta jēgas, kuras indivīds izmanto, lai izprastu savu pieredzi. IFA ir duāls mērķis: nodrošināt dziļu cilvēku izdzīvotās pieredzes izpēti un sīki izpētīt, kā cilvēki izprot šo pieredzi. Ar IFA palīdzību biežāk tiek pētītas tādas tēmas kā paliatīvā aprūpe, lēmumi par abortu un adopciju, garīgā veselība, narkotiku lietošana un atkarības, ēšanas traucējumi, hronisku slimību slimnieku



dzīves kvalitāte, demence un citi deģeneratīvi traucējumi (Smith, Larkin, & Flowers, 2009). Tādējādi jau pētīto tēmu līmenī var saskatīt potenciālu iespēju IFA izmantošanai autoru iecerētajam pētījumam.

IFA teorētiskie pamati balstās hermeneitikā, fenomenoloģijā un simboliskā interakcionismā. Fenomenoloģiskais pamats nosaka to, ka IFA pēta dažāda veida pieredzes struktūru, sākot no uztveres, domāšanas, atmiņas, iztēles, emocijām, vēlmēm, gribas līdz ķermeniskai apziņai, iemiesotai darbībai un sociālai aktivitātei. Lai noteiktu kādas parādības (piemēram, vientulības, mātes lomas) būtību, tiek analizētas un salīdzinātas dažādu indivīdu pieredzes. Lai izprastu pieredzes būtību vai struktūru, pētniekam uz laiku ir jāatsakās no (“jāieliek iekavās” (angl. *bracket*)) personīgās attieksmes vai uzskatiem par doto parādību. Īslaicīgi apspiežot uzskatus, pastiprinās apziņas darbība, kas ļauj pētniekam intuitīvi sajust vai saskatīt parādības būtību. Šajā aspektā IFA līdzinās PF.

Visos trijos fenomenoloģiskā pētījuma dizainos pētījuma process ir drīzāk ciklisks nekā lineārs. Arī filosofiskais pamats visām trim pieejām ir līdzīgs. Tā pat arī pētījuma fokuss, rezultāti, datu vākšana, pētījuma dalībnieku izvēle un dzīvās pieredzes izpratne var būt diezgan līdzīgi visiem minētajiem dizainiem.

Tā, piemēram, pētījuma procesa soļi parasti netiek akcentēti, tomēr var izdalīt sekojošas secīgas pētnieka darbības, kuras pēc būtības ir diezgan līdzīgas visām trim pieejām:

- 1) tiek noteikta pētāmā parādība;
- 2) izvērta pētījuma jautājumu, ņemot vērā pieredzes nepieciešamās sastāvdaļas un to, ko šīs pieredzes eksistence norāda attiecībā uz cilvēka dabu;
- 3) nosaka pētāmās parādības avotus un meklē indivīdus, kas vēlas/ spēj aprakstīt savu pieredzi saistībā ar pētāmo parādību;
- 4) vāc datus, izmantojot novērošanu, intervijas, videoierakstus, iepriekš izveidotus pieredzes aprakstus u.c.;
- 5) jau ar pirmo datu ievākšanu sāk datu analīzi, kas nosaka turpmāko datu vākšanu. Analīzes rezultāts ir teorētiski apgalvojumi, kas atbilst pētījuma jautājumam, to ticamību nodrošina datu piemēri, citējot pētījuma dalībnieku izteikumus (Pipere, 2011).

Visām trim pieejām ir līdzīga arī pētījuma izlases veidošana. HF un PF pētījuma izlasē iesaka iesaistīt vismaz sešus pētījuma dalībniekus (Morse, 1994). Pastāv uzskats – intervijas ar diviem līdz 10 cilvēkiem varētu nodrošināt datu piesātinātību (Boyd, 2001). Citi autori iesaka intervijas ar pieciem līdz 25 indivīdiem, kuriem ir pētāmās parādības pieredze (Polkinghorne, 1989). Arī IFA pētījumu izlase parasti ir neliela. Literatūrā var atrast pētījumus pat ar vienu dalībnieku (Smith & Eatough, 2006), bet ir arī pētījumi, kuros iesaistīti pat 64 dalībnieki (Cater & Coleman, 2006). Pētījuma izlases apjoms ir pamatā atkarīgs no pētījuma mērķiem, pētnieka resursiem un atsevišķu gadījumu datu

bagātīguma. Studentu pētījumos laiks un resursi varētu pieļaut 3-6 dalībniekus. Smits un Osborns (Smith & Osborn, 2008) iesaka IFA izlasei izvēlēties relatīvi līdzīgus (homogēnus) gadījumus nevis galēji atšķirīgus piemērus. Labāk veikt pētījumu par specifisku grupu ar hroniskām muguras sāpēm nekā pētījumu par dažāda veida sāpēm.

