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PSIHOLOGIJA
Psychology

WORKPLACE STRESS AMONG PERSONNEL OF PUBLISHING COMPANY, COPING AND WORKING ABILITY

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Abstract. *Most of the life of a human is spent at work, creating the economic and material foundation of the society, which, to a large extent, depends on the working ability of these people. The printing and publishing company is experiencing an increase in the numbers of days spent off work due to sickness, overtime hours and on-job casualties. The aim of the research is to study the causes of workplace stress among the personnel, the coping strategies, the working abilities and their mutual relationship. The research questions are: What are the major causes of workplace stress, what coping strategies are used by the personnel, what is the level of the working ability among the personnel, and are there statistically significant correlations between workplace stress, coping strategies and working ability? Based on the results, it was found that the key causes of workplace stress include the high volumes and amount of work. Active coping strategies are used most frequently to handle stress. No respondents were found to have low levels of working ability. A statistically significant correlation was found between the ratings on the scales “organisational culture” and “working ability”, i.e., the lower the evaluation of the organisation among the personnel, the lower the working ability. An explanation for this fact might be the different values of the personnel and the organisation.*

Keywords: *workplace stress, coping and working ability.*

Introduction

A third part of the life of a human is spent at work, creating the economic and material foundation of the society, which, to a large extent, depends on the working ability of these people. Stress is viewed both as a stimulus and as a process between the stimulus and the response, and also as a response to stress (Selye, 1983). A significant concept in association with stress is the stressor, i.e., the factor that causes stress (Le Blanc, De Jonge, & Schaufeli, 2000). In the working environment, stressors include overwork, unclear tasks, inconsistent requirements, inability to influence decision-making, and others. Workplace

stress is a diverse phenomenon that manifests as mental and physical responses in tense job situations (Maslach, 1993). It should also be noted that workplace stress may be caused by conditions such as insufficient load and inability to make use of own professional potencies (Cooper, Dewe, & O`Driscoll, 2001). The research conducted in the world suggests that workplace stress is a daily issue for people working in any sector (Paoli, 2000). Mental, physical and behavioural disorders may occur due to workplace stress (Le Blanc et al., 2000).

There are known basic coping strategies with stress: the problem-oriented and the emotions-oriented strategy for coping with stress (Pearlin & Schooler, 1978; Lazarus & Folkman, 1984). Three types of behaviour appear in research: problem-oriented behaviour, emotions-oriented behaviour and avoidance behaviour (Parker & Norman, 1992). Problem-oriented stress management strives to cope with the environmental requirements and manifests in particular behaviour, i.e., seeking actual help, attempting to handle the threat (Lazarus & Folkman, 1984). Emotions-oriented stress management is used when the person is sure they are not able to change the situation. In this case, as the mechanism for coping with stress, the individual tries to regulate their emotions using anger, seeking emotional support, twisting the situation (Scheier & Carver, 1985; DeLongis & Holtzman, 2005). By investigating these styles of coping, one can foresee the response of the individual in a new situation (Parker & Norman, 1992; Carver, Kus, & Scheier, 1994).

The working ability characterises the ability of the individual to perform the job tasks, the individual has sufficient professional competence, adequate health and a safe working environment (McGonagle, 2015). In a research conducted in an Iran industrial company results showed that employees with higher stress indicators had lower work capacity (Gharibi et al., 2016). Authors in Germany researched perceived stress between employees with different status and it's effects on work capacity. Results showed that perceived work stress was connected with work capacity decrease (Yong, Nasterlack, Pluto, Lang, & Oberlinner, 2012). Scientists in Germany compared occupational disease, depression symptom, work capacity and work environment differences between workers in different medical professions. Significant differences were identified between workers in terms of work capacity, work requirements and work resources. Results showed relation between work stress factors, doctor health and work capacity (Bernburg, Vitzthum, Groneberg, & Mache, 2016).

Nowadays, a serious problem is ageing of the workforce, and more attention needs to be paid to this matter in order to identify any drops in the working ability as early as possible (Ilmarinen & Tuomi, 2004). The factors that determine working ability are health, competences, values, job, family, direct social environment (Grosh, 2004; Ilmarinen, 2009). The study in Iran

demonstrated that employees with the highest stress indicators had decreased working ability (Habibi, Dehghan, Safari, Mahaki, & Hassanzadeh, 2014).

The aim of the authors of the research is to study the causes of workplace stress among the personnel, the stress coping strategies, the working abilities and their mutual relationship. The authors formulated following research questions: What are the major causes of workplace stress? What coping strategies are used by the personnel? What is the level of the working ability among the personnel? Are there statistically significant correlations between workplace stress, coping strategies and working ability?

Methods

Sample:

There were 102 respondents in the survey (workers from Printing and Publishing Company) 19% females and 81 % males. Most of the respondents in the survey were 40-44 years of age (19%), those of 30-34 years of age were 18%, and respondents aged between 45 and 49 years were 15%

Measures:

Strategic Approach to Coping Scale (SACS, Hobfoll et al., 1993). The SACS questionnaire consists of 52 statements and includes nine subscales: assertive action, avoidance, cautious action, indirect action, antisocial action, aggressive action, instinctive action, seeking social support.

Work Ability Index (WAI, Ilmarinen et al., 1980, Finnish Institute of Occupational Health). The WAI is seven items questionnaire. The score is calculated by summation of single item scores. The score can be range from 7 to 49 points. The respondents working ability classified in 4 categories: from 7 – 27 points – poor, from 28 – 36 – moderate, from 37 – 43 points – good, from 44 – 49 – excellent working ability.

The workplace stress questionnaire developed by the authors consisted of 45 statements. All the statements were divided into 9 clusters of items.

Procedure:

Questionnaires were uploaded to the online surveys' program - *wobropol*. 102 participants had filled up questionnaires. The respondents were to rate each of the statements on a Likert scale in period from 12.03.2018.-30.03.2018.

Results and discussion

A summary of the information obtained regarding the **workplace causes** in the working environment (Figure 1) allows to conclude that the personnel is mostly dissatisfied with the salary and bonus payment system as well as the high workloads due to staff insufficiency (for this reason, they are forced to perform

the job duties outside the job description) and the unsatisfactory handling of changes in the company because insufficient information is provided regarding them and not enough support is provided in the process of implementing them. Overall, the personnel has rather negative attitudes towards the company, as evidenced by the number of respondents who do not agree with the statement that they would recommend their friends or acquaintances to work in this company.

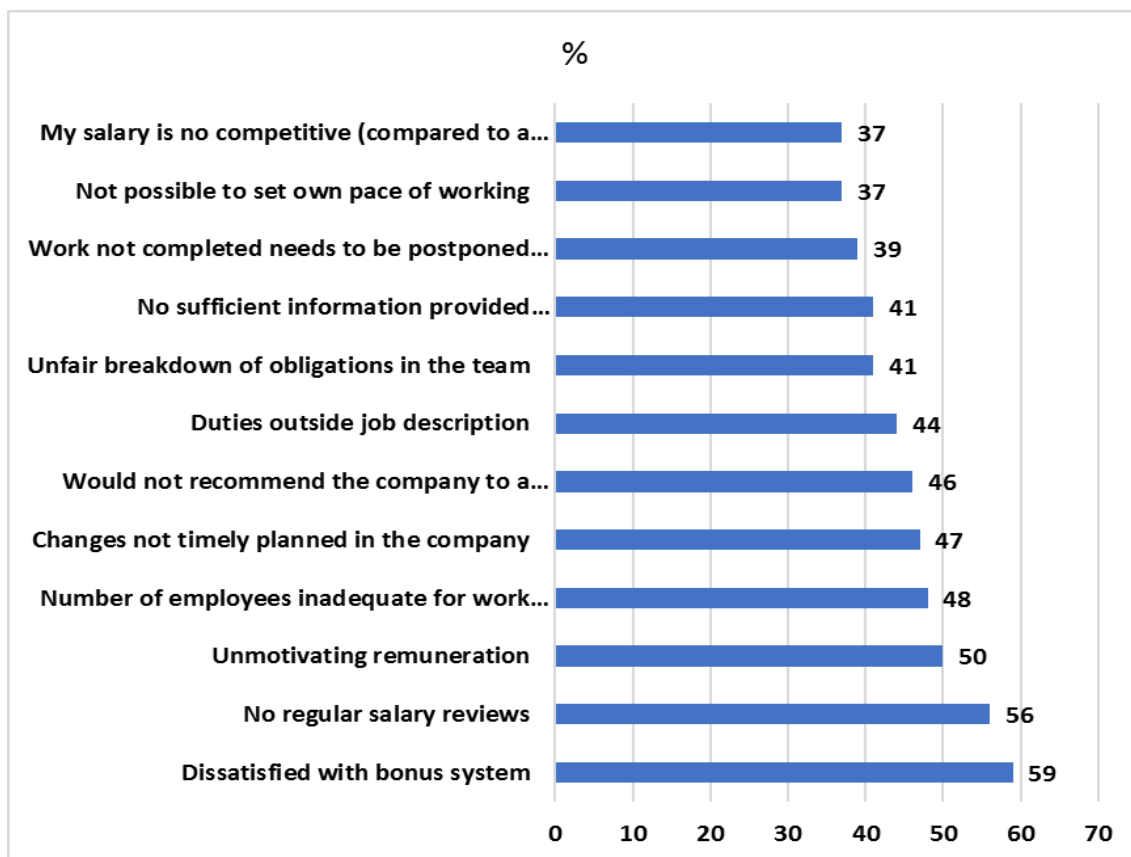


Figure 1 Most frequent negative responses in the workplace stress survey

Overall, in their assessment of the positive tendencies in the results of the workplace stress survey, the authors of the research project conclude that the least amounts of stress among the employees are caused by the relationship with the colleagues and the clients, and this is suggestive of a positive atmosphere in the team. The content of the work is also sensible because products necessary for the client are created, and the employees are sure that they are able to manage it with their work.

Based on a summary of the results obtained for **coping with stress**, it should be noted that the respondents use several coping strategies. Most of the respondents use “fearless and confident action” (Figure 2), which suggests that

an active stress coping strategy is pursued, i.e., in stress situations, most of the respondents try to do everything possible to resolve the situation.

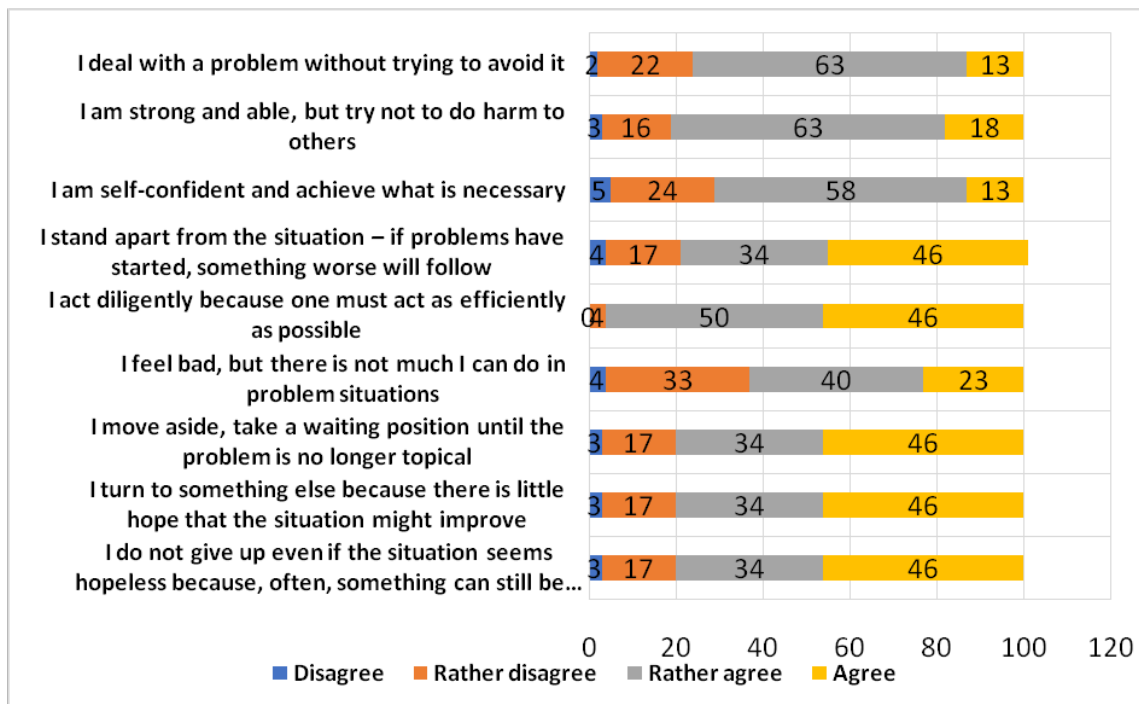


Figure 2 Responses provided by the respondents in the cluster of statements regarding fearless and confident action

The coping strategy “public contacts” is also pursued by the respondents rather often to deal with their daily stress situations (this is a prosocial stress management strategy), and this suggests that a large part of the respondents are ready to interact with their peers positively and productively to resolve the situation and avoid damage to those around them. Practically no respondents use the “avoidance” coping strategy, and this suggests that, in case there is an actual stress situation, the personnel try to handle the situation actively and positively instead of avoiding. Before taking an avoiding stand, 38% of the respondents still evaluate whether their passive action would not make the situation even worse. Approximately one fifth of the respondents, in their turn, sometimes use “antisocial behaviour”, i.e., in an actual stress situation, they become aggressive and may show their emotions through outbursts of anger.

In the calculations of the **work ability index**, most of the respondents (63%) had a score of 37- 43, and this suggests that these respondents have good working ability, but 31% of the respondents had a score of 28 - 36 which corresponds to a moderate level of working ability. Only 6% of the respondents had excellent working ability, which corresponds to a score of 44 - 49 (Figure 3).

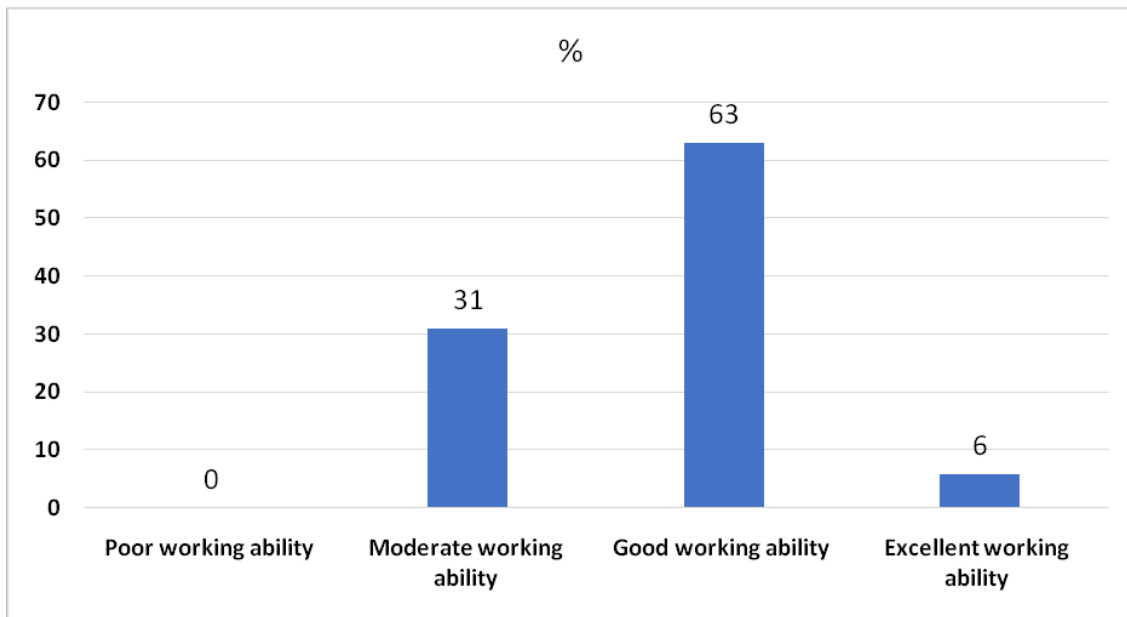


Figure 3 Ratings given for the working ability by the respondents

It is positive that there are no respondents with poor working ability despite the fact that the age and length of service of some respondents are rather considerable.

With the correlation rates between .6 and .8, there is a strong positive correlation (Table 1) between the workplace stress item clusters “job duties” and “changes” ($r = .67; p < .01$), “relationship with supervisor” and “changes” ($r = .78; p < .01$), “relationship with supervisor” and “organisational culture” ($r = .70; p < .01$), “work volume, load” and “changes” ($r = .68; p < .01$), “work volume, load” and “organisational culture” ($r = .64; p < .01$), “work content” and “working with clients” ($r = .73; p < .01$), “changes” and “organisational culture” ($r = .63; p < .01$).

Table 1 Spearman’s rank correlation for workplace stress survey item clusters

Measure	1.	2.	3.	4.	5.	6.	7.
1. Job duties	--						
2. Relationship with supervisor	.57**	--					
3. Work volume, load	.58**	.59**	--				
4. Work content	.42**	.33**	.20	--			
5. Changes	.67**	.78**	.68**	.24	--		
6. Organisational culture	.56**	.70**	.64**	.15	.63**	--	
7. Working with clients	.48**	.41**	.18	.73**	.30**	.34**	--

Note. $N = 102$, ** $p < .01$

Based on the evaluation of the obtained strong positive correlations between the workplace stress item clusters, the authors of the research project establish that the job duties and work volumes strongly correlate with changes in the company possibly because the personnel, when receiving information about some changes expected in the work processes or future implementation of any new systems, expect increases in the volumes of work and duties. Regarding changes in the company, there has not been a sufficient explanatory process from the direct supervisor of the employee, and, therefore, the relationship with the supervisor correlates with changes in the company. The personnel is not always satisfied with the manner of communication of the direct supervisor, and this might explain the overall attitude of the employees towards the company because, infrequently, personnel also relate their attitude towards the organisation as the overall attitude towards the company. The work content closely correlates with working with clients, and this could be explained by the fact that the personnel feel the input into their job and the importance of the work they do to satisfy their clients.

The results obtained from the calculation of the Spearman’s rank correlation between the coping strategies questionnaire item clusters (Table 2) suggest a strong positive correlation between “indirect action” and “antisocial action” ($r = .73$; $p < .01$) as well as “antisocial action” and “aggressive action” ($r = .64$; $p < .01$). Conversely, there is a statistically significant negative mutual correlation between the item clusters “assertive action” and “avoidance” ($r = -.68$; $p < .01$) because they are diametrically opposite coping strategies which, due to their very nature, cannot be used concurrently.

Table 2 Spearman’s rank correlation for stress management survey item clusters

Measure	1.	2.	3.	4.	5.
1. Assertive action	--				
2. Avoidance	-.68**	--			
3. Indirect action	-.03	.02	--		
4. Antisocial action	-.07	.10	.73**	--	
5. Aggressive action	.31**	-.15	.49**	.64**	--

Note. $N= 102$, ** $p < .01$

The results obtained from the calculation of the Spearman’s rank correlation for all of the respondents between the workplace stress item clusters and the coping strategies item clusters suggest a strong positive correlation between “working with clients” and “assertive action” ($r = .60$; $p < .01$), which can be explained by the fact that the employees, who communicate with the

clients, know the work process well and act fearlessly in various stress situations.

The results obtained from the calculation of the Spearman's rank correlation for all of the respondents between the workplace stress item clusters and the working ability index suggest a statistically significant medium strong correlation between organisational culture and working ability ($r = .34; p < .05$), which suggests that, in cases there are differences between the values of the organisation and the personnel, this has significant impacts on the working ability of the personnel because, based on the theory, one of the factors affecting working ability is the values of the employee. The results obtained from the calculation of the correlation between workplace stress coping strategy item clusters and the working ability index suggest no statistically significant correlations between any of the above-mentioned factors.

Conclusions

Based on the research, it was determined that the key workplace stress causes are dissatisfaction with the salary and bonus payment system, the high work volumes and workloads as well as with the organisational culture and the handling of changes in the company, and this suggests that the management of the organisation should make adjustments to the personnel salary and bonus payment system by establishing common and clear criteria for the salary and bonus calculations. The respondents use several coping strategies. Most of the respondents use "fearless and confident action", which suggests that an active stress coping strategy is pursued, i.e., in stress situations, most of the respondents try to do everything possible to resolve the situation. The coping strategy "public contacts" is also pursued by the respondents rather often to deal with their daily stress situations, and this suggests that a large part of the respondents are ready to interact with their peers positively and productively to resolve the situation and avoid damage to those around them. No respondents were found to have poor levels of working ability, but a third of the respondents have moderate working ability. A statistically significant correlation was found between the relationship between the direct manager and the handling of changes in the company, and this suggests that the managers do not explain the necessity for the changes sufficiently and do not provide sufficient information about them. To large extent research results are matching with other author research findings – work stress reduces work capacity (Yong et al., 2012, Gharibi et al., 2016, Bernburg et al., 2016). Research results didn't show statistically significant relation between stress coping strategy application and work capacity. The authors suggest that the human resources department liaise with the respective specialists to provide regular training to the direct

supervisors on working with the personnel – stress coping, communication skills, motivation and giving and getting feedback. The authors suggest that the human resources department should develop a system for monitoring the health of the personnel by not only providing the mandatory health checks, but also do working ability index calculations annually in conjunction with an occupational illness doctor. Insofar as permitted by the requirements applicable to the protection of the data of natural persons, the specialists of the human resources department should analyse the reasons for the occupational invalidity of the personnel, by dividing them into categories

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PSIHOLOĢISKĀ PALĪDZĪBA LATVIJAS SAISTOŠAJOS DOKUMENTOS

Psychological Help in Latvia – Regulatory Framework

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Abstract. *The field of psychological help in Latvia is undergoing significant changes that require reviewing past practices and professional activities. The term “psychological help” is used quite widely in Latvian regulation, not revealing the semantic difference from other terms as psychological treatment, psychological care, psychological support or psychological aid. The purpose of this article is to find out how the term “psychological help” is used in the regulatory documents of Latvia. The method of qualitative thematic analysis was used to analyse terminology use in selected documents (n115). As a result five topics describing psychological help were identified and defined in the regulatory documents of Latvia: “Professional diversity of psychological help providers”, “Indicators for professional help”, “Targets of professional help”, “Beneficiaries of psychological help”, “Methods of professional help”. The term psychological help in Latvian regulatory documents is revealed in a fragmentary and non-systematic way, which contributes to the confusion of terminological diffusion and boundaries of professional competences.*

Keywords: *psychological aid, psychological care, psychological help, psychological support, psychological treatment, thematic analysis.*

Ievads *Introduction*

Psiholoģiskā palīdzība Latvijā kopš 1.01.2018., kad spēkā stājās Psihologu likums¹, piedzīvo būtiskas pārmaiņas, kas prasa līdzšinējās prakses un profesionālās darbības pārskatīšanu (Mārtinsone, Mihailovs, & Girgensone, 2018). Psihologu sniegtā psiholoģiskā palīdzība neatkarīgi no tās veida Psihologu likumā tiek saistīta ar psihologa profesionālajām zināšanām, zinātniski pamatotu metožu izmantošanu, kā arī ar noteikta statusa – reģistrācijas Psihologu reģistrā – ieguvi un turpmāko sertifikāciju (un resertifikāciju). Tomēr detalizētāk psiholoģiskā palīdzība likumā netiek skaidrota (Dāvidsone, Bortaščenoks, & Koļesņikova, 2018). Tāpēc Psihologu likuma pieņemšana ir aktualizējusi jautājumu par zinātniski pamatotas, skaidri strukturētas, normatīvi un institucionāli definētas psiholoģiskās palīdzības satura noteikšanu un psiholoģiskās palīdzības sistēmas izveidi mūsu valstī. Profesionālās terminoloģijas nekonsekventa lietošana un terminoloģiska neskaidrība praksē un tiesību normu sistēmā rada priekšnoteikumus kļūdainai tiesību normu interpretācijai un attiecīgi nepareizai piemērošanai, kā arī ietekmē attiecīgo pakalpojumu finansēšanu un pieejamību noteiktām grupām. Latvijā šis jautājums ir aktuāls, jo psiholoģiskā palīdzība ne vienmēr ir pieejama un tikai pamazām tiek ieviesta veselības un sociālās aprūpes sistēmās (Bite, Mārtinsone, & Sudraba, 2016).

Latvijas normatīvajos aktos samērā plaši tiek lietots termins “psiholoģiskā palīdzība”, līdzās vai saistībā ar tādiem terminiem kā “psiholoģiskā aprūpe”, “psiholoģiskais atbalsts”, “psihosociālā palīdzība”, “psiholoģiskā rehabilitācija” u.tml., neatklājot to semantisko atšķirību. Latvijā papildu grūtības rodas arī no tā, ka psiholoģiskās palīdzības prakses dažādu aspektu apzīmēšanai lielākoties tiek lietots tikai viens termins – psiholoģiskā palīdzība, bet, piemēram, angļu valodā tiek izmantoti trīs patstāvīgi termini “psychological help/treatment/aid”. Proti, Amerikas Psiholoģiskās asociācijas vārdnīcā (American Psychological Association) var atrast “psychological treatment” un radniecīgo “psychosocial support” definīcijas, bet termini – “psychological help”, “psychological aid”, un “psychological care” netiek definēti. Tuvākais un saturiski atbilstošākais psiholoģiskās palīdzības terminam no vārdnīcā iekļautajiem terminiem angļu valodā ir “psychological treatment”, kas tiek definēts šādi: “Dažādas psiholoģiskās palīdzības formas un psiholoģiskā izglītošana, tostarp psihoterapija un uzvedības maiņa, kas vērstas, lai veicinātu indivīda adaptīvās un autonomas psihiskās un uzvedības funkcionēšanu. Psiholoģiskā palīdzība ir profesionāli izglītotu psihiskās veselības speciālistu īpašā kompetence un ietver dažādas

¹ Psihologu likums. Latvijas Republikas likums, pieņemts 30.03.2017., Latvijas Vēstnesis, nr. 75 (5902), 12.04.2017.

teorijas un paņēmienus, kā radīt veselīgas un adaptīvas pārmaiņas indivīda darbībā, domās un jūtās. Tas atšķiras no ārstēšanas ar medikamentiem, lai gan zāles dažkārt lieto kā papildinājumu dažādām psiholoģiskās palīdzības formām” (American Psychological Association). Vienlaikus jāuzsver, ka arī minēto terminu lietojums angļu valodā nav konsekvents. Lai gan zinātniskajā literatūrā skaidri iezīmējas tendences terminu “psiholoģiskā palīdzība” (angl. psychological treatment) saistīt ar pierādījumos balstītu psiholoģiskās palīdzības praksi, kas to atšķir no citiem līdzīgiem palīdzības veidiem (Andersson & Cuijpers, 2009; Barlow, 2006). Neraugoties uz pēdējos gados sasniegto progresu psiholoģiskās palīdzības pētījumos, pierādījumos balstītas psiholoģiskās palīdzības ietekme uz sabiedrības veselību ir mazāka, nekā tai vajadzētu būt (Barlow, Bullis, Comer, & Ametaj, 2013).

Neskaidrais terminu “psiholoģiskā palīdzība” (angl. psychological help/aid or treatment), “psihosociālais atbalsts” (angl. psychosocial support) “psiholoģiskais atbalsts” (angl. psychological support), “psiholoģiskā aprūpe” (angl. psychological care) lietojums īpaši jāizceļ psihiskās veselības aprūpes kontekstā². Visi šie jēdzieni paši par sevi ietver kādu no psihiskās veselības vai psiholoģiskās labklājības aspektiem. Nepietiekama terminoloģiska saskaņotība starp latviešu valodā lietotajiem un angļu valodas terminiem nav unikāla, piemēram, termina “līdzestība” lietojumā angļu valodā arī tiek lietoti trīs atsevišķi termini “adherence”, “concordance”, “persistence”, kas apraksta atšķirīgas jēdzieniskas nianšes (Bortaščenoks, Millere, & Mārtinsons, 2018).

Pasaules veselības organizācijas (PVO) dokumentos terminu “psychological treatment”, “psychological care”, “psychological first aid” (World Health Organization, 2018; World Health Organization & War Trauma Foundation and World Vision International, 2011) lietošana ir nostabilizējusies un jēdzieniski skaidra, pretstatā terminu lietošanai latviešu valodā.

PVO akcentē nepieciešamību nodrošināt psiholoģiskās palīdzības pakalpojumus. Cilvēkiem ar psihiskās veselības traucējumiem ir tiesības saņemt ārstēšanu, kas atbilst labākajiem pieejamajiem pierādījumiem. Pētījumos ir iegūti pierādījumi par bioloģisko, psiholoģisko un sociālo intervenču drošumu, pieņemamību, izmaksām un efektivitāti (World Health Organization, 2013b). Tāpat tiek akcentēts, ka psihiskās veselības aprūpes pakalpojumu sniedzēji nedrīkst ierobežot terapeitisko stratēģiju tikai ar zālēm, kā arī nevajadzētu veicināt uzskatus, ka domas, garastāvokļa un uzvedības izmaiņas var panākt tikai ar farmakoterapeitiskajiem līdzekļiem (World Health Organization, 2017). PVO arī

² Psiholoģiskā palīdzība, kas pēc būtības ir vērsta uz indivīda psihiskās labklājības stiprināšanu vai atjaunošanu, iekļaujas PVO psihiskās veselības konceptā. PVO psihisko veselību definē kā labklājības stāvokli, kad indivīds spēj īstenot savu potenciālu, pārvarēt ikdienas stresu, produktīvi strādāt un veikt ieguldījumu sabiedrībā. Indivīda un kopējā sabiedrības laba psihiskā veselība ir būtisks nosacījums stabilas, drošas un labklājīgas sabiedrības veidošanai (World Health Organization, 2014).

norāda uz nepietiekamu izpratni par psiholoģiskās labklājības nozīmi un pakalpojumu pieejamības ierobežojumiem (World Health Organization, 2013a). Arī pētījumi, kas veikti Latvijā, pārliecinoši apstiprina, ka psiholoģiskajai palīdzībai ir nozīmīga loma veselības aprūpē (Rancāns, Buģins, & Taube, 2014; Taube & Damberga, 2009; Tērauds, Latvijas Psihiatru, & asociācija, 2015; Tērauds, Latvijas Psihiatru asociācija, & Latvijas Psihosomatiskās medicīnas un psihoterapijas asociācija, 2015; World Health Organization, 2016, 2017).

Šī raksta mērķis ir noskaidrot, kā Latvijas saistošajos dokumentos tiek raksturota psiholoģiskā palīdzība. Tāpēc uzmanība turpmākajā izklāstā tiks pievērsta psiholoģiskās palīdzības raksturojumam Latvijas saistošajos dokumentos – normatīvajos aktos, politikas plānošanas dokumentos, klīniskajās vadlīnijās un medicīniskajās tehnoloģijās.

Saistošie dokumenti

Pētījumā tika ietvertas četras saistošo dokumentu grupas – *normatīvie akti, politikas plānošanas dokumenti, klīniskās vadlīnijas un medicīniskās tehnoloģijas*.

Normatīvo aktu iekļaušana pētījumā ir saistīta ar to, ka daudzi psiholoģiskās palīdzības sniegšanas un finansēšanas jautājumi tiek regulēti normatīvajos aktos. Normatīvā regulējuma mērķis ir nodrošināt ikvienas sabiedrības un valsts dzīves neatņemamās prasības – kārtību un stabilitāti. Bez uzvedības noteikumu nostiprināšanas nav iespējams uzlabot cilvēku dzīvi un darbību (Valsts kanceleja, 2018).

Klīnisko vadlīniju iekļaušana pētījumā ir saistīta ar to, ka tie ir nozīmīgi ārstniecības praksi veidojoši dokumenti, kas var saturēt norādes par psiholoģiskās palīdzības izmantošanu slimību ārstēšanā un rehabilitācijā. Klīnisko vadlīniju definīcija ir noteikta Ārstniecības likuma³ 1. panta 20. punktā: “Klīniskās vadlīnijas – ievērojot uz pierādījumiem balstītas medicīnas principus, veidots sistematizēts konkrētu pacientu grupu ārstniecības procesa apraksts, kurā noteiktas nepieciešamās darbības, to veikšanas kārtība un pacientu ārstēšanas taktikas izvēlē būtiski kritēriji labāka ārstēšanas rezultāta sasniegšanai”. Saskaņā ar Ministru kabineta 2010. gada 25. maija noteikumu Nr.469 "Kārtība, kādā izstrādā, izvērtē, reģistrē un ievieš klīniskās vadlīnijas"⁴ 3. punktu klīniskās vadlīnijas izvērtē un reģistrē Slimību profilakses un kontroles centrs.

Medicīnisko tehnoloģiju iekļaušana pētījumā ir pamatota ar to, ka psiholoģiskās palīdzības sniedzēji tiek iesaistīti ārstniecības procesā un darbojas multidisciplināro komandu sastāvā. Termins “medicīniskās tehnoloģijas” apzīmē

³ Ārstniecības likums. Latvijas Republikas likums, pieņemts 12.06.1997., Latvijas Vēstnesis, Nr. 167/168, 01.07.1997.

⁴ Kārtība, kādā izstrādā, izvērtē, reģistrē un ievieš klīniskās vadlīnijas. MK noteikumi Nr.469, pieņemti 25.05.2010., Latvijas Vēstnesis Nr.85, 29.05.2010.

ārstniecībā izmantojamās metodes, medicīniskās ierīces un zāles. Medicīnisko tehnoloģiju izmantošanu ārstniecībā Latvijā regulē Ārstniecības likums.⁵ Medicīniskās tehnoloģijas novērtē un apstiprina Nacionālais veselības dienests kārtībā, kādu to nosaka Ministru kabineta 2005. gada 28. jūnija noteikumi Nr.468 “Ārstniecībā izmantojamo medicīnisko tehnoloģiju apstiprināšanas un jaunu medicīnisko tehnoloģiju ieviešanas kārtība”⁶.

Politikas plānošanas dokumentu izstrādi un pielietojumu nosaka Attīstības plānošanas sistēmas likums⁷. Politikas plānošanas dokumenti nosaka politiku vienas vai vairāku jomu attīstības veicināšanai, izšķir šādus dokumentu veidus – pamatnostādnes, plāns un konceptuāls ziņojums. Šo dokumentu iekļaušana ir pamatota ar to, ka tie var saturēt būtisku informāciju par nākotnes regulējumu, esošās situācijas izvērtējumu politikas plānotājiem svarīgos jautājumos.

Psihologu, psihiatru, ārstu psihoterapeitu, medicīnas māsu, mākslas terapeitu profesijas saskaņā ar likumu “Par reglamentētajām profesijām un profesionālās kvalifikācijas atzīšanu”⁸ ir reglamentētās profesijas, tādēļ sagaidāms, ka saistošo dokumentu saturs būs pietiekami informatīvs, lai varētu izpētīt būtiskākos psiholoģiskās palīdzības aspektus.

Metodes un materiāli ***Methods and materials***

Datu ieguves avoti un metodes

Saistošo dokumentu atlasei tika izstrādāti šādi iekļaušanas kritēriji: spēkā esoša saistošā dokumenta konsolidētā redakcija, kas tekstā satur jebkuru no mērķa terminiem atbilstošajiem atslēgas vārdiem: “psiholoģiskā vai “psihosociālā, vai psihoterapeitiskā” – “palīdzība vai atbalsts vai ārstēšana, vai terapija, vai interence, vai iejaukšanās, vai aprūpe, vai konsultēšana, vai izvērtēšana, vai atzinums”. Iekļauti tika tie spēkā esošie dokumenti, kuri ir saistāmi ar psiholoģiskās palīdzības sniegšanu un tās sniedzējiem.

Normatīvie akti (NA). NA atlasei tika izmantota Latvijas Republikas tiesību aktu datu bāze www.likumi.lv. Atbilstoši atslēgas vārdiem un pētījuma mērķiem tika izveidots meklēšanas algoritms. Pētnieki izmantoja datu bāzē pieejamā izvērstās meklēšanas rīka funkcionalitāti: meklēšana tekstā, meklēt locījumos un meklēšanas filtrus: nemeklēt grozījumos, tikai spēkā esoši.

⁵ Ārstniecības likums. Latvijas Republikas likums, pieņemts 12.06.1997., Latvijas Vēstnesis, Nr. 167/168, 01.07.1997.

⁶ Ārstniecībā izmantojamo medicīnisko tehnoloģiju apstiprināšanas un jaunu medicīnisko tehnoloģiju ieviešanas kārtība. MK noteikumi Nr.468, pieņemti 28.06.2005., Latvijas Vēstnesis Nr.102, 1.07.2005.

⁷ Attīstības plānošanas sistēmas likums. Latvijas Republikas likums, pieņemts 08.05.2008., Latvijas Vēstnesis, Nr.80, 23.05.2008.

⁸ Par reglamentētajām profesijām un profesionālās kvalifikācijas atzīšanu. Latvijas Republikas likums, pieņemts 20.06.2001., Latvijas Vēstnesis nr.105, 06.07.2001.

Klīniskās vadlīnijas (KV). KV reģistrēšanu un ievietošanu KV datu bāzē⁹ veic Slimību profilakses un kontroles centrs. KV atlasei tika izmantota KV datu bāze. Atlase tika veikta manuāli, caurskatot visas reģistrētās KV.

Medicīniskās tehnoloģijas (MT). Nacionālais veselības dienests veic Medicīnisko tehnoloģiju datu bāzes¹⁰ uzturēšanu. MT atlasei tika izmantota MT datu bāze. Atlase tika veikta manuāli.

Politikas plānošanas dokumenti (PPD). Visi plānošanas dokumenti ir publicēti Pārresoru koordinācijas centra informācijas sistēmā “Politikas plānošanas dokumentu datu bāze” (POLSYS)¹¹. Dokumentu meklēšana tika veikta, izmantojot datu bāzē pieejamo meklēšanas rīku. Turpmākā atlase tika veikta manuāli.

Procedūra

Datu vākšanu pētnieki sāka ar viena termina “psiholoģiskā palīdzība” sākotnēju izpēti Latvijas tiesību aktu datu bāzē un Politikas plānošanas dokumentu datu bāzē iekļautajos dokumentos. Tika secināts, ka līdzās šim terminam normatīvajos aktos tiek lietoti arī citi termini kā sinonīmi vai bez acīmredzama pamata, tekstā aizstājot vienu ar otru. Piemēram: “*Viena no iespējām, lai uzlabotu psihologu atzinumu kvalitāti, ir noteikt striktākus kritērijus atklāta konkursa nolikumā, ar kuru tiek iepirkti konsultāciju pakalpojumi psiholoģiskās palīdzības sniegšanai*¹²”. Šajā teksta vienībā ir redzams, ka mērķis ir uzlabot atzinumu kvalitāti, bet lai to sasniegtu, tiek organizēta procedūra konsultāciju pakalpojumu iepirkšanai, lai sniegtu psiholoģisko palīdzību. Citā teksta vienībā: “*Ja apcietinātajam nepieciešama psiholoģiskā aprūpe, to nodrošina, veicot psiholoģisko izpēti, konsultējot vai sniedzot cita veida psiholoģisko palīdzību*¹³”. Šajā piemērā parādās termins “psiholoģiskā aprūpe”, kas sevī ietver terminu “psiholoģiskā palīdzība”.

Datu vākšanas sākuma stadijā kļuva skaidrs, ka pētījumā aprobežoties tikai ar vienu terminu nebūs iespējams, jo tā satura aprakstīšanai atsevišķos gadījumos tiek lietoti arī citi termini, tādēļ tika nolemts paplašināt mērķa terminu loku ar papildu biežāk lietotajiem radniecīgajiem terminiem: “psiholoģiskā – konsultēšana, aprūpe, terapija, ārstēšana, intervences, iejaukšanās, atbalsts, izvērtēšana”.

Nākamajā solī, iepazīstoties ar šo radniecīgo terminu lietojumu, pētnieki konstatēja, ka atsevišķu dokumentu tekstos bez pamatojuma saistībā ar

⁹ Klīnisko vadlīniju datu bāze. <https://www.spkc.gov.lv/lv/profesionali/kliniskas-vadlinijas/klinisko-vadliniju-datu-baze/kopejais-registreto-klinisko-v/>, apskatīts 22.12.2018.

¹⁰ Medicīnisko tehnoloģiju datu bāze. <http://www.vmnvd.gov.lv/lv/420-kliniskas-vadlinijas/klinisko-vadliniju-datu-baze>, apskatīts: 22.12.2018.

¹¹ Politikas plānošanas dokumentu datu bāze” (POLSYS). <http://polsis.mk.gov.lv>

¹² Informatīvais ziņojums „Par psihologu profesionālās darbības regulējuma nepieciešamību”.

¹³ Apcietinājumā turēšanas kārtības likums. 27² pants.

psiholoģiskās palīdzības jēdziena saturu tiek lietoti termini “psihosociālā palīdzība”, “psihoterapeitiskā psiholoģiskā palīdzība”, “psiholoģiskais atzinums”. Piemēram: “**psihosociālā palīdzība** — sociālā darba virziens, kura nolūks ir palīdzēt indivīdam un ģimenei risināt starppersonu un sociālās vides problēmas, **sniedzot psiholoģisku un sociālu atbalstu**.¹⁴” Šajā piemērā redzams, ka termins “psihosociālā palīdzība” ietver arī psiholoģisko atbalstu kā sociālā darba virzienu. Tādēļ tika nolemts paplašināt mērķa terminu loku ar šiem papildus terminiem.

