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СРАВНИТЕЛЬНОЕ ИССЛЕДОВАНИЕ ЛИЧНОСТНЫХ СВОЙСТВ И САМОРЕГУЛЯЦИИ У БОЛЬНЫХ СПИДОМ И ЗДОРОВЫХ ЛЮДЕЙ

Статья посвящена исследованию осознанной саморегуляции и личностных свойств у больных СПИДОМ. Рассмотрена взаимосвязь личностных свойств с осознанной саморегуляцией в двух группах: у больных СПИДОМ (I группа) и здоровых людей (II группа).

Ключевые слова: личностные свойства, осознание, саморегуляция, СПИД.

T.L. Mironova

THE COMPARATIVE RESEARCH OF PERSONALITY CHARACTERISTICS AND CONSCIOUS SELF-REGULATION OF THE AIDS – PATIENTS AND HEALTHY PEOPLE

The article deals with the research of the realized self-regulation and personality characteristics of the AIDS – patients. The interrelation of the personality characteristics and the realized self-regulation has been considered in two groups: at the AIDS – patients (the 1-st group) and at the healthy people (the 2-nd group).

Keywords: personality characteristics, realization, self-regulation, AIDS.

Currently, HIV sickness rate is increasing, particularly among young people. AIDS has an impact on the psyche, the personality of the patient. The patients are nervous and psychically strained, irritable, anxious, in depression and have difficulties in arranging of contacts with people, in supporting and developing interrelation. Therefore, the problems of peculiar behaviour of the patients in the stressful, energetic or adaptive situations become actual. The problems of stress and stability of it, self-regulation of the AIDS – patients are acquired the significance. The important part in getting over stress is allotted to self-regulation, which allows a man to show its psychophysical and personality's reserves in the difficult situation of life. In this regard, it is necessary to study the personal problems of AIDS patients, characteristics and ways to overcome stressful situations. The study of the problem of conscious self-regulation in relation to personality characteristics of patients is important to us because the formation of an optimal system of self-regulation is one of the main mechanisms for preserving the mental health of AIDS patients.

Under conscious self-regulation V.I. Morosanova means “the systematically organized process of initiation, construction, maintenance and management of all types and forms of external and internal activity aimed at achieving the goals accepted by the subject” [1, p. 63].

Conscious self-regulation includes the main chains as planning, modeling, programming, estimation of results and also regulator-personality's characteristics such as independence,

flexibility [1]. In our early research we studied personality's peculiarities and self-regulation of the students and people with anti-law behaviour [2, 3].

The goal of the research was the features of self-regulation and personal characteristics of patients with AIDS. Database of the research: SBHI “National Center for the Prevention and Control of AIDS and infectious diseases”, Socio-Psychological Faculty, Faculty of Economics and Management of the Buryat State University.

Research sample: 52 people, male and female, aged from 19 to 35 years, 26 people in the experimental and control groups. The group 1 consisted of persons undergoing treatment at the National Center for the Prevention and Control of AIDS and infectious diseases. The group 2 included full-time and part-time students of the Buryat State University. Also the student of Socio-Psychological faculty A.S. Ovchinnikova took part in our research.

Research methods: V.I. Morosanova's questionnaire “Style of Self-regulation of Behavior” (SSRB), a 16PF Cattell personality questionnaire.

We found average values for 16-PF R. Cattell personality questionnaire in the groups under the research. In the first group low levels are revealed on the following scales: A “Sociability – insularity” (3 stens); C “Emotional stability” (2 stens); F “Concern – carelessness” (3); H “Courage – timidity” (2). Therefore, individuals in this group can be described as secretive, isolated, distrustful, unsociable; they have great difficulty in establishing interpersonal direct contact with other people. They are characterized by emotional instability,

emotional lability, low tolerance to emotion factors, lack of confidence, irritability. They are characterized by increased caution, restraint, sometimes pessimistic, austerity. They tend to be in the shade, prefer a narrow circle of close friends to large community, and often express shyness and timidity.

High rates found in the scales L "Suspicion – credulity" (10 stens) and O "Anxiety – calmness" (10 stens). Consequently, patients are characterized by suspicion, distrust, self-directed interests; they care little about other people. They are anxious, vulnerable, sensitive to the reactions of the surrounding people, and diffident.

The figures for the rest of the personality questionnaire scales are within the average scores.

A high rate on a scale of F "Concern – carelessness" (9 stens) is revealed in the control group, which characterizes them as active, cheerful, carefree and talkative people.

In the control group the average values for the following scales are revealed: A "Sociability – insularity" (8 stens), which indicates the average level of sociability, care for people, willingness to cooperate with them; C "Emotional stability" (6 stens), i.e. it characterizes the average level of emotional stability; they show stability in the behavior and emotions.

We have determined significant differences in personality traits of the members in the two groups on the following scales: A "Sociability – insularity" ($t = 3,9$; $p < 0.01$); C "Emotional stability" ($t = 4,95$; $p < 0.001$); F "Concern – carelessness" ($t = 4,68$; $p < 0,001$); H "Courage – timidity" ($t = 3,73$; $p < 0.01$) on "Anxiety – calmness" ($t = 3,59$; $p < 0.01$).