Visbiežāk fenomenoloģiska dizaina pētījumos tiek izmantota mērķtiecīgā izlase: indivīdi, kuriem ir pētāmās parādības pieredze un kuri ir spējīgi par to runāt vai rakstīt. Dažreiz iesaka „sniega pikas” pieeju, kad vieni pētījuma dalībnieki var norādīt nākamās pētījuma dalībniekus; šo pieeju izmanto gadījumos, kad dalībnieki ar noteiktu unikālu pieredzi pašam pētniekam ir grūti sasniedzami. Var izmantot heterogēnu izlasi, lai tā palielinātu iespēju iegūt bagātīgus un unikālus dzīvās pieredzes stāstus. Līdzīgi kā nepārtrauktajā salīdzinošajā analīzē pētnieks var izmantot jaunus dalībniekus, kamēr iestājas piesātinājums – jaunu dalībnieku iesaistīšana vairs nesniedz skaidrāku izpratni par parādību.

Arī datu vākšanas metodes visās trīs pieejās ir līdzīgas. Visbiežāk tās ir intervijas: dziļās vai daļēji strukturētas intervijas ar vairākiem pētījuma dalībniekiem. Ja izmanto dziļās intervijas, tās sākumā dalībniekam tiek lūgts pastāstīt par kādām savas dzīves situācijām, kurās ir atklājusies pētāmā parādība, un intervējamais tiek uzklauts, viņu nepārtraucot. Var tik izmantotas arī fokusgrupas, novērojumi, dienasgrāmatas, ierakstītas sarunas, formālas rakstiskas atbildes uz jautājumiem u.c.

Datu vākšanas pamatprincips visos trijos minētajos fenomenoloģiskā pētījuma dizainos ir līdzīgs. Tas ir minimāla struktūra un maksimāls dziļums, ko īstenībā ierobežo laika faktors un iespējas līdzsvarot pievēršanos pētījuma problēmai un izvairīšanos no pētnieka pārmērīgas ietekmes. Ieteicams izveidot efektīvu raportu (angl. *rapport*) un būt empātiskam, īpaši, ja pētāmā problēma pētījuma dalībniekam ir personīgi ļoti nozīmīga (Lester, 1999). Datu vākšanai IFA priekšroka tiek dota bagātīgam tekstuālam materiālam, kuru var rast atvērtās dziļās intervijās. Nepieciešamības gadījumā var izmantot arī dienasgrāmatas un citus autobiogrāfiskos materiālus, tomēr IFA pārsvarā izmanto daļēji strukturētas intervijas, kas nozīmē iepriekš plānoto jautājumu elastīgu izmantošanu. Interviju vada dalībnieka problemātika, nevis intervētāja saplānota kārtība.

Daudz lielākas atšķirības starp pieminētajiem fenomenoloģiskā pētījuma dizainiem var novērot, ja aplūkojam pētnieka pozīciju, datu analīzes procesu un zinātniskā stipruma problēmas.

Ja HF pētījumā pētnieks iesaistās pašrefleksijā, viņa uzskati un pieņēmumi tiek integrēti un ir būtiski datu interpretācijas procesā, viņam ir nepārtraukti jāanalīzē sava pieredze un jānorāda, kādā veidā viņa pozīcija saistās ar pētāmo problēmu, tad PF pētnieks sāk procesu ar pašrefleksiju rakstiskā veidā, kas ļauj apzināties un raksturot savus aizspriedumus un pieņēmumus, lai varētu distancēties no tiem un tie neietekmētu pētījuma datus. PF pētnieks distancējas no

savas iepriekšējās pieredzes, lai ar svaigu skatījumu pievērstos pētāmai parādībai. Lai izprastu dzīvās pieredzes būtību vai struktūru no pētāmā viedokļa, PF pētniekam uz laiku ir jāatsakās no personīgās attieksmes vai uzskatiem par doto parādību. Īslaicīgi apspiežot uzskatus, pastiprinās apziņas darbība, kas ļauj pētniekam intuitīvi izjust vai saskatīt parādības būtību. PF pētniekam ir jāņem vērā savi uzskati un jūtas, jānosaka, kādus rezultātus viņš sagaida, un tad apzināti ir jāapspiež šīs idejas. IFA hermeneitiskais pamats nosaka savdabīgu kritisku jēgas dekonstrukciju, kas balstās hermeneitiskajā aplī jeb dubultajā hermeneitikā. Dalībnieki cenšas izprast savu pasauli, pētnieks cenšas izprast to, kā dalībnieki cenšas izprast savu pasauli (Smith & Osborn, 2008). IFA simboliskā interakcionisma kontekstā norāda, ka cilvēks nepārtraukti pielāgo savu darbību citu cilvēku darbībai. Lai gan katram indivīdam ir savas simboliskās jēgas, var atrast arī grupai kopīgās simboliskās jēgas, kuras ar socializācijas palīdzību tiek nodotas jaunajiem grupas locekļiem.