Atbilstoši mērķa terminiem pētnieki izveidoja meklēšanas algoritmu un veica normatīvo aktu atlasi Latvijas tiesību aktu bāzē 1.12.2018. un atkārtoti 5.01.2019. Rezultātā tika atrasti ieraksti (n190), kas satur pētnieku izvēlētos atslēgas vārdus. Spēku zaudējušie tiesību akti (n74) tika izslēgti kā iekļaušanas kritērijiem neatbilstoši. Tāpat tika izslēgti spēkā esoši normatīvo aktu grozījumi (n25), jo to teksti ir iekļauti normatīvo aktu konsolidētajās redakcijās. Atlikušos normatīvos aktus (n91) divi pētnieki neatkarīgi viens no otra apskatīja un izlēma izslēgt astoņus normatīvos aktus, kas tikai formāli atbilda iekļaušanas kritērijiem, bet saturiski nebija saistāmi ar pētījuma priekšmetu. Tādējādi pētījumā tika iekļauti (n83) kritērijiem atbilstoši dažāda līmeņa Latvijas Republikas normatīvie akti.

Šo procedūru viens no pētniekiem atkārtoja Klīnisko vadlīniju datu bāzē un konstatēja 34 reģistrētas KV, no tām tika identificētas (n21) iekļaušanas kritērijiem atbilstoša.

Tāpat meklēšanas procedūra tika atkārtota Medicīnisko tehnoloģiju datu bāzē. Rezultātā pētījumā tika iekļautas kritērijiem atbilstošas MT (n8), kas reģistrētas Nacionālā veselības dienesta datu bāzē “Ārstniecībā izmantojamo medicīnisko tehnoloģiju datu bāze”¹⁵.

Identisku meklēšanas procedūru viens no pētniekiem atkārtoja Politikas plānošanas datu bāzē (POLSYS) un identificēja iekļaušanas kritērijiem atbilstošus PPD (n3)

Kopumā pētnieki atlasīja un izvērtēja 115 iekļaušanas kritērijiem atbilstošus dokumentus. No dokumentiem tika atlasītas tikai tās teksta vienības, kuras pētnieku ieskatā varēja tikt saistītas ar pirmajiem trim pētījuma jautājumiem (sk. 1.tabulu).

¹⁴ Sociālo pakalpojumu un sociālās palīdzības likums. 1. panta 14. punkts

¹⁵ Ārstniecībā izmantojamo medicīnisko tehnoloģiju datu bāze. Pieejama: <http://www.vmnvd.gov.lv/lv/datu-bazes/rstniecib-izmantojamo-medicnisko-tehnoloiju-datu-bze?cat=94>, apskatīts 30.12.2018.

1.tabula. **Pētījumā iekļauto Latvijas saistošo dokumentu sadalījums pēc veidiem**
 Table 1 **Latvian regulatory documents included in the study**

Normatīvie akti				Veselības aprūpes dokumenti		Citi
Likumi	Ministru kabineta noteikumi	Ministru kabineta rīkojumi	Pašvaldību saistošie noteikumi	Klīniskās vadlīnijas	Medicīniskās tehnoloģijas	Politikas plānošanas dokumenti
10	33	26	14	21	8	3

Datu avots: Latvijas Republikas tiesību aktu bāze, Medicīnisko tehnoloģiju datu bāze, Klīnisko vadlīniju datu bāze, Politikas plānošanas dokumentu datu bāze
n=115

Turpmākajā datu analīzes procesā tika veikta teksta vienību kodēšana, kodu grupēšana, klasificēšana, sākotnējo tēmu veidošana un galveno tēmu definēšana.

Datu analīze.

Pētījumā izmantota kvalitatīvās tematiskās analīzes (TA) (*angl. qualitative thematic analyse*) metode (Braun & Clarke, 2006; Braun et al., 2012), kura tika veikta atbilstoši sešu fāžu modelim – iepazīšanās ar datiem, sākotnējo kodu ģenerēšana, sākotnējo tēmu veidošana, potenciālo tēmu pārskatīšana, tēmu definēšana un nosaukšana, pētījuma pārskata sagatavošana. Datu analīzes procesā tika izmantota datorprogramma NVivo 12.

Atbilstoši TA induktīvajai un deskriptīvajai pieejai pētnieki balstījās pēc iespējas uz pašiem datiem, nevis uz esošajām teorijām vai koncepcijām. Viens pētnieks sākotnēji iepazīnās ar 20 normatīvajiem aktiem un izdalīja tās teksta daļas (rindas vai rindkopas), kuras saturēja mērķa terminus un sagrupēja tos grupās, kas veidoja sākotnējos induktīvos kodus. Otrs pētnieks pārskatīja kodu shēmu un izdalītās teksta vienības, izteica atšķirīgu viedokli par atsevišķiem kodiem. Kopīgu diskusiju procesā pētnieki vienojās par kodu shēmas sākotnējo variantu. Nākamajā posmā atbilstoši kodu shēmai tika kodētas atlikušās no dokumentu korpusa izdalītās teksta vienības. Pēc sākotnējās kodēšanas pabeigšanas divi pētnieki katrs atsevišķi pārskatīja kodētās teksta vienības un, vienojoties, izveidoja otro versiju kodu shēmai. Šī versija tika apspriesta ar citiem pētniekiem un tika apstiprināta gala versija kodu shēmai. Pētnieki pārskatīja kodu shēmu un ar tiem saistītās teksta vienības, vienojās par kodu grupēšanu potenciālajās tēmās. Kodu shēma un iespējamās tēmas ar tām saistītajām teksta vienībām tika nodotas pārējiem pētniekiem izvērtēšanai. Apkopojot pētnieku viedokļus, tika panākta vienošanās par galīgo sadalījumu tēmās un tēmu definēšanu.

Visu pētījumā veiktās tematiskās analīzes procesu var raksturot ar piemēru. Klīniskajās vadlīnijās Krūts vēža (C50, D05) diagnostika, stadijas noteikšana, ārstēšana un novērošana, tekstā: “*Vēlams, lai būtu pieejama **medicīnas māsa**, kas*

specializējusies krūts slimību jomā (vai cita persona), kas spēj sniegt profesionālu psiholoģisku palīdzību, pārrunāt ārstēšanas iespējas un sniegt pacientam (kā arī viņa piederīgajiem) emocionālu atbalstu¹⁶”.

Šis teksta fragments gan tieši nosauc medicīnas māsu, kas specializējusies krūts slimību jomā, kā profesionāli, kas varētu sniegt profesionālu psiholoģisko palīdzību, gan vispārīgi un aprakstoši norāda uz citu personu, kas spēj profesionāli sniegt psiholoģisko palīdzību, norādot kādām jābūt palīdzības sniedzēju prasmēm. Tematiskās analīzes procesā šis teksta fragments tika sadalīts atsevišķās satura vienībās un kodēts: “medicīnas māsa” (kods – medicīnas māsa kā palīdzības sniedzēja), “vai cita persona” (kods – nediferencēti palīdzības sniedzēji), “specializējusies krūts slimību jomā” (kods – palīdzības sniedzēju kvalifikācija), “spēj sniegt profesionālu psiholoģisku palīdzību” (kods – palīdzības saistība ar profesionalitāti), “pārrunāt ārstēšanas iespējas” (kods – palīdzības sniedzēja prasmes), “sniegt pacientam” (kods – pacients kā palīdzības saņēmējs), “kā arī viņa piederīgajiem” (ar pacientu saistītas personas, kā palīdzības saņēmēji) “emocionālu atbalstu” (kods – ciešanu mazināšana). Līdzīgā veidā tematiskās analīzes procesā tika analizētas visas izdalītās teksta vienības un veikta to kodēšana. Tālākajā analīzes procesā kodi tika grupēti tematiskajos klasteros, kas iezīmēja septiņas sākotnējās tēmas: “psihoterapijas speciālistu profesionālā darbība”, “psihologu profesionālā darbība”, “mākslas terapeitu profesionālā darbība”, “ārstu psihoterapeitu profesionālā darbība”, “psihiatru profesionālā darbība”, “psihiatrijas māsu profesionālā darbība”, “sociālo darbinieku profesionālā darbība”. Šīs septiņas sākotnējās tēmas pētnieki sagrupēja divās tēmās “Profesionāli, kuru profesionālās darbības pamatuzdevumi ietver psiholoģiskās palīdzības sniegšanu” un “Profesionāli, kuru profesionālās darbības pamatuzdevumi nav tieši saistīti ar psiholoģiskās palīdzības sniegšanu”. Turpmākajā analīzes procesā šīs divas tēmas tika apvienotas vienā galvenajā tēmā “*Psiholoģiskās palīdzības sniedzēju profesionālā daudzveidība*”. Turpmākajā procesā tika aprakstīta šī galvenā tēma un iekļauta pārskatā. Pārējās pārskatā iekļautās tēmas tika veidotas atbilstoši aprakstītajam datu analīzes procesam.

Pētījuma rezultāti

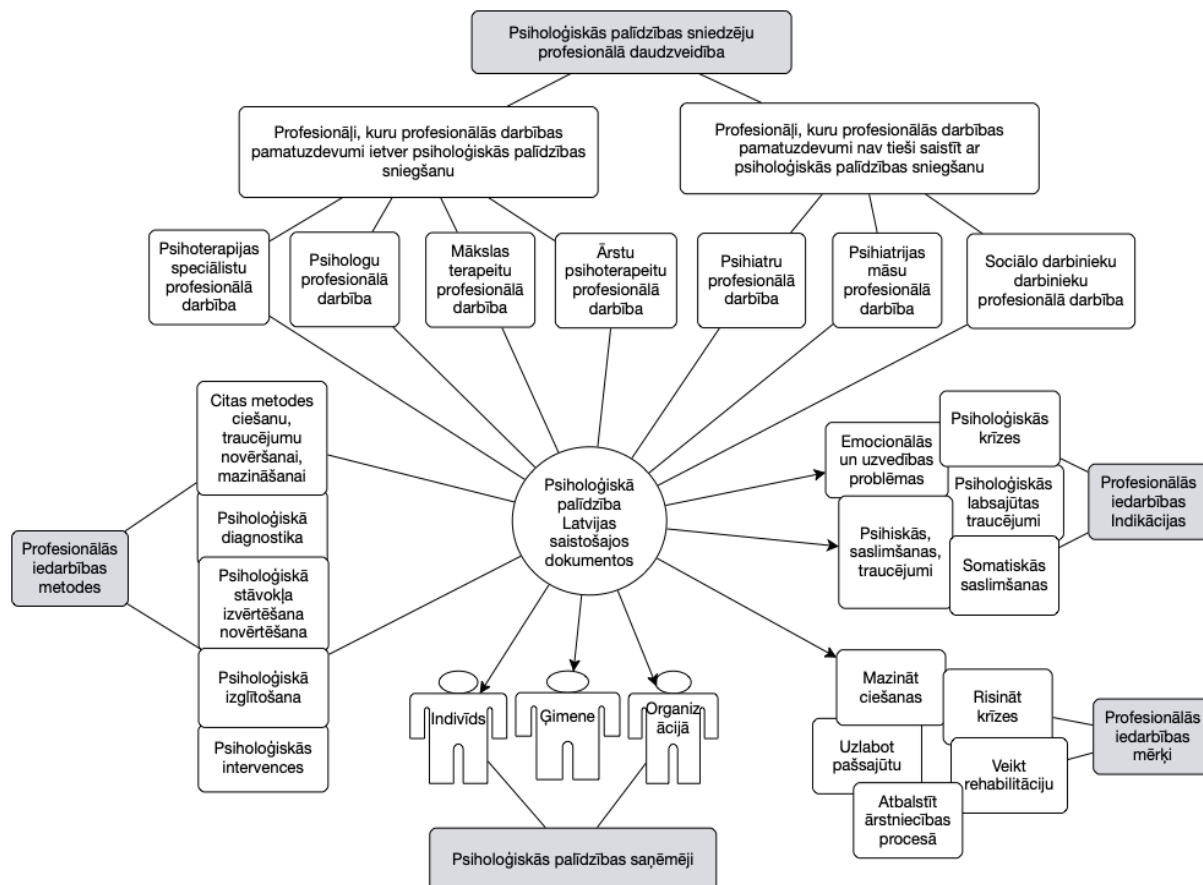
Results

Psiholoģiskās palīdzības raksturojums

Pētījuma rezultātā Latvijas saistošajos dokumentos tika identificētas un definētas piecas psiholoģisko palīdzību raksturojošas tēmas: “Psiholoģiskās palīdzības sniedzēju profesionālā daudzveidība”, “Profesionālās iedarbības

¹⁶ Files\\Klīniskās vadlīnijas\\Krūts vēža (C50, D05) diagnostika, stadijas noteikšana, ārstēšana un novērošana - § 2 references coded [0.05% Coverage] Reference 1 - 0.04% Coverage.

indikācijas”, “Profesionālās iedarbības mērķi”, “Psiholoģiskās palīdzības saņēmēji”, “Profesionālās iedarbības metodes” (sk. 1.attēlu). Katra no tēmām tika attīstīta un definēta no dokumentos identificētajiem tematiskajiem klasteriem.



1.attēls. *Psiholoģiskā palīdzība Latvijas saistošajos dokumentos, galveno tēmu veidošanās*
 Figure 1 *Psychological help in Latvia's regulatory documents, development of key themes*

Psiholoģiskās palīdzības sniedzēju profesionālā daudzveidība.

Psiholoģisko palīdzību Latvijas regulējumā raksturo psiholoģiskās palīdzības sniedzēju profesionālā daudzveidība. Palīdzības sniedzēja profesionālā piederība tiek saistīta ar kompetenci profesionālās psiholoģiskās palīdzības sniegšanā. Psiholoģiskās palīdzības sniedzēju uzskaitījums Latvijas saistošajos dokumentos nav izsmēlošs, atsevišķos gadījumos tie netiek nosaukti pēc profesionālās piederības, bet tiek aprakstītas sagaidāmās kompetences.

Psiholoģiskās palīdzības nodrošināšanā ir iesaistīti dažādu profesionālo grupu pārstāvji, kuriem ir atšķirīgi profesionālās darbības pamatuzdevumi un kompetences. Kopumā pētījumā izdevās identificēt septiņas profesionāļu grupas, kuras tiek saistītas ar psiholoģiskās palīdzības sniegšanu. Psihiatri, psihiatrijas māsas, ārsti psihoterapeiti un mākslas terapeiti ir ārstniecības personas, kuru profesionālā darbība ir saistīta tieši ar ārstniecības un medicīniskās rehabilitācijas

procesu, kura ietvaros cita starpā tiek sniegta psiholoģiskā palīdzība. Psihologi, psihoterapijas speciālisti un sociālie darbinieki nav ārstniecības personas un arī šīm profesionāļu grupām ir atšķirīgi profesionālās darbības pamatuzdevumi un kompetences. Ārstniecības vai medicīniskās rehabilitācijas procesā šie speciālisti tiek iesaistīti multidisciplināru komandu sastāvā, kas savas kompetences robežās sniedz psiholoģisko palīdzību. Arī ārpus ārstniecības un medicīniskās rehabilitācijas procesa psihologi un psihoterapijas speciālisti sniedz psiholoģisko palīdzību. Lai labāk izprastu psiholoģiskās palīdzības satura saistību ar piederību profesionālajai grupai, būtu jāveic turpmāki pētījumi. Nozīmīgi ir tas, ka Latvijā līdz šim nav veikti pētījumi par psiholoģiskās palīdzības sniedzēju grupu profesionālo identitāti (Purvlīce, Mārtinsons, Pipere, & Bortaščenoks, 2018).

Psiholoģiskās palīdzības sniedzēju profesionālā daudzveidība saistošajos dokumentos tiek ietverta gan konkrēti, nosaucot profesiju vai profesiju grupu, gan vispārīgi, aprakstot kompetences, piemēram: “psiholoģiskā palīdzība pacientiem un viņu tuviniekiem (psihoterapeita, psihologa konsultācijas)”, Medicīnisko tehnoloģiju realizē ārstniecības personas: psihoterapeits vai psihiatrs”, “psihoterapijas tehnoloģijas drīkst pielietot tikai sertificēti ārsti psihoterapeiti un ārsti stažieri sertificētu psihoterapeitu uzraudzībā, stingri ievērojot profesionālo ētiku”, “medicīnas māsa, kas specializējusies krūts slimību jomā (vai cita persona), kas spēj sniegt profesionālu psiholoģisku palīdzību”, “psihologs ir tas speciālists, kurš savā darbā palīdz indivīdiem, grupām un organizācijām risināt psiholoģiskas problēmas, veicināt cilvēka garīgo potenciālu, grupu un organizāciju mērķu sasniegšanu”, “individuālā psihologa konsultācija (krīzes situāciju un stresa pārvarēšanas jomās)”, u.tml.

Profesionālās iedarbības indikācijas

Latvijas regulējumā psiholoģisko palīdzību būtisks raksturojošais elements ir “profesionālās iedarbības indikācijas”, kas norāda gan uz situācijām, gan uz indivīda stāvokļiem, saslimšanām un grūtībām, kurās psiholoģiskā palīdzība būtu nepieciešama. Profesionālās iedarbības indikācijas tiek aprakstītas atsevišķos gadījumos ļoti skaidri un detalizēti, tomēr lielākoties vispārīgi un fragmentāri.

Pētījumā tika identificētas piecas profesionālās iedarbības indikāciju grupas – “emocionālās un uzvedības problēmas”, “psihiskās saslimšanas un traucējumi”, “psiholoģiskās krīzes”, “psiholoģiskās labsajūtas traucējumi”, “somatiskās saslimšanas”.

Profesionālās iedarbības indikācijas saistošajos dokumentos tiek ietvertas gan aprakstošā veidā, gan, lietojot profesionālo terminoloģiju: “īslaicīga psiholoģiska un cita veida palīdzība krīzes situācijā nonākušām personām”, psiholoģiskās veselības traucējumi”, “psiholoģiskā palīdzība smagas un vidējas depresijas gadījumā”, “psiholoģiskā atbalsta un krīzes intervences pakalpojumi nodrošina profesionālu psiholoģisko palīdzību krīzes situācijā”, “psiholoģisks

atbalsts civilās aviācijas nelaimes gadījumos cietušajiem un viņu tuviniekiem”, “posttraumatiskais stress un psiholoģiskā palīdzība ārkārtas situācijās”, “psihologa konsultācijas krīzes situācijā nonākušām ģimenēm, audžuģimenēm, personām un bērniem, kuras nespēj saviem spēkiem pārvarēt psiholoģiskās problēmas”, “lai mazinātu krīzes situācijas radītās psiholoģiskās traumas sekas”, “pacienta rehabilitācijā jāietver arī psiholoģiskā palīdzība, lai palīdzētu pacientam sadzīvot ar hroniskām sāpēm un nogurumu, kā arī palīdzētu veidot sociālās iemaņas”, “īpaša vērība jāpievērš HIV inficētu personu sociālai rehabilitācijai, psiholoģiskam atbalstam gan ģimenē, gan sabiedrībā” u.tml.

Profesionālās iedarbības mērķi.

Latvijas regulējumā būtisks psiholoģisko palīdzību raksturojošais elements ir “profesionālās iedarbības mērķi”, kas norāda uz vēlamajiem vai sagaidāmajiem psiholoģiskās palīdzības rezultātiem Latvijas regulējumā psiholoģiskās palīdzības mērķi tiek aprakstīti lielākoties vispārīgi, retos gadījumos ļoti skaidri un detalizēti.

Pētījumā tika identificētas piecas profesionālās iedarbības mērķu grupas – “mazināt ciešanas”, “risināt krīzes”, “veikt rehabilitāciju”, “atbalstīt ārstniecības procesā”, “uzlabot pašsajūtu”.

Profesionālās iedarbības mērķi saistošajos dokumentos tiek ietverti gan aprakstošā veidā, gan, lietojot profesionālo terminoloģiju: “psichoemocionāla rehabilitācija”, “psiholoģisko simptomu mazināšana”, “ciešanu mazināšana”, “psiholoģiskā atbalsta sniegšana”, “pozitīva emocionālā stāvokļa veicināšana”, “adekvāta stresa un krīzes situācijas izdzīvošana”, “pielāgošanās izmaiņām”, “personības emocionālās un intelektuālās sfēras korekcija”, “psiholoģiskā pārbaude”, “paātrināt pacienta atgriešanos normālā ikdienas dzīvē”, “veicināt sevis apzināšanos, emociju izpausmi un regulāciju”, kognitīvo iemaņu attīstības veicināšanu”, “palīdzēt tikt galā ar esošo problēmu”, “samierināšanās un skumju pārstrāde”, “situācijas pieņemšana”, “psiholoģiskā potenciāla attīstīšana”, “sekmēt krīzes situācijas pārvarēšanu” u.tml.

Profesionālās iedarbības metodes.

Latvijas regulējumā psiholoģisko palīdzību būtisks raksturojošais elements ir “profesionālās iedarbības metodes”, kas ietver vispārējas norādes uz psiholoģiskās palīdzības sniegšanā izmantojamiem profesionālās iedarbības veidiem, instrumentiem un metodēm. Raksturīga terminoloģiska nekonsekvence.

Pētījumā tika identificētas piecas profesionālās iedarbības metožu grupas – “psiholoģiskās intervences”, “psiholoģiskā izglītošana”, “psiholoģiskā stāvokļa izvērtēšana un novērtēšana”, “psiholoģiskā diagnostika”, “citas metodes ciešanu, traucējumu novēršanai, mazināšanai”.

Profesionālās iedarbības metodes saistošajos dokumentos tiek ietvertas gan aprakstošā veidā, gan, lietojot profesionālo terminoloģiju: “lieto dažādas

izvērtēšanas instrumentus”, “kontakta nodibināšana un pacienta izvērtēšana”, “rezultātu novērtēšana”, “psiholoģiskā aprūpe”, “psiholoģiskā izpēte”, “psiholoģiskā konsultēšana”, “cita veida psiholoģiskā palīdzība”, “psihosociālais atbalsts”, “primārā konsultācija, lai izstrādātu psihologa darba virzienus vai uzdevumus”, “eksperimentāli psiholoģiskā pārbaude – personības emocionālā stāvokļa un rakstura iezīmju diagnostika”, “personības emocionālās un intelektuālās sfēras individuāla korekcijas nodarbība”, “psihokorekcija grupā”, “slēdzienu un rekomendāciju izstrāde”, “pacienta grūtību un situācijas analīze”, “pacientu pašnovērtējuma aptaujas”, “psihokorekcija”, “emocionālā stāvokļa izvērtēšana”, “autotreniņš”, “racionālā terapija: saruna ar pacientu, vecākiem vai aizbildņiem, skolotājiem”, “psihotreniņš (uzmanības korekcija)”, “psihologu nodarbības ar ambulatoriem slimniekiem „grupveida psihoterapija” vai „individuālā psihoterapija”, psiholoģiska atbalsts sniegšana, pozitīva emocionālā stāvokļa veicināšana”, u.tml.

Psiholoģiskās palīdzības saņēmēji.

Latvijas regulējumā psiholoģiskās palīdzības saņēmēji visbiežāk tiek nosaukti skaidri, konkrēti, dažkārt aprakstoši, tomēr viegli identificējami. Praktiski visos gadījumos nav grūtību identificēt palīdzības adresātus.

Pētnieki identificēja trīs sākotnējās tematiskās grupas – indivīds, ģimene, organizācijā sniegtā palīdzība, kuras tika nolemts apvienot vienā galvenajā tēmā – psiholoģiskās palīdzības saņēmēji.

Profesionālās iedarbības metodes saistošajos dokumentos tiek ietvertas gan aprakstošā veidā, gan, lietojot profesionālo terminoloģiju: “sniegt pacientam (kā arī viņa piederīgajiem) emocionālu atbalstu”, “psiholoģiskā palīdzība pacientiem un viņu tuviniekiem”, “individuāli, grupā vai organizācijā sniegta psiholoģiskā palīdzība”, “tiesības saņemt konsultatīvā krīzes tālruņa pakalpojumu ir ikvienai personai, kura vērsusies pēc šāda veida palīdzības”, “izglītojamā pedagoģiski psiholoģisko un medicīnisko korekciju”, u.tml.

Pētījuma stiprās puses un ierobežojumi.

Pētījuma autori pārstāv dažādas profesionālās darbības nozares un atšķirīgas jomas – medicīnu, psiholoģiju, un tiesību zinātni. Pētnieki apzināti izvēlējās veikt starpdisciplināru pētījumu, kas aptver dažādu nozaru teorētiskos konceptus, lai pēc iespējas pilnīgāk aptvertu psiholoģiskās palīdzības jēdzienā ietverto nozīmi.

Šis ir pirmais pētījums, kura fokusā ir psiholoģiskās palīdzības raksturojums Latvijā, tas iezīmē nākotnes pētījumu virzienus – psiholoģiskās palīdzības profesionāļu kolektīvās identitātes un sociālie priekšstati par psiholoģisko palīdzību, psiholoģiskās palīdzības termina lietojums saistībā ar dažādām palīdzības formām.

Kā ierobežojošu faktoru pētnieki apzinās to, ka saistošie dokumenti attēlo tikai daļu no sociālās realitātes faktiem, būtiska sociālās realitātes daļa atklājas profesionālās darbības praksē, kuras izzināšanai būtu nepieciešams cits pētījums, kurā tiktu ietverti dažādu ar psiholoģisko palīdzību saistīti profesionāļi un nozaru eksperti.

Secinājumi *Conclusions*

Apkopojot pētījuma rezultātus, jāsecina, ka psiholoģisko palīdzību Latvijas saistošajos dokumentos raksturo pieci būtiski elementi – psiholoģiskās palīdzības sniedzēju profesionālā daudzveidība, profesionālās iedarbības indikācijas, profesionālās iedarbības mērķi, psiholoģiskās palīdzības saņēmēji, profesionālās iedarbības metodes. Katrs no šiem elementiem atsevišķi nav pietiekams, lai identificētu psiholoģiskās palīdzības nodrošināšanu, bet to kopums ļauj pamatoti identificēt psiholoģisko palīdzību un atšķirt to no citiem palīdzības veidiem.

Pētījumā identificēto psiholoģiskās palīdzības sniedzēju grupu profesionālās kompetences robežas psiholoģiskās palīdzības sniegšanā Latvijas saistošajos dokumentos nav skaidri noteiktas, šajā virzienā būtu veicama papildu izpēte, iegūstot papildu datus no nozares ekspertiem un praktizējošiem profesionāļiem.

Termins psiholoģiskā palīdzība Latvijas saistošajos dokumentos tiek minēts, bet tā saturs tiek atklāts fragmentāri un nesistemātiski, kas veicina terminoloģisku difūziju un profesionālo kompetenču robežu neskaidrību. Tādēļ nepieciešams attīstīt psiholoģiskās palīdzības specifiskos veidus apzīmējošu terminoloģiju. Iespējamais terminu attīstības virziens ir saistīts ar termina angļu valodā “psychological treatment” adekvātu tulkojumu latviešu valodā.

Summary

The field of psychological help in Latvia is undergoing significant changes that require reviewing past practices and professional activities.

The term “psychological help” is used quite widely in Latvian regulation, not revealing the semantic difference from other terms as psychological treatment, psychological care, psychological support or psychological aid.

The purpose of this article is to find out how the term “psychological help” is used in the regulatory documents of Latvia - normative acts, policy planning documents, clinical guidelines and medical technologies.

An algorithm for term use was developed and 115 (n115) documents containing key words and meeting the inclusion criteria were selected. The method of qualitative thematic analysis was used to analyse terminology use in selected documents.

As a result five topics describing psychological help were identified and defined in the regulatory documents of Latvia: “Professional diversity of psychological help

providers”, “Indicators for professional help”, “Targets of professional help”, “Beneficiaries of psychological help”, “Methods of professional help”. Every topic was developed and defined from the thematic clusters identified in the documents.

The study concluded that the boundaries of the professional competencies of professional groups providing psychological help in Latvia’s regulatory documents are not clearly defined; further research should be conducted in this direction. The term psychological help in Latvian regulatory documents is revealed in a fragmentary and non-systematic way, which contributes to the confusion of terminological diffusion and boundaries of professional competences.

**Pētījumu atbalsta
VPP-IZM-2018/1-0005**

Latvijas valsts un sabiedrības attīstības izaicinājumi un risinājumi starptautiskā kontekstā Challenges and solutions of Latvian State and Society in an International Framework (INTERFRAME-LV)



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PSIHOORGANISKĀS ANALĪZES EFEKTIVITĀTE TRUKSMAINĪBAS MAZINĀŠANĀ

Effectiveness of the Psychoorganic Analysis in the Trait Anxiety Reduction

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Abstract. *The aim of study is to determine the possibility to reduce the level of anxiety as personality trait in the time of 22- month-long psychotherapeutic and educational group with using concepts of psychoorganic analysis – a relatively new branch of psychotherapy. The following concepts are used. Three relation forms: the unary form include a symbiotic relation level (undifferentiated sense of existence), the dual form is the binary and dialogic relation (“I am –YOU are”), the ternary form means the relation what is including a structure and the presence of the THIRD. The analysis and the evolution of three forms help to make sense of obstructive psychic occurrences in person. These occurrences are basis for life contracts, which have been protectively, but become troublesome in the lifetime. An activation of a micro–macro regulation is important in order the transformation of these occurrences. The evolution of three forms are the background for biodynamic work and the appropriate transformative intervention. The work of groups (36 participants in 2 groups) is managed from 8 psychotherapists and it is done following set instructions. Changes were evaluated 6 times with State-Trait Anxiety Inventory. The results show statistically significant reduction of the level of the trait anxiety of STAI-Y ($p < .05$) related to the group program and dynamic.*

Keywords: *anxiety, changing experiences, group, personality trait, psychoorganic analysis, psychotherapy.*

Ievads

Introduction

Pētījumu publikācijas liecina, ka trauksmes kā iezīmes jeb trauksmainības mazināšana ir nozīmīgs faktors gan indivīda dzīves kvalitātes uzlabošanā (piem., Oort, 2005; Schalock & Parmenter, 2000), gan psihoterapeita efektīvā sadarbībā ar klientu (piem., Cooper, 2013; Walters, 2001; Haggag, 2011), gan pacienta ārstēšanas un atveseļošanās procesā (piem., onkoloģijas ārstēšanā – Miaskowski,

Cataldo, Baggott, West, Dunn, Dhruva, Merriman, Langford, Kober, Paul, Cooper, & Aouizerat, 2015; Ling, Lui, & So, 2012, psihisku saslimšanu un traucējumu ārstēšanā - Viens, De Koninck, Mercier, St-Onge, & Lorrain, 2003; Newham, Westwood, Aplin, & Wittkowski, 2012).

Augsta trauksme tiek uzskatīta par nozīmīgu faktoru, kas negatīvi ietekmē ārstēšanu (D'Andrea & D'Andrea, 1996), tādēļ efektīva psihoterapija var būtiski uzlabot indivīda ārstēšanas rezultātus. Tomēr trauksme uzlūkojama kā sarežģīts, neviendabīgs fenomens, kas ietver situatīvu trauksmes izjūtu un trauksmainību kā rakstura iezīmi.

Kā literatūras apskatā par trauksmi secina Daina Škuškovnika (Škuškovnika, 2004), trauksmes stāvokļa-iezīmes modeļa nozīmību pamato trauksmainības kā personības iezīmes ciešā saistība ar pēdējos gados zinātniskajos pētījumos plaši izmantoto Piecu faktoru personības iezīmju modeli (Big Five Personality Factors; FFM), kā arī citu nozīmīgu iezīmju teorijas pārstāvju izstrādātiem personības modeļiem.

Daudzi pētījumi veltīti psihoterapijas efektivitātei trauksmes un trauksmainības mazināšanā (piem., Cuijpers, Sijbrandij, Koole, Andersson, Beekman, & Reynolds, 2013), kaut arī psihoterapijas efektivitāte kopumā ir netiek apstrīdēta. Tādēļ konkrētu psihoterapijas virzienu efektivitāte darbam ar trauksmainiem klientiem vēl arvien ir aktuāls pētījumu jautājums.

Psihoorganiskā analīze (POA) ir salīdzinoši jauns virziens psihoterapijā – tā pirmsākumi meklējami Francijā 20. gadsimta 60. gadu beigās un 70. gadu sākumā. Tās būtiskākā pazīme ir tās integratīvais raksturs – uzlūkojot klienta ķermenisko un mentālo funkcionēšanu kā vienotu un nedalāmu veselumu, tiek vērsta uzmanība uz abu aspektu nemitīgu mijiedarbību, kā arī klienta stāstu par viņa attiecībām ar sabiedrību (Pīlēna & Mihailova, 2016). POA teorijas pamatā ir Zigmunda Freida psihoanalīzes un Gustava Junga analītiskās psiholoģijas galvenie koncepti, Vilhelma Reiha ķermeņa terapijas elementi un biodinamiskās psiholoģijas pamatlicējas Gerdas Boisenas atziņas par autonomās nervu sistēmas regulāciju, kā arī virziena autora Pola Boisenas oriģinālkonceptijas. Pētījumu par POA efektivitāti nav daudz, vairums no tiem franču izdevumos. Latvijā līdz šim šādi pētījumi nav veikti.

Šajā rakstā prezentētā pētījuma mērķis bija novērtēt POA konceptu izmantošanas un metožu efektivitāti trauksmainības mazināšanā divu ilgtermiņa (22 mēneši) izglītojošu un psihoterapeitisku grupu laikā.

Rezultātu novērtēšanai lietota Spīlbergera Trauksmes testa Y formas skala „Trauksme kā iezīme” (The State-Trait Anxiety Inventory (STAI-Y) (Spielberger, Gorsuch, & Lushene, 1970; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983)). Trauksmainības vidējā līmeņa izmaiņas respondentu grupās novērtētas grupas darba sākumā, pēc 6, 10 un 18 mēnešiem un grupas

darba beigās. Analizēta arī trauksmainības dinamikas saistība ar grupas mērķiem un programmu.

Literatūras apskats un teorētiskās nostādnes

Literature review and theoretical approaches

Trauksmainība jeb trauksme kā personības iezīme (trait anxiety)

Trauksme kā iezīme jeb trauksmainība ir personības dispozīcija, kas raksturo indivīda tieksmi uztvert situācijas kā apdraudošas, un līdz ar to piedzīvot trauksmes stāvokli stresa situācijās (Gaudry, Vagg, & Spielberger, 1975). Tā ir relatīvi stabila personības iezīme un riska faktors dažādu ar trauksmi saistītu traucējumu, depresijas un citu psihisko traucējumu izcelsmei. Tā var pārņemt visas cilvēka dzīves sfēras un likt raizēties par stimuliem, kuri faktiski nav bīstami. Indivīdi mēdz reaģēt ar izteiktām bažām ikdienas situācijās, bet satraucošās situācijās var izjust intensīvu nemieru, ko pavada autonomās nervu sistēmas distonijas izpausmes (sirdsklauves, reiboņi, elpošanas izmaiņas, gremošanas trakta traucējumi, nogurums u.c.).

Trauksme kā iezīme netiek novērota tieši, bet tiek izpausta kā trauksmes stāvoklis, kad stress ir piedzīvots (Reiss, 1997). Spilbergers raksturo to (McDowell, 2006), izmantojot analogiju ar enerģiju: kinētiskā enerģija jeb kustībā esošā priekšmeta enerģija līdzinās trauksmes stāvoklim, kad esošā izjūta tiek izpausta, un trauksme kā iezīme līdzinās potenciālajai enerģijai. Pētījumi liecina, ka vispārēja trauksmainība (*general anxiety trait*), kas nav atkarīga no situācijas, statistiski nozīmīgā līmenī nosaka augstāku trauksmes reakciju nekā situacionālie faktori (Lazzerini, Cox, & Mackay, 1979).

Pirms analizēt un psihoterapeitiski mazināt trauksmainību, būtu jāizprot tās izcelsme un būtība.

Pētot afektus, igauņu izcelsmes amerikāņu neirozinātnieks Jāks Pankseps ir aprakstījis septiņas primāro afektu sistēmas, kuras eksistē visu zīdītājdzīvnieku, tai skaitā cilvēka smadzenēs (Panksepp & Biven, 2012). Tās ir motivācija, iekāre/bauda, bailes, niknums, rūpes, panika/sēras, spēle. Katrai no šīm sistēmām ir sava atšķirīga anatomija un neiromediatoru, un visas tās savieno centrālo pelēko vielu, kas atrodas vidussmadzenēs, ar dažādām augstākām smadzeņu daļām.

Baiļu afekta sistēma darbojas kopš piedzimšanas kā brīvi peldoša trauksme, sākumā uz atsevišķiem beznosacījuma stimuliem, piemēram, troksni, sāpēm, spējām kustībām u.c. Zīdaiņi mēdz raudāt arī, ja netiek cieši turēti rokās vai atstāti viņi paši – iespējams, tas vairāk saistīts ar sēru/ panikas sistēmas aktivitāti (Panksepp & Biven, 2012). Taču ļoti ātri tiek apgūti nosacījuma stimuli, kas izraisa bailes, piemēram, apdedzināšanās vai dūsmīgas sejas. Acīmredzot, trauksmainības kā rakstura iezīmes izcelsmē ir svarīgi abi aspekti – gan ģenētiski pārmantotās (beznosacījuma) bailes, gan dzīves laikā iemācītās bailes.

Šāds skatījums uz trauksmainību liecina, ka tās pamatā ir baiļu un sēru/panikas afektu sistēmu darbība. Klīniski ne vienmēr ir viegli atšķirt, kura sistēma ir aktivizēta un izpaužas konkrēta cilvēka uzvedībā un raksturā, jo simptoms – trauksme – ir viens un tas pats. Tomēr katrai no sistēmām ir atšķirīga lokalizācija un neiromediatoru, un psihoterapijas fokusam jābūt vērstam uz to afektu sistēmu, kura ir aktivizēta. Baiļu afekta sistēmas aktivitātes fiziskās izpausmes saistītas ar simpātiskās nervu sistēmas uzbudinājuma endogēno kateholamīnu (adrenālīna un noradrenālīna) ietekmi – tā ir “cīņas vai bēgšanas” reakcija. Savukārt, ja nepastāv iespēja cīnīties vai bēgt, ieslēdzas parasimpātiskās nervu sistēmas atbildes reakcija, kas izpaužas kā sastingums (Van der Kolk, 2014).

Līdz šim bija pieņemts uzskatīt, ka trauksmes un baiļu centrs smadzenēs ir amigdala un ka tā izpaužas pa augšējo un apakšējo stresa ceļu (Le Doux, 2005; Besona & Bro, 2018). Pētījumos ar pēctraumatiskā stresa sindroma pacientiem, kuriem ne vienmēr ir pastiprināta amigdalas uzbudināmība, un arī eksperimentus ar dzīvniekiem, kuriem ķirurģiski deprivēti visi amigdalas neironi, konstatēts, ka baiļu un trauksmes atbildes reakcijas saglabājas. Tas liek domāt, ka baiļu afekta sistēmas centrālais elements ir dziļākas struktūras (Panksepp & Biven, 2012) – hipotalams un centrālā pelēkā viela amigdalā, kā arī BNST (*bed nucleus of stria terminalis*), kas savieno amigdalas ar hipotalamu (Vinnik, 2018). Savukārt amigdalā uzkrājas implicītās atmiņas par iepriekš pārdzīvotajām bailēm, kuras nav savienotas ar aktuālās situācijas kontekstu (Le Doux, 2005). Jaunākie pētījumi liecina, ka mazāks pelēkās vielas apjoms hipotalamā un lielāks pelēkās vielas apjoms kreisajā talamā ir saistīts ar augstu trauksmainību kā personības iezīmi (Modi, Thaploo, Kumar, & Khushu, 2018). Baiļu afekta sistēma, kas ietver visas iepriekš minētās smadzeņu daļas, mijiedarbojas ar prefrontālo garozu, tādējādi dodot iespēju tikt galā ar akūtiem un attālinātiem apdraudējumiem (Nummenmaa & Tuominen, 2017).

Ja baiļu afekta sistēma liek indivīdam piedzīvot trauksmi saistībā ar briesmām, reālam vai iztēlotām, tad panikas/sēru sistēmas aktivitātes simptoms ir separācijas trauksme. Kopš Renē Spitzas novērojumiem (Spitz, 1965) un Džona Boulbija pētījumiem (Bowlby, 1988) tiek pievērsta liela uzmanība agrīno un visas dzīves laika sociālo saišu veidošanai un pētniecībai. Ir pamats uzskatīt, ka arī sēru/panikas sistēmas pirmsākums atrodas centrālajā pelēkajā vielā, kuras kairinājums izraisa sāpes – gan fiziskas, gan afektīvas. Par to liecina arī fakts, ka gan fiziskās, gan afektīvās sāpes var remdēt ar opiātiem (Panksepp & Biven, 2012). Sēru/panikas sistēmas sastāvdaļas ir priekšējā cingulārā kroka, dorsomediālais talams, centrālā pelēkā viela un atsevišķi apvidi vēl senākā smadzeņu daļā – smadzenītēs (Panksepp & Biven, 2012). Tās aktivitāti nomierina endogēno opioīdu, oksitocīna un prolaktīna līmeņa kāpums neironu sinapsēs, radot miera un labsajūtas stāvokli, kāds iestājas mīlošas un rūpīgas personas

klātbūtnē. Ja attiecības ir apdraudētas vai tiek pārtrauktas, iestājas separācijas distresa periods.