We obtained average values of self-regulation of behavior in the two groups by the SSRB method. In the experimental group lower values on a scale of "Planning" are revealed (2.5 points), i.e. this indicates that their necessity in planning is not enough developed, their goals are subject to frequent change, their goals are rarely achieved, their planning is distinguished by insufficient realism. Patients prefer not to think about their future, they are insufficient to show independence in advancing their goals, and their goals are related to the situation. Also, low levels (2.5 points) were obtained on a scale of "Evaluation of the results", i.e. their subjective evaluation criteria are characterized by poor stability, which in turn leads to a deterioration of the quality of the results when difficulties in work occur.

Low scores in this group were obtained on a scale of "Flexibility" (4 points), this suggests that AIDS patients feel insecure in a dynamic, rapidly

changing environment, they are difficult to get used to the changes in their lives, as well as the changes in the conditions and way of life. They cannot adequately respond to the situation, plan the activities and behavior quickly and in time, develop a program of action, allocate significant conditions, assess the discrepancy of the obtained results in order to work and make adjustments. All of this leads to crashes and failures in the implementation of their activities. The figures on the scale of "Independence" and "Programming" are within normal limits. If their purpose is planned, they tend to think of ways of their actions and behavior.

Consequently, a low level of formation of conscious self-regulation of any activity is noted among the members of the experimental group. They have not sufficiently formed the need for deliberate planning; they are more dependent on the situation and the people's opinion. Their possibility of compensation of personal peculiarities negative to achieving goals is lowered. Hence the need to correct the weaknesses of self-regulation of behavior of AIDS patients arose.

In the control group there was found that the values on the scales "Planning", "Modeling" and "Programming" are at an average level, which indicates the adequacy, awareness and independence in choice of methods of self-regulation. The figures on the scale "Evaluation of Results" (7.5 points) are at a high level, indicating that the sophistication and relevance of their self-assessment, formation and stability of subjective criteria for result evaluation. High scores on the scales "Flexibility" (7.5 points), and "Independence" (35 points) indicate that subjects are characterized by plasticity of all regulatory processes. They can easily rearrange their plans and programs of the performing actions and behavior.

Thus, the control group is characterized by a high level of development of the system of conscious self-regulation; they are able to form such style of self-regulation that allows them to offset the impact of personal characteristics, which are the obstacles to the goals.

We found significant differences by Student's t-test between the two groups on the following scales: "Planning" ($t = 3,1$; $p < 0.01$), "Programming" ($t = 3,2$; $p < 0.001$), "Evaluation of Results" ($t = 4,3$; $p < 0.01$), "Flexibility" ($t = 4,1$; $p < 0.01$), "Autonomy" ($t = 3,4$; $p < 0.01$). Thus, we have established significant differences in terms of conscious self-regulation of any activity of AIDS patients and healthy people.

In order to establish the relationship between the measures of self-regulation and personal properties

of the people under control, a correlation analysis was carried out using Pearson's correlation coefficient in the two research groups.

In group 1 significant correlations between the following parameters are revealed: "Planning" and "Emotional instability" ($r = 0,59$; $p < 0,01$), "Flexibility" and "Insularity" ($r = 0,54$; $p < 0,01$), "Flexibility" and "Suspicion" ($r = 0,67$; $p < 0,001$), "Independence" and "Anxiety" ($r = 0,68$; $p < 0,001$), "Independence" and "Concern" ($r = 0,58$; $p < 0,01$). This means that the emotional instability of AIDS patients prevents them to assess adequately their own capabilities and implement rational planning of their actions and behavior. Their goals are variable and rarely achieved, and planning is characterized by inadequacy and poor realism. Insularity and suspicion, distrust of the patients prevents to get used to the changes in their life, in an environment and lifestyle. Owing to anxiety, self-restraint, shyness, and excessive caution it is difficult to exercise autonomy in planning their activities and behavior, they are limited in the organization of their activity. Therefore, because of the above mentioned personality traits the patients with AIDS suffer from inherent failure of self-regulation; and they need help and support from others.

In the control group, significant correlations were found between the following parameters: "Flexibility" and "Carelessness" ($r = 0,051$; $p < 0,01$), "Independence" and "Emotional Stability" ($r = 0,64$; $p < 0,001$). Consequently, activity, vitality, expressiveness, talkativeness, emotional stability promotes such self-regulative personality traits as

flexibility, plasticity of self-regulatory processes and independence in the planning and choice of self-regulation methods.

Thus, AIDS patients' peculiarities of self-regulation of behavior differ from healthy people.

We have determined the relationship between self-regulation and personal traits of AIDS patients and healthy people. Taking into account personality characteristics of AIDS patients, remedial work directed to the development and formation of conscious self-regulation, as well as sociability, ability to interact in a group, focus on other people, emotional stability, social boldness should be carried out. It is important to develop and build other people's tolerant, humanistic attitude towards AIDS patients.

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