Dati HF pētījumā tiek konstruēti, kad pētnieks kopā ar pētījuma dalībniekiem iesaistās hermeneitiskās izpratnes ciklā. Pētnieks un pētāmais sadarbojas, lai atdzīvinātu pētīto pieredzi, izmantojot iztēli, hermeneitisko apli un akcentē valodas izmantošanu un nepieciešamību pēc pieredzes rakstiskas atspoguļošanas. Turpretī PF pētījumā pētnieks ievāktajos datos meklē jēgu, ejot cauri iepriekš noteiktam strukturētam procesam, izveidojot integrētu viedokli par pētāmā pieredzi. Var tikt meklēts saskaņots ekspertu viedokli par pētnieka veikto datu analīzi (VanKaam, 1966) vai arī pētnieka interpretācijas var validizēt ar pētījuma dalībnieku palīdzību (Colaizzi, 1978). Pētnieks pats cenšas izprast datus kopumā, integrējot jēgas vienības vienotā izpratnē par dalībnieku pieredzes struktūru (Giorgi, 1985). IFA, līdzīgi kā HF un CF, nav saistīta ar hipotēžu pārbaudi, bet ar tās personīgās pieredzes izpratni, ar kuru pētnieks izvēlas darboties konkrētajā pētījumā. Pētnieks cenšas interpretēt dalībnieka interpretācijas. Kā jau minēts, IFA parasti nodarbojas ar nozīmīgiem dzīvi mainošiem notikumiem, kāda ir arī tēvu dzīve ar neizārstējami slimiem bērniem.

Zinātnisko stiprumu HF nosaka vairākas interpretācijas stadijas, kuru rezultātā rodas modeļi, diskusija par to, kā no datiem rodas to interpretācija un pats interpretācijas process. Turpretī PF zinātnisko stiprumu nodrošina distancēšanās un fenomenoloģiskā redukcija.

Literatūrā nav pieejami HF konkrēti datu analīzes soļi. Lai rastos izpratne, jāintegrē pētnieka iepriekšējā pieredze, informācijas avoti un datu interpretācija.

Ielūkosimies IFA datu analīzes soļos (pēc Howitt, 2010):

- 1) sākotnējā iepazīšanās ar gadījumu un pirmie transkripta komentāri;
- 2) aptuvenā tēmu noteikšana, kur pētnieks sāk rakstīt piezīmes par galvenajām transkripta tēmām, kuras var tikt formulētas dažos vārdos, izmantojot īsu frāzi vai tēmas nosaukumu teorētiskākā vai abstraktākā veidā nekā pats teksts;

- 3) tēmu savstarpējās saistības meklējumi, noteiktās tēmas sargrupējot plašākās tēmās, izskatot tēmu sarakstu un meklējot sakarības starp tām. Galvenās tēmas ir līdzīgu, bet tomēr daļēji atšķirīgu tēmu kopa ar plašākiem nosaukumiem;
- 4) sistemātiskas tēmu tabulas izstrāde, vizuāli atspoguļojot apakštēmu un galveno tēmu struktūru;
- 5) vairāku gadījumu pētījumā analīze turpinās ar citiem gadījumiem tādā pašā veidā. Tēmas no pirmā gadījuma var izmantot arī tālākiem gadījumiem, bet var arī katru jaunu gadījumu analizēt no jauna. Tālāk tiek veidota tabula, kas lielā mērā ir pēc savas struktūras līdzīga iepriekšējai;
- 6) analizēto tēmu ietveršana rakstiskajā atskaitē, katru tēmu rūpīgi aprakstot un ilustrējot ar precīziem citātiem no interviju transkriptiem. Katram piemēram būtu skaidri un pietiekami jāilustrē tēmu. Atskaite satur pētnieka interpretāciju un izpratni par to, ko dalībnieki ir teikuši.