Pēdējos gados ir pievērsta uzmanība līdz tam maz ievērotai smadzeņu daļai – habenulai, kas kopā ar čiekurveida dziedzeri veido epitalamu un atrodas līdzās starpsmadzenēm. Pastiprināta stresa apstākļos, kas saistīti ar negatīvu vērtējumu vai sodu, habenulas neironi aktivizējas un nomāc serotonīna un dopamīna sintēzi bazālajos ganglijos (Hikosaka, 2010; Vinnik, 2018), tādējādi veicinot depresijas simptomu attīstību. Iespējams, ka indivīds, kam piemīt trauksmainība kā rakstura iezīme, arī intensīvāk pārdzīvo dažādu frustrāciju radīto spriedzi, līdz ar to viņam ir lielāks depresijas risks.

Šāds neiropsiholoģisks skatījums uz trauksmainību liek meklēt tādu psihoterapijas veidu, kas ietvertu, protams, netiešu pieeju baiļu un sāru/panikas afektu sistēmām, veicinot drošības izjūtu, attīstot spēju izturēt stresu un veicinot attiecības.

POA kā psihoterapijas virziens

POA ir psihoterapijas virziens, kas ietver augsti kvalitatīvu psihoterapeita klātbūtni, darbu ar atmiņu dekonsolidāciju un rekonsolidāciju, darbu ar iztēli, ar emocijām, ar kognitīvajām shēmām (kontraktiem), darbu ar ķermeni, līdz ar to var domāt, ka notiek iedarbība uz baiļu un sāru/panikas afektu sistēmām.

Ķermeniskās un mentālās funkcionēšanas mijiedarbība apskatāma kā indivīda psihi funkcionēšanas 3 līmeņi – 1) veģetatīvo reakciju jeb neuroendokrīnais, 2) emociju jeb fizisko reakciju, 3) mentālo reprezentāciju jeb konceptuālais, kas nesaraucami saistīti viens ar otru (Besson, 1994; Besson & Papinot, 2003). Piemēram, izmaiņas neuroendokrīnajā līmenī – simpātiskās vai parasimpātiskās nervu sistēmas aktivizācija, kas saistīta ar baiļu un sāru/panikas afektu sistēmām – rada izmaiņas fiziskajā reakcijā uz notiekošo un ietekmē konceptualizāciju. Pētījumā par POA metožu izmantošanu darbā ar cilvēkiem, kuriem konstatēti cerebrāli bojājumi (Besson & Papinot, 2003), tika pierādīts, ka iedarbība fiziskajā līmenī (pieskārienu tehnika) radīja izmaiņas vispirms neuroendokrīnajā, pēc tam arī konceptuālajā līmenī, kaut arī pacientiem konceptuālais līmenis bija vāji pieejams. Mazinoties simpātiskās nervu sistēmas aktivitātei, kas saistīta ar baiļu afekta sistēmu, uzlabojās komunikācija starp klientu un psihoterapeitu.

Viens no POA pamatkonceptiem ir trīs attiecību formu teorija (Besson & Brault, 1993), kas lietojama kā klienta izvērtēšanas un psihoterapijas procesa stratēģijas un taktikas izvēles instruments. Unārā forma ietver nediferencētu esamības apziņu un simbiotiskas attiecības, un psihoterapeita uzdevums tajā ir nostiprināt robežu starp Es un ne-Es. Duālā forma attiecas uz diferencētu sevis apzināšanos un identitātes veidošanos, kas notiek gan binārā, gan dialogiskā veidā, tajā pastāv attiecības “Es – Tu” un psihoterapeits tajās ir Otrs – atšķirīgais. Ternārā forma nozīmē augsti diferencētu sevis apzināšanos un attiecības, kas

ietver laika, telpas, pēctecības struktūru un indivīda vietu tajā. Ternārā forma ietver Trešo – ārēja, neizbēgama likuma pārstāvi, kas iemieso simbolisko kārtību un rada hierarhiju. Ternārajā formā psihoterapeits ir kā liecinieks, kā Trešais, kas klausās klienta dzīves stāstu. Psihoterapijas procesā visas trīs attiecību formas pastāv vienlaikus, bet ne vienlīdz aktīvi, un viens no psihoterapijas mērķiem ir panākt visu triju formu līdzsvaru. Tādējādi psihoterapeitiskās attiecības ir galvenais POA instruments, kas iedarbojas uz visām, tajā skaitā arī trauksmainību uzturošajām afektu sistēmām.

Attiecības gan starp vadītājiem un dalībniekiem, gan grupā starp dalībniekiem iekļauj mijiedarbību, tajā skaitā arī sevis atklāšanu pārējiem dalībniekiem. Sarunas (verbalizācija) un tēli kā mentālo procesu simboliskie nesēji ļauj grupas dalībniekiem iepazīt gan citu, gan savas intrapsihiskās verbālās un vizuālās formas, kas ietekmē ārējās pasaules uztveri un emocionālo reakciju. Katram ir iespēja apzināties un reflektēt kā reālos, pieredzes izvēles radītos tēlus, tā arī simboliskos tēlus, kas atspoguļo indivīda vajadzības un vēlmes. Integrējot reālās pieredzes tēlus (“to, kas bija, notika”) un simboliskos (“to, kam vajadzēja būt, notikt”), samazinās intrapsihiskā spriedze, tiek veicināta autoregulācija, un mijiedarbība ar ārējo pasauli kļūst reālistiskāka un atbilstošāka tagadnes situācijai (Boyesen, 1993). Līdz ar to atbrīvojas iekšējais potenciāls jaunu mērķu sasniegšanai.

Vienlaikus psihoterapeitiskais process ietver darbu ar ķermeni (pieskāriens, ķermeniska ekspresija, verbalizācija), kas balstās uz Gerdas Boisenas izstrādāto biodinamisko pieeju (Pīlēna & Mihailova, 2016). Darbs ar ķermeni pamatojas uz vajadzību pēc pieskāriena, t.i., ķermeņa taktilo receptoru kairinājuma, kas nepieciešams kā ķermeniskās eksistences un identitātes pieredzēšanai un apzināšanai, tā arī mentālajai izaugsmei un spējai būt apzinātam tagadnē. Tāpat darbs ar ķermeni balstās uz receptoru aktivizēšanu, izmantojot noteikta veida pieskārienus ar konkrētu nolūku. Turklāt psihoterapeita un klienta klātbūtnes kvalitāti (izglītojoši psihoterapeitiskajā grupā – arī divu dalībnieku savstarpējās klātbūtnes kvalitāti) nosaka dialogs afektu ekspresijas līmenī. Organiskā darba mērķis ir aktivizēt ķermenisko sajūtu atmiņu (tās “dzīvo” amigdalā), kas saistītas ar apmierinājumu un iztrūkumu un kas aktivizē subjektīvās pieredzes trīs līmeņus – veģetatīvo reakciju līmeni, emociju līmeni un mentālo reprezentāciju līmeni (Besson, 1994).

Svarīga grupu darba sastāvdaļa ir darbs ar dzīves kontraktiem. Par dzīves kontraktiem psihoorganiskajā analīzē sauc kognitīvus pieņēmumus, kas nosaka attieksmi, gaidas, reakciju uz situāciju, uzvedību (Veillet, 1999, kā minēts Ratniece, 2009) jeb organizējošus principus, kas palīdz veidot dzīves pieredzes nozīmi (Beck, 1967; Young, Klosko, & Weishaar, 2003, kā minēts Bite, Majore-Dūšele, 2016).

Triju formu analīze un to līdzsvara attīstība palīdz dalībniekiem grupas drošajā, strukturētajā vidē apzināties savas pagātnes destruktīvos notikumus. Šie notikumi un to nogulsnešanās psihē ir pamats rigīdiem, destruktīviem dzīves kontraktiem. Pagātnē tie ir bijuši lietderīgi trauksmes un pārmērīgas frustrācijas apstākļos, palīdzot pārvarēt spēcīgus afektus. Tomēr, mainoties dzīves situācijai, pagātnes kontrakti apgrūtina adekvātu attieksmi un uzvedību jaunās, atšķirīgās situācijās. Psihoterapeitiskā procesa laikā tiek aktivizēta mikroregulācija (iekšējo procesu autoregulācija, aktivizējot autonomo nervu sistēmu un limbisko sistēmu ar organiskā darba palīdzību) un makroregulācija (indivīda mijiedarbība ar ārējo vidi – izglītojoši psihoterapeitiskās grupas laikā ar grupas vadītājiem un citiem dalībniekiem), tādā veidā veicinot destruktīvo notikumu radītās pieredzes transformāciju (Pīlēna & Mihailova, 2016).

Tādējādi psihoorganiskās analīzes process ietver sevī biodinamiskā darba pamatus – intervences jūtu, ekspresijas un ar tām saistīto situāciju mentālai pārstrādei, signāla un kustības apzināšanos, verbālu un ķermenisku ekspresiju un citas metodes. Klientam ir iespēja piedzīvot dziļu ķermenisku un emocionālu regresu, lai atjaunotu kontaktu ar arhaiskajām vēlmēm un vajadzībām un mainītu skatījumu uz pagātnes pieredzi.

Izglītojoši psihoterapeitiskas grupas darbība un efektivitātes pamatojums

Par rezultatīvas psihoterapijas būtiskākajiem veicinātājiem atzīti sekojoši faktori: 1) droša vide katra grupas dalībnieka izpausmēm (akceptējoša, pieņemoša); 2) vadītāju aliance ar grupas dalībniekiem (veicina arī aliansi grupas dalībnieku starpā); 3) empātiska vadītāju pozīcija; 4) iesaistīšanās (t.sk., pasniedzēji – ar savu personīgo un profesionālo bāzi; grupas dalībnieki – izvirzot personīgo mērķi un pieņemot no citiem grupas dalībniekiem savas pieredzes un mentālo procesu aktivizēšanu un atspoguļošanu) (Gazillo et al., 2015).

POA aspektā un izglītojoši psihoterapeitiskas grupas kontekstā tas nozīmē to, ka grupas vadītāji jeb pasniedzēji veido grupas vidi un kultūru, aktivizējot noteiktas tēmas un vadot radušos sarežģīto situāciju transformāciju. Grupas vides un kultūras nodrošināšana nozīmē tādu procesa vadīšanu, kas rada iespēju katram grupas dalībniekam izpaust viņa mentālajā pasaulē notiekošo – runāt par to un dalīties savās sajūtās un izjūtās ar grupas biedriem, tikt uzklausītam un saņemt grupas biedru refleksijas par dzirdēto. Vadītāju mērķis ir veicināt grupas dalībnieku savstarpējo uzticēšanos. T. i., gan katram grupas dalībniekam ir vieta kopējā procesā, gan dalībnieku mijiedarbība tiek veicināta un vadīta tā, lai tā būtu cieņas pilna un attīstību veicinoša.

Šādā nozīmē psihoterapeitiskas grupas vide ir specifiska un atšķirīga no citām sociālajā funkcionēšanā piedāvātajām (darba vai mācību grupas, darba vai interešu kolektīvi, komandas u.c.). Pasniedzēji veido un uztur psihoterapeitiskās attiecības, kas ietver autentiskumu, godīgumu, ieinteresētību, piederības veicināšanu, psihoterapeita spēju transformēt afektu, reaģējot uz klienta jūtām

(dusmām, bailēm u.c.) ar empātiju un interesi (McWilliams, 2011), izmantojot specifiskus psihoterapeitisku paņēmienus un izskaidrošanu (apmācību) un uzturot mērķu un nolūku skaidrību (Wampold & Budge, 2012).

Pasniedzēju aktivitātes nosaka 2 aspekti – personīgā bāze un profesionālā bāze. Kā secinājis Martins Seligmans mentālās veselības pakalpojumu patērētāju ziņojumā (Seligman, 1995), “labāku” psihoterapeitu atšķir personības iezīmes un psihoterapeitiskās alianses kvalitāte.

Ar personīgo bāzi POA ietvaros tiek saprasti pasniedzēja personības aspekti, kuri veidojušies gan dzīves gaitā, gan ar personīgo pieredzi, esot pašam šādas izglītojoši psihoterapeitiskas grupas dalībniekiem, gan ar personīgās psihoterapijas pieredzi. Līdz ar to grupas vadīšanas procesā pasniedzēji nav neitrāli. Būtiska pasniedzēju profesionālā kvalitāte ir paļāvība gan uz katra grupas dalībnieka motivāciju un spēju attīstīt savu personību, gan uz grupas procesa dinamikas pozitīvo ietekmi. Vienlaikus pasniedzējus vieno kopēja akceptējoša un pieņemoša attieksme, kas ir svarīgs faktors gan kā paraugs grupas dalībnieku vēlamajai savstarpējai attieksmei, gan grupas dalībnieku trauksmes saturēšanai. Tādejādi neviena pieredze un rīcība grupā netiek nosodīta (nepieņemta, negatīvi vērtēta). Tas palīdz dalībniekiem veidot pieņemošu attieksmi pret sevi un citiem.

Profesionālā bāze ietver gan POA teoriju par individuālajiem un grupas procesiem, gan prasmes saistīt teorētiskās zināšanas ar praksi, gan prasmes vadīt grupas procesu. Teorētiskās zināšanas palīdz pasniedzējiem pārredzēt un izprast grupas procesu kopumā, kā arī izvēlēties intervences formu katrā atsevišķā situācijā (Asay & Lambert, 1999, kā minēts Majore-Dušele & Martinsone, 2016). POA diagnostisko konceptu (trīs attiecību formas, organiskais darbs, diagnostiskais uzvedības modelis, psihoorganiskais aplis, pārnese un pretpārnese u. c.) izpratne un pārvaldīšana nosaka intervenču izvēli. Teorētisko konceptu “īenešana” grupā jeb grupas fokuss uz apmācību rada iespēju katram dalībniekam ieraudzīt savas mentālās grūtības ne tikai personīgā, bet arī vispārinātā aspektā.

Arī regulāras pasniedzēju supervīzijas palīdz izprast un virzīt gan katra dalībnieka individuālos procesus, gan grupas kopējo dinamiku. Tā veidojas situācija, ka katra pasniedzēja personīgā un arī profesionālā bāze savstarpēji tiek papildināta, saglabājot vienotu attieksmi un vienotu virzienu un nepieļaujot iespēju, ka procesi noritētu neapzināti vai nesaturēti (Āboliņa, 2012; Truskovska, 2013; Wheeler & Richards, 2007, kā minēts Majore-Dušele & Martinsone, 2016)

Tēmu izvēles, secības un apgūšanas principi izveidoti Baltijas POA analīzes centrā (direktors A. Brants), balstoties uz sekojošiem principiem: 1) to sociālo un hronoloģisko aspektu iekļaušana, kas veido indivīda mentālo pasauli (sākot ar prenatālo periodu jeb dzimtas kontraktu ietekmi, turpinot ar natālo un postnatālo periodu, identitātes veidošanos, funkcionēšanu sociālajā vidē, attiecības ar māti, tēvu, sevi, citiem utt. līdz pašreizējam laikam); 2) tēmu izpēte dažādos mentālajos līmeņos – kognitīvajā, asociatīvajā, simboliskajā, organiskajā (resp.,

ķermeniskajā); 3) tēmu izpēte, izmantojot organisko darbu, mikro- un makro-regulāciju un vizuālo reprezentāciju; 4) mentālas (iekšējās) pasaules un sociālās (ārējās) pasaules izpratne un integrēšana kā apmācības ietekme uz trauksmes mazināšanos.

Tieši pēdējais no principiem ir nozīmīgs katra dalībnieka individuālajā dinamikā. Tā kā izglītojoši psihoterapeitiskās grupas dalībnieki iesaistās grupā ar mērķi izpētīt savu mentālo pieredzi, reakcijas, uzvedības modeli dzīves nozīmīgos posmos, individualitātes attīstību, aktivizēt un nostiprināt psihi pašregulācijas (autoregulācijas) mehānismus, tad pašrefleksijas un sevis novērtēšanas spējas ir ļoti dažādi attīstītas. Tikai prasmīga procesa vadīšana grupas sākumposmā (pirmie 4-6 mēneši), kad iespējama baiļu un sēru/panikas afektu sistēmu aktivizēšanās, palīdz daudziem grupas dalībniekiem izturēt trauksmi, ko rada apzinātības par sevi paaugstināšanās un psihi aizsardzības mehānismu darbības izmaiņas. Izpratne par to, ka iepriekšējie neapzinātie kontrakti līdz šim ir palīdzējuši pārvarēt trauksmi, bet pašlaik kavē personības attīstību, ne tikai liek mainīt viedokli par sevi, bet pakāpeniski arī rada izmaiņas fiziskajā un neuroendokrīnajā līmenī.

Metode

Method

Pētījuma dalībnieki un izglītojoši apmācošās grupas norise

Pētījuma dalībnieki ir 2 izglītojoši terapeitiskas grupu Rīga-8 (r8) un Rīga-9 (r9) dalībnieki. Grupā r8 ir 19 dalībnieki (15 sievietes, 4 vīrieši) vecumā 27 – 47 gadi (vidējais vecums 37,47 gadi). Grupā r9 ir 17 dalībnieki (15 sievietes, 2 vīrieši) vecumā 27 – 54 gadi (vidējais vecums 37,82 gadi). Tā kā dalībnieki pieteikušies brīvprātīgi, tad nav bijis iespējams ievērot izlases veidošanas zinātniskos principus, t.i., grupas nav homogēnas.

Informācijā, ko saņēma potenciālie respondenti, iekļauts sekojošais.

1) Grupas darba mērķis (citēts saīsināti):

“Katram grupas dalībniekam ir iespēja izpētīt savu mentālo pieredzi, reakcijas, uzvedības modeli dzīves nozīmīgos posmos, individualitātes attīstību. Programmas ietver sevī noteiktas tēmas, kas skar dzīves dažādus aspektus, attiecības ar sevi, ar otru, ar pasauli. Šīs tēmas tiek apskatītas dažādos līmeņos: simboliskajā, emocionālajā, ķermeniskajā līmenī un psihoorganiskās analīzes konceptu izpratnē. Katram ir iespēja labāk izprast sevi, savu vietu sociālajā vidē un tajā notiekošajos procesos. Programmas ir tā veidotas, lai aktivizētu psihi pašregulācijas mehānismus un tos nostiprinātu kā arī mazināt emocionālo spriedzi.”

2) Grupas norise: nodarbības 1x mēnesī nedēļas nogalēs (20 ak. st.), viens 4-5 dienu (40 ak.st.) seminārs un viens 8-9 dienu (80 ak.st.) seminārs.

- 3) Grupas vadītāji, programmas moduļi, pieteikšanās kārtība, maksa par piedalīšanos un cita norises informācija. Uzsākot dalību grupā, grupas vadītāji sniedz informāciju par grupas darba noteikumiem – konfidencialitāti, apmeklēšanas kārtību, iekšējiem kārtības noteikumiem.

Grupu vada 8 sagatavoti pasniedzēji – POA psihoterapijas speciālisti – 1 vai 2 pasniedzēji katrā nedēļas nogalē un visi pasniedzēji garo semināru laikā. Nodarbībās tiek izmantoti specifiski POA vingrinājumi (vizualizācijas, ķermeniski vingrinājumi, kustību vingrinājumi, zīmēšana u. c.), dalīšanās ar pieredzi kopējā grupā un mazajās (3-5 dalībnieki) grupās, pieredzes analīze un transformācija pasniedzēju vadībā.

Pētījuma gaita

Trauksmes kā iezīmes jeb trauksmainības izmaiņas tiek novērtētas ar Spīlbergera trauksmes testa apakšskalu “Trauksme kā iezīme” frontālas aptaujas formā sākumā, pēc 6 mēnešiem, pēc 10 mēnešiem, pēc 18 mēnešiem, pēc 22 mēnešiem (pēdējā nedēļas nogalē). Datu ievākšanas attiecīgajos laikos ļauj iegūt informāciju par trauksmainības izmaiņu dinamiku – 1) sākot ar trauksmainības līmeni grupas sākumā, tad trauksmainības līmeni 2) grupas konsolidācijas perioda beigās (pēc 6 mēnešiem), 3) pēc pirmā garā (4-5 dienu) semināra (pēc 10 mēnešiem), kas ietver vairākus nozīmīgus pamatkontraktu un pieredzes transformācijas vingrinājumus, 4) pēc jauno kontraktu nostiprināšanas un pirms grupas nobeiguma fāzes (pēc 18 mēnešiem) un 5) grupas nobeigumā.

Psiholoģiskās novērtēšanas instruments

Trauksmainības novērtēšanai izmantota Spīlbergera Trauksmes testa Y formas skala „Trauksme kā iezīme” (The State-Trait Anxiety Inventory (STAI-Y) (Spielberger et al., 1970; Spielberger et al., 1983)). Skala “Trauksme kā iezīme” ir testa 21. – 40. apgalvojumi, kas novērtējami Likerta skalā (no “1 – nekad” līdz “4 – gandrīz visu laiku”). Minimālā apgalvojumu novērtējuma summa ir 20, maksimālā – 80. Iekšējās konsekvences koeficients (Kronbaha *alfa*) oriģinālajā pētījumā ir 0,89 līdz 0,96 (Spielberger et al., 1983).

Latviski Spīlbergera Trauksmes tests adaptēts (Škuškovnika, 2004), iegūstot apakšskalas „Trauksme kā iezīme” iekšējās konsekvences koeficientu (Kronbaha *alfa*) 0,83 – 0,91 un vidējos rādītājus dažādās vecuma un dzimuma grupās no 36,60±7,09 līdz 43,00±9,11.

Datu analīzes metode

Analīzes veikšanai izmantota programma IBM SPSS Statistics 25.0.

Tā kā pārbaudē ar Šapirova – Vilka (*Shapiro – Wilk*) testu tika noteikts, ka datu kopas neveido normālsadalījumu, tad izmaiņu statistiskā nozīmība tika noteikta ar sekojošām neparametriskām metodēm – Frīdmana (*Friedman*) tests, Mann-Vitneja (*Mann-Whitney*) tests, Vilkoksona (*Wilcoxon*) tests ar Monte Karlo

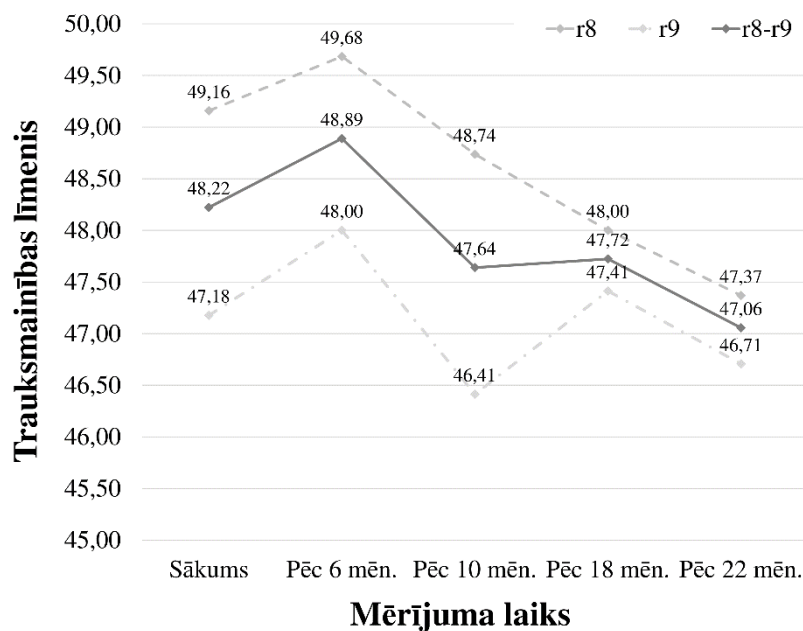
(Monte Carlo) (10'000 atkārtojumi) koriģēto statistisko ticamību jeb nozīmīgumu un tās 95% ticamības intervālu.

Rezultāti un diskusija Results and discussion

Respondentu un grupu raksturojums

Kopumā Spīlbergera Trauksmes testa Y formas skalas „Trauksme kā iezīme” apgalvojumus attiecībā uz sevi novērtējuši 36 respondenti, kuru vidējais vecums $37,64 \pm 6,44$ gadi. Vecuma intervāls ir no 27 līdz 54 gadiem, kas salīdzinot ar Spīlbergera Trauksmes testa latviski adaptētās formas datiem (Škuškovnika, 2004) atbilst trim vecuma grupām – līdz 39 gadiem, no 40 līdz 49 gadiem un vairāk par 50 gadiem. Grupās ir 6 vīrieši un 30 sievietes. Tātad respondentu grupas nav homogēnas ne pēc vecuma, ne dzimuma.

Pārbaudot abu grupu trauksmainības līmeni un tā izmaiņas ar Manna-Vitneja testu, iegūtais rezultāts liecina, ka grupu atšķirība nav statistiski nozīmīga nevienā no novērtēšanas reizēm ($p > 0,05$), t. i., grupas ir līdzīgas, tās var apvienot (grupa r8-r9), un apvienotās grupas rezultāts ir ar augstāku validitāti attiecībā pret populāciju nekā katra grupa atsevišķi.



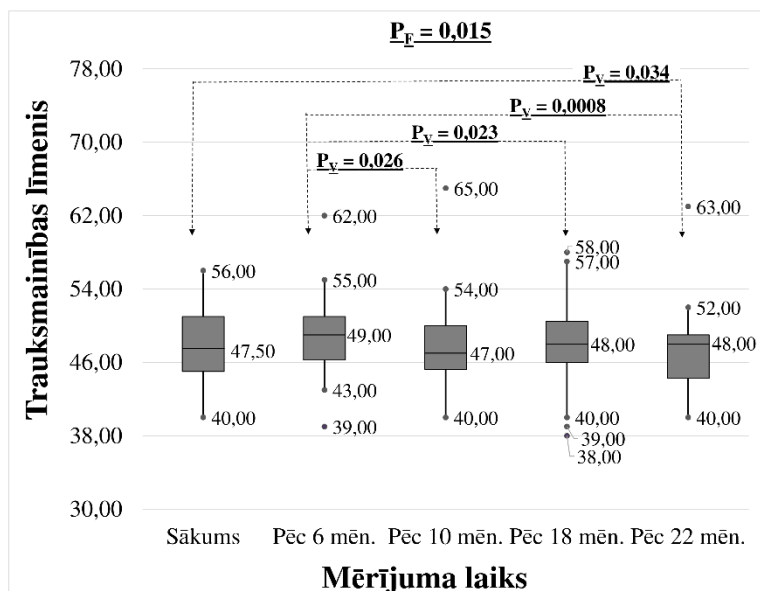
1.attēls. STAI-Y skalas “Trauksme kā iezīme” vidējās vērtības grupās r8, r9 un apvienotajā (r8-9) grupā dažādos mērījumu laikos

Figure 1 The mean values of the scale “Trait anxiety” of the STAY-Y in groups r8, r9 and the combined (r8-9) group at different measurement times

Apvienotās grupas r8-r9 trauksmainības vidējais rādītājs sākumā jeb respondentiem ienākot grupā no ikdienas ir $48,22 \pm 3,75$, bet beigās pēc 22 mēnešu darba jeb atgriežoties ikdienā ir $47,06 \pm 4,02$. Pēc iegūtajiem datiem (1.att.) ir redzams, ka ne tikai apvienotās grupas augstāk minētie vidējie lielumi, bet arī gan pārējie šīs grupas, gan atsevišķu grupu vidējie lielumi ir augstāki par populācijas vidējiem (Škuškovnika, 2004).

Trauksmainības izmaiņas grupās

Izpētot trauksmainības vidējo rādītāju izmaiņas katrā grupā ar Frīdmana testu, konstatēts, ka grupā r8 starp visiem pieciem mērījumiem ir statistiski nozīmīgas atšķirības ($\chi^2=11,80$; $p=0,019$) un, kaut arī grupā r9 šīs atšķirības nav statistiski nozīmīgas ($\chi^2=5,72$; $p=0,221$), apvienotajā grupā r8-r9 tās ir statistiski nozīmīgas ($\chi^2=12,45$; $p=0,015$).



2.attēls. STAI-Y skalas “Trauksme kā iezīme” vidējo vērtības sadalījums apvienotajā (r8-9) grupā dažādos mērījumu laikos. P_F – Frīdmana testa statistiskais nozīmīgums visām mērījumu reizēm; P_V – Vilksona testa statistiskais nozīmīgums starp ar bultiņām norādīto mērījumu reižu datiem.

Figure 2 The apportionment of the mean values of the scale “Trait anxiety” of the STAY-Y in the combined (r8-9) group at different measurement times. P_F - the statistic significance of the Friedman test for all measurements; P_V - the statistical significance of the Wilcoxon test between the data of the measurements indicated by the arrows.

Grupu trauksmainības vidējie rādītāji (1. att.) paaugstinās laika posmā no grupas sākuma līdz mērījumam pēc 6 mēnešiem (r8 – par 0,89%, r9 – par 1,38%, r8-r9 – par 1,11%), bet šī izmaiņa nav statistiski nozīmīga (1. tab.). Statistiski nozīmīgas ($p < 0,05$) ir izmaiņas apvienotajā grupā (2. att.) starp sākuma (47,04% no testa iespējamā maksimālā rādītāja) un beigu mērījumu (45,09% no testa

iespējamā maksimālā rādītāja), t.i., grupas vidējais trauksmainības līmenis samazinājies 1,95% no testa iespējamā maksimālā rādītāja). Statistiski nozīmīgas ($p < 0,05$) apvienotajā grupā r8-r9 ir arī izmaiņas starp mērījumu pēc 6 mēnešiem un katru nākošo mērījumu. 2. attēlā redzamas arī respondentu trauksmainības galējās vērtības, kas ir ārpus grupas pārējiem rezultātiem.

Trauksmainības vidējās izmaiņas starp mērījumiem abās grupās un apvienotajā grupā ir statistiski nozīmīgas, salīdzinot mērījumu pēc 6 mēnešiem un beigu mērījumu (r8 un r9 – $p < 0,05$, r8-r9 – $p < 0,001$), grupās r8 un r8-r9 – arī starp sākuma mērījumu un beigu mērījumu ($p < 0,05$). Tā kā apvienotās grupas rezultāts ir ar augstāku validitāti attiecībā pret populāciju nekā katra grupa atsevišķi, tad svarīgi ir tas, ka apvienotajā grupā ir vairāk statistiski nozīmīgu izmaiņu nekā katrā atsevišķajā grupā – starp sākuma un beigu mērījumu un starp mērījumu pēc 6 mēnešiem un katru nākošo mērījumu (2. att.).

1.tabula. Trauksmainības izmaiņas grupās pēc Wilkocona testa
Table 1 Changes in anxiety in groups with Wilcoxon test

Mērījumu starpības	Rīga-8		Rīga-9		Rīga-8/9	
	Z	p	Z	p	Z	p
M6 – S	-0,14	0,89	-0,97	0,33	-0,81	0,42
M10 – S	-1,01	0,31	-1,19	0,24	-1,64	0,10
M18 – S	-1,06	0,29	-0,11	0,91	-0,79	0,43
M22 – S	-2,01	0,04*	-0,76	0,45	-2,10	0,04*
M10 – M6	-1,31	0,19	-1,94	0,05	-2,21	0,03*
M18 – M6	-1,83	0,07*	-0,86	0,39	-2,22	0,03*
M22 – M6	-2,56	0,01*	-1,98	0,04*	-3,27	0,0008***
M18 – M10	-1,19	0,23	-1,50	0,13	-0,26	0,80
M22 – M10	-1,19	0,06	-0,51	0,61	-1,08	0,28
M22 – M18	-0,92	0,36	-0,65	0,52	-1,09	0,29

S – sākuma mērījums, M6 – mērījums pēc 6 mēnešiem, M10 – mērījums pēc 10 mēnešiem, M18 – mērījums pēc 18 mēnešiem, M22 – mērījums pēc 22 mēnešiem.

Secinājumi Conclusions

Pētījumā iegūtie rezultāti par statistiski nozīmīgām izmaiņām izglītojoši psihoterapeitiskas 22 mēnešu ilgas grupas laikā ļauj secināt, ka POA konceptu un metožu lietošana ir lietderīga trauksmainības mazināšanai.

Ja trauksmainība kā personības iezīme nozīmē iegūtu uzvedības dispozīciju, kas rosina indivīdu uztvert plašu, objektīvi drošu objektu kopumu kā draudus saturošu un reaģēt intensīvāk nekā objektīvi nepieciešams (Spielberger, O'Neil, & Hansen, 1972), tad trauksmainības statistiski nozīmīga samazināšanās izmainīs gan indivīda uzvedību – tā būs adekvātāka konkrētā situācijā, gan indivīda

emocionālo stāvokli. Tomēr pētījumi rāda, ka ne tikai augsts, bet arī ļoti zems trauksmainības līmenis traucē sasniegt augstus rezultātus, piemēram, sportā (Jones, 1995) vai eksāmenā (Hancock, 2001). Tādēļ pētījumā iegūtais rezultāts – statistiski nozīmīga vidējā trauksmainības līmeņa samazināšanās, bet ne straujš kritums respondentu grupā – vērtējams respondentu vajadzībām atbilstošs.

Grupu dinamika – trauksmainības līmeņa paaugstināšanās (ne statistiski nozīmīga) pirmo 6 mēnešu laikā un pazemināšanās pēc 6 mēnešiem līdz statistiski nozīmīgas starpības sasniegšanai – saistīta ar grupas tiešo mērķi un tēmu izvēli un secību. Tā kā, saņemot uzaicinājumu piedalīties grupā, potenciālie dalībnieki saņem informāciju par iespēju labāk izprast sevi, savu vietu sociālajā vidē un tajā notiekošajos procesos, tad šī mērķa sasniegšanai grupas sākotnējais fokuss vērsts uz katra dalībnieka mentālās pieredzes, reakciju un uzvedības modeļu izpēti un apzināšanos. Izmantojot POA konceptu par dzīves kontraktiem, tiek atklāta pieredze par destruktīvajiem psihiskajiem notikumiem un apzināta to radītā trauksmainība, kas pamatojas baiļu vai panikas/sēru afektā. Šāda apzināšanās sākumā aktualizē trauksmi un vienlaikus ir pamats jaunu, adaptīvāku kontraktu veidošanai un destruktīvo notikumu radītās pieredzes transformācijai. Programmas ir veidotas, lai aktivizētu un nostiprinātu psihes pašregulāciju. Tādējādi grupas dinamika apstiprina teorētisko pieņēmumu, ka pieredzes transformācija, aktivizētas mikro- un makroregulācija (Pīlēna & Mihailova, 2016) ir trauksmainības samazināšanas pamatā.

Dažu respondentu trauksmainības galējās vērtības, kas ir ārpus pārējiem grupas rādītājiem, dažādos mērījumu laikos liecina, ka grupas darbā lietotās metodes un intervences var aktualizēt destruktīvos kontraktus un izraisīt spēcīgu afektu. Pasniedzējiem ir jāreķinās ar šādu iespējamo reakciju un saglabājot grupas strukturēto un drošo vidi, empātiski jādod atgriezeniskā saite grupai kopumā un ikvienam grupas dalībniekam individuāli.

Tas, ka respondentu grupas ir skaitliski mazas un nav homogēnas ne pēc vecuma, ne dzimuma, uzskatāms par faktoru, kas ierobežo pētījuma rezultātu drošu vispārināšanu jeb attiecināšanu kā uz populāciju, tā uz metodi kopumā. Pētījums tiek turpināts ar nākošajām grupām (pašlaik apmācībā ir vēl 2 grupas). Abu pētījumu grupu salīdzināšana liecina, ka apvienotās grupas rezultāts ir ar augstāku validitāti attiecībā pret populāciju nekā katra grupa atsevišķi, tātad ir pamats prognozēt, ka pētījuma turpinājuma rezultātu validitāte attiecībā pret populāciju paaugstināsies.

Summary

Research publications show that reducing trait anxiety is an important factor in improving an individual's quality of life (eg, Oort, 2005; Schalock & Parmenter, 2000), and in psychotherapist effective collaboration with the client (eg, Cooper, 2013;

Walters, 2001; Haggag, 2011). The importance of the anxiety state-trait model is based on the close relationship between anxiety as a personality trait and the Five Factor Personality Factors (FFM), widely used in recent years in scientific research, as well as personality models developed by representatives of other significant feature theories (Škuškovnika, 2004).

Anxiety is a personality disposition that is not observed directly, but is expressed as a state anxiety when stress is experienced (Reiss, 1997). In the psycho-neurological sense, anxiety is based on two affective systems - fear and mourning / panic (Panksepp & Biven, 2012).

High anxiety is considered as important factor that adversely affects treatment (D'Andrea & D'Andrea, 1996), so effective psychotherapy can significantly improve individual's treatment outcomes. The effectiveness of certain psychotherapy directions for anxious clients is still a topical issue in research.

Psycho-Organic Analysis (POA) is a relatively new direction in psychotherapy - its origins are in France in the late 1960s and early 70s. Its most important feature is its integrative nature - when looking at the physical and mental functioning of the client as a single and indivisible whole, attention is drawn to the continuous interaction of both aspects, as well as the client's story of his relationship with the society (Pīlēna & Mihailova, 2016). One of the basic concepts of the POA is the theory of three forms of relationship (Besson & Brault, 1993), which can be used as a tool for selecting the strategy and tactics of the client's assessment and psychotherapy process. During the psychotherapeutic process, microregulation (autoregulation of internal processes by activating the autonomic nervous system and the limbic system through organic work) and macroregulation (interaction of the individual with the external environment - educationally during the psychotherapeutic group with the group leaders and other participants) are activated, thus promoting a destructive life event transformation of experience (Pīlēna & Mihailova, 2016).

The aim of the study was to evaluate the effectiveness of the use of POA concepts and methods in reducing anxiety during two long (22 months) educational and psychotherapeutic groups.

The State-Trait Anxiety Inventory (STAI-Y) (Spielberger, Gorsuch, & Lushene, 1970; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) was used to evaluate the results. Changes in the average level of anxiety in the respondent groups were assessed at the beginning of the group, at 6, 10 and 18 months and at the end of the group. The relationship between anxiety dynamics and group goals and program was also analysed.

The results of the study on statistically significant changes in educationally psychotherapeutic groups of 22 months lead to the conclusion that the use of POA concepts and methods is useful for reducing anxiety. The dynamics of the group confirm the theoretical assumption that the transformation of experience and the activation of micro-regulation and macro-regulation (Pīlēna & Mihailova, 2016) is the basis for the reduction of anxiety. Comparison of the two study groups suggests that the pooled group result is higher in terms of population compared to each group, so there is reason to predict that the validity of the follow-up results in the population will increase.

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RESEARCH INTO PERSONAL VALUES IN TERMS OF QUALITATIVE ANALYSIS OF DOCUMENTS

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Abstract. *This research has emerged from a real-life situation where there was a need to find out for what are the life values and which values are followed by a participant.*

The study was commissioned in connection with legal proceedings. In this research there is only one participant. The purpose of the study is to explore the categories of personal values and the inherent characteristics of the person revealed in the documents submitted to the study. The study was conducted using a qualitative data-processing method: contentanalysis.

The documents analysed in this study consist of three sets of data: telephone text messages, letters and notes and conclusions of psychological studies.

A total of eight letters and notes on ten pages have been analysed four hundred and forty-two telephone text messages have been analysed and six psychological investigations conclusions have been analysed on fifteen pages. The conclusions of the psychological investigations where that they were also used as instruments for confirmation of external credibility. The study resulted in individual-specific value categories and external validation of the research has been confirmed.

Keywords: *document analysis; contentanalysis; values; forensic psychology, personality*

Introduction

Practical work that involves an examination of a client's personality usually makes use of quantitative research methods such as tests and surveys. These methods require a long time of client involvement, because they usually have to answer a great many questions; here may even be more than 100 question is a single test. Qualitative research methods such as interviews and conversations can also be used in such research processes, but it must be noted that these methods mean that the client must definitely be involved in the process and be motivated to do so. Such processes also have certain shortcomings in that the client may want to manipulate the information that is provided. According to Pipere, for instance, if a direct question is posed that might characterise the respondent from an undesirable perspective, then the person might want to provide a false answer to create a better impression about himself than is actually the case (Pipere, 2011a). Plummer and Johnson also argue that people who talk about their lives

tend to forget something, change facts or keep quiet about them (Plummer, 2001; Johnson, 2001).

For that reason, this study is based on the goal of examining a person's value categories and personal characteristics. The author proposed three research questions:

- A) Does the content of notes and short letters reveal personal values and characteristics?
- B) Does the content of SMS messages on a telephone reveal personal values and characteristics?
- C) Is the analysis of SMS messages, notes and short letters valid to determine personal values and characteristics?

Document analysis is the research method. Pipere argues that this is qualitative data extraction method that makes it possible to examine a specific process of phenomenon (Pipere, 2011a). She writes: "Documents are any written materials that contain information about the phenomenon that is being studied" (Pipere, 2011a, 188).

The literature review

An examination of the currently available broad diversity of research, there were no similar studies of how psychological and qualitative research methods can be used for document analysis that leads to the processing of results with the content analysis method so as to determine the individual's value system. In psychological practice, however, this research instrument would be of practical value, because it makes it possible to examine a person's personality without the individual's presence or involvement, thus learning about his or her value system.

According to Shalom Schwartz in "Theory of Basic Values," values are a factor that is brought to bear in describing various groups, cultures and individuals. These values change over the course of time, allowing us to explain human behaviours and attitudes. That is because when we think about our values, we think about that which is important in our lives. Our values are directly one of the central components of a personality, and they are a critical motivator when it comes to human behaviours and attitudes. Equally important is the fact that human values determine how they accept or reject overall social norms (Schwartz, 2012).

Schwartz identifies ten basic values:

1. Power: Control or dominance over people and resources;
2. Success: Personal achievements which confirm competence in accordance with social standards;
3. Hedonism: Enjoyment and sensual self-satisfaction;
4. Stimulation: Excitement, youthfulness and challenges in life;

5. Self-direction: Independent thinking and actions with choices, creativity and research;
6. Universalism: Understanding, recognition, tolerance and protection of the welfare of all people and their nature;
7. Favour: Preserving and improving the welfare of those with whom one frequently communicates;
8. Tradition: Observing and accepting traditions and ideas from traditional culture or religion;
9. Conformity: Limitation of activities, yearnings and impulse that may bother or harm others or violate social demands or norms;
10. Security: Security in societies, relationships and oneself, along with harmony and stability (Schwartz, 2012).

Milton Rokeach, for his part has divided values into two groups:

1. Terminal values, which people seek and wish to achieve in their lives as final goals -- enjoyment, freedom, family safety, internal harmony, a comfortable life, fortune, peace in the world, mature love, achievements, self-respect, true friendship, salvation, beauty in the world, social recognition, national security and equality.
2. Instrumental values that determine the dominant model of behaviour and the model of activity that will achieve terminal values - responsibility, courage, joie de vivre, honesty, ambition, intellect, helpfulness, imagination, logic, love and independence (Rokeach, 1973).

When writing down notes or letters, people express their thoughts. This involves specific words or statements. Thoughts can not only be written down as notes, but also expressed in stories that people tell about their own lives. Such stories, whether they are related to the past, present or future, are researched on the basis of a different qualitative research method - the narrative method. A narrative is a story about oneself (Miles & Huberman, 2002) from the first-person perspective (Pipere, 2011c) or from the third person perspective (Haug, 1987).

According to Pipere, a narrative can be autobiographic, biographic, related to the history of one's life or an autoethnographic story (Pipere, 2011c). It can identify future dreams and expectations (Pipere & Dombrovskis, 2012), an indicator of future goals (Dombrovskis, 2017), or an indicator of aspects of personal identity (Dombrovskis, 2011). A narrative also reflects a person's values (Elliott, 2005).

In evaluating and analysing these two qualitative research methods - narrative and document analysis - one really can see that the boundaries between them are very vague and unclear. This makes it hard to know what exactly being analysis. Analysis of newspaper articles, for instance, means that they are to be seen as documents, while the true analysis focuses on interviews, life stories or

the presentation of facts. Narrative psychologists Willing and Stainton-Rogers argue that any document that has been written by a person must be seen as a narrative and can be used as a source of information when examining a person's personality (Willing & Stainton-Rogers, 2008).

Methodology

Data extraction and analytical methods

Research data were obtained by the client, who submitted a set of documents with three subsets - SMS messages (notarised), letters and notes, and texts related to conclusions from psychological research (prepared by professional psychologists). These are documents with elements of a narrative. Notes are random and without an addressee. Here are a few examples:

"On board a bus, a terrorist pulls the key off a hand grenade and hands it to the driver (as if he were paying for a ticket). When the driver receives the grenade, it explodes at the moment when he presents the ticket, and the terrorist receives the driver's hand with the ticket. He is satisfied, takes the ticket and disembarks from the bus."

Another example:

"In a carriage, but large and bearded. The mother feeds her child (infant) with a little spoon and watches television at the same time. She is excited about something interesting that she sees. The infant is also excited. He eats the little spoon and his mommy's hand. A caramel!"

Letters involve more self-reflection (Vargas, 2018), as opposed to transferring messages or learning things. The author analysed 23 notes and letters on ten pages. An example:

"I know, however, that I am sometimes contradictory, and I have no reason to be ashamed about that, because that is who I am, and I do not at all want to change."

The point of SMS texts was determined on the basis of what the other person wrote. The author numbered and analysed 442 SMS messages. The analysis was based on conclusions from six psychologists on 23 pages, prepared with various time intervals between 2014 and 2018. The psychologists used various research instruments, and not all of them indicated the achieved results, instead only writing about the most important accents and providing a generalised review with conclusions.

The data were analysed with the content analysis (Kroplis & Rascevska, 2004) or, more precisely, the qualitative content analysis (Pipere, 2011b) method. This meant a separation between SMS messages, letters and notes, preparing a unit of purport and reducing the content of the texts to keywords. These keywords were counted up and expressed in percentages to determine their weight in the

analysed set of data. From the conclusions from psychologists, the author identified the characteristics that were discovered via psychological testing. The results of analysing said characteristics were used to compare the content analysis result and to test their validity.

The research cohort

The specifics of this qualitative study meant that the research involved legal proceedings in which one person took part. The person is a man, 48 years old, married and with several children. He is quite successful in life and has had noticeable results in the things that he does. According to qualitative research scholars (Pipere, 2011c), the number of people on the qualitative research cohort is not strictly defined. It can be made up of just a few people or several dozen, but if there are too many or too few members of the cohort, there are fundamental shortcomings such as a lack of information or, on the contrary, too much information. Still, there are cases in which there is only one participant in the qualitative research.

Results and discussion

Table 1 Results from the analysis of letters and notes (Dombrovskis, this study)

Keyword	Frequency of use	% of all statements	Phrase
Subconscious sadism	17	33%	"Torment you frequently and each time that I have problems"
Loss of self-control	11	22%	"I am afraid of my own inhuman spite"
Hurting someone else	6	12%	"I had bad feelings an wanted you to have them, too"
Confusion	3	6%	"I don't know what to do"
Threats	2	4%	"I will hate you"
Humiliation	2	5%	"I wanted to humiliate you"
Apathy	2	4%	"Unless you allow me to love you, I will start to hate you."
Use of the other	2	4%	"You love yourself, and I need your personality as an object of confession"
Inferiority complex	2	4%	"The desire to be different"
Causing pain	1	2%	"I am not shy about hurting you"
Pain	1	2%	"Brotherhood in pain"
Haughtiness	1	2%	"I would present myself a gift so that I am appreciated"
Lies	1	2%	"This text will create an incorrect understanding of me"

The author defined 13 categories (Table 1). The most often discovered elements were sadism (subconscious sadism with 17 citations or 33%), a lack of self-control (11 citations, 22%), and the desire to harm the other person (6 citations, 12%). Less often mentioned categories included confusion, threats, humiliation, apathy, use of the other, an inferiority complex, causing pain, pain, haughtiness and lies.

Analysis of notes and the text of letters showed that dominant value categories include a subconscious desire to be sadistic so that the other person suffers. The person cannot control these yearnings.

Table 2 The results of analysis of SMS messages (Dombrovskis, this study)

Keyword	Frequency of use	% of all statements
Aggression	9	17%
Not counting on the other	8	15%
Meeting	6	11%
Violence	6	11%
Concern	6	22%
Incomprehension	4	8%
Excuses	3	6%
Nihilism	3	6%
Accusations	2	4%
Incompetence	2	4%
Promise to care	1	2%
Communications problems	1	2%
Apathy	1	2%
Manipulation	1	2%

Content analysis of SMS messages (Table 2) involved 14 categories and coded words - meeting, accusation, care, promise to care, aggression, incomprehension, communications problems, not counting on the other, nihilism, violence, excuses, apathy, incompetence and manipulation. Most often used in the contacts were aggression (17%), not counting on the other (15%), care, violence and meeting (11%) and incomprehension (8%). The other categories were mentioned 6% or less of the time.

To compare the keywords from the letters, notes and SMS messages to the conclusions from psychologists, the author first synthesised the keywords so as to define 16 categories (Table 3). This shows that there are four major categories - subconscious sadism, harming the other and humiliating the other (31.7%), meeting and care (12.5%), a lack of self-control (10.6%), not counting on the interests and needs of others (10.6%), as well as aggression (8.7%). The proportion of the other defined categories was between 3.8% and 1%.

Table 3 Comparison of the results of analysing letters, notes and SMS messages to conclusions from psychologists (Dombrovskis, this study)

Keyword	Frequency of use	% of all statements	Characteristics noted by psychologists
Subconscious sadism, harm, forcing the other to suffer, humiliation	33	31.7%	There is emotional violence
Meeting and care	13	12.5%	The desire to meet and establish relationships and contacts
Lack of self-control	11	10.6%	---
Not counting on the needs or interests of others	11	10.6%	Taking decisions that are only important for the individual, not counting on the needs or interests of those who are close to the individual
Aggression	9	8.7%	Easily violates rules
Incomprehension	4	3.8%	Does not understand the needs of others
Using the other, manipulation	4	3.8%	Reaching goals at any cost
Confusion	3	2.9%	Increased stress that leads to confusion and depression
Excuses	3	2.9%	No admission to one's mistakes
Nihilism	3	2.9%	Criticism is perceived, but not respected
Inferiority complex	2	1.9%	Feeling helpless
Threats	2	1.9%	Reaching goals at any cost
Haughtiness	1	1.0%	Denial of problems, demonstration
Communications problems	1	1.0%	---

The comparison from these categories and the conclusions of psychologists (Table 3) show links in 13 of 16 cases, or 81%. It is also evident that the results of content analysis related to letters, notes and SMS messages provide more extensive information about the individual.

In analysing the values that were identified via the content analysis and in comparing these to Schwartz's (Schwartz, 2012) "Theory of Basic Values" and the ten values identified therein, the research subject coincided with these values: power, success, hedonism, stimulation, self-direction and a complete indication or opposite (negative pole) relation to basic values such as favour, universalism and conformity.

In comparison to the value classification of Rokeach (Rokeach, 1973), links can be found to terminal values such as freedom, achievements and social recognition, as well as instrumental values such as courage, ambition and independence. It is also to define terminal values such as relationships, as well as instrumental values such as humiliating others, punishment, aggression, manipulation, ignoring others, blamelessness, nihilism and creation of fears.

Conclusions

The research results make it possible to draw conclusions and to answer the research questions.

When it comes to the first one - whether the content of notes and short letters reveals the values and characteristics of the individual - the answer is yes. Such content does reveal the person's values and characteristics, and the author found that the dominant value categories and personal characteristics are linked to a subconscious desire to be sadistic and violent, as well as to humiliate another person so as to cause suffering and pain in that person. The person cannot control these yearnings and lacks empathy.

The second question - whether the content of SMS messages reveals the individual's values and characteristics - can also be answered in the affirmative. This content reveals values and characteristics which point toward aggression, violence, not counting on others, manipulation, haughty carelessness about others, as well as the desire for communications and care for the other person which may not happen because communicative problems, while the inability to be guilty requires excuses.

The third question - whether analysis of SMS messages notes and letters is valid and can be used to study the person's values and characteristics - can also be answered affirmatively. A comparison of the categories that were defined during content analysis of letters, notes and SMS messages to the conclusions of psychologists, it was found that there was correspondence between the two in 13 of 16 cases, or 81%. What is more, the results from the content analysis of letters, notes and SMS messages offered broader information about the individual.

The conclusion is that the results of content analysis of short letters, notes and SMS messages lay bare the person's values, leading values, as well as terminal and instrumental values.

Summary

This paper, "Research into Personal Values in Terms of Qualitative Analysis of Documents," offers a review of theories about qualitative research methods in the field of psychology -- the narrative approach, analysis of documents and

content analysis to characterise an individual. The paper is about a study that was aimed at examining categories of values and characteristics in the individual, as found in the documents that were submitted to the author. The first question: Does the content of notes and short letters reveal personal values and characteristics? The second: Does the content of SMS messages on a telephone reveal personal values and characteristics? The third: Is the analysis of SMS messages, notes and short letters valid to determine personal values and characteristics? All three questions were answered in the affirmative. The theoretical part of the paper reviews qualitative research related to narratives, document analysis and qualitative content analysis, taking a look at theoretical aspects of personal values, classification of these aspects, as well as a definition of fundamental, terminal and instrumental values. The validity of the results was inspected on the basis of conclusions from many psychologists, and the validity was demonstrated, thus indicating that the method can be brought to bear in practice. The research cohort involved just one man, and that had to do with the practical commission of the study and the specific fact that a legal process meant that there was a need for such research.

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BĒRNU DEPRESIJAS NOVĒRTĒŠANAS SKALAS (CDRS-R) LATVIEŠU VALODAS VERSIJAS PSIHOMETRISKIE RĀDĪTĀJI KLĪNISKAJĀ UN NEKLĪNISKAJĀ PUSAUDŽU IZLASĒ

*Children's Depression Rating Scale-Revised (CDRS-R) –
Development of the Latvian Version and Psychometric Properties in
a Clinical and Non-Clinical Sample of 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. Valid and reliable measurement instruments are required for assessment of symptoms of depression in clinical samples of adolescents in Latvia. Children's Depression Rating Scale Revised (CDRS-R, Posnanski & Mokros, 1996) is a semi-structured, clinician-rated interview for assessment of depression in children and adolescents. While the CDRS-R is the most widely used rating scale for research and clinicians' practical use worldwide, there's no validated version in Latvian language available yet. The aim of this study is to present the reliability and validity of the Latvian version of CDRS-R in the adolescent age group. Twenty-five adolescents (aged 12-17) with diagnosis of depressive disorder (inpatients and outpatients) and twenty healthy controls were assessed with CDRS-R by clinical psychologist. Reliability and validity were calculated and analyzed: Cronbach's alpha, Weighted Kappa, Spearman's rank correlation coefficient, Receiver operating characteristic (ROC). The Latvian translation of CDRS-R showed good psychometrical properties. Internal consistency for the CDRS-R was high. CDRS-R total score was significantly correlated with CDI both in nonclinical and clinical sample. There was a significant concordance with the reference standard of ICD-10 diagnosis.*

Keywords: *assessment, adolescents, CDRS-R, depressive disorders, psychometric properties.*

Ievads

Introduction

Depresija ir viena no visbiežāk sastopamajām psihiskām saslimšanām dažādās populācijas vecuma grupās gan pasaulē (World Health Organization [WHO], 2017), gan Latvijā (Tērauds et al., 2015). Savlaicīgi nediagnosticēta un

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 et al., 2015; Kuo, Stoep, Herting, Grupp, & McCauley, 2013; WHO, 2013; Yap, Pilkington, Ruan, & Jorm, 2014).

Liels izaicinājums pasaulē ir valīdu un ticamu depresijas izvērtēšanas instrumentu pieejamība tieši pusaudžu izlasē. Zinātnieki (Lachal et al., 2012) vērš uzmanību uz to, ka daudzi pusaudžu depresijas diagnostikas instrumenti sākotnēji bija izstrādāti pieaugušo izlasēm un netika validēti pusaudžu izlasēs, savukārt daži instrumenti ir orientēti un speciāli izstrādāti pusaudžiem (piemēram, *Children's Depression Inventory*, CDI, Kovacs, 1985; *Beck's Depression Inventory II*, BDI, 1996). Kaut arī šie instrumenti tiek ļoti plaši izmantoti gan zinātniskajā, gan praktiskajā jomās (Gebrie, 2018), tomēr šajos instrumentos par pamatu ir ņemti DSM (*Diagnostic and Statistical Manual of Mental Disorders*) minētie depresijas kritēriji, kas neiekļauj specifiskas ar pusaudžu attīstības specifiku saistītas subjektīvās dimensijas (Lachal et al., 2012). Tas ir būtisks arguments, jo metaanalīzes pētījums, kas analizē laika posmā no 1970. līdz 2005. gadam publicētos kvalitatīvos pētījumus par pusaudžu depresiju, apliecina, ka pusaudžu depresijas pieredze iekļauj sevī specifiskus aspektus, kas nav tipiski pieaugušo depresijai, ka tā plešas ievērojami ārpus DSM klīniski definētajiem depresijas kritērijiem (Dundon, 2006). Situācija Latvijā ir raksturojama ar īpaši izteiktu valīdu un ticamu instrumentu trūkumu pusaudžu depresijas izvērtēšanā. Īpaši tas ir aktuāli klīniskajā vidē, kur ir ne tikai svarīga precīza depresijas simptomu pamanīšana, bet terapijas (medikamentozās, psihoterapijas) efektivitātes un dinamikas izvērtēšana (Jain et al., 2007). Latvijā pusaudžu depresijas novērtēšanā visbiežāk tiek izmantoti trīs instrumenti: 1) Ahenbaha bērna uzvedības novērtēšanas aptauja (ASEBA) (*The Child Behaviour Checklist*, CBCL, Achenbach & Rescorla 2001; latviski adaptējuši un standartizējuši Skreitule-Pikše, Raščevska, Sebre, Koļesovs, & Bite, 2013), 2) Bērnu depresijas aptauja (*Children's Depression Inventory*, CDI, Kovacs, 1980; adaptējušas Voitkāne & Miezīte, 1994), 3) Beka depresijas aptauja (*Beck's Depression Inventory II*, Beck, Steer, & Brown, 1996; adaptējušas Voitkāne & Miezīte, 2001). Drīzumā Latvijā būs pieejama arī Džordžijas skolas klimata aptauja (*Georgia School Climate Survey*, La Salle & Meyers, 2014, notiek adaptācija B. Martinsones vadībā) kur pamatskolas un vidusskolas (5.-12. kl.) paplašinātajā aptaujas formā daļa no jautājumiem veltīta pusaudžu psihiskās veselības, t.sk., depresijas problemātikai. Jāmin vairāki ierobežojumi attiecībā uz minēto aptauju lietošanu. ASEBA tieši nemēra depresijas simptomus, taču var sniegt nozīmīgas norādes uz nomāktības, afektīvo traucējumu pazīmēm, tādējādi sniedzot vērtīgu informāciju, stimulu izzināt emocionālo grūtību izpausmes detalizētāk, izmantojot papildu

izvērtēšanas metodes. Kvantitatīvā rakstura instrumenti (piemēram, CDI, BDI), kurus mēdz dēvēt arī par *nefiltra* instrumentiem (*unfiltered*) ir viegli administrējami, tajā pašā laikā tie reprezentē dotā brīža simptomus, neņemot vērā garastāvokļa kontekstu, tie neatšķir hroniskus stāvokļus no epizodiskiem simptomiem, neņem vērā simptomu izpausmes ilgumu, sākšanās laiku, līdz ar to diagnostiskais potenciāls īpaši klīniskajā izlasē ir zemāks par tā saucamo *filtra* (*filtered*) instrumentu kapacitāti (Cusin, Yang, Yeung, & Fava, 2010; Yee et al., 2015).

Raksta autoru pienesums pusaudžu depresijas izvērtēšanā Latvijā ir Bērnu depresijas novērtēšanas skalas (*Children Depression Rating Scale – Revised*, CDRS-R, Poznanski & Mokros, 1996) adaptācija latviešu valodā. Kaut arī instruments sākotnēji ir veidots bērnu depresijas izvērtēšanai, tomēr ir pierādīta tā ticamība un validitāte arī pusaudžu izlasēs (Keller et al., 2011; Mayes et al., 2010; Plener et al., 2012). Tā ir t.s. *filtra* instruments, multidimensionālā daļēji strukturētā intervija, kas tiek plaši pielietota pusaudžu depresijas simptomu izvērtēšanā klīniskajā vidē un ļauj izvērtēt pusaudžu depresijas izpausmes to daudzveidībā. Šo instrumentu Amerikas Bērnu un Pusaudžu psihiatrijas akadēmija iesaka kā “labās prakses” instrumentu pusaudžu depresijas simptomu izvērtēšanā (Yee et al., 2015). Kaut arī šis instruments ir īpaši ieteicams klīniskajā vidē, pētījumos tā ticamība un validitāte visbiežāk tika pārbaudīta neklīniskajās vidēs, līdz ar to instrumenta psihometrisko rādītāju noskaidrošana klīniskajā izlasē ir īpaši vērtīga (Jain et al., 2007; Yee et al., 2015). CDRS-R ir adaptēts un tiek pielietots klīniskajā un neklīniskajā praksē vairākās valstīs, piemēram, Vācijā (Keller, Grieb, Ernst, & Koelch, 2011; Koelch, Grieb, Keller, Fegert, & Sproeber, 2010), Indijā (Basker, Russel, Russel, & Moses, 2010), Korejā (Kim et al., 2018), Turcijā (Guney, Baykara, & Emiroglu, 2018) u.c.

Pētījuma mērķis ir noskaidrot CDRS-R latviešu valodas versijas psihometriskos rādītājus klīniskajā un neklīniskajā izlasēs.

Metode **Method**

Dalībnieki: Dalību pētījumā uzsāka 53 respondenti, pusaudži vecumā no 12–17 gadiem. Pētījuma gaitā izstājās vai tika izklāuti 8 dalībnieki. Rezultātā pētījumā tika iekļauti 45 respondenti vecumā no 12 – 17 gadiem ($M = 14,47$, $SD = 1,63$), 19 zēni un 26 meitenes. Neklīnisko grupu veido 20 respondenti ($M = 13,95$, $SD = 1,76$), 11 zēni un 9 meitenes. Neklīniskās grupas iekļaušanas kritērijos ietilpa aktuālajā izpētes brīdī psihisko saslimšanu diagnožu neesamība bērna anamnēzē, ASEBA aptaujas rezultāti DSM orientētajā Afektīvo traucējumu skalā nesasniedz klīniski kritisko robežu. Seši respondenti tālākajā izpētē netika iekļauti, jo neatbilda kritērijiem. Klīnisko grupu veido 25 respondenti ($M = 14,88$,

SD = 1,42), 8 zēni un 17 meitenes. Klīniskajā grupā tika iekļauti pusaudži, kuri uzturējās Bērnu klīniskās universitātes slimnīcas psihiatrijas stacionārā, kā arī ambulatorajā aprūpē esošie pusaudži, kuriem ir bērnu ārsta – psihiatra uzstādītā diagnoze F32, F33, F92.0, F43.20-22. Pētījuma gaitā divi respondenti no pētījuma izstājās.

Instrumentārijs:

Bērnu depresijas novērtēšanas skalas (Children Depression Rating Scale – Revised, CDRS-R, Poznanski & Mokros, 1996) latviešu valodā tulkotā versija. CDRS-R ir daudzdimensionāla klīniskā speciālista vadīta daļēji strukturētā intervija, kas satur 17 depresijas simptomu jomas: grūtības skolā, grūtības priecāties, sociālā norobežošanās, miega traucējumi, ēšanas traucējumi, pārmērīgs nogurums, fiziskās sūdzības, aizkaitināmība, pārmērīga vainas izjūta, zems pašvērtējums, depresīvas izjūtas, domas par nāvi, domas par pašnāvību, pārmērīga raudulība, depresīva sejas izteiksme, apātiska runa, hipoaktivitāte. CDRS-R kopējā balle var būt no 17 – 113 punktiem. 14 no 17 pantiem tiek vērtēti skalā no 1 līdz 7 (kur 3 nozīmē vāju, 5 vidēju un 7 stipru simptoma izpausmi), savukārt trīs no 17 pantiem tiek vērtēti skalā no 1 līdz 5 (kur 1 nozīmē vāju, 3 vidēju un 5 stipru simptoma izpausmi?). Pirmie 14 panti ir balstīti uz pusaudža stāstīto par konkrētu simptomu, savukārt trīs pēdējie panti ir vērtētāja novērojums par pusaudža neverbālo valodu. Kaut arī CDRS-R rokasgrāmatā minēts, ka intervija aizņem līdz 20 minūtēm, jāmin, ka intervijas ilgums var būt atkarīgs no daudziem faktoriem (piemēram, respondenta atvērtības pakāpes, darbaspējām). Šajā pētījumā vienas intervijas ilgums svārstījās no 30 līdz 60 minūtēm.

Ahenbaha bērna uzvedības novērtēšanas aptaujas jauniešu pašvērtējuma forma (ASEBA) (The Child Behaviour Checklist, CBCL, Achenbach & Rescorla 2001, Youth Self Report, YSR; adaptējušas Sebre un Laizāne, 2006), kurā, atbildot uz 112 jautājumiem, jaunieši novērtē savas emocionālās (internalizētās) un uzvedības (eksternalizētās) problēmas. Novērtēšanai tiek lietota Likerta 3-punktu skala, kur 0 apzīmē neatbilst, 1 – daļēji atbilst, 2 – pilnībā atbilst.

CDI Bērnu depresijas aptauja (Children's Depression Inventory, CDI, Kovacs, 1980; adaptējušas Voitkāne & Miezīte, 1994). CDI ļauj novērtēt piecas jomas, kurās izpaužas bērna depresija: garastāvoklis, savstarpējo attiecību problēmas, neefektivitātes izjūta, anhedonija, negatīvs pašvērtējums. Atbildes iekļauj iespēju novērtēt izpausmi ar “nekad”, “dažreiz”, “bieži”, izvēloties un atzīmējot sev atbilstošāko savas pašsajūtas aprakstu.

Procedūra: Atļauju izmantot un adaptēt CDRS-R ir izsniedzis tās oficiālais izplatītājs WPS (*Western Psychological Services*). CDRS-R latviešu valodā tulkoja neatkarīgs eksperts, ar angļu filoloģijas pamatspecialitāti. Pētījums ir veikts pamatojoties uz Latvijas Universitātes un Bērnu klīniskās universitātes ētikas komisiju izsniegtajām atļaujām. Dalībnieki tika intervēti individuāli, saņemot vecāku informētās piekrišanas atļaujas. Tikšanās ar respondentiem

notika BKUS stacionārā un klīniskā psihologa privātprakses kabinetā. Intervijas tika ierakstītas, vēlāk transkribētas.

Rezultāti un diskusija *Results and discussion*

1.tabulā ir atspoguļoti CDRS-R pantu centrālās tendences rādītāji neklīniskajā un klīniskajā izlasēs.

1.tabula. CDRS-R aptaujas latviešu valodas versijas aprakstošās statistikas rādītāji
Table 1 Descriptive statistics of latvian version of CDRS-R

CDRS-R panti		Neklīniskā izlase (n=20)		Klīniskā izlase (n=25)	
		M	SD	M	SD
1.	Grūtības skolā	2,70	1,42	4,56	1,78
2.	Grūtības priecāties	2,60	1,19	4,72	1,94
3.	Sociālā norobežošanās	2,20	1,61	4,20	1,78
4.	Miega traucējumi	2,05	0,89	3,96	1,24
5.	Ēšanas traucējumi	1,45	0,83	4,04	1,40
6.	Pārmērīgs nogurums	2,05	1,15	5,64	1,40
7.	Fiziskās sūdzības	2,05	1,23	3,68	2,06
8.	Aizkaitināmība	2,85	1,04	4,28	0,94
9.	Pārmērīga vainas izjūta	1,65	1,09	3,52	1,66
10.	Zems pašvērtējums	3,10	1,55	4,68	1,35
11.	Depresīvas izjūtas	2,35	1,04	4,80	1,53
12.	Domas par nāvi	2,15	0,93	3,40	1,47
13.	Domas par pašnāvību	1,85	0,81	5,20	1,80
14.	Pārmērīga raudulība	1,80	0,95	4,40	1,26
15.	Depresīva sejas izteiksme	1,40	0,60	3,92	1,80
16.	Apātiska runa	1,30	0,47	3,24	1,39
17.	Hipoaktivitāte	1,25	0,55	3,44	1,50
	CDRS-R KOPĀ	34,80	9,47	71,68	13,73

M - aritmētiskais vidējais, SD - standartnovirze

CDRS-R latviešu valodas versijas ticamības pārbaudei tika aprēķināta Kronbaha alfa koeficienti. Iegūtie dati liecina, ka CDRS-R aptaujas latviešu valodas versijas iekšējās ticamības rādītāji ir augsti – gan neklīniskajā, gan klīniskajā izlasē α ir 0,83. Rakstiski transkribēto interviju izvērtēšanai tika piesaistīts otrs neatkarīgais vērtētājs, un tika aprēķināts Kohena kappā (*Weighted Cohen's kappa*) koeficients, salīdzinot divu vērtētāju piešķirtās balles CDRS-R

14 pantiem (no 1-14), jo 15., 16., 17. pantus, kas attiecas uz respondenta neverbālo valodu, otrais vērtētājs izvērtēt nevar. Šis koeficients norāda uz to, cik saskaņotas vērtības ir piešķīruši divi neatkarīgi skalas kodētāji. *Weighted Kappa* koeficients ir 0,66 (pie 95% ticamības intervāla robežas no 0,57 – 0,75). Kappa robežas no 0,6-0,8 ir vērtējams kā vērā ņemams un labs.

CDRS-R latviešu valodas versijas konverģentās validitātes noskaidrošanas nolūkos, tika izvēlēta Bērnu depresijas aptauja (CDI) un Ahenbaha bērna uzvedības novērtēšanas aptaujas jauniešu pašvērtējuma versijas (ASEBA, YSR) atsevišķas apakšskalās un apakšskalū jautājumi, kas saturiski var tikt uzskatīti kā līdzīgāki CDRS-R konstruktam. Tie bija DSM orientētās skalās Afektīvie traucējumi, Somatiskas problēmas, un no Uzmanības deficīta skalās 4., 8., 10. un 78. jautājums. Ar Spīrmena korelācijas koeficientu tika noteiktas sakarības starp CDRS-R un pārējām divām aptaujām. Kā atspoguļots 2.tabulā, neklīniskajā izlasē sakarība starp CDRS – R un CDI un ASEBA izvēlētajām apakšskalām ir vidēji cieša (attiecīgi $r_s=0,64$ un $r_s=0,73$, $p<0,01$). Savukārt klīniskajā izlasē vidēji cieša korelācija ir starp CDRS-R un CDI ($r_s=0,51$, $p<0,01$), taču statistiski nenozīmīga un vāja starp CDRS-R un ASEBA ($r_s=0,35$).

2.tabula. CDRS-R latviešu valodas versijas konstrukta validitāte. Spīrmena korelācijas koeficienti, Kronbaha alfas rādītāji

Table 2 Construct validity of CDRS-R. Spearman's correlations, Cronbach's alphas

Aptauja	Neklīniskā izlase n=20			Kronbaha alfa	Klīniskā izlase n=25			Kronbaha alfa
	1.	2.	3.		1.	2.	3.	
1. CDRS-R	-	0,64**	0,73**	0,83	-	0,51**	0,35	0,83
2. CDI		-	0,71**	0,93		-	0,63**	0,86
3. ASEBA			-	0,93			-	0,86

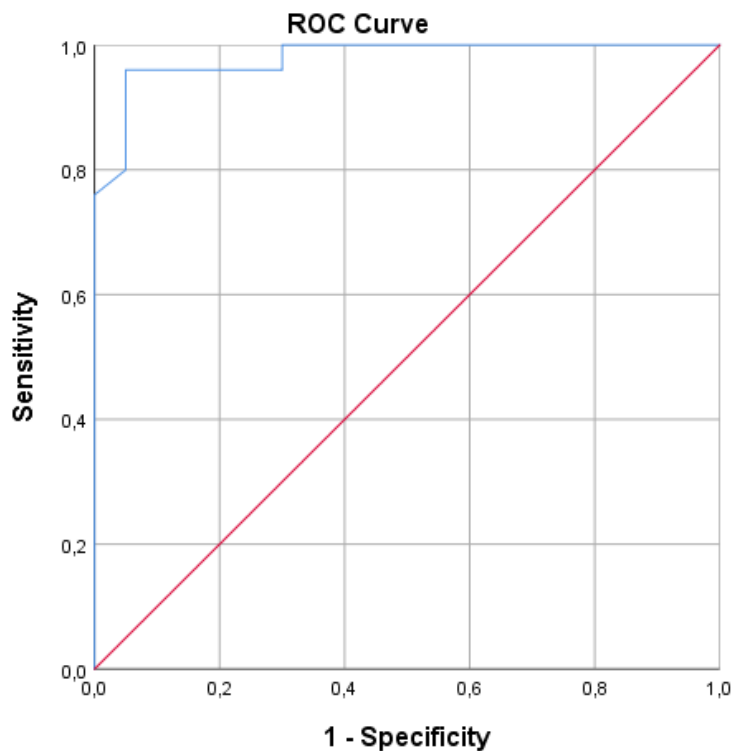
Piezīme. ASEBA - iekļauj DSM orientēto Afektīvo traucējumu, Somatisko problēmu skalās, no Uzmanības deficīta skalās 4., 8., 10., 78. jautājumi.

** $p<0,01$

CDRS-R latviešu versijas diverģento validitāti apliecina statistiski nenozīmīgas un vājas korelācijas ar ASEBA DSM orientēto eksternalizēto problēmu apakšskalām, proti, Opozicionāri izaicinošiem traucējumiem un Uzvedības traucējumiem – attiecīgi $r_s=0,18$ un $r_s=0,19$.

Analizējot CDRS-R diskriminanto validitāti, tika mērīta CDRS-R aptaujas sensitivitāte un specifiskums attiecībā pret SSK-10 (izlasē iekļautās diagnozes saskaņā ar SSK-10 ir F32, F33, F92.0, F43.20-22) kā references standartu, izmantojot t.s. ROC (*Receiver operating characteristic*) līkni. Kā atspoguļo 1.attēls, lauks zem līknes (*The area under curve, AUC*), ir 0,98 (pie 95% ticamības robežas ir no 0,95 – 1.00, $p=0,0001$). Jo lielāks ir lauks zem līknes, jo

labāk aptauja diferencē tos, kuriem ir traucējums vai specifisks stāvoklis no tiem, kuriem tā nav (Marston, 2010). Pie CDRS-R kopējās balles $\geq 49,5$ CDRS sasniedz 96% sensitivitāti un 50% specifiskumu, kas ir t.s. kritiskais punkts (*cut – point*) depresijas noteikšanai. Jāatzīmē, ka saskaņā oriģinālā testa versijas rokasgrāmatu un testa autoru vadlīnijām *cut – point* ir ≥ 40 CDRS-R punkti (Poznanski, Freeman, & Mokros, 1984), tādējādi dotais pētījums sniedz nozīmīgu informāciju attiecībā uz Latvijas izlasi.



1.attēls. ROC līkne CDRS-R kopējām ballēm attiecībā pret SSK-10 kā references standartu
Figure 1 Receiver operating characteristic (ROC) curve for the total CDRS-R score against ICD-10 as the reference standart

Secinājumi Conclusions

Pētījuma mērķis bija noskaidrot Bērnu depresijas novērtēšanas skalas (*Children Depression Rating Scale – Revised*, CDRS-R, Poznanski & Mokros, 1996) psihometriskos rādītājus neklīniskajā un klīniskajā Latvijas pusaudžu izlasē. Metode abās izlasēs ir uzrādījusi augstus iekšējās saskaņotības rādītājus gan atsevišķu pantu līmenī, gan visā skalā kopā (α robežās no 0,80 – 0.84). CDRS-R ticamības pārbaudei tika aprēķināts arī *Weighted Cohen's kappa* koeficients, kas atspoguļo to, cik saskaņotas vērtības ir piešķiruši divi neatkarīgi vērtētāji. Kappa rādītājs ir 0,66 un vērtējams kā vērā ņemams un labs (McHugh, 2012). Izaicinājums bija pārbaudīt CDRS-R skalas konverģento validitāti, jo Latvijā nav

pieejami diagnostikas instrumenti, kas pēc konstrukta būtu līdzīgi CDRS-R. Konverģentās validitātes rādītāju aprēķinam tika izvēlētas vienīgās Latvijā pieejamās aptaujas, kas ir adaptētas Latvijas izlasēs un pēc to mērķa un konstrukta var daļēji atbilst CDRS-R konstruktam, t.i., CDI un ASEBA jauniešu pašnovērtējuma forma. Jāmin, ka minētie instrumenti Latvijā nav adaptēti klīniskajās izlasēs. Kaut arī abi divi instrumenti ir izstrādāti pusaudžu izlasēm, tomēr pamatojas uz DSM depresijas kritērijiem, kas nav attīstības jūtīgi un nav pielāgoti dažādiem vecumposmiem, un, iespējams, tādējādi mazāk diferencē tiešu pusaudžu depresijai raksturīgās specifiskās iezīmes (Lachal et al., 2012). Jāmin arī, ka CDRS-R iekļauj plašāku depresijas simptomu kopu, ne tikai psihosociālos un fiziskos simptomus, bet sniedz arī iespēju izvērtēt respondenta neverbālo valodu. Tāpat tiek minēts, ka starp intervijām un pašnovērtējuma aptaujām mēdz būt mazāka korelācija, jo pacienti nereti pašnovērtējumā var sevi raksturot kā mazāk simptomātiskus, nekā to redz un spēj novērtēt klīniskais speciālists (Cusin et al., 2010). Līdz ar to Spīrmena korelācijas koeficienti starp CDI, ASEBA (atsevišķām atlasītajām DSM orientētajām apakšskalām) un CDRS-R ir ciešāki neklīniskajā izlasē nekā klīniskajā, un klīniskajā izlasē nav statistiski nozīmīgas korelācijas starp ASEBA un CDRS-R. Tas saskan ar literatūrā pieejamo informāciju, kur minēts, ka ASEBA spēj vājāk prognozēt depresiju kā CDI (Mash & Barkley, 2007). Savukārt ASEBA DSM orientēto Opozicionāri izaicinošo traucējumu un Uzvedības traucējumu skalas uzskatāmi apliecināja CDRS-R diskriminanto validitāti. CDRS-R diskriminanto validitāti apliecina arī tas, ka skala veiksmīgi spēj diferencēt klīnisko grupu no neklīniskās, ko uzskatāmi parāda ROC analīze un aprēķinātie koeficienti attiecībā pret SSK-10 kā references standartu. Latvijas pusaudžu izlasē depresijas diagnostisko kritēriju robežšķirtne (*cut -point*) CDRS-R ir $\geq 49,5$ punkti. Tas ir vairāk kā skalas oriģinālversijā (≥ 40 punkti). Tiek minēts, ka dažādos instrumenta validācijas pētījumos šis robežpunkts variē no 20-49 (Basker et al., 2010). Pie pētījuma ierobežojumiem ir jāmin salīdzinoši maza izlase, jo CDRS-R instrumenta lietošana ir laika un resursu ietilpīga, kā arī to, ka nebija iespējas pārbaudīt retesta rādītājus saistībā ar pacientu uzturēšanās stacionārā specifiku un pētījuma dalībnieku motivēšanu piedalīties pētījumā. Neskatoties uz minēto, šis pētījums ir nozīmīgs ieguldījums Latvijas zinātniskajā un profesionālajā jomā, jo CDRS-R latviešu valodas versijas aprēķinātie psihometriskie rādītāji ļauj izmantot CDRS-R kā ticamu un valīdu instrumentu pusaudžu depresijas izvērtēšanā. Šis pētījums ir arī viens no tālākajiem zinātnisko ideju un ieceru posmiem Latvijas pusaudžu depresijas izzināšanā.

Summary

Adolescents' depression needs to be identified and treated at the earliest stage. A number of patient-rated and clinician-rated instruments have been developed for assessment of adolescents' depression worldwide. There is no clinician-rated measure validated in Latvia for identifying depression among adolescents, so valid and reliable measurement instruments are required. The American Academy of Child and Adolescent Psychiatry, as a part of the Best Practice efforts, recommends using the Children's Depression Rating Scale – Revised (CDRS-R) (Yee, 2015). It is one of the most commonly used instruments in a clinical area worldwide. The aim of this study was to present the reliability and validity of the Latvian version of CDRS-R in the nonclinical and clinical adolescent groups. The CDRS-R was translated into Latvian and tested on 45 inpatients, outpatients and school adolescents ($N=45$, $n=20$ – nonclinical, $n=25$ clinical, 19 male and 26 female) between 12 and 17 years ($M=14,47$, $SD=1,63$). The Latvian version of CDRS-R shows a high internal consistency in both non-clinical ($\alpha=0,83$) and clinical sample ($\alpha=0,83$), good inter-rater agreement (Weighted Kappa 0,66), interesting results of divergent and convergent validity. We found that for the Latvian version of a raw score of $\geq 49,5$ (ROC analysis) is indicative for the depressive symptomology as described by the ICD-10. The application of CDRS-R may be helpful in diagnosing and monitoring depressive disorders in adolescents.

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THE RELATIONSHIP BETWEEN PERFECTIONISM AND HIGH INTELLECTUAL ABILITIES

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Abstract. *Since the beginning of 1990s, when the first multidimensional concepts of perfectionism were published (see, Frost et al., 1990; Hewitt & Flett, 1990, 1991) there has been a stable increase in the research of perfectionism and its relationships to wide variety of variables, for example, stress (Smith, Saklofske, Yan, & Sherry, 2017), personality traits (Cruce, Pashak, Handal, Munz, & Gfeller, 2012) coping strategies (Gnilka, McLaulin, Ashby, & Alle, 2017). It has to be noted that perfectionism researchers have turned their attention to both general and clinical populations, as well as specific groups, for example, individuals with high intellectual abilities or gifted individuals (e.g., Kornblum & Ainley, 2005; Margot & Rinn, 2016). The paper aims to review the studies focused on relationship between perfectionism and high intellectual abilities, and to see what variables are involved in this relationship. In the first section of the paper concepts and definitions of high intellectual abilities are described. In the second section of the paper perfectionism concepts are described. An in the third section of the paper the relationship between high intellectual abilities and perfectionism is analysed. The results of literature review will serve as theoretical background for studying individuals with high intellectual ability and perfectionistic personality traits.*

Keywords: *high intellectual ability, perfectionism.*

Introduction

Perfectionism is a common personality trait, that may have impact on all areas of life. It is a complex, multidimensional trait that depending on its type and various aspects may be healthy/ positive / adaptive trait or unhealthy, negative/ maladaptive trait (Stoeber & Stoeber, 2009).