**Interpretatīvās fenomenoloģiskās analīzes piemērotība un pielietojuma problēmas tēvu pieredzes ar neizārstējami slimu bērnu izpētē**  
*Issues of Interpretative Phenomenological Analysis in studying experience of fathers with a fatally ill child*

Aplūkojot IFA galvenos elementus, var pamanīt atbilstību autoru iecerētā pētījuma tēmai, objektam un jautājumiem.

1. Induktīva pieeja, vadoties pēc datiem. Tā kā tēvu pieredze ar neizārstējami slimu bērnu Latvijā nav pētīta, tad šis elements atbilst pētījuma tēmai un pētījuma jautājumam, kas orientē uz šādas pieredzes izzināšanu.
2. Primārais ir pieredze kā personīgs piedzīvojums, nevis valoda, ar kuras palīdzību tā tiek izteikta. Šis elements ļauj noturēt pētījuma fokusā tēvu pieredzi un tās jēgu meklēšanu, mazāk koncentrējoties uz valodu, kā šī pieredze tiek aprakstīta.
3. Var identificēt gan pieredzes individuālos (idiogrāfiskos), gan kopīgos (nomotētiskos) aspektus, kas ir būtiski pētījuma turpmākai attīstībai.
4. Uzsvars uz pētnieka lomu interpretācijā un sadarbībā ar dalībnieku ļauj precīzāk interpretēt iegūtos datus, nodrošinot pētījuma zinātnisko stiprumu.
5. Pētnieks rod jēgu pieredžu sarežģītībā, kas noteikti ir plānotajā pētījuma jomā.
6. Ticamas pētnieka interpretācijas, kas balstās uz piemēriem no datiem, ļaus precīzāk izzināt tēvu pieredzi, izvairoties no priekšstatiem un paredzējumiem.

7. Interpretācija var ietvert psiholoģiskus skaidrojumus, no kā izvairās dažas kvalitatīvās metodes un kas atbilst plānotā pētījuma nozarei – psiholoģijai,
8. Dalībnieki kā savas pieredzes eksperti kopā ar pētnieku pēta pieredzes jēgas, nevis pasīvi pakļaujas pētnieka izpētei un interpretācijām, tas dod iespēju iegūt dziļākus un bagātīgākus datus.
9. Dalībnieki analizē tiek uztverti pilnībā kā individuālas, sociālas un ar savu kultūru saistītas būtnes, kas citādi pētījuma ietvaros nemaz nav iedomājami un kas ļauj iegūt pieredzes daudzveidību.

Tādējādi var secināt, ka IFA kā fenomenoloģiskā pētījuma dizaina pieeja ir piemērota, lai kvalitatīvās stratēģijas ietvaros pētītu un izzinātu tēvu pieredzi ar neizārstējami slimu bērnu. Taču šeit noteikti nevar atstāt bez ievēribas izvēlētajās pieejas problemātiskos jautājumus, kuri būs sarežģītāki un daudzveidīgāki nekā tas varētu būt kvantitatīvā pētījuma stratēģijā. Vispirms jānorāda, ka kvalitatīvais pētījums ir saistīts ar tādām grūtībām kā lielu laika patēriņu, kā arī ar problēmām iegūto datu atlasē, kategorizēšanā un sintēzē. Problēmas varētu rasties arī ar pētījuma dalībnieku motivēšanu iesaistīties sāpīgas pieredzes analizē un jēgas meklējumos. Iespējamās grūtības iegūt pētījuma dalībnieku uzticību, problēmas var radīt pētījuma konsekvence (Pipere, 2011), jo šobrīd pastāv tikai pieņēmumi par pieredzes nomotētiskajiem aspektiem, kā arī pastāv iespēja tos neatklāt dažādu iemeslu dēļ. Kvalitatīvo pētījumu procedūras nav standartizētas (Pipere, 2011), turklāt pētījumā par tēvu pieredzi ar neizārstējamu bērnu būs izteiktāka vajadzība un lielākas grūtības ar pētījuma zinātniskā stipruma nodrošināšanu un atspoguļošanu.

Cilvēka faktors ir kvalitatīvā pētījuma un analīzes lielākā priekšrocība un fundamentāls trūkums (Patton, 1990) taču kā jau minēts iepriekš – vienīgais drošais informācijas avots atbildei uz plašo jautājumu “Kāda ir cilvēka dzīvās pieredzes jēga?” ir pats cilvēks. Cilvēka darbība, izpratne vai pieredze prasa, lai cilvēks pats interpretē šo darbību vai pieredzi pētniekam un tad pētniekam ir jāinterpretē cilvēka sniegtais skaidrojums (Pipere, 2011).