There has been interest in intellectual ability and perfectionism relationship mainly focusing on three areas: the *development of perfectionism*, for example, family history models promoting development of perfectionism (Flett et al., 2002), the role of lack of challenge in development of perfectionism (Speirs & Neumeister, 2004; Speirs Neumeister et al., 2007, 2009); the *typologies of perfectionism*, for example, personal standards of gifted students (Kornblum & Ainley, 2005), perfectionism differences among gifted adolescents in regards to

gender, birth order, and grade level (Margot & Rinn, 2016), and the *outcomes of perfectionism* focusing on psychological and educational outcomes, for example, happiness and life satisfaction (Chan, 2010), perfectionism and achievement goal orientations (Speirs Neumeister, Fletcher, & Burney, 2015).

The aim of this research is to investigate the phenomena of high intellectual ability, perfectionism and possible explanations of the relationship between high intellectual abilities and perfectionism using literature analyses on the theme.

Defining high intellectual abilities

Ability to understand complex ideas, learn from experience, engage in reasoning, adapt effectively to environment are some of the traits attributable to intelligence. These traits, of course, differ in individuals and as Sternberg and Detterman (1986) noted, although these differences are substantial, they are never entirely consistent: intellectual performance may vary on different occasions; in different domains and because of different criteria used in its evaluation. That asks for clarifying what is intelligence, how it can be defined and measured.

There are different concepts and theories of intelligence, all attempting to clarify the phenomena. Basically, there are two approaches the research and the theories of intelligence were formed from: domain general perspective and domain specific models.

In the framework of *domain-general perspective model* such scientists as Terman, Galton, Binet and others proposed intelligence as one dimensional trait being as the indicator of intellectual giftedness itself (VanTassel-Baska, 2005).

Domain specific model on the other hand, with such scientists as Thurstone, Gardener and others, proposed specific areas of abilities or specific types of intelligences, and believed that such psychological variables as creativity is rather the product than the resource, and such variables can be found only when there is an appropriate amount of knowledge acquired (VanTassel-Baska, 2005).

These two models differ mainly by looking at dimensionality of intelligence, and seeing it as the source or the means of intellectual giftedness. More detailed explanation of this issue can be acquired through discussing two approaches in understanding intelligence: the psychometric and multiple forms of intelligence approach.

The psychometric approach is based on distinguishing individuals on their level of intelligence by using Intelligence tests for this purpose.

Intellectual ability used in intelligence tests is defined as a “problem solving ability” that allows to develop instruments for its measurement, basing on the amount of problems a person can solve from the given list. Overall intelligence tests scores are usually converted into a scale with mean 100 and standard deviation of 15.

The theory that most modern intelligence tests are based on is Horn's and Cattell's theory of fluid and crystallized intelligence published in 1966. The model describes overall intelligence as comprising of two parts: fluid intelligence which is characterised by peculiarities of central nervous system functioning abilities and crystallized intelligence that is rather dependant of gained experience and cultural context (Horn & Cattell, 1966).

Widely used term "IQ" or "Intelligence Quotient", as it is referred to nowadays, is the level indicator used for describing intellectual abilities. Historically it was used as a term stating the ratio between so-called mental age and chronological age, calculated by dividing them, although this procedure is no longer used, the term has survived (Neisser et al., 1996).

One of the earliest IQ tests is Binet-Simon IQ tests first appeared in 1908 and its recent version SB5 was published by Roid in 2003, turning its attention to fluid thinking, knowledge, quantitative thinking, visually-spatial perception and working memory (Becker, 2003). Cattell Culture Fair Intelligence test was published in 1949. It aimed to investigate intelligence apart from environmental factors (Cattell, 1949). The purpose of Raven Progressive Matrixes was to evaluate reasoning from visual stimuli. First it was published in 1938 followed by renewed versions in 1940, 1956, 1998 and 2000 (Strauss, Sherman, & Spreen, 2006). Wechsler's test of Intelligence is more complicated, it measures verbal and non-verbal intellectual abilities (Strauss, Sherman, & Spreen, 2006). The Woodcock-Johnson Tests of Cognitive Abilities, first published in 1977 is meant to evaluate cognitive processes in children and adults by using three hierarchy system: first level - specific abilities evaluated by twenty subtests; second level - viewed by seven factors and third level – overall intellectual ability evaluation (Strauss, Sherman, & Spreen, 2006). Intelligence-Structure-Test 2000 R (Intelligenz-Struktur-Test, 2000 R; IST, 2000 R; Liepmann et al., 2007), often used in German-speaking countries, is based on Thurstone's and Cattell's intelligence theories and measures verbal, numerical, and figural reasoning abilities with a composite score indicating general reasoning ability (Bergold et al., 2015).

The result of intelligence test may be affected by such factors as health condition or motivation, and many scientists argue that only IQ level is too narrow of a definition for giftedness, that other factors pointing to excellence should be taken into account, nevertheless it is widely approved that IQ level exceeding 100 points for two standard deviances, it means 130 points and more, clearly states intellectual giftedness (Perio & Perino, 1981).

The Multiple Forms of Intelligence approach argues that instead of an overall intelligence it should be rather spoken about different types of intelligence.

In accordance to Gardner's Multiple Intelligence theory, each individual has the abilities to engage in seven, relatively independent forms of information

processing, where individuals differ from one another by the profiles of these intelligence forms. Multiple intelligences include logical-mathematical, linguistic, musical, special, bodily-kinaesthetic, interpersonal and intrapersonal abilities (Gardner & Hatch, 1989). This model stresses the necessity to widen the borders of intelligence definition, it should not be considered only as static abilities arranged in a hierarchical model, but rather to be looked at as an independent cognitive system (Pfeiffer, 2008). Gardner expressed his believe that psychometric tests for evaluation of intelligence include only linguistic, logical and some aspects of spatial intelligence, ignoring others (Neisser et al., 1996).

Sternberg's theory proposes three fundamental aspects attributable to successful intelligence and these are the balance between analytical, creative and practical abilities, provided that these abilities work simultaneously so allowing the individual to succeed in specific socio-cultural context (Sternberg, 2004). And it is clear that only analytical abilities from Sternberg's theory can be measured by intelligence tests used nowadays (Neisser et al., 1996).

Both approaches are important in understanding of abilities and intelligence.

Defining perfectionism

The understanding of perfectionism, its definition, specific traits and dimensions has been forming since the middle of 20th century, when many scientists expressed their believes on perfectionism and its relationship to personality and personality development.

For example, Adler (1956) argued about striving for excellence and healthy or unhealthy attitude, in the sense whether it is striving for excellence for one's own sake or for the sake of humankind. Missildine (1963) described the development of perfectionism traits during childhood, where main elements forming perfectionism is self-esteem and dissatisfaction with oneself. Hollender (1965) defined perfectionism as stating demands for oneself or other that overreach the amount appropriate for the given situation. Maslow (1970) mentioned striving for perfection in his self-actualisation theory and finally Hamachek (1978) was one of the first, who saw the dual nature of perfectionism, that could be normal or neurotic type and could therefore have positive or negative impact on personality development.

Most researchers agree to what Hamachek (1978) first proposed as a ***two-dimensional model of perfectionism***, that perfectionism can be positive/ adaptive and negative/ maladaptive (Matte & Lafontaine, 2012).

Dunkley, Zuroff and Blankstein (2003) also agree on perfectionism as the personality trait that can adaptive or maladaptive, supporting the two dimensional

approach, and named these dimensions Self-Critical Perfectionism and Personal Standard Perfectionism.

Personal Standards Perfectionism is setting high standards and goals for oneself (Dunkley, Zuroff, & Blankstein, 2003). Personal Standards Perfectionists may experience high levels of daily stress and to compensate that they tend to involve themselves in active problem solving activity (Dunkley et al., 2000).

Self-Critical Perfectionism involves constant and harsh self-evaluation, overly critical evaluations of one's own behaviour, an inability to gain satisfaction from successful performance, and chronic concerns about others' criticism and expectations (Dunkley, Zuroff, & Blankstein, 2003). It is believed that Self-critical Perfectionists react on stressful situations and they are orientated towards helplessness (Dweck & Sorich, 1999), that slows down ability to make an effort and to find solution (Flett et al., 1996). It is also believed that Self-Critical Perfectionists are keen on finding faults in themselves and therefore they lack motivation to solve problems, instead they tend to use avoiding coping skills (Dunkley, Zuroff, & Blankstein, 2003).

Hewitt and Flett (1989) identified the *three-dimensional model of perfectionism*: Self-Orientated Perfectionism – overly high personal standards and motivation for personal perfection; Others-Oriented Perfectionism – demand for significant others to be perfect and Socially Prescribed Perfectionism – others expect individual to be perfect (Rice, Ashby, & Slaney, 2007). Initially those three dimensions were conceptualized as maladaptive, but later on it was agreed that perfectionism is multidimensional construct with some adaptive and some maladaptive aspects (Rice, Ashby, & Slaney, 2007).

Frost, Marten, Lahart and Rosenblate (1990) proposed the *concept of multidimensional perfectionism*, naming these dimensions: concerns over mistakes; Personal Standards; Parental Criticism; Parental expectations; Doubting of actions and Organisation (Rice, Ashby, & Slaney, 2007).

There are several *perfectionism measurements* available. The Almost Perfect Scale - APS-R consider Standards and Discrepancy as defining elements of perfectionism allowing to define adaptive and maladaptive perfectionists (Slaney et al., 2001). Multidimensional Perfectionism Scale. The MPS (Hewitt & Flett, 1989, 1991) is a 45-item measure of self-oriented perfectionism, other-oriented perfectionism and socially prescribed perfectionism (Hewitt & Flett, 1991). The Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990) with a 35 item questionnaire, provide six subscales for a multidimensional assessment of perfectionism: Concern over Mistakes (CM), Personal Standards (PS), Parental Expectations (PE), Parental Criticism (PC), Doubts about actions (D), and Organization (O) (Stoeber, 1998).

It is important to understand what type of perfectionism is prevailing in the concerned individual as adaptive perfectionists show the need for organization

and order, are able to accept their own mistakes, support their parents' expectations, and show striving for perfection in achieving goals as positive trait. Maladaptive perfectionists are overly concerned with mistakes, they have overly high standards for themselves or receive overly high demands from significant others, they are highly sensitive to criticism, doubt their own decisions, lack effective coping strategies and show extreme necessity for approval (Schuler, 1999).

High intellectual abilities and perfectionism

First, it is essential to clarify the factors promoting development of perfectionism in individuals with high intellectual ability.

The existing model of perfectionism development within the general population was developed by Flett, Hewitt, Oliver, and Macdonald in 2002 and it proposed three areas of primary influence, which are family factor, response to specific child factors and environmental factors.

Researchers have shown the greatest interest in the family factor as the promoting factor of perfectionism development. In the framework of family factor four different family history models were proposed by Flett and colleagues (2002). *The social expectation model* may promote sense of helplessness, if they do not meet parents' expectations (Hewitt & Flett, 1991), as well as conditional self-worth as result of receiving positive feedback based only on their high intelligence level (Kamins & Dweck, 1999; Speirs Neumeister, Williams, & Cross, 2009). In *the social reaction model* perfectionism may develop because of punitive environment, physical abuse or psychological distress in the family so developing escaping coping strategies or sense of control (Flett et al., 2002) attributable to socially prescribed perfectionism (Speirs Neumeister, 2004; Speirs Neumeister et al., 2009). *The social learning model* taking over perfectionistic traits by observing them in their parents (Flett et al., 2002), evidence for such model are diverse some proving this relationship (e.g., Damian, Stoeber, Negru, & Baban, 2013) others questioning it (e.g., Clark & Coker, 2009). The anxious rearing model proposes development of perfectionism as a result of anxious parents being concerned over mistakes, this model has not been studied yet (Flett et al., 2002).

It is also argued that specific child factors, such as lack of challenge in early educational experiences (e.g., Speirs Neumeister, Williams, & Cross, 2007), heightened sensitivity towards what is expected from them (Emmet & Minor, 1993), intensity of thoughts and feelings (Orange, 1997). Other factors may play role as well: temperament, attachment style, need for approval etc. (Flett et al., 2002).

Only a few research studies have examined the environmental factor as contributing to the development of perfectionism in highly intellectual individuals. Competitive school environment, different types of programs or non-identified intellectual abilities may play role in developing perfectionism (Flett et al., 2002).

The typology used for the research of the relationship between high intellectual abilities and perfectionism have several approaches. There can be individuals with high intellectual ability without any signs of perfectionism – “non-perfectionists”, individuals with high intellectual ability and perfectionism trait that can be viewed as “healthy perfectionists” and “dysfunctional perfectionists” (Parker, 1997). Replicating Parker’s typology four clusters were found: “mixed-adaptive perfectionists” – high on personal standards, organization, parental expectations, but relatively low on concern over mistakes, doubts about actions and parental criticism; “pervasive perfectionists” – rather high scores on all dimensions of perfectionism; “self-assured, non-perfectionists” – rather low scores on all dimensions of perfectionism and “mixed-maladaptive perfectionists” rather high scores on personal standards, concern over mistakes, doubts about actions and parental criticism and rather low scores of parental expectations and organization (Dixon, Lapsley, & Hanchon, 2004). However later research did not approve the same typology, instead contextual changes were proposed as an explanation, such as, cultural revolution (Portesova & Urbanek, 2013) and cultural shift (Mofield & Parker Peters, 2015).

It is also important to note that in interaction between gifted and significant others may be seen specific traits typical to gifted person: high intellectual abilities, perfectionism, high sensitivity and intensity (Mendaglio & Pyryt, 2003). This high sensitivity may develop procrastination and as a result of it avoiding coping strategy, anxiety, refuse and failure (Neihart, Reis, Robinson, & Moon, 2002).

However, these findings might be addressed rather to maladaptive perfectionists, than perfectionists as such. Although giftedness (including high intellectual ability has been linked to anxiety and depression (Cross, Cassady, Dixon, & Adams, 2008), perfectionism, empathy, the feeling of justice, and creativity (Greene, 2006), and sadness (Vialle, Heaven, & Ciarrochi, 2007), all describing complicated personality of gifted individual. Perfectionism is not attributable to all gifted individuals, and even if there is perfectionism trait it could well be adaptive perfectionism as striving for perfection, but it has to be noted that maladaptive perfectionism itself is connected to psychological distress (Flett et al., 1998) anxiety, depressive symptoms (Soenens et al., 2007) self-esteem (Grzegorek et al., 2004) and others.

Conclusions

Most research is done on students in special gifted programmes but it does not give a clear understanding on relationship of individual with high intellectual abilities in general population. No matter that the clusters in typology differ, mainly because of culture related reasons, it is important to understand that, first of all, individuals with high intellectual abilities may not have perfectionist traits, but if they do have perfectionistic traits those could be adaptive or maladaptive. The factors promoting development of perfectionists should be considered in terms of possible interventions for maladaptive perfectionists. Further studies are needed to clarify the cognitive and affective processes of perfectionism in both general population and population with high intellectual abilities.

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ADOLESCENT CRISIS AND EDUCATIONAL CRISES OF ADAPTATION TO THE NEXT EDUCATIONAL LEVEL

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Abstract. *The problem of pupils' adaptation to new educational level is explored from the standpoint of human agency becoming.*

194 pupils (84 fifth-graders and 110 tenth-graders) took part in the study. Pupils' agency and psychological resources were surveyed at the beginning of the academic year by Children's Personality Questionnaire (CPQ), Pupils' Motives Questionnaire (fifth-graders), High School Personality Questionnaire (HSPQ), Purpose-in-Life Test, Motives of learning activity Questionnaire (tenth-graders). Adaptation criteria (informational, behavioral and affective) were estimated by expert assessment method and academic performance analysis at the end of the academic year. K-means method of cluster analysis, U-test and Spearman's rank correlation coefficient are used for data analysis.

In each age category of pupils we have found a lot of significant correlation links between the psychological resources and adaptation criteria indicators only in the cluster of pupils with high agency level. So, only pupils with a high level of agency use their psychological resources to successful overcoming of normative educational crises. Thus, without human agency qualities, both the intellectual and personal resources of pupils can remain unused during the period of adaptation and further training, the results of the study demonstrated.

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Keywords: *adolescent crisis; human agency; fifth graders; normative age-related crises; normative educational crises of adaptation; psychological resources; tenth graders.*

Introduction

The problem of pupils' adaptation to new learning conditions at the new educational level arose in the 60s of the 20th century (Bozhovich, 1968; Cowen, 1973) and still acute now. Is success of adaptation period depends on "readiness"? What is the readiness to the next educational level? Is it knowledge, motivation, responsibility or something else?

Recent empirical research (Nisskaya, 2018) has shown that school readiness outcomes of primary school pupils depends on preschool educational approach. Also pupils' adaptation is related to teachers' behavior (Rupsiene & Kucinskiene, 2005).

According to V.I. Slobodchikov theory (2008) these adaptation periods are called as normative educational crises. We propose to consider the problem of normative educational crises overcoming from the point of view of human agency becoming.

Human agency becoming at the stages of ontogeny

The term “agency” is generally used in philosophy and psychology to refer to the ability of individuals to direct their conscious activity to achieving goals. Agency, as a behavioral concept, is an individual’s sense of what they can do and what they think they can do. Numerous findings by both foreign and Russian psychologists (Koops, 2017; Borchet et al., 2017; Białocka-Pikul et al., 2017; Belolutskaya & Veraksa, 2016; Polito, Waters, & McIlwain, 2015; McIlwain, 2015; Balconi, 2010; Leontiev, 2010; Slobodchikov, 2008) confirm the agency role in child behavior.

A. Bandura defines agency as ability to intentionally influence one’s functioning and the course of environmental events (Bandura, 1989). M. Hewson determines agency as a condition of activity rather than passivity. It refers to the experience of acting, doing things, making things happen, exerting power, being a subject of events, or controlling things. This is an aspect of human experience (Hewson, 2010). H.R. Markus and S. Kitayama proved that psychological process organization (e.g. attention, perception, cognition, emotion, motivation, interpersonal relationship) depends on the cultural and social specification of agency (Markus & Kitayama, 2010).

In Russian psychology the conceptual term of agency has synonyms: “subjectivity” and “subject activity”. According to K.A. Abulkhanova, one of the most important criteria of agency is capacity to use one's abilities, personal traits, mental capabilities and skills to solve problems and achieve goals (Abulkhanova, 2005). Agency formation in childhood means a gradual development of a child's self-consciousness as a result of several age crises.

V.I. Slobodchikov defines agency formation as the main task of the personalization stage (at the age of 7-18) – «the culmination period of personal development» (Slobodchikov, 1991). Each development stage, according to Slobodchikov’s theory, is the cycle including the periods of becoming and implementation. The period of becoming starts with “birth crisis” caused by the need for a new social role. The period of implementation starts with “developing crisis” (caused by the need for a self-realization in this social role).

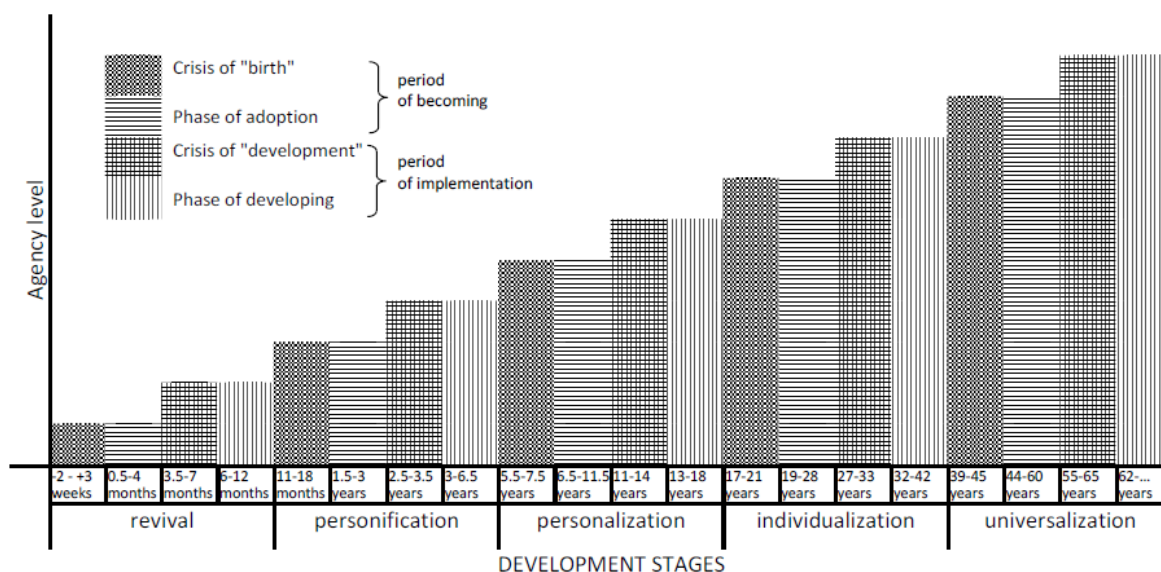


Figure 1 Development stages and agency level (according to V.I. Slobodchicov`s theory)

The human agency criterion at the stages of ontogeny is the effectiveness of solving age-related development tasks – the age norms of a child's consciousness.

According to cultural-historical psychology (Vygotsky, 1983), age-related crises happen when the social situation of development changes: a new level of child consciousness appears, while his social relationships remain the same.

But in modern society educational conditions in schools and universities are more and more often changed without taking into account pupils' needs (Samokhvalova & Kryukova, 2016; Symanyuk & Pecherkina, 2016; Akçinar, 2013; Karabanova, 2010; Deci et al., 1991). On the one hand this leads to some changes in the psychological context of age-related crises (external conditions are changed before internal needs), but on the other hand, it results in the destructive course of educational crises (new educational conditions and demands came without “needs and aspirations”).

Adolescence is the most problematic period of schooling. At the age of 11-12 adolescence crisis begins, caused by the need for a self-consciousness. Children of this age try to understand and realize themselves in different activities. And very often these activities can be asocial. They get punished and start looking for themselves again. And so on. This crisis is often delayed in time and may remain without resolution. That is why the adolescent crisis synchronization with crises of fifth-grades or ten-grades adaptation to the next educational level may lead to negative emotional state as well as to problems in learning, behavior. We hypothesized that fifth-graders with a high level of agency, whose inner schoolchild position has been preserved, as the adolescence

crisis did not begin, will use their intellectual resources and personal traits to adaptation crisis successful overcoming. And also ten-graders with a high level of agency, whose self-consciousness and I-concept has been formatted as a result of adolescence crisis resolution, use their personal resources to adaptation crisis successful overcoming.

Method

194 pupils (84 fifth-graders and 110 tenth-graders) took part in the study. The pupils' abilities and personal traits at the beginning of the academic year were surveyed using CPQ (Rukavishnikov, 2000), Pupils' Motives Questionnaire – fifth-graders; HSPQ (Rukavishnikov, 2000), Purpose-in-Life Test (Leontiev, 2002) – tenth-graders (Table 1).

The adaptation criteria (informational, behavioral and affective) were defined in accordance with B.F. Lomov's systemic approach. The adaptation criteria were estimated at the end of the academic year using the expert assessments method and academic performance analysis. To study the educational activity, we used the questionnaire for teachers, who estimate learning and communicative activity of pupils and documentation analysis (absence from school/university).

Table 1 Methods of agency indicators' and psychological recourses' assessing

	Agency indicators	Recourses (abilities and personal traits)
Fifth-graders	Rule consciousness (G), self-discipline (Q3), motives of achieving (MA) and self-development (MS)	RPM Raven Progressive Matrices test; CPQ
Tenth-graders	Goals in Life – (GL); Locus of Control (LCI, LCL); motive of profession training (MP); rule consciousness (G), self-discipline (Q3)	RPM Raven Progressive Matrices test; HSPQ

For analysis of each educational crisis results we (1) divided each sample of pupils into homogeneous groups (with similar level of agency indicators) by the k-means method of cluster analysis; (2) compared agency indicators, abilities and personal traits in these groups by U-test; (3) explore correlation links between the psychological resources and adaptation criteria indicators in each group by Spearman's rank correlation coefficient. The Statistica v.13 software program was used for computations. Before the cluster analysis, the data were standardized (Z-score). Clarity of division into clusters was evaluated

using U-test. Scales of measurement and sample volumes allowed using U-test and Spearman correlation coefficient.

Results and discussion (fifth-graders)

84 fifth-graders from municipal schools of Obninsk and Baikonur took part in the empirical study. The agency characteristics were measured in September by CPQ (G and Q3 factors) as well as School Motives Questionnaire (motives of achieving MA and self-development MS). The adaptation criteria were estimated at the end of the academic year using the expert assessments method and academic performance analysis.

To begin with, by using the k-means method of cluster analysis we divided all the pupils into clusters with similar agency characteristics. Cluster 1 (67%) included pupils with high level of agency. Cluster 2 (33%) included pupils with low level of agency (Fig. 2).

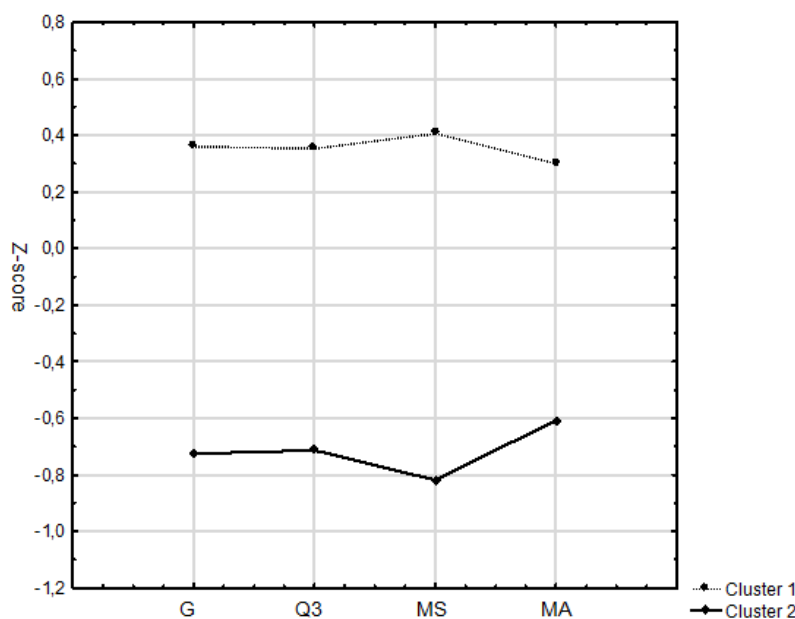


Figure 2 Agency characteristics in clusters: G, Q3, motives of achieving (MA) and self-development (MS)

The differences between the clusters were proved for every characteristic by the U-test ($p < 0,000$). It should be emphasized that we did not find any statistically significant differences in intellectual level (measured by RPM) between the clusters of pupils ($U=189,5$; $p=0,65$). The fifth-graders from Cluster 2 are characterized by a statistically significant higher level of factors D, E, F, O, Q4 (Fig. 3). These are the signs of the adolescence crisis beginning of fifth-graders from Cluster 2.

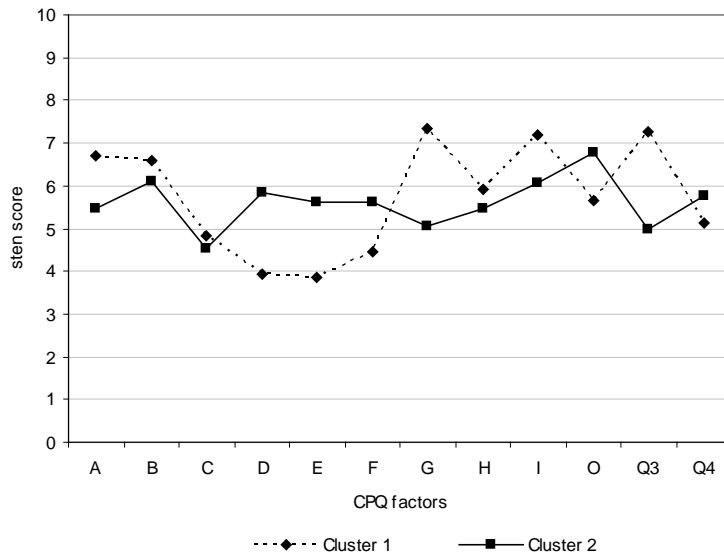


Figure 3 Personal traits in clusters of fifth-graders (measured by CPQ)

To explore the peculiarities of intellectual and personal resources application to adaptation crisis overcoming we calculated Spearman's rank correlation coefficient between the RPM and CPQ results and the indicators of adaptation criteria in both clusters of fifth-graders (Fig. 4).

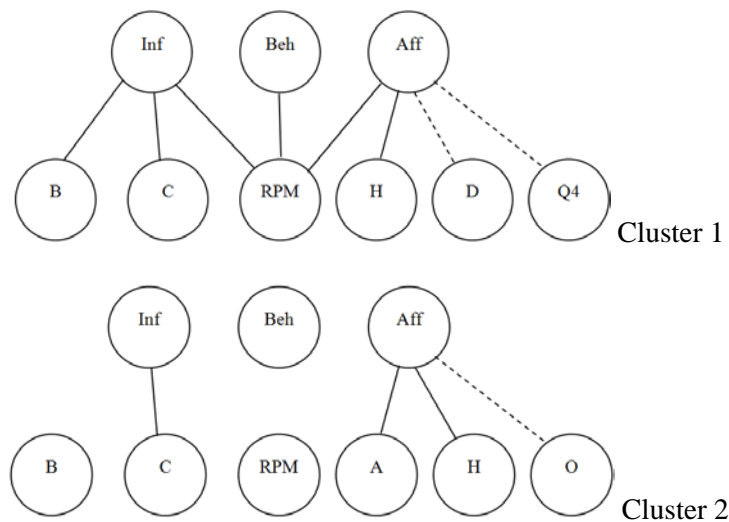


Figure 4 Correlations between RPM and CPQ results and adaptation criteria indicators in clusters of fifth-graders

We have found a lot of statistically significant correlation ($p < 0.05$) between these parameters in Cluster 1. In Cluster 2 only isolated correlations were found. We have noted the absence of statistically significant correlations between the RPM result and the indicators of adaptation criteria in Cluster 2. This confirms

our hypothesis that fifth-graders with a high level of agency, whose inner schoolchild position has been preserved, as the adolescence crisis did not begin, will use their intellectual resources and personal traits to adaptation crisis successful overcoming.

Results and discussion (tenth-graders)

110 ten-graders from municipal schools of Obninsk and Baikonor took part in the empirical study. The agency characteristics were measured in September by HSPQ (G factor), Purpose-in-Life Test (Goals in Life, Locus of Control scales) as well as Motives for learning activities of pupils Questionnaire (MP – motive of professional training scale). The adaptation criteria were estimated at the end of the academic year using the expert assessments method and academic performance analysis.

To begin with, by using the k-means method of cluster analysis we divided all the pupils into clusters with similar agency characteristics. Cluster 1 (72%) includes pupils with high level of agency. Cluster 2 (28%) includes pupils with low level of agency (Fig. 5).

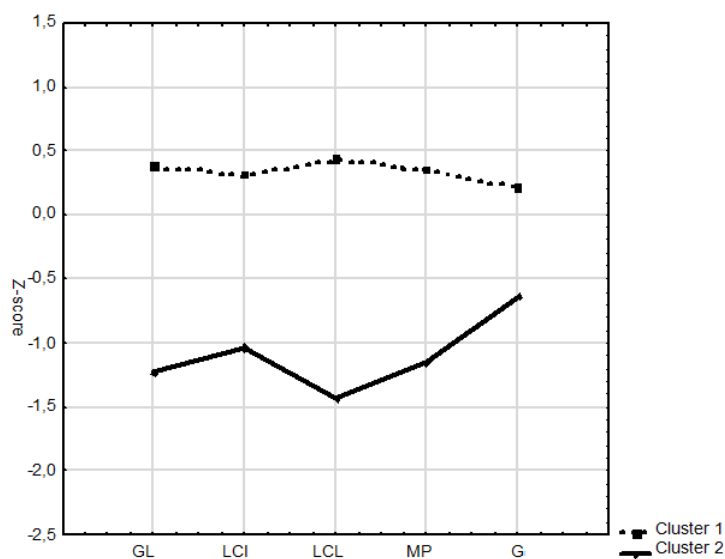


Figure 5 Agency characteristics in clusters: Goals in Life – GL; Locus of Control – LCI, LCL; motive of profession training MP; G factor

The differences between the clusters were proved for every characteristic by the U-test ($p < 0,001$). It should be emphasized that we did not find any statistically significant differences in the intellectual level (measured by RPM) between the clusters of pupils. Comparing the pupils' personality characteristics (Fig. 6) we can make the following conclusions. The ten-graders from Cluster 1

are characterized by a statistically significant higher level of factors A, C, F, H and lower level of factors J, O, Q2. These are the signs of the adolescence crisis resolution of ten-graders from Cluster 1.

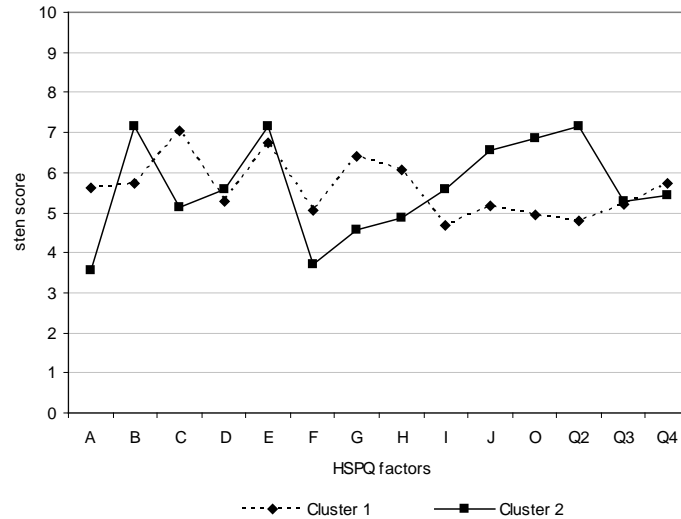


Figure 6 Personal traits in clusters of ten-graders (measured by HSPQ)

To explore the peculiarities of intellectual and personal resources application to adaptation crisis overcoming we calculated Spearman's rank correlation coefficient between the RPM and HSPQ results and the indicators of adaptation criteria in both clusters of ten-graders. We have found statistically significant positive correlation ($p < 0.05$) between personal characteristics and adaptation criteria indicators in Cluster 1 (Fig. 7).

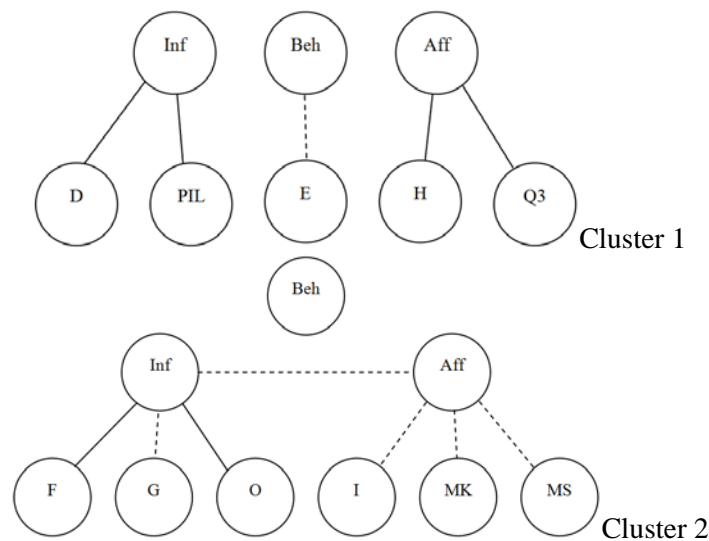


Figure 7 Correlations between the personal traits and adaptation criteria indicators in clusters of ten-graders

In Cluster 2 mostly negative correlations were found. We have noted the absence of a statistically significant correlations between the RPM result and the indicators of adaptation criteria in both clusters.

This confirms our hypothesis that ten-graders with a high level of agency, whose self-consciousness and I-concept has been formed as a result of the adolescence crisis resolution, use their personal resources to successful overcome the adaptation crisis.

Conclusions

The results are demonstrated that pupils' agency is the key factor of normative educational crises successful overcome. In both age category of pupils we have obtained the same result: in the group of pupils with high level of agency indicators (Cluster 1) we can see many positive correlation links between indicators of psychological resources and indicators of result of adaptation crisis overcome. Whereas in the group of pupils with low level of agency indicators (Cluster 2) we can see only isolated correlation links. Consequently, educational results in Cluster 1 are determined by pupils' recourses. But we couldn't say the same about pupils in Cluster 2. This explains why smart, good children do not learn well. Similar results were obtained in other age groups of pupils and students (Leonova, 2018).

The causes of school maladjustment have changed over the past 50 years. In the XX century they included anti-social, acting-out behavior; intra-personal distress and tension; interpersonal ineptitude; developmental problems (Glidewell & Swallow, 1969), but now the main reasons are lack of engagement and interest (Wong et al., 2017).

Lack of engagement and interest in learning is a consequence of not only curriculum specificity, but unresolved age-related development tasks i.e. low agency level. That is why pupils' resources may remain unfulfilled without agency qualities, as the study results have confirmed.

Further research may be as follows.

- Studies of normative adaptation crises at a new educational level in samples of schoolchildren from other countries (in accordance with the specifics of national educational systems). These studies can give answer the questions: why, despite education reforms, investment and the effort expended, many pupils cannot successfully adapt to school as well as why smart and intelligent kids performing poorly.
- Studies of existential adaptation crises caused by problems of acceptance, bullying, pupil-teacher relationships, etc.

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RESEARCH OF RELATIONSHIPS BETWEEN IMPLICIT AND EXPLICIT HEALTHY OR UNHEALTHY FOOD RELATED COGNITIONS

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Abstract. *The research aim is to study the relationships between implicit and explicit healthy or unhealthy food related cognitions. Research questions: (1) Is there a relationship between the results of measurements of healthy or unhealthy food related cognitions by implicit and self-assessment procedures? (2) How are healthy or unhealthy food related implicit and explicit cognitions and somatic properties (weight, height, body mass index (BMI), age, sex) related? (3) What common factors underlie the relationship between implicit and explicit healthy or unhealthy food related cognitions and somatic properties? (4) What contribution to food related implicit cognitions is made by explicit attitudes (preference of healthy or unhealthy food, the recentness of consumption, awareness of healthy or unhealthy food, sensations of taste) and somatic properties? (5) What contribution to each food related explicit cognition is made by food related implicit cognitions, the other food related explicit cognitions and somatic properties? Method. Participants – 83 students, aged 19-35, $M = 25.75$, $SD = 4.63$ years. Measurements: the specially designed IAT and corresponding self-assessment procedures. Results. There is a relationship between the results of implicit and explicit measurements. The main contribution to implicit preference for food is made by the weight, sex and explicit preference, based on recentness of its consumption.*

Keywords: *attitudes towards healthy/unhealthy food, implicit association test (IAT), implicit associations with healthy (or unhealthy) food, self-assessment procedures, food related cognitions.*

Introduction

The rapidly advancing field of psychology - implicit social cognition (implicit cognition in health psychology) and health-related issues require the creation of new theories, approaches, models of implicit constructs and their

assessment tools. (Wiers, Houben, Roefs, De Jong, Hofmann, & Stacy, 2010). Notwithstanding that in social cognition there are generally accepted models of dual processes based on qualitatively different ways of information processing - associative and propositional (Fazio, Jackson, Dunton, & Williams, 1995; Fazio, 2007; Olson & Fazio, 2009; Petty & Brinol, 2006; Petty, Brinol, & DeMarree, 2007; Gawronski & Bodenhausen, 2006; Wilson, Lindsey, & Schooler, 2000), an integrative model of dual processes is popular in the study of health-related issues (Wiers et al., 2010), which includes associative or impulsive and reflexive or “reasoned”, as well as personal and situational variables (general dual -process model of health behaviors (Wiers et al., 2010). Numerous reviews of researches dealing with overeating and dieting in the field of implicit social cognition are rather controversial.

Traditionally it is believed that obesity is caused by an energy imbalance between a large amount of food consumed and insufficient energy expenditure (Ravussin & Bogardus, 2000). The hypothesis formulated in the context of implicit social cognition states that overweight people have positive spontaneous associations to high-fat food, leading to excessive consumption of it. However, there is not much empirical evidence to support this hypothesis (Schrauwen & Westerterp, 2000). In a study carried out on a sample of adults having obese and healthy weight, automatic associations were evaluated for high fat versus low fat food using the Implicit Association Test. The results showed that all participants had more positive associations with low-fat food, rather than with high-fat food. This effect was more pronounced in the group of participants with obese weight. (Roefs & Jansen, 2002). In another study conducted on a sample of lean and obese children, the personalized IAT was used to assess associations with healthy food and unhealthy food. It was found that both obese and lean children had a relative preference for healthy over unhealthy food (Craeynest, Crombez, Haerens, & De Bourdeaudhuij, 2007).

Similar effects were found using the affective priming paradigm (Roefs, Stapert, Isabella, Wolters, Wojciechowski, & Jansen 2005), as well as using semantic priming, it was found that people with obesity and people with normal weight automatically associate tasty high-fat food with processes of restraint, rather than with disinhibition (Werrij, Roefs, Janssen, Stapert, Wolters, Mulken et al., 2008).

There is evidence that when participants undergo the affective priming procedure, participants prefer tasty food more than tasteless, regardless of the status of the diet and the amount of fat in food. However, if high-fat and low-fat foods were used as food incentives, people on the diet preferred high-fat foods compared to non-dieters (Hoefling & Strack, 2008).

It is known that inhibitory control is a moderator of the automatic association with behavior, therefore it is highly relevant to assess the degree of inhibitory

control and impulsivity in obese people. It was found that obese people are more impulsive than healthy-weight people (Nederkoorn, Smulders, Havermans, Roefs, & Jansen, 2006). The influence of contextual factors on the change of automatic associations with high-fat foods was studied by researchers using the affective priming procedure in people of normal weight. (Roefs et al., 2006). The results showed that when attention was focused on the eating enjoyment (restaurant condition), participants showed relative preference for tasty, high-fat foods, and when the healthy lifestyle was emphasized – they preferred low-fat foods, regardless of participants' weight.

Initially, numerous research studied attitudes towards food, treating them as an important factor contributing to the progress of obesity and, essentially, were measured explicitly (Lissner & Heitmann, 1995; Calpaldi, 1996; Drewnowski, 1997; Reed, Bachmanov, Beauchamp, Tordoff, & Price, 1997; Lechner & DeVries, 1995; DeBourdeaudhuij, Lefevre, Deforche, Wijndaele, Matton, & Philippaerts, 2005). By using explicit measures, it was found that young people with obesity show less positive attitudes towards unhealthy food than people with normal weight (Perl, Mandic, Primorac, Klapec, & Perl, 1998).

Presumably, such conclusions can be the result of responding to a socially desirable image that is idealized in society (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). In other words, stigmatization associated with obesity prevents overweight people from admission that they like and consume large amounts of unhealthy food (Puhl & Brownell, 2003; Teachmann & Brownell, 2001). Thus, explicit measures preclude researchers from full analysis and explanation of the relationship between attitudes towards food and the behaviour of people who are overweight.

The shortage of a variety of implicit measures necessary to detect implicit cognitions (such as attitudes) to healthy and unhealthy foods is relevant. Implicit measures, such as the Implicit Association Test (IAT) and various versions of subliminal priming, are mainly used in research. One the tasks of our research was to develop an IAT for measuring automatic associations with healthy and unhealthy foods. The IAT is the most known method for measuring implicit attitudes. "The IAT procedure seeks to measure implicit attitudes by measuring their underlying automatic evaluation" (Greenwald, McGhee, & Schwartz, 1998, p. 1464). The basis for the development of the IAT became a principle, according to which the often used cognitive associations contribute to more relevant and faster cognitive processing of information, which is linked with them. The competition of stimuli manifests itself in conflict of automatisms – if for a person is more common to associate a specific category with positive adjectives, in order to link it with the negative one, it is necessary to overcome the existing "positive" automatism.

Implicit cognitions are understood as attitudes and motivations that an individual possesses, being not aware of it. A particular cognition may exist as implicit cognition at some times and explicit cognition at others, however, some implicit cognitions may never become explicit cognitions (Moors, Spruyt, & De Houwer, 2010; Snowden & Gray, 2010).

The studies conducted with the help of the IAT showed that experiment participants prefer tasty, but unhealthy food more than tasteless, but healthy. It was proved that in the consumer's view, "unhealthy" is equal to "tasty" at the implicit level (Raghunathan, Walker, Naylor, & Hoyer, 2006). It was also found that consumers do not want to sacrifice taste criteria even for the sake of improving health (Urala & Lahteenmaki, 2004; Verbeke, 2006), while the health criterion is secondary to taste when choosing many food products (Tepper & Trail, 1998).

The Aim of the Research is to study the relationships between implicit and explicit healthy or unhealthy food related cognitions.

Research Questions: (1) Is there a relationship between the results of measurements of healthy or unhealthy food related cognitions by the implicit and self-assessment procedures? (2) How are healthy or unhealthy food related implicit and explicit cognitions and somatic properties (weight, height, body mass index (BMI), age, sex) related? (3) What common factors underlie the relationship between the implicit and explicit healthy or unhealthy food related cognitions and somatic properties? (4) What contribution to food related implicit cognitions is made by explicit attitudes (preference of healthy or unhealthy food, the recentness of consumption, awareness of healthy or unhealthy food, sensations of taste) and somatic properties? (5) What contribution to each food related explicit cognition is made by food related implicit cognitions, the other food related explicit cognitions and somatic properties?

Method

Participants: 83 students of Riga high schools, age 19-35, $M = 25.8$, $SD = 4.63$ years old (50 females, 33 males). The median of the body mass index for females was 21.6, for males - 23.8, which is the norm for people of this age.

















Measurements. The experimental procedure of the IAT designed to measure the healthy or unhealthy food related implicit cognitions; self-reporting procedures to measure various preferences for healthy or unhealthy food, which were based on the period of its use, on the knowledge about the food, on the taste of food and on the frequency of its use.

Research methods: (1) Two-category IAT in modification developed on the basis of (Mai, Hoffman, Hoppert, Schwarz, & Rohm, 2015); (2) Explicit methods

of measuring attitudes towards healthy and unhealthy food developed by the authors on the basis of (Mai et al., 2015; Uimonen, 2011).

The IAT experimental procedure: a modification of the IAT on the basis of the study "The spirit is willing, but the flesh is weak: The moderating effect of implicit associations on healthy eating behaviors" (Mai et al., 2015). The target categories are visual stimuli - pictures depicting healthy and unhealthy food (Table 1). The category of healthy food (8 images): water, cereal, vegetable soup, fresh vegetable salad, dried bananas, apple, boiled poultry, baked fish, and to the category of unhealthy food (8 images): cola, pizza, cheeseburger, French potato, cake, chips, sprats, smoked meat. When selecting images with a picture of healthy and unhealthy food, their similarity in size, visual complexity and clarity of the image were taken into account (Rothermund & Wentura, 2004). Evaluative attributes were verbal stimuli with a pronounced affective meaning, related to the concepts of "Tasty" (positive): tasty, delicious, attractive, fragrant, inviting, pleasant, appetizing, good; and "Tasteless" (negative): unwanted, unpleasant, unattractive, banal, tasteless, unappetizing, disgusting, nasty (Raghunathan et al., 2006). The stages of carrying out the IAT procedure are presented in Table 2.

Table 1 IAT's Target Categories and Attributes

Categories		Attributes	
"Healthy food"	"Unhealthy food"	Positive "Tasty"	Negative "Tasteless"
		Tasty Delicious Attractive Fragrant Inviting Pleasant Appetizing Good	Unwanted Unpleasant Unattractive Banal Tasteless Unappetizing Disgusting Nasty
			
			
			
			
			
			
			

To calculate the effect of healthy or unhealthy food related implicit cognitions *D* - scores (Rudman, 2011) were used. Only those response times (*RT*) were selected for which the following condition is satisfied: $300 \text{ ms} \leq RT \leq 10000 \text{ ms}$. The following assessments are used in this research: $D \leq -0.15$ – the effect of

the unhealthy food related implicit cognitions, $-0.15 < D < 0.15$ - the effect of implicit cognitions is not revealed, $D \geq 0.15$ - the effect of the healthy food related implicit cognitions.

Table 2 Procedures of IAT

Block	Trials	Function	Left-key response "I"	Right-key response "E"
1	20	Practice	Healthy food	Unhealthy food
2	20	Practice	Tasty	Tasteless
3	20	Test	Healthy food + Tasty	Unhealthy food + Tasteless
4	40	Test	Healthy food + Tasty	Unhealthy food + Tasteless
5	20	Practice	Unhealthy food	Healthy food
6	20	Test	Unhealthy food + Tasty	Healthy food + Tasteless
7	40	Test	Unhealthy food + Tasty	Healthy food + Tasteless

Self-reporting procedures. To measure attitudes towards healthy and unhealthy foods, four explicit questionnaires were designed.

Three questionnaires ("*On recentness of consumption*", "*Awareness of healthy or unhealthy food*", "*Taste*") contained 16 product images, which were also specified verbally. The images were exactly the same as the visual attributes in the IAT (Figure 1). In each questionnaire there was only one question that applied to each of the images. The Likert scale was used.

The questionnaire "*On recentness of consumption*" was aimed at determining recentness of consumption of healthy or unhealthy foods. It was necessary to evaluate when the participant last used this product (today - 1, yesterday - 2, a week ago - 3, a month ago - 4, more than a month ago - 5). When processing the data, the researchers used the same scores for healthy products, and inverted for unhealthy products: (today - 5, yesterday - 4, a week ago - 3, a month ago - 2, more than a month ago - 1). Low scores indicate that healthy food was consumed recently, and unhealthy food was consumed long time ago - "proper nutrition". High scores: healthy food has been consumed long time ago, and unhealthy food has been consumed recently - "improper nutrition". Cronbach's Alpha is $\alpha = .74$.

The questionnaire "*Awareness of healthy or unhealthy food*" was aimed at revealing the awareness of participants in the healthy or unhealthy food. The participant was required to assign a score to each of the products depicted: 1 - definitely healthy; 2 - rather healthy; 3 - difficult to answer; 4 - rather unhealthy; 5 - definitely unhealthy). In the processing of data for unhealthy food, score inversion was performed. Low scores on this scale indicate good awareness, high scores - poor awareness. Cronbach's Alpha is $\alpha = .81$.

The questionnaire "*Taste*" was aimed at revealing attitudes towards taste of the healthy or unhealthy food. It was necessary to evaluate the taste of the product

depicted in the picture (1 - definitely tasty; 2 - more likely tasty; 3 - difficult to answer; 4 - rather tasteless; 5 - definitely tasteless). When processing data for unhealthy products, the inverse of scores was performed. Low scores are tasty healthy and tasteless unhealthy foods (good taste). High scores are tasteless healthy and tasty unhealthy foods (bad taste). Cronbach's Alpha is $\alpha = .77$.

The fourth questionnaire “*Preference for healthy or unhealthy food*” was a modification of the Finnish questionnaire based on the FRL (food-related lifestyle) method and aimed at identifying the preferences for healthy or unhealthy food (Grunert, Brunsø, & Bisp, 1993; Uimonen, 2011). The FRL questionnaire collects information on explicit attitudes and behavior of consumers towards the purchase, preparation and consumption of food products. Based on the profile of Latvian consumers, items about the consumption of canned products, sweet flour products, smoked products, soft drinks, fruits and vegetables - products that are produced and consumed in Latvia were added. The questionnaire consists of 24 items, evaluated on a 5-level Likert scale where 1 is “very often” and 5 – “never”. 14 questions are direct, and 10 questions are reversed. Low scores indicate the explicit attitude towards healthy food. High scores indicate the explicit attitude towards unhealthy food. Cronbach's Alpha is $\alpha = .88$.

Apparatus: E-Prime 2.0 Professional ®.

Procedure. Participation in the research was voluntary. Participants underwent the IAT procedure and then filled in the explicit questionnaires. They indicated their sex, age, height, weight, marital status and the amount (in EUR) which is spent on average per family member for food purchases per month. An important criterion for the experiment was the satiety of the participants in the experiment. Therefore, the research was conducted after meals.

Statistical methods. The analysis of Descriptive Statistics, the tests for Normality of Distribution (D'Agostino-Pearson Omnibus Test, One Sample Kolmogorov-Smirnov and Shapiro-Wilks Tests), the analysis of diagrams with normal curve, the analysis of boxplots, the analysis of extremes, the analysis of frequencies, the Correlation Analysis (Spearman correlation coefficients, the bivariate and partial Pearson's correlation coefficients, the control of third variables), the analysis of correlation graph and correlation diagrams, the Factor Analysis, the Multiple Regression Analysis, the analysis of Effect Sizes and Confidence Intervals (CI) for them.

Results

Variables. *D* is the variable of the effects of the healthy or unhealthy food related implicit cognitions. The variable *Usage* ("On recentness of consumption") indicates a correct or incorrect diet, based on information about the recentness of consumption of healthy or unhealthy food. The variable *Awareness* indicates

awareness of healthy or unhealthy food. The variable *Taste* indicates sensations of taste of healthy or unhealthy food. The variable *Preference* indicates the explicit attitude towards healthy or unhealthy food. Also *Height*, *Weight*, *BMI* (body mass index), *Sex* and *Age* were under consideration.

The analysis of the initial data showed that for the study it is possible to apply both parametric and nonparametric statistics. 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). 95% confidence intervals (CI) for them were calculated.

Only one participant showed implicit preference for unhealthy food - a male of 32 years old, height 186 cm, weight 81 kg, BMI = 23, with poor food awareness, using an improper diet, for whom healthy food seems tasteless and unhealthy food - tasty (bad taste), the explicit attitude is towards unhealthy food. 11 participants (13%) showed no implicit preferences, 71 participants (86%) have an implicit preference for healthy food.

Table 3 Descriptive Statistics: *M*, *SD*, *Mdn*, *Q₁*, *Q₃* (*N* = 83)

	<i>Age</i>	<i>Height, cm</i>	<i>Weight, kg</i>	<i>BMI</i>	<i>D(IAT)</i>	<i>Preference</i>	<i>Usage</i>	<i>Awareness</i>	<i>Taste</i>
<i>M</i>	25.3	173	67.2	22.5	0.54	68.6	42.7	28.3	44.1
<i>SD</i>	4.34	8.31	11.8	3.06	0.33	13.9	8.73	7.69	9.35
<i>Q₁</i>	22.0	167	57.0	20.1	0.31	59.0	37.0	24.0	38.0
<i>Mdn</i>	25.0	171	65.0	22.3	0.61	67.0	43.0	27.0	46.0
<i>Q₃</i>	28.0	179	75.0	24.2	0.81	78.0	48.0	31.0	51.0

Descriptive statistics shown in Table 3. The distributions of most variables differ from the normal distribution.

To answer the first research question, the Spearman's and Pearson's correlation coefficients were calculated (Table 4). The correlation diagrams are shown in Fig.1. Correlation graph is shown in Fig.2. A statistically significant negative relationship was found between *D(IAT)* and *Preference*, *D(IAT)* and *Usage*, *D(IAT)* and *Taste*, *D(IAT)* and *Awareness*. The negative relationships show the correspondence between the results of measurements of food related cognitions by the implicit and self-assessment procedures and self-assessment procedures.

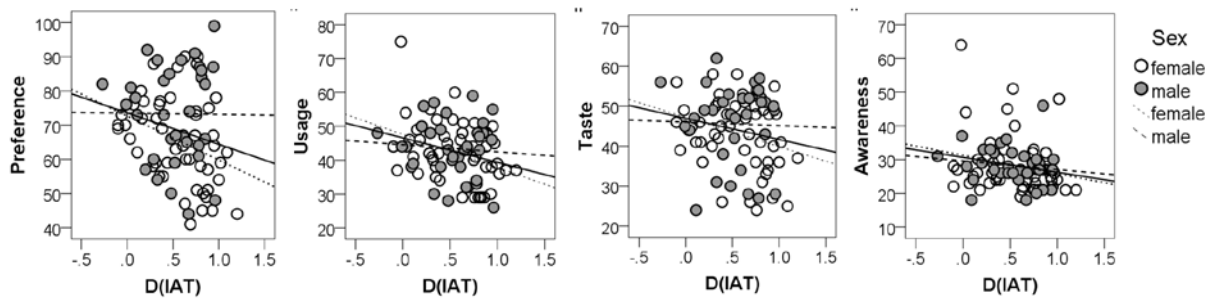


Figure 1 Correlation diagrams with linear regression lines for the total sample (the continuous line) and for the men and women

Table 4 The Spearman’s and Pearson’s Correlation Coefficients between D(IAT) and Explicit Healthy and Unhealthy Food Related Cognitions and 95% CI

Variables	Spearman’s and Pearson’s correlation coefficient	95%CI	Effect size
Preference	$r_s(83) = -.22, p = .044$	(-.42; .00)	small, near to medium
women	$r_s(50) = -.37, p = .009$	(-.59; -.10)	medium
men	$r_s(33) = .072, p = .69$	(-.28; .41)	no effect
Usage	$r(83) = -.27, p = .012$	(-.46; -.06)	near to medium
women	$r(50) = -.38, p = .007$	(-.60; -.11)	medium
men	$r_s(33) = -.040, p = .82$	(-.31; .38)	no effect
Taste	$r(83) = -.19, p = .090$	(-.39; .03)	small
women	$r(50) = -.29, p = .044$	(-.53; -.01)	medium
men	$r_s(33) = .049, p = .78$	(-.30; .39)	no effect
Awareness	$r(83) = -.19, p = .085$	(-.39; .03)	small
women	$r(50) = -.21, p = .14$	(-.46; .07)	small, near to medium
men	$r_s(33) = -.22, p = .22$	(-.52; .13)	small, near to medium

To answer the second research question, the Spearman’s and Pearson’s correlation coefficients were calculated (Table 5). The correlation graph is shown in Fig.2.

The partial correlation coefficients were calculated too. With the help of the partial correlation coefficients it was found that the variable Usage effects the relationships between D(IAT) and Awareness, D(IAT) and Preference, Preference and Awareness (Table 6, Fig.3).

In Table 6 it is seen that the variable Usage effects the relationships between variables:

- D(IAT) – Preference: the statistically significant relationship disappears;
- D(IAT) – Awareness: the tendency to a statistically significant relationship disappears;

- *Preference – Awareness*: a statistically significant association with the average size of the effect appears.

Table 5 The Spearman's and Pearson's Correlation Coefficients and 95% CI

Variables		Correlation coefficients	95%CI	Effect size
Age	D(IAT)	$r_s(83) = .13, p = .24$	(-.09; .34)	small
	Preference	$r(83) = -.26, p = .017$	(-.45; -.05)	medium
	Usage	$r(83) = -.31, p = .004$	(-.49; -.10)	medium
	Taste	$r(83) = -.29, p = .008$	(-.48; -.08)	medium
	Awareness	$r_s(83) = -.13, p = .23$	(-.34;.09)	small
Height	D(IAT)	$r(83) = -.14, p = .20$	(-.35;.08)	small
	Preference	$r(83) = .18, p = .11$	(-.04; .38)	small
	Usage	$r(83) = .13, p = .25$	(-.09; .34)	small
	Taste	$r(83) = .10, p = .35$	(-.12; .31)	small
	Awareness	$r_s(83) = .010, p = .36$	(-.21; .23)	no effect
Weight	D(IAT)	$r(83) = -.27, p = .013$	(-.46; -.06)	medium
	Preference	$r_s(83) = .20, p = .065$	(-.02; .40)	between small - medium
	Usage	$r(83) = .18, p = .10$	(-.04; .38)	small
	Taste	$r_s(83) = .066, p = .56$	(-.15; .28)	no effect
	Awareness	$r_s(83) = .16, p = .16$	(-.06; .36)	small
BMI	D(IAT)	$r(83) = -.24, p = .027$	(-.43; -.03)	near to medium
	Preference	$r_s(83) = .15, p = .18$	(-.07; .35)	small
	Usage	$r(83) = .15, p = .18$	(-.07; .35)	small
	Taste	$r(83) = -.031, p = .78$	(-.25; .19)	no effect
	Awareness	$r(83) = .20, p = .078$	(-.02; .40)	small
Preference	Usage	$r(83) = .66, p < .001$	(.52;.77)	large
	Taste	$r(83) = .63, p < .001$	(.42; .77)	large
	Awareness	$r(83) = .076, p = .50$	(-.14; .29)	no effect
Usage	Taste	$r(83) = .68, p < .001$	(.54; .78)	large
	Awareness	$r_s(83) = .43, p < .001$	(-.11; .32)	near to large
Taste	Awareness	$r(83) = .18, p = .10$	(-.04; .38)	small
Sex	D(IAT)	$r(83) = -.061, p = .58$	(-.27; .16)	no effect
	Preference	$r(83) = .28, p = .011$	(.07; .27)	medium
	Usage	$r_s(83) = .11, p = .33$	(-.15; .28)	small
	Taste	$r_s(83) = .17, p = .12$	(-.22; .21)	small
	Awareness	$r_s(83) = .16, p = .15$	(-.11; .32)	small

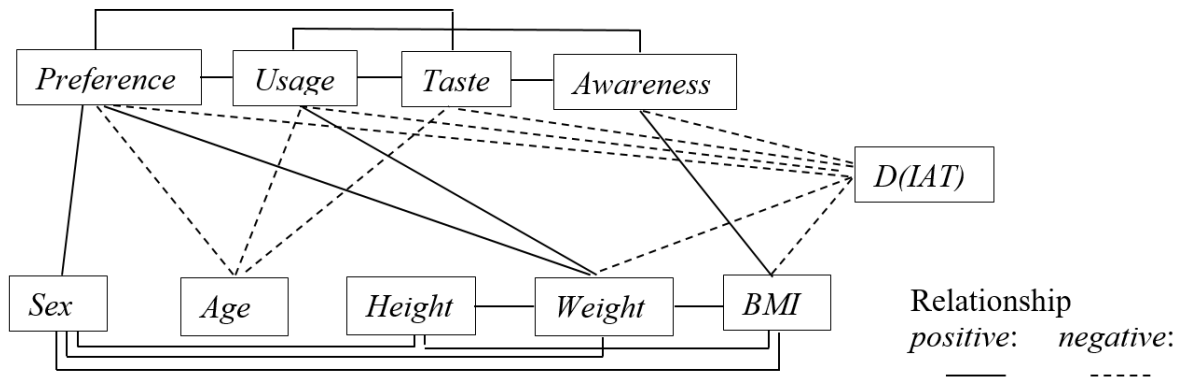


Figure 2 Correlation graph

Table 6 The Bivariate and Partial Pearson’s Correlation Coefficients and 95% Confidence Intervals (CI). Controlled Variable: “Usage”

	<i>r</i>	Variables	<i>r</i>	<i>p</i>	95% CI	Effect Size
Bivariate, N = 83		<i>D(IAT) - Preference</i>	-.22	.046	(-.42; .00)	near to medium
		<i>D(IAT) - Awareness</i>	-.19	.085	(-.39; .03)	between small and medium
		<i>Preference - Awareness</i>	.076	.50	(-.14; .29)	no effect
Partial, df = 80		<i>D(IAT) - Preference</i>	-.055	.62	(-.27; .16)	no effect
		<i>D(IAT) - Awareness</i>	-.084	.46	(-.14; .30)	no effect
		<i>Preference - Awareness</i>	-.30	.006	(-.49; -.09)	medium

For a more detailed study of the relationship, the variable *Usage* was broken down into low, medium, and high scores. Low scores of the variable *Usage* (lower Q1) correspond to "proper nutrition" (or diet), and high scores (large Q3) - to "improper nutrition", scores between quartiles Q1 and Q3 were conventionally marked "no preference". For each level of the variable *Usage*, Pearson’s Correlation Coefficients were calculated (Table 7).

D (IAT) - Preference. This relationship in its essence expresses the consistency of the results of measurements of implicit and explicit food related cognitions.

- ✓ "proper nutrition" - negative statistically significant relationship of a large effect size;
- ✓ "no preference" - no relationship detected;
- ✓ "improper nutrition" - positive statistically insignificant relationship of small effect size.

Relationship throughout the sample is based on input from participants with proper nutrition. These are those that have eaten healthy food recently, and

unhealthy foods a long time ago. Healthy food for these participants is a contextual factor in which the results of measurements of explicit preferences for healthy or unhealthy food and implicit healthy or unhealthy food related cognitions are agreed.

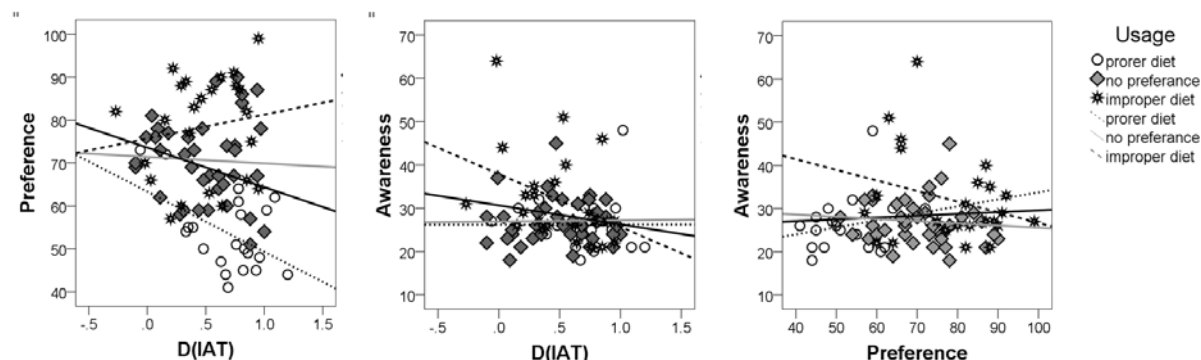


Figure 3 Correlation diagrams for the relationships between the variables “D(IAT)” and “Preference”, “D(IAT)” and “Awareness”, “Preference” and “Awareness”, with the linear regression lines, corresponding the “proper nutrition (diet)”, to the diet without preference “no preference” and “improper nutrition (diet)”. Total sample - the black continuous line

Table 7 Pearson’s Correlation Coefficients and 95% Confidence Intervals (CI). Variable’s “Usage” levels: “Proper Diet”, “No Preference”, “Improper Diet”

Variable's "Usage" Levels	Variables	<i>r</i>	<i>p</i>	95%CI	Effect Size
"Proper diet"	<i>D(IAT) - Preference</i>	-.49	.024	(-.77; -.07)	large
	<i>D(IAT) - Awareness</i>	.001	1.00	(-.43; .43)	no effect
	<i>Preference - Awareness</i>	.23	.31	(-.22; .60)	small, near to medium
"No preference"	<i>D(IAT) - Preference</i>	-.049	.77	(-.36; .27)	no effect
	<i>D(IAT) - Awareness</i>	-.017	.92	(-.33; .30)	no effect
	<i>Preference - Awareness</i>	-.093	.58	(-.40;.23)	no effect
"Improper diet"	<i>D(IAT) - Preference</i>	.15	.48	(-.27; .52)	small
	<i>D(IAT) - Awareness</i>	-.39	.061	(-.69; .02)	between medium and large
	<i>Preference - Awareness</i>	-.29	.18	(-.62; .13)	medium

D(IAT) – Awareness:

- "proper nutrition" - no relationship detected;
- “no preference” – no relationship detected;
- "improper nutrition" – a tendency to a negative statistically significant relationship with the size of the effect between medium and large.

Preference – Awareness:

- "proper nutrition" - negative statistically significant relationship with a small, closer to average effect size;
- “no preference” – no relationship detected;
- "improper nutrition" – negative, statistically insignificant relationship of the average effect size.

To answer the third research question, the factor analysis (Principal Component Method, Rotation Varimax, KMO = .67, Bartlett’s Test of Sphericity: χ^2 (28, N = 83) = 175, $p < .001$, total variance explained 66%, three factors) was applied to the set of somatic-psychological variables, selected at the research: *D(IAT)*, *Preference*, *Usage*, *Awareness*, *Taste*, *Age*, *BMI*, *Sex*. Rotation of the reduced matrix led to the identification of three factors (Table 8, Fig.4) named "*Explicit Age-Based Taste Preference of Food*" and "*Awareness Based Implicit Preference*" and “*Body Constitution*”.

Table 8 Rotated Component Matrix

	Component		
	1	2	3
Taste	.860		
Preference	.827		
Usage	.785		
Age	-.550		
Awareness		.816	
D(IAT)		-.597	
Sex			.844
BMI			.700

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 4 iterations

To answer the fourth and the fifth research questions, the multiple regression analysis was applied. Method "Backward." Criterion of the method: probability of F to remove $\geq .100$. Effect sizes: R^2 (.02 – small, .13 – medium, .26 – large) (Ellis, 2010, p.41) and Cohen’s f^2 (.02 – small, .15 – medium, .35 – large) (Cohen, 1988). To calculate the confidence intervals (CI) the on-line “Free Statistics Calculators”, version 4.0 were used.

The fourth research question. Dependent variable: *D(IAT)*. Independent variables: *Preference*, *Usage*, *Awareness*, *Taste*, *Height*, *Weight*, *Age*, *BMI*, *Sex*. The regression equation:

$$D(IAT) \text{ (estimate)} = 1.565 + 0.169*Sex - 0.011*Weight - 0.005*Preference. \quad (1)$$

The effect of each independent variable is determined by "Beta-coefficients" (β), which represent the regression coefficients for standardized variables.

The largest contribution to the dependent variable $D(IAT)$ is made by the variable *Weight* ($\beta_1 = -.39, t(79) = -2.87, p = .005$), then - *Sex* ($\beta_2 = .25, t(79) = 1.80, p = .051$), then - *Preference* ($\beta_3 = -.22, t(78) = -1.98, p = .051$). The remaining variables are not included in the regression equation.

The coefficient of determination $R^2 = .138$ shows that 13.8% of the variability of the dependent variable $D(IAT)$ is due to the influence of independent variables *Preference*, *Weight* and *Sex*. The effect size is medium, 95% CI = (.007; .27). *Adjusted R*² = .106. The standard error of estimate is 0.31. The significance of the model (ANOVA result): $F(3, 79) = 4.23, p = .008$. The effect size Cohen's $f^2 = 0.16$ is medium, 95% CI = (0.007; 0.37).

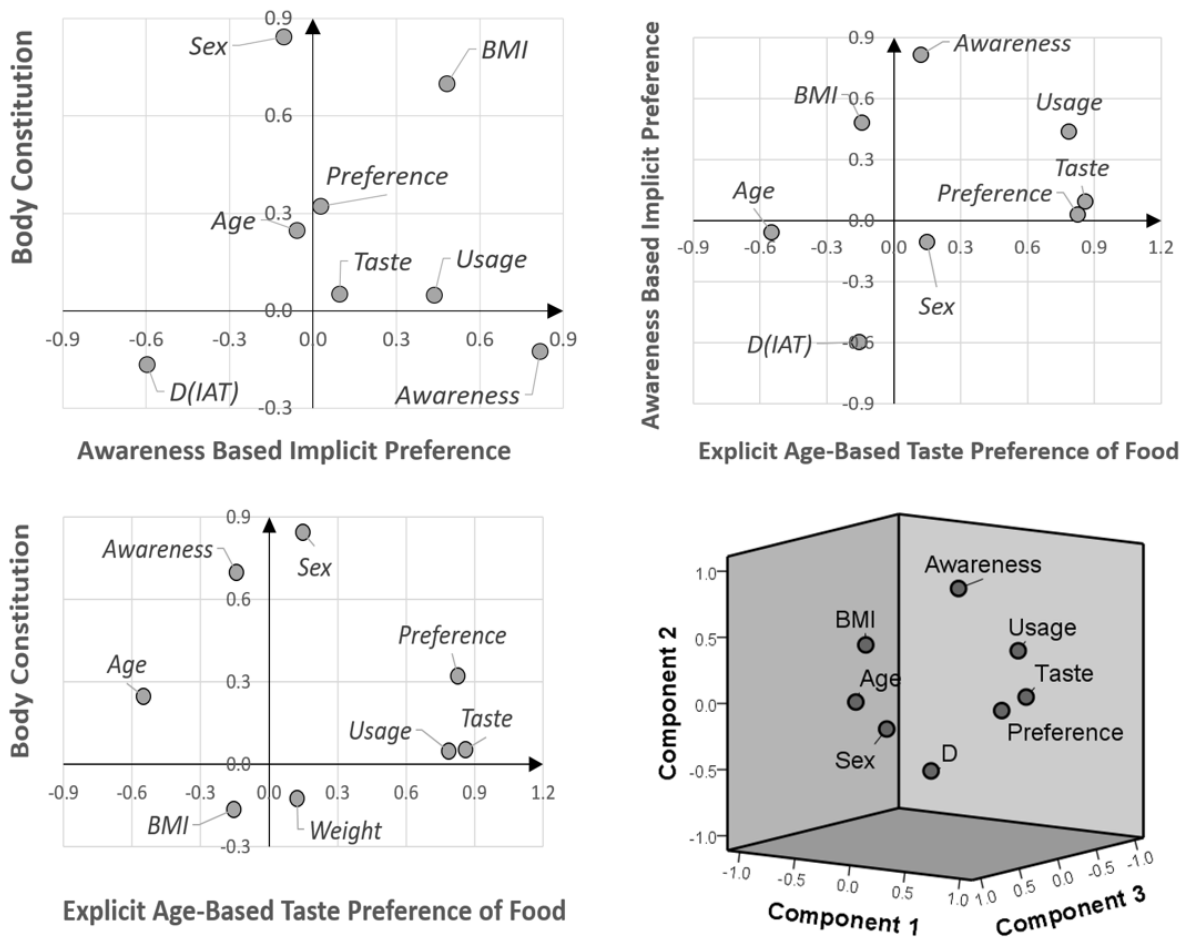


Figure 4 Component Plot in Rotated Space. Component 1 “Explicit Age-Based Preference of Food”, Component 2 “Awareness Based Implicit Preference”, Component 3 “Body Constitution”

The fifth research question. Consider four regression models.

Model 1. Dependent variable: *Preference*. Independent variables: *D(IAT)*, *Usage*, *Awareness*, *Taste*, *Height*, *Weight*, *Age*, *BMI*, *Sex*. The regression equation:

$$\begin{aligned} \text{Preference (estimate)} = & 22.128 + 5.688 * \text{Sex} + \\ & + 0.866 * \text{Usage} - 0.375 * \text{Awareness} + 0.405 * \text{Taste}. \end{aligned} \quad (2)$$

The largest contribution to the dependent variable *Preference* is made by the variable *Usage* ($\beta_1 = .55$, $t(78) = 4.87$, $p < .001$), then - *Taste* ($\beta_2 = .27$, $t(78) = 2.65$, $p = .010$), then - *Awareness* ($\beta_3 = -.21$, $t(78) = -2.51$, $p = .014$), then - *Sex* ($\beta_4 = .20$, $t(78) = 2.71$, $p = .008$). The remaining variables are not included in the regression equation.

The $R^2 = .572$ shows that 57.2% of the variability of the dependent variable *Preference* is due to the influence of independent variables *Usage*, *Taste*, *Awareness* and *Sex*. The effect size is large, 95% CI = (.44; .70). *Adjusted R*² = .550. The standard error of estimate is 9.30. The significance of the model (ANOVA result): $F(4, 78) = 26.1$, $p < .001$. The effect size Cohen's $f^2 = 1.34$ is large, 95% CI = (0.78; 2.34).

Model 2. Dependent variable: *Usage*. Independent variables: *D(IAT)*, *Preference*, *Awareness*, *Taste*, *Height*, *Weight*, *Age*, *BMI*, *Sex*. The regression equation:

$$\begin{aligned} \text{Usage (estimate)} = & -8.267 - 3.633 * \text{Sex} + 0.260 * \text{Preference} + \\ & + 0.343 * \text{Awareness} + 0.133 * \text{Weight} + 0.362 * \text{Taste}. \end{aligned} \quad (3)$$

The largest contribution to the dependent variable *Usage* is made by the variable *Preference* ($\beta_1 = .41$, $t(77) = 4.78$, $p < .001$), then - *Taste* ($\beta_2 = .39$, $t(77) = 4.54$, $p < .001$), then - *Awareness* ($\beta_3 = .30$, $t(77) = 4.53$, $p < .001$), then - *Sex* ($\beta_4 = -.21$, $t(77) = -2.37$, $p = .021$), then - *Weight* ($\beta_5 = .18$, $t(77) = 2.08$, $p = .041$). The remaining variables are not included in the regression equation.

The $R^2 = .682$ shows that 68.2% of the variability of the dependent variable *Usage* is due to the influence of independent variables *Preference*, *Taste*, *Awareness*, *Weight* and *Sex*. The effect size is large, 95% CI = (.58; .79). *Adjusted R*² = .662. The standard error of estimate is 5.08. The significance of the model (ANOVA result): $F(5, 77) = 33.1$, $p < .001$. The effect size Cohen's $f^2 = 2.14$ is large, 95% CI = (1.37; 3.69).

Model 3. Dependent variable: *Taste*. Independent variables: *D(IAT)*, *Preference*, *Awareness*, *Usage*, *Height*, *Weight*, *Age*, *BMI*, *Sex*. The regression equation:

$$\text{Taste (estimate)} = 7.640 + 0.220* \text{Preference} + 0.501* \text{Usage}. \quad (4)$$

The largest contribution to the dependent variable *Taste* is made by the variable *Usage* ($\beta_1 = .47$, $t(80) = 4.58$, $p < .001$), then - *Preference* ($\beta_2 = .33$, $t(80) = 3.19$, $p = .002$). The remaining variables are not included in the regression equation.

The $R^2 = .526$ shows that 52.6% of the variability of the dependent variable *Taste* is due to the influence of independent variables *Preference* and *Usage*. The effect size is large, 95% CI = (.38; .67). *Adjusted R²* = .514. The standard error of estimate is 6.52. The significance of the model (ANOVA result): $F(2, 80) = 44.4$, $p < .001$. The effect size Cohen's $f^2 = 1.11$ is large, 95% CI = (0.62; 2.01).

Model 4. Dependent variable: *Awareness*. Independent variables: *D(IAT)*, *Preference*, *Usage*, *Taste*, *Height*, *Weight*, *Age*, *BMI*, *Sex*. The regression equation:

$$\text{Awareness (estimate)} = 17.008 - 0.202* \text{Preference} + 0.589* \text{Usage}. \quad (5)$$

The largest contribution to the dependent variable *Awareness* is made by the variable *Usage* ($\beta_1 = .67$, $t(80) = 5.23$, $p < .001$), then - *Preference* ($\beta_2 = -.36$, $t(80) = -2.85$, $p = .006$). The remaining variables are not included in the regression equation.

The $R^2 = .259$ shows that 25.9% of the variability of the dependent variable *Awareness* is due to the influence of independent variables *Preference* and *Usage*. The effect size is large, 95% CI = (.10; .42). *Adjusted R-square* = .241. The standard error of estimate is 6.70. The significance of the model (ANOVA result): $F(2, 80) = 14.0$, $p < .001$. The effect size Cohen's $f^2 = 0.35$ is large, 95% CI = (0.12; 0.71).

Discussion

In the present research, using the classic two-category IAT, the authors found that 86% of participants with healthy weight have implicit healthy food related cognitions. In a sense, this result is consistent with the results of the study in which the personalized IAT was used. (Craeynest, Crombez, Haerens, & De Bourdeaudhuij, 2007).

The healthy or unhealthy food related explicit cognitions are:

- “Explicit preference of healthy or unhealthy food”;
- “Recentness of consumption of healthy or unhealthy food”;
- “Taste of healthy or unhealthy food”;
- “Awareness about the healthy or unhealthy food”.

The first research question was about the relationship between the results of measurements of healthy or unhealthy food related cognitions by the IAT and self-assessment procedures is as follows.

Explicit preference of healthy or unhealthy food - implicit healthy or unhealthy food related cognitions. The consistency of the measurement results means that implicit healthy food related cognitions and explicit preference of healthy food correspond to each other. As well as implicit unhealthy food related cognitions and explicit preference of unhealthy food correspond to each other.

The consistency of the measurement results was found in the entire sample. The effect size is small, closer to the average. In females, consistency is stronger than in the entire sample, where the effect size is medium. In males, both consistency and inconsistency of measurement results were not revealed.

In the subgroup of participants who consumed healthy food recently and unhealthy food - long ago ("proper nutrition"), there was also consistency in the measurement results. The effect size was large. In the subgroup of participants who consumed healthy food long ago and unhealthy - recently ("improper nutrition") there was inconsistency in the measurement results. The effect size was small. That is, they are consistent with each other. As well as implicit unhealthy food related cognitions and explicit preference of healthy food are in consistency with each other. It is possible that memories of the recent "improper nutrition" can be viewed as a contextual factor that could affect the results of self-reported evaluations.

These results confirmed the assumption of Fazio and Olson (Fazio & Olson, 2003) about the existence of experimental conditions under which the consistency of the results of implicit and explicit measurements can exist. Similar results were obtained in researches (Plotka, Simane-Vigante, & Blumenau, 2018; Vinogradova, Plotka, Smirnova, Blumenau, & Igonin, 2018), where consistency in the results of implicit and explicit measurements was observed only in individual subgroups of participants.

Recentness of consumption of healthy or unhealthy food - implicit healthy or unhealthy food related cognitions. The consistency of measurement results was found only in the female sample – the effect size is medium. In males, both consistency and inconsistency of measurement results were not identified. In females, explicit preference for healthy foods and proper nutrition correspond to each other, as well as explicit preference for unhealthy foods and improper nutrition match are in consistency with each other.

Taste of healthy or unhealthy food - implicit healthy or unhealthy food related cognitions. The consistency of measurement results was found only in the female sample – the effect size is medium. In males, both consistency and inconsistency of measurement results were not identified. In females, explicit preference for healthy foods and "good" taste (the tasty healthy and tasteless

unhealthy foods) correspond to each other, as well as explicit preference for unhealthy foods and "bad" taste (tasteless healthy and tasty unhealthy foods) are in consistency with each other.

Awareness about the healthy or unhealthy food - implicit healthy or unhealthy food related cognitions. There is a tendency to consistency of measurement results for the subgroup of participants "improper nutrition" (healthy food was consumed long ago and unhealthy food - recently). The effect size is between medium and large. In the entire sample, the effect size is small, near to medium. The healthy food related implicit cognition and a good awareness of what is healthy food or unhealthy food are in consistency with each other, as well as unhealthy food related implicit cognition and poor awareness.

Brazil and colleagues (2016) showed that knowledge about the nutritional aspects of food interferes with food choices explicitly and implicitly (Brazil et al, 2016).

The second research question was about the relationship between healthy or unhealthy food related implicit and explicit cognitions and somatic properties (weight, height, body mass index (BMI), age, sex).

Explicit healthy related cognitions increase with age. Preference is given to healthy food, proper nutrition (when healthy food was consumed recently, and unhealthy - long ago), good taste (healthy food seems tasty, and unhealthy food is tasteless).