## **Secinājumi** **Conclusions**

Lai pētītu un gūtu izpratni par tēvu pieredzi ar neizārstējami slimu bērnu, iespējams, vispiemērotākā ir konstrukcionisma paradigmā balstīta kvalitatīva pētījuma stratēģija, jo kvalitatīvie pētnieki cenšas izprast, ko nozīmē dažādu konkrētu apstākļu pieredze un kā cilvēki rīkojas noteiktos apstākļos (Willig, 2008). Savos pamatos kvalitatīvais psiholoģiskais pētījums var tikt uzskatīts par iesaistīšanos datu, kas nesatur skaitļus, vākšanā un analizē, izmantojot psiholoģisko perspektīvu, lai sniegtu detalizētus aprakstus un iespējamus

skaidrojums tam, kā cilvēki veido jēgu, lai izprastu pasauli, un kāda ir viņu dažādu notikumu pieredze (Howitt, 2010).

No vairākiem kvalitatīvā pētījuma dizainiem kā piemērotākais tēvu unikālās pieredzes izpētei tika izvēlēts tieši fenomenoloģisks pētījums, jo tas ir piemērots dzīvās pieredzes jēgas izpētei (Creswell, 2006). Fenomenoloģiska pētījuma centrā ir cilvēku pieredze attiecībā uz kādu parādību un tas, kā cilvēki interpretē šo pieredzi. Šī pētījuma dizaina mērķis ir aprakstīt izdzīvoto pieredzi fenomenoloģiskajos jēdzienos. Turklāt šādus pētījumus parasti veic jomās, kas vēl nav pietiekoši izpētītas (Donalek, 2004).

Fenomenoloģiskam pētījumam ir pieejami trīs visvairāk lietojamie pētījuma dizaini: hermeneitiskā fenomenoloģija (vanManen, 1990), empīriskā, transcendentālā jeb psiholoģiskā fenomenoloģija (Moustakas, 1994) un interpretatīvā fenomenoloģiskā analīze (Smith, 2009). Salīdzinot visus trīs minētos pētījuma dizainus esam nonākuši pie secinājuma, ka pētījumam par tēvu pieredzi ar neizārstējami slimu bērnu piemērotākā ir interpretatīvā fenomenoloģiskā analīze, jo tā ļauj izpētīt, kā cilvēki rod savas dzīves svarīgas pieredzes jēgu (Smith, Larkin, & Flowers, 2009). IFA parasti nodarbojas ar nozīmīgiem dzīvi mainošiem notikumiem, kāda arī ir tēva pieredze ar neizārstējami slimu bērnu. IFA var identificēt gan pieredzes individuālos (idiogrāfiskos), gan kopīgos (nomotētiskos) aspektus, kas ir būtiski pētījuma turpmākai attīstībai un atbalsta meklējumiem tēviem paliatīvās aprūpes ietvaros.

Tādējādi, lai pētītu un gūtu izpratni par tēvu pieredzi ar neizārstējami slimu bērnu, kā vispiemērotākā ir izvēlēta konstrukcionisma paradigmā balstīta kvalitatīva pētījuma stratēģija ar fenomenoloģiju kā pētījuma dizainu un interpretatīvo fenomenoloģisko analīzi kā kvalitatīvo datu analīzes metodi.

### Summary

Qualitative research methods are increasingly being used in health psychology field. Therefore, topics studied should be carefully matched with appropriate research design. The purpose of this study is to explore and justify the choice of methodological approach for the prospective phenomenological doctoral research investigating lived experience of fathers of fatally ill child. Introductory part describes the topicality of the planned research theme and stresses the importance of choosing appropriate research design and data analysis method. The first section of the paper examines the postmodernist perspective. Based on research paradigm defined by T. Kuhn, constructivism is more emphasized and considered, as this postmodernist approach focuses on sensitivity and subjective experience. In the following section phenomenology is described as the most appropriate qualitative research method for exploring human experience as being a very center of this design. Besides that, phenomenology is recommended in research areas that are not extensively researched yet. In the next chapter three phenomenological approaches are described and

compared - Hermeneutic Phenomenology, Psychological Phenomenology and Interpretative Phenomenological Analysis. As a result, Interpretative Phenomenological Analysis is recognized as the most appropriate for investigating significant life-changing events, such as the experience of father`s with fatally ill child. In the final chapter possible difficulties of the planned research and issues of the chosen approach are examined. It is concluded that in order to grasp the experience of fathers with a fatally ill child, the interpretive phenomenological analysis based on a constructivist paradigm should be chosen.

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