The growth is not related to explicit and implicit food related cognitions. The weight of both explicit and implicit unhealthy food related cognitions increases consistently. Large BMI and implicit unhealthy food related cognitions are in consistency with each other.

Explicit preference and awareness of healthy or unhealthy foods throughout the sample are not related. The relationship is influenced by the duration of consuming healthy or unhealthy foods.

If healthy food has been consumed recently, and unhealthy - long ago ("proper nutrition"), then explicit preference for healthy food and good awareness of healthy or unhealthy food correspond to each other. As well as the explicit preference of unhealthy food and poor awareness of healthy or unhealthy food are in consistency with each other. The size of the effect is small, closer to the average.

If healthy food was consumed long ago, and unhealthy - recently ("improper nutrition"), then the explicit preference for healthy food and poor awareness of healthy or unhealthy food correspond to each other. As well as the explicit preference of unhealthy foods and the good awareness of healthy or unhealthy foods are in consistency with each other. The effect size is average. This result seems illogical. Perhaps, there are several explanations for this.

This may be due to both situational and personal factors, consideration of which is beyond the scope of this research. This, too, can be considered as an example of the impact of a context event (unhealthy diet) on an explicit food attitude. At the same time, the less time has passed since the impact of the context event on the food attitude, the greater the context influence. And vice versa, due to attenuation in the memory of information about the event with an increase in its duration.

The influence of individual characteristics of memory processes in participants is also possible. Those who rarely consume unhealthy food and are well aware of how healthy it is, remember the recent instances of its appearance in their diet. On the contrary, participants whose diet is dominated by unhealthy food less often consume healthy food and are more accurate in evaluating the limitations of recent cases of its use. According to the procedure of explicit measurements, they also had to estimate the prescription of consumption of healthy and unhealthy foods from the proposed limited set without taking into account their actual diet. This set does not have to match their unhealthy diet. For example, they do not drink sweet carbonated drinks and do not visit fast food restaurants, do not eat chips, and also do not often eat cakes and pastries due to their relative high cost. Their unhealthy diet includes other foods. All this could have an impact on the fixed relationship of the variables under consideration and gives an indication of the improvement of the used explicit measurement procedure.

The third research question was about common factors which underlie the relationship between the healthy or unhealthy food implicit and explicit cognitions and the somatic properties.

The study examined the healthy or unhealthy food related implicit and explicit cognitions - the results of IAT and self-reporting procedures for measuring recentness of consumption, preference of healthy or unhealthy food, the awareness and the taste of healthy or unhealthy foods and also somatic properties: body mass index, sex and age of participants. The set of these variables could be reduced to three latent variables called "Explicit Age-Based Taste Preference of Food", "Awareness Based Implicit Preference" and "Body Constitution".

The "Explicit Age-Based Taste Preference of Food" is a latent variable that is associated with the explicit preference for healthy or unhealthy food, with "good" food (healthy food has been consumed recently, and unhealthy food - long ago) or with "improper" nutrition (healthy food was consumed long ago, and unhealthy food - recently), with the "good" taste (healthy food is tasty, and unhealthy food is tasteless) and the "bad" taste (unhealthy food is tasty, and healthy food is tasteless) and with age. High scores of this variable correspond to young participants who explicitly prefer unhealthy foods, who have unhealthy

food - they consumed healthy food long ago, and unhealthy food - recently, who have a "bad" taste for food - they consider healthy food tasteless and unhealthy - tasty. Low scores of this variable correspond to older participants who explicitly prefer healthy food, who have a healthy diet — they consumed unhealthy food long ago, and healthy food – recently, who have the “good” taste for food — they consider unhealthy food tasteless and healthy food - tasty.

Evaluation of taste can be determined by food family traditions, individual characteristics of taste perception, age and gender differences in the activity of metabolic processes, as well as a number of other factors. So more active metabolic processes of people at a young age require more high-calorie food, i.e. sweet, fatty, with animal proteins. When choosing it, preference will be given to unhealthy foods containing a large number of the mentioned ingredients. Such food can be assessed as tastier. At an older age due to a slowdown in metabolism, the body ceases to systematically need food with a high calorie content. This creates the prerequisites for the transition to the consumption of healthier foods that contain more trace elements, fewer “fast” carbohydrates, fats and animal proteins. The taste of such food may be more attractive, especially given the age-related decrease in taste sensitivity in people. The latent variable in question probably reflects these processes. The relatively lower weighing on this component of the variable "Age" indicates that there are other factors that influence the preference for unhealthy foods by older people. Preference based on the taste of unhealthy foods (the main weighing on this factor) retains its value at a later age.

The second component is based on the "*Awareness of Healthy or Unhealthy Food Based Implicit Preference*" Low scores of this latent variable correspond to participants with good awareness about healthy and unhealthy food and with the implicit preference for healthy food. The high scores of this latent variable correspond to participants with poor awareness about healthy and unhealthy food and with the implicit preference for unhealthy food.

The third component was called "Body Constitution", as it characterizes the bodily structure (body mass index and sex). In men, weight and body mass index are higher than in women. This is a kind of a variable that has the property that its low values correspond to women and small BMI, and high values to men and large BMI.

The fourth research question was about the contribution to healthy or unhealthy food related implicitly measured cognitions, that was made by healthy or unhealthy food related explicit cognitions and somatic properties (weight, height, BMI, age, sex).

The greatest contribution to the healthy or unhealthy food related implicit cognitions is the weight of the body. The higher is the weight, the higher are unhealthy food related implicit cognitions. The next most important influence is

sex. Men have greater healthy food related implicit cognitions than women. The explicit preference of eating healthy or unhealthy food also influences on the healthy or unhealthy food related implicit cognitions. The explicit attitude towards healthy food corresponds to healthy food related implicit cognitions, and the explicit preference of unhealthy food corresponds to unhealthy food related implicit cognitions.

The fifth research question was about the contribution to each healthy or unhealthy food related explicit cognition that was made by food related implicit cognitions, the other healthy or unhealthy food related explicit cognitions and somatic properties.

The explicit preference of healthy or unhealthy food. The largest contribution made by the recentness of consumption of healthy or unhealthy food. The "proper nutrition" corresponds to the explicit attitude towards the healthy food. The next most important influence is the taste. The good taste corresponds to the explicit attitude towards the healthy food. The next important influence is awareness about healthy and unhealthy foods. The good awareness about healthy and unhealthy food and the explicit attitude towards the unhealthy food corresponds to each other. The bad awareness about healthy and unhealthy food and the explicit attitude towards the healthy food corresponds to each other. In general, awareness is not related to the explicit preference for healthy or unhealthy foods. But when we take into account the influence of the "correct" or "wrong" diet, the relationship appears. It is possible that this relationship is influenced by the contextual factor - recently consumed unhealthy food.

The recentness of consumption of healthy or unhealthy food. The largest contribution is made by the explicit preference of healthy or unhealthy food. The explicit attitude towards the healthy food corresponds to the "proper nutrition". The next most important influence is the taste. The good taste corresponds the "proper nutrition". The next most important influence is the awareness. The good awareness corresponds to the "proper nutrition". The next important influence is by the sex. The men correspond to the "proper nutrition". The next influence is by the weight. The large weight corresponds to the "improper nutrition".

The taste of healthy or unhealthy food. The largest contribution is made by the recentness of consumption of healthy or unhealthy food. The "proper nutrition" corresponds to the good taste. The next most important influence is the explicit preference of healthy or unhealthy food. The explicit attitude towards the healthy food corresponds to the good taste.

The awareness about the healthy or unhealthy food. The largest contribution is made by the recentness of consumption of healthy or unhealthy food. The "proper nutrition" corresponds to the good awareness. The next most important influence is the explicit preference of healthy or unhealthy food. The explicit attitude towards the healthy food corresponds to the bad awareness.

This research revealed the implicit preference for healthy food in almost the whole participants. This was due to the fact that the weight of the participants was within the norm. And the participants were only students. Nevertheless, we believe that the results obtained are realistic, which indirectly indicates the validity of the constructed implicit association test and three explicit methods.

Limitations of the research. The limitation of the research is that the participants were only young people.

In further researches to understand the nature of attitudes towards healthy or unhealthy food, it is necessary to study the context factors (situational and personal) and the application of various subliminal priming procedures.

Conclusions

As a result of the research, its aim was achieved and realistic answers were obtained to all research questions.

In the course of the research, the variant of the implicit association test was constructed, with the help of which the implicit healthy or unhealthy food related cognitions were measured. The questionnaires have also been designed to reveal explicit attitudes towards healthy or unhealthy foods on the basis of recentness of consumption, taste and awareness of which food is healthy and which is unhealthy. Linguistic adaptation and modification of the Finnish questionnaire "Preference of healthy or unhealthy food" based on the FRL method (food-related lifestyle) (Grunert et al., 2004; Uimonen, 2011) was also carried out.

It has been shown that implicit healthy food related cognitions and good awareness of healthy and unhealthy foods are consistent. For the entire sample, the relationship between explicit preference for healthy or unhealthy foods and awareness has not been established. Relationship is manifested when taking into account the influence of the "correct" diet (healthy food was consumed recently, and unhealthy - long ago) or "wrong" diet (healthy food was used long ago, and unhealthy - recently). With the "right" diet, good awareness and explicit preference for healthy foods can be consistent to each other. With a "wrong" diet, good awareness and explicit preference for unhealthy food can also be consistent to each other.

The consistency of the results of implicit and explicit measurements of healthy or unhealthy food related cognitions was observed throughout the sample. It turned out to be most characteristic for females, as well as for participants who consume healthy foods.

It was found that healthy or unhealthy food related cognitions and the somatic properties can be described with three latent variables: "Explicit Age-Based Taste Preference of Food", "Awareness of Healthy or Unhealthy Food Based Implicit Preference" and "Body Constitution".

The accuracy of the results could have been affected by the fact that the context factors (situational and personal) were not considered, as well as the fact that the implicit food related cognitions study was limited only to the use of the IAT procedure, although the use of various subliminal priming procedures could significantly refine them. It is obvious that the elimination of these deficiencies may be carried out in future studies.

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SOCIO-PSYCHOLOGICAL FACTORS DEFINING THE ATTITUDE OF RUSSIAN PEOPLE TOWARDS PRENUPTIAL AGREEMENT

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Abstract. *In the modern world the institution of family and marriage is undergoing various changes. The attitude of Russian people towards the prenuptial agreement shows a tendency for acceptance and approval. The stereotypical perception of the prenuptial agreement as unacceptable between close people is in the past. Based on that, the article is focused on the comparative analysis of the factors that define the attitude of Russian people towards the prenuptial agreement. The key point in the research is evaluation of specific features of respondents' opinions, expressed in the years of 2007 and 2018, in accordance with the following socio-psychological factors: awareness of the prenuptial agreement, aims for signing one or reasons to refuse doing so, gender and age factors. Research methods include: a preliminary survey of couples in order to define sample groups, a questionnaire, observation, a mathematical method of data analysis (Fisher's ϕ -criterion). The research was conducted in two stages: the first diagnostics in the year 2007 (n=40 couples), and the second – in 2018 (n=50 couples). The respondents were divided into groups by the social status of their relationships: officially married, planning to get married, co-habiting couples and partner (guest) relationships. The age of respondents was 18-47. The results of the research showed the following: increase in age leads to clearer understanding and a better expressed opinion about the prenuptial agreement, positive dynamics in favourable perception of prenuptial agreement among the respondents who are officially married or are planning to marry, increased importance of motives for signing a prenuptial agreement – “protection of one's own interests” and “opportunity to put pressure on the spouse”, lack of connection between the attitude towards prenuptial agreement and awareness of the document.*

Keywords: *attitude towards the prenuptial agreement, socio-psychological factors, social status of relationships within a couple.*

Introduction

In modern Russia the notion of the prenuptial agreement has quite recently come into use: the history of its legitimization is approximately two decades long. The first record of an opportunity for a written agreement between spouses concerning the form and way of possessing common property was made in the Civil Code of the Russian Federation in 1994, and in 1996 such an agreement was presented as a separate article of the Family Code of the Russian Federation. The reason for the very idea of concluding a prenuptial agreement in the Russian society is related to the legal recognition of private property which happened after the collapse of the Soviet Union. As is known, during the Soviet time everything that was acquired by the spouses during their marriage was considered to be their common property. So, in case of divorce it was shared equally in court.

At present, the interest towards studying socio-psychological factors that determine the attitude of Russian people towards the prenuptial agreement is influenced by the instability of the family, changes in the hierarchy of social values which, in fact, have lead to the crisis of the family as a social institution. Today, the increase of interest towards the prenuptial agreement is identified as a tool that focuses on strengthening a family union. But the critics of relationships based on the prenuptial agreement put forward such counter-arguments as changed marriage-family attitudes (determining the psychological readiness for marriage), a tendency for an increased number of matrimonial marriages, peculiarities of Russian mentality, evaluation of the prenuptial agreement as a significant feature only for families with a high income.

The works related to specific characteristics of conclusion of a prenuptial agreement mainly focus on the legal side of the issue, more particularly, on the relationships that develop between spouses about both existing and future property. Little or no attention is paid to analysis of the outer and inner factors that form an attitude towards the prenuptial agreement, as well as to the dynamics and nature of perception of the prenuptial agreement based on the social status of relationships within a couple. Relevance and insufficient development of the topic have defined the objective of the research.

The objective of the given research is to make a comparative analysis of the factors that determine the attitude of Russian people towards the prenuptial agreement.

The following research methods have been used: a preliminary survey of couples for sample groups formation, a questionnaire, observation, a mathematical method of data analysis (Fisher's φ -criterion).

Conceptual bases of research devoted to the attitude towards prenuptial agreement

Analyses of family as a social institution were made by scientists from such fields as psychology, sociology, demography, cultural studies: I.S. Golod (1984) (issues of family stability), B.S. Volkov, N.V. Volkova, M.V. Luk'yanova, S.V. Oficerova (2017) (motivation for marriage conclusion), I.S. Kon (1997) (peculiarities of sexual behavior in the family), A.I. Antonov (2005), T.A. Gurko (2018) (microsociology of the family), T.A. Vasina (2011) (demographic typology of families), A.V. Shtymbalyuk (2016) (issue of concluding prenuptial agreement) and others.

The Family Code of the Russian Federation makes a legal framework for conclusion of a prenuptial agreement in Russia. According to paragraph 2 of Article 1 of the Family Code of the Russian Federation № 223-FZ dated 29.12.1995 (in the latest revision dated 29.12.2017), only the marriage that is concluded by the Civil registry authorities is recognized by the state. Alongside with this, Chapter 8 of the Family Code of the Russian Federation titled “Contract status of spouses’ property” provides a detailed description of all the main characteristics and regulations of the prenuptial agreement (Article 40), peculiarities of concluding a prenuptial agreement (Article 41), features of its content (Article 42), nuances of changes, termination and annulment of a prenuptial agreement (Articles 43 and 44 respectively). With regard to official documentation, a prenuptial agreement is recognized as an agreement between the people who are getting married or the married couple who agree on property rights and responsibilities of both spouses within marriage or in case of its termination [The Family Code of the Russian Federation].

The main objective of the prenuptial agreement is regulation and negotiation of property issues between spouses. Such a contract may serve as the best tool for sorting out numerous property conflicts before marriage conclusion. The prenuptial agreement helps to eliminate different conflicts related to sharing property, if divorce is inevitable, it facilitates court-based arguments about property issues and makes the process of divorce shorter and less complicated (Shtymbalyuk, 2016).

Most frequently, the issue of the social purpose of the prenuptial agreement (contract) is studied from the legal and economic perspectives as well as with the focus on sociological evaluations (Grossbard-Shechtmana & Lemennicierb, 1999; Rainer, 2007; Myskin, 2012; Davydova & Semina, 2010; Popova, 2016; Litvinova, 2017; Ananichev & Fatkutdinov, 2012).

The foreign experience of studying the socio-psychological context of the prenuptial agreement is related to research of interconnection between the individual peculiarities of partners and the contents of their prenuptial

agreement. P. Falsafi, A. Abedina, M. Fatrhib refer to the typology of married couples presented by C. Jung. In their work the authors make an accent on the interconnection between spouses' mindsets, duration of marriage and specifics of child-rearing (Falsafi, Abedina & Fatrhib, 2011). Review of the evolution and reforms of the content of marital agreement that relate to property issues is considered to be of special interest (Frémeaux & Leturcq, 2018).

It has become relevant to develop and standardize (in terms of validity and reliability) prenuptial agreement scales that define marital success: interaction and recreation, understanding and emotional interactions, political and social issues, education and child-rearing (Mohsena, Mariamb, & Abedin, 2010).

The Russian experience of research in the sphere of the prenuptial agreement is mainly connected with statistical data. According to statistics provided by the ROMIR Monitoring research center, 19,6% of the Russian population consider signing a contract regulating property rights between spouses mandatory. 25,5 % regard it to be recommended. 42% of respondents perceive the prenuptial agreement as unnecessary. As practice has it, the percentage of couples that actually sign such a contract is significantly lower. Every year about a million marriages is concluded in Russia, whereas the number of couples that address legal services to assist them in concluding a prenuptial agreement has been equal to a few hundred until recently (Davydova & Semina, 2010).

Therefore, due to the existing tendencies of acceptance and approval of the prenuptial agreement, it is urgent to conduct psychological research about the peculiarities of Russian spouses' attitude towards it. According to statistics, the number of couples that signed a prenuptial agreement in the period from 2010 till 2017 increased by 5-7%.

The given research is focused on studying socio-psychological factors that determine the attitude of Russian people towards the prenuptial agreement as well as on psychological aspects that influence understanding of the prenuptial agreement.

Methods

The research is focused on comparative analysis of socio-psychological factors that determine the attitude of Russian people towards the prenuptial agreement. By such factors we mean the social status of relationships, the age and gender of spouses, their psychological readiness, motivation, prevalent mindsets in relation to signing prenuptial agreement.

The following tasks were solved in the given research:

- to identify the differences in their attitude towards the prenuptial agreement between the couples that took part in the research in 2007 and 2018;
- to define the differences in their attitude towards the prenuptial agreement between men and women;
- to identify the differences in attitude towards the prenuptial agreement depending on the age of respondents;
- to provide comparative analysis of mindsets, motivation and psychological readiness of respondents to sign a prenuptial agreement.

90 married couples with a different social status of relationships took part in the research (180 people aged 18-47).

The research was conducted in 2 stages: the first diagnostics was made in 2007 and the second - in 2018. Heterosexual relationships were common for all the participants (90 men and 90 women). The respondents did not have any experience of concluding a prenuptial agreement.

Regarding the respondents' characteristics, approximately two thirds (62%) had a higher education (or studied at universities) (in 2007 – 60%, in 2018 – 64%), 47% of participants experienced their own or close relatives' divorce (in 2007 – 45%, in 2018 – 49%). Out of all the respondents, 52% considered themselves to be married (in 2007 – 60%, in 2018 – 44%), whereas the average percentage of people from the sample group who were officially married was 27%.

A questionnaire was conducted to identify the psychological aspects that influence signing a prenuptial agreement and to specify the socio-psychological factors that determine attitudes towards the prenuptial agreement. It was preceded by a preliminary survey among the couples and sample groups formation. 4 groups of respondents were formed based on the social status of relationships: group 1 – officially registered marriage, group 2 – non-official marriage (co-habiting couples), group 3 – couples planning to get married, group 4 – partner (guest) marriage (see Table 1).

Table 1 Results of couples' differentiation by the social status of relationships

Social status of relationships	Number of couples on the first and the second stages of research	
	2007 year	2018 year
Officially registered marriage	10 couples	14 couples
Non-official marriage (co-habiting couples)	10 couples	14 couples
Couples planning to get married	10 couples	12 couples
Partner (guest) marriage	10 couples	10 couples
Total	40 couples	50 couples

The preliminary survey and the questionnaire were combined with observation of participants. The criteria used in observation were peculiarities of respondents' reactions while answering the questionnaire (their questions, comments). In case of questioning both partners within a couple simultaneously, a record was made of the specifics of relationships between partners (their emotional verbal and non-verbal reactions).

The questions were aimed at receiving information about subjective opinions of respondents connected with the dominance of socio-psychological factors that determine attitudes towards the prenuptial agreement – related to the role of sex, age and indicators of different social statuses of relationships. The key issue in the research was evaluation of specific features of respondents' opinions, recorded in 2007 and 2018.

Results and discussion

The dominant part of all the respondents considers the prenuptial agreement to be a legal document, but, in their opinion, the public awareness of it is rather low. The sources of information about the prenuptial agreement are mainly friends, the Internet and mass media. Alongside with this, 65% of all the respondents (regardless their sex, age, social status of relationships) presume that the prenuptial agreement is necessary not only for wealthy, financially independent citizens.

Most respondents consider love to be the basis for marriage conclusion (85% and 79% of participants in 2007 and 2018 respectively). The number is slightly higher among women: on average, 89% of women and 76% of men share this opinion.

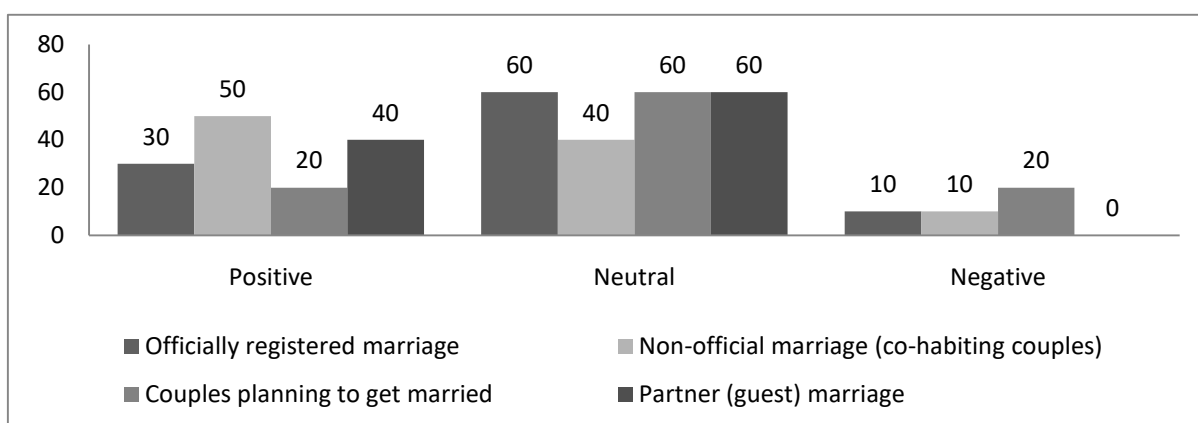


Figure 1 Indicators of modality of attitude towards the prenuptial agreement depending on the social status of respondents' relationships (2007)

It is interesting to specify the modality of attitude towards the prenuptial agreement that depends on the social status of relationships. There is clearly noticeable positive dynamics in the favourable attitude towards the prenuptial agreement among the respondents who are officially married or are planning to get married (30% and 20% in 2007 as compared to 70% and 75% in 2018 respectively) (Figures 1 and 2).

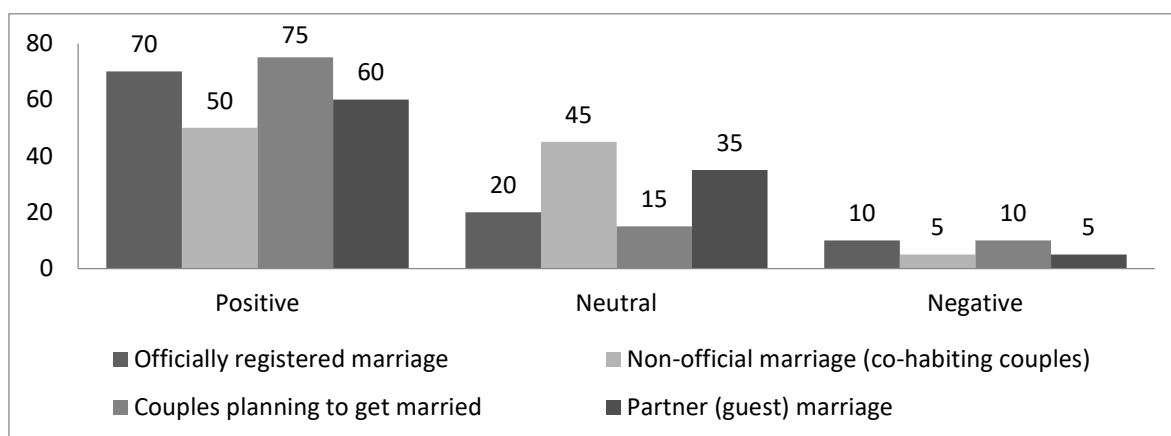


Figure 2 Indicators of modality of attitude towards the prenuptial agreement depending on the social status of respondents' relationships (2018)

According to the data from 2007, a positive attitude towards the prenuptial agreement was expressed by 35 % of respondents, while 55 % had a neutral opinion and 10 % - a negative one. According to the research results from 2018, the majority of respondents (64%) expressed a positive attitude towards the prenuptial agreement. Moreover, it is necessary to point out that the number of neutrally-minded people significantly decreased as compared to the increased level of the positive attitude towards prenuptial contract. By using Fisher's ϕ -criterion, reliably meaningful differences were identified (with $\phi_{emp.} = 2,59$; $p < 0,01$) in the groups of respondents in 2007 and 2018.

Fisher's ϕ -criterion made it possible to identify reliably meaningful differences in the attitude towards the prenuptial agreement related to the role of sex criterion. It was concluded that the number of positively-minded women was higher than that of men (70% and 50% respectively within the whole sample group (with $\phi_{emp.} = 2,75$; $p < 0,002$).

Comparative analysis of the attitude towards the prenuptial agreement connected with the age criterion showed that the neutral attitude decreases depending on the age of respondents (60% - 70% - 35% in 2007 and 38% - 34% - 15% in 2018). With the help of Fisher's ϕ -criterion it was possible to identify that the sample group of respondents in 2018 had age differences in their attitude towards the prenuptial agreement (with $\phi_{emp.} = 3,13$; $p < 0,0001$),

which means that the higher the age of the respondents, the clearer their understanding and expressed view about the prenuptial agreement (Figure 3).

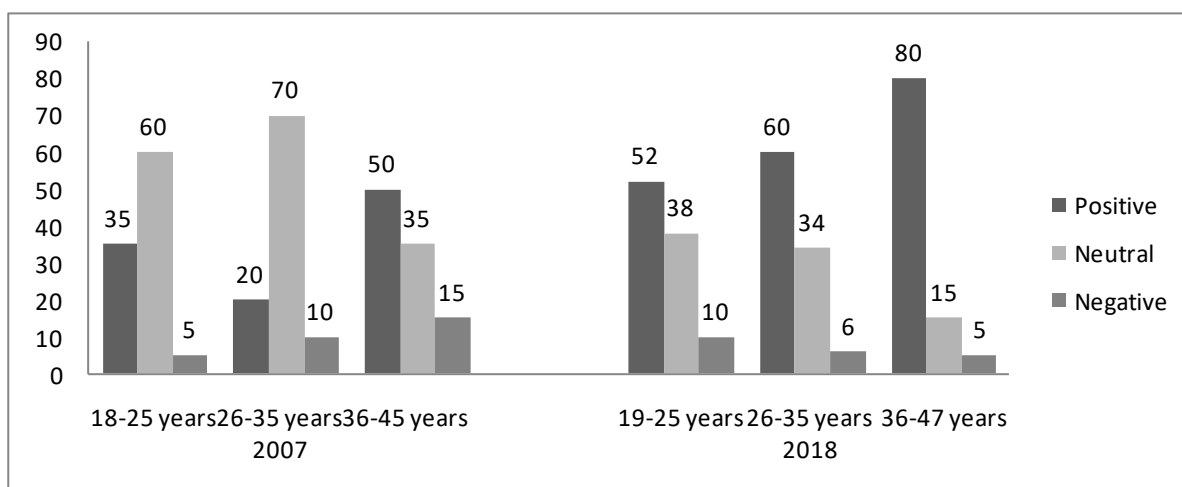


Figure 3 Indicators of modality of attitude towards the prenuptial agreement depending on respondents' age

In order to define readiness to conclude a prenuptial agreement, the respondents were asked the following questions: “Would you be able to offer your beloved one to sign a prenuptial agreement?” and “How would you respond to the offer from your beloved one to sign a prenuptial agreement?” In 2007 67% of respondents expressed uncertainty but possibility when answering the first question. The number of those who would never offer it was 12%. The number of men who were sure they would never be able to suggest signing prenuptial agreement was twice higher, while the number of women who were certain they would be able to do it was 4 times higher. The results of the research in 2018 were quite similar: women were more ready to offer to conclude a prenuptial agreement than men (65% of women as compared to 44% of men).

Analysis of the research results characterizing the motives that lie behind signing a prenuptial agreement made it possible to draw certain conclusions. Within the whole sample group, the prenuptial agreement is perceived as a form of arranged relationships only by one third of respondents (on average, 34%), half of respondents (52%) disagree with such an opinion. It is necessary to mention that the latter indicator is slightly higher among women than among men (63% and 49% respectively), the other respondents (17%) accept both points of view depending on the situation.

According to the data from 2007, the leading motives for the prenuptial agreement were the following: “protection of one’s own interests” (40%),

“prevention of potential conflicts” (20%), “opportunity to avoid legal proceedings in case of divorce” (30%), “opportunity to put pressure on the spouse” (10%). In 2018, the situation differed because of the increased indicators of such motives, as “protection of one’s own interests” and “opportunity to put pressure on the spouse” (by 10% respectively) (Figure 4).

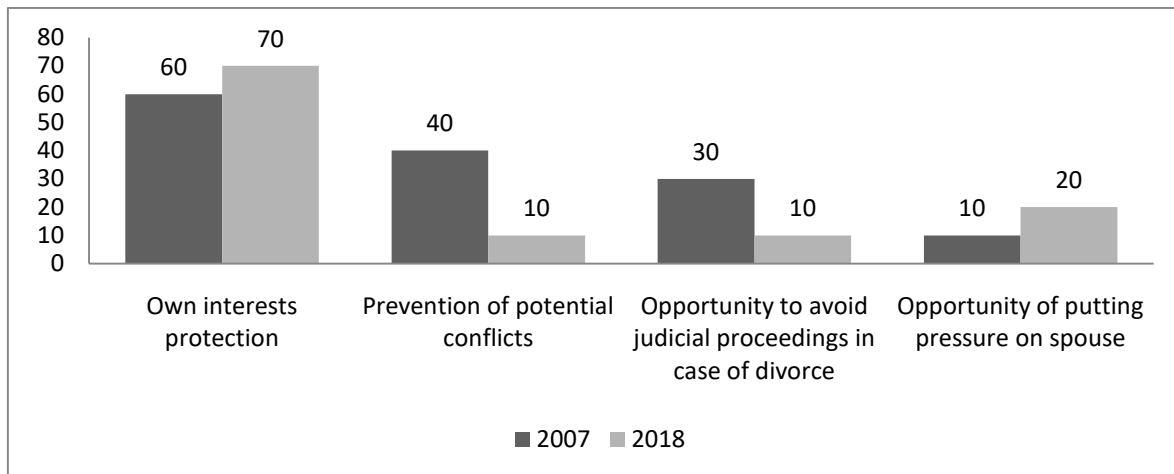


Figure 4 Motives for concluding a prenuptial agreement

While studying the mindsets and stereotypes that become obstacles for signing a prenuptial agreement, it was identified that the fear “to show mistrust to the partner” was really strong. This indicator was much more significantly expressed in the research results from 2018 (the highest result of 53% of respondents was revealed in the age group of 26-35-year olds). The scales for such indicators as “low level of awareness” and “insufficient financial situation” showed considerable decrease in 2018 as compared to 2007.

It is interesting to mention the fact that, according to the research results from 2018, the indicator “superstition” is higher in all age groups (compared to the results from 2007): 15% in the age group of 19-25, 17% in the age group of 26-35 and 10% in the age group 36-45 (Figure 5).

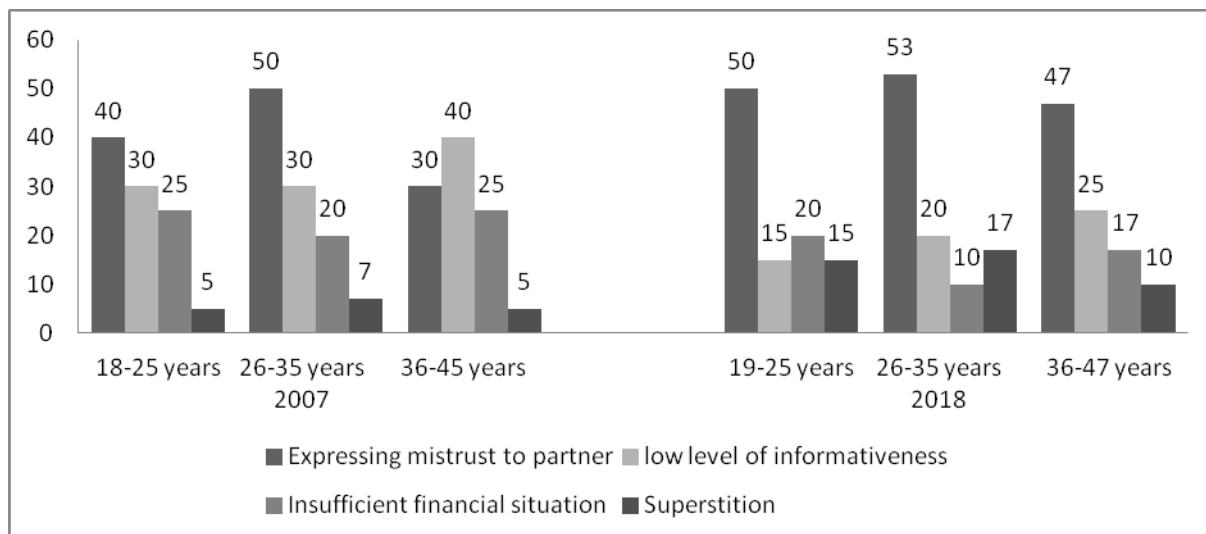


Figure 5 *Reasons for refusing to sign a prenuptial agreement depending on respondents' age*

Conclusions

Comparative analysis of the research results from 2007 and 2018 showed noticeable dynamics of the positive attitude towards the prenuptial agreement among all the respondents; it is most vividly expressed among those who are officially married or are planning to get married. These categories of respondents consider concluding a prenuptial agreement to be rational and practical. The respondents' attitude towards the prenuptial agreement is not connected with their level of awareness about the document.

According to the research from 2007, the smallest number of prenuptial agreement supporters was identified among the respondents who were planning to get married. Such a result might be a sign of trust towards the partner, which is natural for those people, who are going to get married. However, by the year 2018 the situation had changed, and the research showed quite the reverse results: this very group of respondents showed their best acceptance of the prenuptial agreement.

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ПСИХОЛОГИЧЕСКОЕ БЛАГОПОЛУЧИЕ ДИАДЫ ПАРТНЕРОВ С ИНВАЛИДНОСТЬЮ

Psychological Well-Being of the Dyad of Partners with Disabilities

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Abstract. *The relevance of the scientific problem and the scientific novelty are due to the social demand of society for studying problems related to the subjective well-being of people with disabilities. The focus of our attention is the psychological well-being of dyads in close relationships (romantic or marital). The aim of the study is to analyze the psychological well-being in a dyad of partners who are in close relationships. The article analyzes the characteristics inherent in close relations of couples in which one of the partners has a disability. Using the Scale of Adaptation and Cohesion (FACES-3), the levels of adaptation and cohesion of the dyads were revealed. Methods Quality of life Enjoyment and Satisfaction Questionnaire examines quality of life and subjective well-being, assesses the degree of subjective satisfaction with emotional and social spheres, health, activity in free time. Particularly analyzed data of a semi-structured interview. Empirically revealed differences in the understanding of their own close relationships depending on the health status of the partner. Dyads, including partners with disabilities, demonstrate a high level of satisfaction, average cohesion values, partial balance. The study is complex, and now there is a clear prospect for its continuation.*

Keywords: *close relationships, dyad, persons with disabilities, psychological well-being.*

Введение

Introduction

Изучению психологического благополучия индивидуального субъекта в настоящее время уделяется много внимания. При этом невозможно признать полноценным бытие человека, изолированного от общества и не включенного в социальное взаимодействие (Мясищев, 1995). Особым видом социального взаимодействия могут быть признаны отношения близкие. Они рассматриваются нами как субъективно переживаемые, объективно проявляющиеся, длительные, избирательные, устойчивые, позитивно окрашенные связи между людьми, основанные на приязни, потребности взаимодействия, симпатии (Крюкова & Шипова, 2014).

Однако наблюдается относительно малое количество научных работ, изучающих психологическое благополучие пары. Именно поэтому фокус нашего внимания составляет психологическое благополучие группового субъекта: диад партнеров, состоящих в близких (романтических либо супружеских) отношениях. При этом мы преимущественно изучаем специфику «особых» диад - пар, в которых один либо оба партнера имеют ограниченные возможности здоровья или инвалидность. Наш научный интерес к данной проблематике обоснован большей частью изменением условий жизни лиц с инвалидностью, продиктованных научно-техническим прогрессом. Для таких людей стало возможным создание семей, вступление в близкие отношения. Однако, они до сих пор находятся в условиях, кардинально отличающихся от жизни людей с типичным развитием. Отличаются ли характеристики их близких отношений от отношений лиц, развивающихся нормативно? Как влияет ограничение жизнедеятельности на аспекты диадических отношений? В своем исследовании мы предполагаем проанализировать влияние нарушения здоровья на психологическое благополучие диады: на субъективное благополучие партнеров, на их удовлетворенность отношениями, а также на психологический климат внутри пары.

Таким образом, целью исследования является анализ психологического благополучия в диаде партнеров, состоящих в близких отношениях, при этом в диаду включен один или оба партнера с инвалидностью.

Методический инструментарий представлен следующими методиками: Шкала адаптации и сплоченности (FACES-3) (Олсон, Портнерб Лави; адаптация, 1986) М. Перре (Эйдемиллер, Добряков, & Никольская, 2003), Опросник качества жизни и удовлетворенности (*Quality of Life Enjoyment and Satisfaction Questionnaire*, Ritsneretal, 2005; Рассказова, 2012), полуструктурированное интервью.

Литературный обзор *Literature review*

Теоретический анализ показал превалирование исследований зарубежных авторов, изучающих данную проблематику.

Ситуация болезни, инвалидности одного из партнеров является стрессовым событием для пары. Заболевание значительно снижает психологическое благополучие пациента и косвенно влияет на партнера. Например, доказано, что хроническая обструктивная болезнь легких одного партнера связана с появлением у их партнеров на психологическом уровне тревоги, депрессии и чувства беспомощности, а на соматическом проблем с дыханием и одышки (Booth, Silvester, & Todd, 2003).

В зарубежной психологии выделяются следующие характеристики стресса, присущие семье при постановке диагноза одному из супругов и снижающие психологическое благополучие пары:

- негативные эмоциональные состояния, вызванные болезнью (шок, страх, беспокойство);
- малая прогнозируемость последствий;
- изменения образа жизни семьи (изменение ролевой структуры, распределения функциональных обязанностей, привычного режима дня);
- сопряженные с болезнью мероприятия (необходимые реабилитационные мероприятия, операции, восстановительные процедуры, посещение медицинских учреждений);
- уменьшение количества свободы внутри семьи (время досуга, свобода передвижений);
- финансовые изменения (потеря либо уменьшение объема работы одним из членов семьи – носителем болезни, либо ухаживающим за ним человеком);
- пересмотр собственного отношения к болезни, инвалидности и т.п.
- трансформация образа родителя/партнера в субъективном представлении остальных членов семьи (Vash & Crewe, 2004).

Нами был проведен анализ информационного контента в сети Интернет (50 историй семейных взаимоотношений лиц с инвалидностью). В результате нами выделены некоторые особенности отношений таких пар (Шипова & Севастьянова, 2018):

- особенность выбора партнера (ограничение числа мест знакомства партнеров; наличие «фильтра» партнеров по критерию наличия инвалидности, причем предпочтение отдается схожим диагнозам);
- особенности самовосприятия своей роли в близких отношениях (присутствует либо тенденция к одностороннему получению заботы от партнера, преувеличенное ощущение самооценности, либо рассмотрение себя как «недостойного» отношений в принципе);
- особенности организации быта (сложности создаются ввиду объективных трудностей в самообслуживании, финансовом обеспечении семьи, обусловленных наличием заболевания) (данные соотносятся с исследованиями Revenson, Kayser, & Vodenmann, 2005);

- особенности отношений с социумом (наличие стереотипов родных и друзей о невозможности создания семьи человеком с ОВЗ, прекращение общения с родственниками) (данные соотносятся с исследованиями Revenson et al., 2005).

Методы *Methods*

С учетом имеющихся теоретических исследований К. Рифф, П.П. Фесенко, Т.Д. Шевеленковой, А. Вотермена, по которым критериями психологического благополучия личности считаются удовлетворенность собственной жизнью, личности, наличие и реагирование на трудные жизненные ситуации, личностный рост, самопринятие, позитивные отношения с окружающими, автономия, ценностные ориентации жизни (цель жизни), мы склонны выделять следующие эмпирические критерии психологического благополучия диады: удовлетворенность отношениями, наличие и реагирование на трудные жизненные ситуации, высокий уровень адаптации, самопринятие, позитивные отношения с окружающими, автономия, высокая функциональность семьи.

Эмпирическая база исследования: 17 пар, в которых один из партнеров имеет инвалидность, а второй - нормативно развивающийся субъект ($M = 36,5$). Отдельной группой в исследовании выделены пары, включающие обоих партнеров с инвалидностью. Количество таких пар – 4, средний возраст партнеров – 34 года. В целом в выборке представлены следующие варианты нарушенного развития: нарушение опорно-двигательного аппарата - 17 человек; инвалидизирующие соматические заболевания - 4 человека. Контрольная группа – 17 пар, включающих лиц с нормативным развитием.

Исследование проводилось на основе добровольного согласия респондентов. Обязательным условием участия было согласие обоих членов диады. Все применяемые методики респондентами заполнялись отдельно от своего партнера.

Результаты и обсуждение *Results and discussion*

В ходе проведения интервью нами получены данные, свидетельствующие об отсутствии различий между реальными и идеальными характеристиками близких отношений в парах, включающих субъекта с инвалидностью. Партнеры демонстрируют высокую удовлетворенность имеющимися отношениями (78%). Нами выявлено, что

абсолютное большинство респондентов (практически 100%) рассматривает собственные отношения как исключительно важную жизненную ценность. Встречались такие формулировки, как «жизни без него не представляю», «семья - это самое главное в жизни», «самая большая радость». Отношения характеризовались как теплые (6%), уважительные (12%), счастливые (25%), в них присутствует взаимопонимание (12%), любовь (60%), согласие (6%), ласка (8%), терпение (6%), поддержка (20%).

Партнер большинством оценивается позитивно, основными качествами являются сила (чаще внутренняя), решительность, доброта, надежность, спокойствие, способность поддерживать и помогать. Именно поддержку и помощь 32% оценивает как главную заслугу своего партнера. В 10% случаев встречались утверждения, что именно инвалид является главой семьи, и его слово - решающее в случае возникновения конфликтных ситуаций. Людями с нормативным развитием, состоящими в отношениях с инвалидом, он также зачастую (32%) оценивается не как человек, имеющий ограниченные возможности здоровья: «он просто человек», «не замечаю, что с ним что-то не так», «многие здоровые в большей степени инвалиды, чем он». Одним из важных качеств партнера по диадическим отношениям для человека с ОВЗ является вера в партнера (8%), а также способность вдохновлять его на свершения или продолжение жизни (6%).

Важным критерием психологического благополучия пары являются показатели удовлетворенности и качества жизни партнеров. Мы анализировали их (таблица 1) при помощи методики Опросник качества жизни и удовлетворенности (Quality of Life Enjoyment and Satisfaction Questionnaire) (Ritsner et al., 2005; Рассказова, 2012), которая диагностирует качество жизни и субъективное благополучие, производит оценку степени удовлетворенности субъекта такими сферами жизни, как здоровье, эмоциональная и социальная сферы, активность в свободное время.

В целом нами отмечено сходство выраженности показателей сфер в исследуемых группах, однако можно отметить большую удовлетворенность состоянием собственного здоровья у партнеров с нормативным развитием ($M=15,89$; $SD=2,67$) по сравнению с группой лиц с инвалидностью ($M=15,89$; $SD=2,67$).

Статистический анализ при помощи критерия Манна-Уитни показал наличие значимых различий по шкале состояния здоровья в исследуемых группах ($U=29$ при $p=0,047$). Полученные данные мы склонны объяснять наличием заболевания у одного из партнеров.

Приведем результаты испытуемых по опроснику FACES-3, разработанному для оценки двух основных параметров структуры семьи: сплоченности и адаптации.

Таблица 1. Данные показателей качества и удовлетворенности жизнью внутри диад, включающих партнера с инвалидностью, по методике Опросник качества жизни и удовлетворенности (*Quality of Life Enjoyment and Satisfaction Questionnaire*) (Ritsneretal, 2005; Рассказова, 2012)

Table 1 Data indicators of quality and life satisfaction within dyads, including a partner with a disability (*Quality of Life Enjoyment and Satisfaction Questionnaire*) (Ritsneretal, 2005; Rasskazova, 2012)

Параметр	Партнеры с ОВЗ		Партнеры с нормативным развитием	
	М	σ	М	σ
Сфера здоровья	12.38	4.29	15.89	2.67
Эмоциональная сфера	19.92	3.17	21	3.97
Активность в свободное время	10.62	1.98	10.78	4.87
Социальная сфера	18.23	3.32	16.56	7.40
Удовлетворенность лекарствами	1.31	1.65	0.33	0.71
Удовлетворенность взаимоотношениями	3.31	1.25	3.44	1.59
Удовлетворенность функционированием	2.69	1.32	3.44	1.74
Удовлетворенность материальным состоянием	2.92	1.44	3	1.66
Благополучие	3.31	1.44	3.44	1.51

Мы проанализировали, как респонденты в данное время воспринимают свои отношения, и какими бы они хотели их видеть. Расхождение между восприятием и идеалом определяет степень удовлетворенности и психологический климат. Нами не было выявлено значимых различий между функционированием реальных и идеальных пар. Можно сделать вывод о том, что все испытуемые в большей мере удовлетворены своими отношениями и своим положением в них.

Далее мы соотнесли диагностические параметры шкал сплоченности и адаптации (таблица 2). Сплоченность характеризует степень эмоциональной связи. Различают четыре уровня сплоченности — от экстремально низкого до экстремально высокого (разобщенный, разделенный, связный, сцепленный). Адаптация — способность системы гибко или ригидно приспосабливаться, изменяться под действием стрессоров (ригидный, структурированный, гибкий, хаотичный).

Таблица 2. Данные уровней функциональности диад, где один из партнеров инвалид, по сравнению с нормами методики FACES-3 (Шкала семейной адаптации и сплоченности)

Table 2 Data of the levels of functionality of dyads, where one of the partners is disabled, compared with the norms of the FACES-3 methodology (Family Adaptation and Cohesion Scale)

Сплоченность			Адаптация		
Уровни	Данные выборки, %	Нормы методики, %	Уровни	Данные выборки, %	Нормы методики, %
Разобщенный	23	16.3	Ригидный	20	16.3
Разделенный	67	33.8	Структурированный	0	38.3
Связанный	10	36.3	Гибкий	13	29.4
Сцепленный	0	13.6	Хаотичный	77	16.0

Нами констатировано отсутствие самого высокого (сцепленного) уровня сплоченности у респондентов, то есть в диадах и семьях лиц с инвалидностью отсутствуют жесткие внешние границы, а сами члены семьи могут действовать самостоятельно. Также выявлен невысокий процент диад со связанным типом сплоченности: участники отношений с таким уровнем сплоченности, с одной стороны, могут быть достаточно независимыми, а с другой – иметь теплые связи со своей семьей. Полярными этим уровням сплоченности являются разобщенный и разделенный. Имея крайний низкий уровень сплоченности (разобщенный), партнеры мало привязаны к друг другу, имеют разные интересы, мало времени проводят вместе. Члены этих семей, имеющие инвалидность, с трудом устанавливают близкие отношения. Члены семьи с разделенным типом взаимоотношений имеют некоторую эмоциональную разделенность, но она не является такой крайней как в разобщенной семье.

Рассматривая уровни адаптации, мы выявили отсутствие у испытуемых структурированных семей, при котором имеется демократичное руководство, учитывающее мнение всех членов. Также был отмечен низкий процент диад с гибким типом адаптации, где роли разделяются между всеми членами семьи и меняются при необходимости. Также отмечен невысокий процент ригидных диад. Это семьи, где ее члены не могут быстро адаптироваться к изменяющимся условиям и возникающим стрессам в жизни семьи, что, в свою очередь, препятствует переходу к выполнению семьей задач развития. Большинство исследованных семей, где один из партнеров инвалид, относятся к хаотичному типу, что свидетельствует о пребывании семьи в ситуации кризиса. В этом состоянии семья может находиться в течение долгого

периода времени, которое ей необходимо для адаптации к травмирующей ситуации. Данные семьи можно отнести к группе риска, так как семья застревает в состоянии стресса.

Таким образом, у респондентов наблюдается наиболее низкий уровень семейной адаптации ($F(3,236) = 232,8; p < 0,001; M = 22,7; SD = 1,7$). Эти данные свидетельствуют о неизменности функционирования обязанностей в паре, не способности членов диады при необходимости менять в ней лидерство, ролевые отношения и правила. Что свидетельствует о четко определенных позициях и принятии решений, возможно, в результате совместного обсуждения.

Далее мы проанализировали соотношение семей по уровню сбалансированности. Выделяют четыре группы семей с учетом типа сбалансированности: несбалансированные (оба партнера относят семью к несбалансированному типу семьи), частично несбалансированные (один из партнеров относит семью к несбалансированному типу, а другой – к сбалансированному или среднесбалансированному типу семьи), частично сбалансированные (один из партнеров относит семью к среднесбалансированному типу, а другой – к сбалансированному или среднесбалансированному) и сбалансированные семьи (оба партнера относят семью к сбалансированному типу) (Куфтяк, 2010).

Полученные нами данные показали различия в функционировании семей. В семьях, где один из партнеров инвалид, к частично сбалансированному типу отнесли себя 54% диад, к частично несбалансированному – 46%. Таким образом, преобладает более низкий уровень сбалансированности. Сбалансированные и частично сбалансированные уровни — показатель успешности функционирования системы.

Таким образом, нами проанализированы некоторые из выделенных аспектов психологического благополучия «особых» диад. Обобщив полученные результаты, мы можем сделать общий вывод о достаточном психологическом благополучии пар, включающих партнера с инвалидностью (одного или двух). Изучение других аспектов рассматривается нами как перспектива текущего исследования.

Выводы *Conclusions*

1. Абсолютное большинство респондентов рассматривает собственные отношения как исключительно важную жизненную ценность.
2. Участники близких отношений, в которых один из партнеров имеет инвалидность, рассматривают отношения как процесс развития и роста, а также ориентированы на заботу и внимание к партнеру. Они

несколько склонны приукрашивать свои близкие отношения, отмечать в них преимущественно положительные черты, рассматривать их как чудо или сказку.

3. При схожести показателей качества жизни, большая удовлетворенность состоянием собственного здоровья отмечена у партнеров с нормативным развитием по сравнению с группой лиц с инвалидностью.
4. Несмотря на наличие положительных характеристик функциональности семьи (высокий уровень удовлетворенности, средние значения сплоченности, характеристика большей части опрошенных семей как частично сбалансированных), можно констатировать наличие стрессового положения в семье.

Полученные научные данные по изучаемой проблематике являются актуальными и необходимыми для оказания консультативной и коррекционной помощи лицам с нарушениями в развитии.

В настоящее время завершен только первый этап исследования, планируется углубление и расширение материала.

Summary

We consider them as subjectively experienced, objectively manifested, long-lasting, selective, stable, positively colored connections between people based on affection, interaction needs, sympathy (Kryukova & Shipova, 2014).

Taking into account the available theoretical studies, we tend to highlight the following empirical criteria for the psychological well-being of a dyad: satisfaction with relationships, the presence and response to difficult life situations, a high level of adaptation, self-acceptance, positive relationships with others, autonomy, high family functionality.

The purpose of the study is to analyze the psychological well-being in a dyad of intimate partners, with one or both partners with a disability included in the dyad.

Target group: 17 couples, where one of the partners has a disability, while the other is disability-free (M = 36.5 years old).

Methods: The scale of adaptation and cohesion (FACES-3) (D.X. Olson, J. Portner and I. Lavi; adaptation (1986) M. Perret (Eidemiller E.G., Dobryakov I.V., & Nikolskaya I.M., 2003)), Quality of Life Enjoyment and Satisfaction Questionnaire) (Ritsner et al., 2005; Rasskazova, 2012), semi-structured interview.

We made the following conclusions:

1. The absolute majority of respondents regard their own relationships as an extremely important life value.
2. Participants in close relationships in which one of the partners has a disability, consider relationships as a process of development and growth, as well as oriented towards care and attention to the partner. They are

- somewhat inclined to embellish their close relationships, to note mostly positive features in them, to treat them as a miracle or a fairy tale.
3. Indicators of the quality of life of partners in the dyads are similar. however, great satisfaction with the state of one's own health was noted among partners with regulatory development as compared with the group of persons with disabilities.
 4. Despite the presence of positive characteristics of family functionality (high levels of satisfaction, average values of cohesion, the characteristics of most of the families surveyed as partially balanced), we can state that there is a stressful situation in the family.

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FEATURES OF ISLAM AND CHRISTIANITY REPRESENTATIVES' INTERCULTURAL UNIVERSALS

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Abstract. *Issues of intercultural universals among different ethnic and cultural groups' representatives are becoming very relevant in various branches of scientific and applied knowledge. Religion is one of the factors of intercultural distance, which many ethnic psychologists stress in their research. On the other hand the features of intercultural universals among representatives of different religious groups are studied very little. The goal of the study is to consider intercultural universals and their degree among representatives of two religions: Islam and Christianity. To achieve this goal, we chose the following methods: diagnostics of the Cultural-Value Differential of a personality (CVD, G. Soldatova, S. Ryzhova), diagnostics of basic beliefs (World Assumption Scale, WAS, Janoff-Bulman), diagnostics on cultural preferences in the context of the universal "Individualism-Collectivism" (IC, M. Telepov, N. Telepova). The results of the study revealed that Christians and Muslims have a lot in common in manifestations of intercultural universals, which means that representatives of these religions have a serious basis for dialogue and building relationships. Statistically significant differences were found in terms of benevolence of world and self-control (according to diagnostics on the WAS). Statistically significant differences were also found in terms of peacefulness and openness among Christians (according to diagnostics of the cultural-value differential of a personality).*

Keywords: *Christianity, ethnic psychology, intercultural universals, Islam, religion.*

Introduction

The relevance of the research is based on the fact that different issues of intercultural interaction are becoming very practical in various sectors of public life. It is important to understand that they are components of the picture representing a great diversity of cultures and traditions, intercultural and interethnic space. It is so-called multicultural society, the phenomenon of which has become widespread now. Issues of intercultural universals among different ethnic and cultural groups' representatives are becoming very relevant in various

branches of scientific and applied knowledge: in teaching, psychology, sociology, and political science. This is the reason for the relevance of the topic chosen by us, as well as the fact that religion is one of the factors of intercultural distance, which many ethnic psychologists stress in their research. On the other hand the features of intercultural universals among representatives of different religious groups are studied very little.

In our study, we set *the aim* to consider intercultural universals and their degree among representatives of two religions: Islam and Christianity. To achieve this aim, we chose the following *methods and technics*: observation, conversation, diagnostics of the cultural-value differential of a personality “Cultural Value Differential” (CVD) (Soldatova, 2011), diagnostics of basic beliefs “World Assumption Scale (WAS) (Janoff-Bulman, 1989), diagnostics on cultural preferences in the context of the universal “Individualism-Collectivism” (IC) (Telepov & Telepova, 2017). Quantitative and qualitative analysis of the results is carried out with methods of mathematical statistics (Mann-Whitney coefficient and Pearson χ^2 test).

Theoretical bases of the research of features of Islam and Christianity representatives' intercultural universals

In Russia the official beginning of this kind of research was started in the middle of the XIX century, when the geographical society was organized and famous scientists N. Nadezhdin (Nadezhdin, 2012), K. Kavelin (Kavelin, 2010) and K. Bear (Bear, 1981), heads of the ethnographic department, set out to develop a program to study the peculiarities of population. This society sent out instructions to all regions of Russia to describe “material life, everyday life, moral life, language”. K. Bear believed that the main thing was to conduct a comparative study of the relationships between state policy and ethnic characteristics (Bear, 1981); K. Kavelin thought that it is necessary to do research, traditions, beliefs and customs (Kavelin, 2010), N. Nadezhdin believed that the main thing in the study of ideals and value orientations of a particular ethnos (Nadezhdin, 2012). So issues related to religious education were immediately included in the circle of studies. Subsequently other scientists joined this scientific field. We'll name some of them. N. Danilevsky spoke about the “spiritual beginning” of each nation (Danilevsky, 2011). V.S. Soloviev believed that every nation has “a desire for holiness.” N. Berdyaev wrote about "Russian soul", comparing Russian people's perception of life with other nations (Soloviev, 2002). L. Gumilyov introduced the terms “passionarity” (impulse that sets ethnos in motion) and “passionary personality”. He viewed the life of an ethnos in parallel with life of a person, dividing it into specific periods: birth, growth, decline, death; at the same time, he spoke of spiritual state of the nation

(Gumilyov, 2007). At present, leading Russian researchers of multicultural space features such as V. Krysko (Krysko, 2017), N. Lebedeva (Lebedeva, 2011), G. Karanashvili (Karanashvili, 1984) and others consider religion as one of the main factors of ethnocultural distance (Krysko, 2017).

Issues of interethnic interaction and manifestations of multicultural universals are also widely studied abroad, which is reflected in many works. We'll name a few. M. Lazarus, a Swiss scientist, talked a lot about "spirit of the people" is a permanent substance, therefore, it is important to investigate not only the individual as a representative of a particular ethnos, but the community as a whole (Lazarus, 2018). V. Wundt in his fundamental work "The Psychology of Nations" speaks of ethnopsychology as a following up of individual psychology, he directs his research into the products of the creative spirit of the nation: language, customs, myths, as well as religious preferences (Wundt, 2013). French thinker G. Le Bon in his works emphasizes the stability of mentality of the people which was formed many centuries ago, he believed that the dead generations guide the people, descendants bear the brunt of the mistakes of their ancestors and receive awards for their virtues (Le Bon, 2000). German scientist F. Boas, studied the process of acculturation, the interaction of people from different cultures, he says that as a result of acculturation one culture is either perceived by elements of another, or new cultural phenomena arise (Boas, 2016). Modern researchers, such as R. Benedict (Benedict, 2005), A. Kardiner (Kardiner, 2014), M. Mead (Mead, 2001), also made a very significant contribution to understanding the foundations of the formation of ethnos and acculturation of representatives of different cultures, they pay much attention to spiritual, moral and religious state of people (Telepov & Telepova 2017).

Method and results

Our study was conducted on the basis of local religious organizations: the Muslim religious organization of professional Islamic religious education "Madrassa Nur (Svet)", "Samara Theological Seminary of the Samara and Syzran Diocese of the Russian Orthodox Church", Samara United Methodist Church, Samara Branch of Moscow Teacher Training University. The study involved 140 people aged from 18 to 50 years. Respondents called themselves Christians and Muslims. We used a special questionnaire, which allowed us to select 40 non-nominal believers representatives from each religion. They are believers who in the questionnaire marked regular reading of Holy Scriptures, wearing religious clothes (attributes of their religion), daily prayers, regular fasting, serious attitude to religious holidays, knowledge of foundations of their religion,

intention to raise children in religious tradition, acceptance of religious leaders' authority.

To study cultural preferences in the context of the universal "Individualism - Collectivism" (IC) we used the questionnaire by M.N. Telepov, N.N. Telepova (Telepov & Telepova, 2017). The universal "Individualism - Collectivism" is based on dichotomy - individualistic vs collectivistic culture. Individualistic culture is the one in which individual goals of members are no less, and sometimes more important, than group ones. Collectivistic culture is characterized by the prevalence of group goals over individual ones. Purely individualists, as well as purely collectivists in a multicultural environment are not so common. But at the same time, the diagnosis certain cultural aspects and preferences is designed to help both the participants of intercultural interaction and psychologists to carry out high-quality support, prevent conflicts in the intercultural space and provide psychological assistance in psychological, social and moral issues. The questionnaire is to identify cultural preferences in the context of the universals "Individualism – Collectivism". This tool was developed and validated by us (Telepova N., 2010). The questionnaire consists of 17 statements with subsequent answer choices, from which people are asked to choose their preferences. We obtained the following results: 31% of Christians have individualistic preferences, and 66% - collectivistic preferences (3% of Christians revealed no preferences). As for the Muslims 27% showed individualistic preferences, 68 - collectivistic preferences (5% of Muslims revealed no preferences).

According to the Pearson χ^2 criteria, we carried out mathematical calculations and obtained the following result: $\chi^2_{Emp} = 0.09$

That is, χ^2_{Emp} is less than the critical value, which means that the differences between the distributions are not statistically significant (H_0 hypothesis). Consequently, statistically significant differences in the preferences of Muslims and Christians within the universal Collectivism-Individualism were not found.

We use World Assumption Scale (WAS) (Janoff-Bulman, 1989) in order to investigate the basic beliefs of Islam and Christianity representatives. This test diagnoses benevolence and meaningfulness of the surrounding world, the friendliness or hostility of people and the value of their own "Self". The test consists of 32 statements reflecting the assessment of eight main categories: benevolence of world, benevolence of people, justice, control, randomness as a principle of the existence of the world and events in it, self-worth, self-control, luckiness. The subjects are asked to mark the degree of their agreement or disagreement with each of the statements on a 6-point scale.

Calculation of statistical differences in the indicators of the universal of basic beliefs is presented in table 1.

Table 1 Calculation of statistical differences in the indicators of the universal of basic beliefs (using the Mann-Whitney test)

	U-criterion
Benevolence of world	356
Benevolence of people	668
Justice	713
Control	845
Self worth	894
Self-control	497
Randomness	917
Luckiness	913

Critical values: 557 ($p \leq 0.01$), 628 ($p \leq 0.05$)

The table shows that statistically significant differences were identified in terms of benevolence of world ($U_{Exp} = 356$), and self-control over events and lives ($U_{Emp} = 497$).

The indicators: control, randomness as a principle of the existence of the world, self-worth, justice, benevolence of people luckiness have not identified statistically significant differences.

The diagnostic tool “Cultural Value Differential” (CVD) was developed by G. Soldatova together with S. Ryzhova (Soldatova, 2011). The authors see the goal of this technique in four spheres of human activity: orientation towards the group, orientation towards power, orientation towards each other, and orientation towards changes in life. The scale “orientation towards the group vs orientation towards oneself” is measured with parameters (mutual assistance - disunity. Traditional values (loyalty to its traditions or the destruction of traditions) was studied in opposition to subordination to a group (independence or subordination). Orientation towards changes is considered in the range of “openness to changes and resistance to changes” by parameter: openness and isolation. Orientation towards future (aspiration for future or aspiration for past). Motivation to achieve (flexibility or rivalry). Orientation towards power goes in the range of “strong social control or weak social control” according to such parameters as (discipline-self-will) and the importance of the authority of society according to parameters (respect for authority vs mistrust of authority). The subjects chose their own characteristics and of their surroundings. Quality data are evaluated on a 4-point scale: 1 – no feature, 2 - feature is poorly expressed, 3 - feature is expressed moderately, 4 - feature is expressed fully.

The results of our research on the method of CVD we present in table 2.

Table 2 Calculation of statistical differences of CVD indicators for Christians and Muslims (using the Mann-Whitney test)

	U-criterion
Mutual assistance	999
Disunity	996
Closeness	899
Openness	625
Discipline	746
Peacefulness	320
Loyalty to tradition	895
Destruction of traditions	993
Respect power	879
Distrust of authority	987
Submission	965
Autonomy	689
Aspiration to the past	784
Aspiration for the future	792
Law abiding	986
Anarchy	988
Obedience	978
Rivalry	789

Critical values: 557 ($p \leq 0.01$), 628 ($p \leq 0.05$)

The table shows that statistically significant differences were found in terms of peacefulness ($U_{Emp} = 320$), and openness among Christians ($U_{Emp} = 625$).

The maximum similarity in the indicators of representatives of Islam and Christianity is revealed in other criteria intercultural universal CVD.

So according to most of criteria, Christians and Muslims are close in their indicators, primarily because of the similarity of religious traditions and teachings.

Discussion

In the universal "Collectivism-Individualism" (IC) no differences were identified. Collective orientation prevails both among Christians and Muslims: positive aspects of collectivist culture are clearly manifested: a high degree of development of family values; promotion of mutual care; the importance of values in the life of society as a whole and of each member. At the same time, the reverse side of the collectivist orientation is obvious: authoritarianism and pressure on the individual. It means that group membership and the attitudes of authorities in this group strongly influences the behavior of its members.

Questions like “are you more personal than the public?” are rhetorically condemning. Persuasion from authority is the best way to get the collectivist to do something. The change of group in most cases leads to a change in the behavior of a person, his or her opinion, views. The situation of rivalry causes discomfort, any activity (including playing) is preferred without implying individual victories. Collectivists spend more time in their group, on a visit. The large number of accompaniment is welcome, it is believed that this determines the status of the person. "Do not have a hundred rubles, but have a hundred friends" - a saying of collectivist culture.

Regarding diagnostics on the WAS statistically significant differences were found in terms of the benevolence of world and self-control over events and lives. It means that Christians are more optimistic about the surrounding reality, they value life and prefer to influence the living conditions. Muslims refer to earthly life as temporary and transitory between this world and the eternal world, and it seems that this was the reason for this difference.

According to such indicators as benevolence of people, Justice, control, randomness, self worth, luckiness we did not reveal statistically significant differences. Both in Christianity and in Islam there is a very serious teaching that man is sinful before God, Creator is sovereign, omnipresent and holy, which leads to understanding that believers should treat themselves with self-criticism. But at the same time, Christians believe in the benevolence of the world, as mentioned above/ It comes from their belief that God is love, therefore self-criticism for one's self does not prevent Christians from believing in benevolence of world and the possibility of self-control with the help of loving God. In Islam, Allah is perceived primarily as the Creator, who demands from people first of all obedience and meekness in His sovereignty (Ionova, 1993).

In the CVD universal in such criteria as: “mutual assistance”, “disunity”, “isolation”, “loyalty to traditions”, “destruction of traditions”, “discipline”, “submission”, “law-abiding”, “anarchy”, “compliance” we also did not reveal differences between Muslims and Christians. Such results can be explained by the fact that both religions teach a certain way of life, a certain way of thinking and attitude to the world around them. In relation to power or law-abiding, there were no differences due to the fact that both Christians and Muslims are neutral to those who have power, believing that their main authority comes from Above. Believers live under secular laws of the state, try not to violate the laws, but do not forget about their religious prescriptions. With respect to the criteria of submission there were also no significant differences due to the fact that believers are more inclined to subordinate to leaders of a religious group. In terms of the criteria about traditions destruction of traditions and loyalty to traditions also have no significant differences. Believers of both Islam and Christianity are equally trying to follow their traditions, which are connected

with their religious worldviews and customs (Zenko, 2009). According to such criteria as: “Discipline”, “Aspiration to the past”, “Aspiration to the future”, “Self-reliance”, and “Rivalry” we obtain results close to the border indicators. Christians are more focused on personal achievements, the analysis of their past successes and problems, more independent. The teaching in Christianity, despite the fact that the role of the church in the life of a person is very highly exalted, makes a bias towards the personal responsibility of each person before God for one’s actions, atonement for sins, and serving Christ (Zenko, 2009). In Islam, great importance is given, first and foremost, to the needs of the community and the instructions of the elders and trust (Ionova, 1993).

Differences between Christians and Muslims manifested themselves in a openness and peacefulness. A higher degree of openness of Christians can be explained by the specific orientation of Christian dogma: love is the basis of the Christian religion. It is through the prism of love that Christian person interacts with oneself, God and outside world. Muslims are more reserved in their openness when interacting with representatives of other religions, but they are very open to their fellow believers. The latter may also be due to the ambiguous position of Muslims in the modern world, the stereotypes connecting their religion with terrorism and violence are unpleasant for Muslims. Hence, there may be a tendency towards closure, distrust of the outside world.

As for significant difference in peacefulness we explain by the fact that Christianity basically places a high sense of love for the world and people who perceive God as a loving Father and Christ as the only Son of God, who out of love for the people redeemed them from sin (Zenkovsky, 2004). Setting their basis on this love, Christians are more peaceful. Muslims are less peaceful, most likely it comes from their relationship to earthly life, as temporary and transit between this world and the eternal world. Therefore, the vision and attachment to this life are completely different.

Multicultural existence is a reality of our society. Representatives of different cultures and religions co-exist in the same area. Christianity and Islam are two most powerful religions which influence all spheres of life. There are multicultural universals which are revealed in all the cultures and religions, such as Individualism vs Collectivism, Openness vs Closeness, Peacefulness vs Rivalry and others. Christians and Muslims have some differences but they also have a lot in common in manifestations of intercultural universals. It means that representatives of these religions have a strong basis for dialogue and building relationships. That starts with knowledge and understanding of these peculiarities and features.

The results of the study as well as theoretical material of the article can be used in many professional fields. Firstly, this data is of great help for teachers in educational institutions who work in the conditions of multicultural field and

need to know how to deal with students belonging to different cultures and religion. Secondly this data is very helpful for psychologists who work in the area of migration and intercultural communication. Thirdly parents need to know the features and peculiarities of representatives of different religion in order to help their children in communication. Fourthly the managers in different businesses and enterprises should take into consideration the multicultural universals' differences concerning religious sphere in order to communicate in a higher level.

Conclusion

In our study, we set *the aim* to study intercultural universals and their degree among representatives of two religions: Islam and Christianity. We used the following *methods and technics*: observation, conversation, diagnostics on cultural preferences in the context of the universal "Individualism-Collectivism" (IC) (Telepov & Telepova, 2017), diagnostics of the cultural-value differential of a personality "Cultural Value Differential" (CVD) (Soldatova, 2011), diagnostics of basic beliefs "World Assumption Scale (WAS) (Janoff-Bulman, 1989), methods of mathematical statistics (Mann-Whitney coefficient and Pearson χ^2 test).

In the universal "Collectivism-Individualism" (IC) no differences were identified. Collective orientation prevails both among Christians and Muslims.

Regarding diagnostics on the WAS statistically significant differences were found only in indicators of "benevolence of world" and "self-control over events and lives". As for such indicators as "benevolence of people", "justice", "control", "randomness", "self worth", "luckiness" we did not reveal statistically significant differences.

According to CVD we revealed a significant difference only in the universals "peacefulness" and "openness". As for other criteria: "mutual assistance", "disunity", "isolation", "loyalty to traditions", "destruction of traditions", "discipline", "submission", "law-abiding", "anarchy", "compliance" we did not reveal differences between Muslims and Christians.

Christians and Muslims have some differences but they also have a lot in common. That is a very important issue we should take into consideration to have a strong basis for dialogue and productive co-existence in the conditions of multicultural society.

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DEVELOPMENT OF RETROSPECTIVE LIFE-LONG PHYSICAL ACTIVITY QUESTIONNAIRE: FIRST STAGE

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Abstract. *With the increase in life expectancy and declining birth rates, the issue of improving the quality of life in people over 60 has become one of the priorities in health care (WHO, 2015). So far a limited number of studies have addressed the long-term relationship between aerobic exercise and cognitive processes (e.g. see systematic review by Young, Angevaren, Rusted, & Tabet, 2015). The aim of the study was to conduct the first stage in developing an instrument to retrospectively investigate life-time physical activity. Methods: a literature search in databases EBSCO, Pubmed, SCOPUS and Science Direct using keywords "retrospective physical activity", "long-term physical activity" was conducted. After literature review, individual interviews with participants aged from 65 to 76 were held to create a retrospective physical activity questionnaire. Interviews were conducted according to literature-based protocol, which was updated after each participant. Results: eight main categories of life-time activity: "work", "education", "sleep", "transportation", "self-care", "leisure time", "household activities" and "sports". Conclusions: means of measuring life-long physical activity retrospectively would be highly beneficial in physical activity research; however, further work in developing and validating retrospective physical activity questionnaire is needed.*

Keywords: *physical activity, retrospective research, life-time.*

Introduction

The World Health Organization (WHO) predicts that in 2050 the number of people aged 60 will double in comparison with current situation, therefore, one of the current WHO priorities is reducing age-related psychosocial and economic burdens (WHO, 2015). Physical activities with aerobic load elements are one of the preventive measures to mitigate the effects of aging (Prakash, Voss, Erickson, & Kramer, 2014). While a large amount of studies regarding the relationship between physical activity and different psychological concept (e.g.

cognitive functioning, personality traits) have been conducted, so far research on long-term or even life-long physical activity studies has been sparse. This is mainly due to lack of retrospective measures.

Characteristics of physical activity

In Latvia only 12.2% of the population (10.4% women and 14.1% men) follow the recommendations from WHO Guidelines for physical activity to devote 30 minutes of physical activity daily (Centre of Disease Prevention and Control, 2012).

Physical activity can be categorized in a variety of ways. However, the simplest categorization identifies the physical activity that occurs while sleeping, at work, and at leisure (Caspersen, Powell, & Christenson, 1985). It is important to register not only exercising, but also leisure activities (Paffenbarger et al., 1993), as well as to consider seasonal changes (Shephard, 2003). Domains of physical activity are defined in Table 1.

Table 1 Physical activity categories

The aim of physical activity	
Exercise physical activity	Domains referring to exercise or other activities that are more vigorous than usual everyday activities (Williams et al., 2012).
Household physical activity	Includes all domains referring to activities within the home and/or garden (Williams et al., 2012).
Leisure-time physical activity	Type of physical activity undertaken during an individual's discretionary time that results in substantial energy expenditure (i.e., a physically active lifestyle). Physical activity may be undertaken for a variety of reasons, but one of the main objectives involves improving morbidity or health outcomes (Motl et al., 2017).
Physical activity intensity - Intensity refers to the rate at which the activity is being performed or the magnitude of the effort required to perform an activity or exercise (WHO, 2010).	
Moderate-intensity physical activity	On an absolute scale, moderate intensity refers to activity that is performed at 3.0–5.9 times the intensity of rest. On a scale relative to an individual's personal capacity, moderate-intensity physical activity is usually a 5 or 6 on a scale of 0–10 (WHO, 2010).
Vigorous-intensity physical activity	On an absolute scale, vigorous intensity refers to activity that is performed at 6.0 or more times the intensity of rest for adults and typically 7.0 or more times for children and youth. On a scale relative to an individual's personal capacity, vigorous intensity physical activity is usually a 7 or 8 on a scale of 0–10 (WHO, 2010).
Physical activity frequency - The number of times an exercise or activity is performed. Frequency is generally expressed in sessions, episodes, or bouts per week (WHO, 2010) .	

Retrospective measures of life-time physical activity

A vast number of questionnaires have been developed for short- or long-term physical activity assessment. Such well-known questionnaires as International Physical Activity Questionnaire (IPAQ, Booth, 2000) or Physical Activity Scale for the Elderly (PASE, Washburn, Smith, Jette, & Janney, 1993) are focused on high or moderate levels of physical activity in past weeks or a year, not considering other aspects of activity, such as sedentary activities or household activities. There have been several attempts in creating life-time physical activity questionnaires. Probably one of the first attempts was conducted by Kriska and colleagues (1990), who developed a structural-interview-based questionnaire Historical leisure activity questionnaire (HLAQ), that included questions on physical activities (sports, occupational), occupational activity, moderate and vigorous leisure time activities and watching TV. Activities were divided into different periods of life since the age of 12 and considered number of years, months per year and hours per week. Administering the questionnaire could take from five to 60 minutes depending from the activity of the participant. Validity study of this questionnaire confirmed that it can be used in their target sample. More than a decade later, modified version of HLAQ was used in a validation study and it was found that the questionnaire can also be self-administrated. This study as well indicated reproducibility of HLAQ, using test-retest as validation method (Chasan-Taber et al., 2002).

In late 1990's "The lifetime total physical activity questionnaire" (LTPAQ) was developed by Friedenreich and colleagues (1998). This questionnaire was based on HLAQ; however, also included household activities and asked to evaluate the level of each of the activities (sedentary occupational/light/moderate/vigorous). Also, unlike HLAQ, specific memory aids were used to help the participants to improve their recall. Validation of the questionnaire was ensured using test-retest reliability, which was high; however, it should be taken into consideration that this questionnaire was validated in a small sample consisting of middle-aged women, thus the results cannot be generalised.

Another retrospective physical activity questionnaire was developed based on self-administered questionnaire from German National Health Survey. "Short retrospective questionnaire for physical activity" (SRQPA) was developed by Schmidt and colleagues in Germany in all female sample (Schmidt, Slinger, Chang-Claude, Wahrendorf, & Steindorf, 2006). While initial questionnaire considered only past 3 months, Schmidt's modifications allowed to investigate physical activities since the age 30 using cognitive interviewing methods. Unlike previously described questionnaires, SRQPA asked questions regarding sleep and sitting time and vigorous/moderate/light activities in 24h time-frame. All data were set in Excel template so that the 24 hours were never exceeded. In this study,

criterion validity was used to ensure the validity of the questionnaire, and the addition of 24-hour frame-work was found to be beneficial in increasing the validity of SRQPA.

Since 1990's and the development of HLAQ, questionnaires for assessing life-long physical activity has been slowly improving, changing focus from purposeful physical activities to wider array of daily routine activities that might include moderate or vigorous physical activity load. However, despite the development, there still are some areas missing and higher precision needed, thus in this study, we aimed to conduct the first stage of developing an instrument for retrospective measures of life-time physical activity, based on literature review.

Methods

Literature search and review was conducted to identify possibilities for measuring physical activity retrospectively ($N = 27$). Out of the 27 sources, only five described the process and validation of retrospective physical activity measures.

Data for literature analysis were obtained using key words “long-term physical activity” AND “physical activity” AND “physical activity questionnaires” AND “physical activity interview” AND “retrospective physical activity questionnaire” in data bases “EBSCO”, “Pubmed”, “SCOPUS” and “Science Direct”.

A thorough literature selection and analysis was conducted using databases EBSCO, Pubmed, Science Direct and Scopus. Three retrospective physical activity questionnaires were found and used as a basis for the first draft of questions.

The data were analysed with thematic analysis. 27 articles were analysed, and initial codes were generated, considering three main aspects: regularity of activity, type of activity and frequency of the activity. In the next steps codes were organised in broader themes thus creating main themes and subthemes.

Results

Main activity domains

Thematic analysis was conducted based on physical activity domains described above. Overall, eight areas of physical activity were identified and characterised (see Table 2 for full description).

Table 2 *Included Activities in Physical Activity Areas*

Main theme	Sub-themes
Work	Vigorous physical activity work
	Moderate physical activity work
	Sedentary work
Education	Formal education (school, higher education or university)
	Non-formal education (seminars, language learning, courses)
Sleep	Full night's sleep
	Napping
Transportation	Cycling
	Walking
	Using public transportation
	Driving
Self-care	Personal hygiene
	Food consumption
Leisure time	Sedentary leisure activities
	Outdoor activities
	Social activities
Household activities	Vigorous household activities
	Moderate household activities
	Light household activities
Sport	Aerobic
	Strength
	Group

Work

This section includes regular paid full and part time jobs. For example, full time work as a secretary, working from Monday to Friday, from 9:00 to 17:30 would be included as eight hours of sedentary working activity, including the 30 minutes into self-care section.

Education

Education section included two different subsections – formal education, such as high-school, college and university, and non-formal education, such as seminars, courses. The regularity of study days and mean time of study per day was recorded, as well as the type of studies (e.g. language studies versus studying to become fitness trainer would have different levels of activity during the studies).

Sleep

While night's sleep and naps were divided separately during the interview, the total mean hours of sleep were recorded. The need to separate nap time from night's sleep arose as it helped to define the hours spent asleep.

Transportation

This section included questions regarding use of daily transportation. Participants indicated four main types of transportation: cycling, walking, using public transportation and driving. This section presented difficulties, as the type of transportation and the regularity differed across seasons (e.g. cycling during the warm season, while using public transportation during cold season).

Self-care

In the self-care section, participants noted two main areas of self-care – personal hygiene compliance (e.g. showering, brushing teeth) and food consumption (e.g. mean meal times). Challenges were found in this section, as several participants indicated that in specific periods in life they have been eating while doing other activities i.e. multitasking.

Leisure time

Leisure time was divided into three categories: sedentary leisure activities (e.g. reading, watching TV, writing, knitting), outdoor activities (e.g. hiking, visiting a Zoo) as well as social activities (e.g. clubbing, meeting with friends).

Household activity

Three levels of household activity were identified – vigorous, moderate and light. Vigorous household activities included such activities as gardening, repairs. Moderate activities involve cleaning, ironing, laundry washing. Light household activities such as dusting and washing dishes.

Sports

This section included purposeful physical activity that were divided in three categories – aerobic, strength and group activities. Aerobic activities included such exercises as running, swimming or Nordic Walking, while as strength activities weight lifting were included. Group activities involved basketball, volleyball etc.

Structure of the questionnaire

After conducting the thematic analysis, an open-ended three-part questionnaire was developed.

In the first part, task will be given, where participant is asked to divide their life-span in separate periods of time starting from the age of 15, based on a specific area of life (see example in Figure 1).

72-year-old man from the age of 15 to 18 years studied in high school. From 19 to 32 years worked as a bus driver. From 33 years to 36 years he studied at a university and worked as a bus driver. For 37 years to 50 years, he worked as an accountant in the company which was located near the home but from the age of 51 to 65 years worked as an accountant in the company which was an hour away by train from the home. From 66 years and had to retire to 70 years spent time at home but in the last year from the age of 71, every third day works as a guard. In general, he divides his life into seven stages (15 to 18 years; 19 to 32 years; 33 to 36 years; 37 to 50 years; 51 to 65 years; 66 to 70 years; 71 until now).

Figure 1 Example of completing the first stage of the questionnaire

In the second part of the questionnaire, participant will be asked to reply to questions focusing on a specific period of life, marking the hours/minutes spent per day/week/month in the aforementioned activity areas. Questionnaire will be filled in written form and no time limit is given to complete it.

The third part of the questionnaire will be conducted as a structured interview, with interviewer using the filled-in questionnaire as basis for the interview. During the interview, the interviewer must specify the time, frequency and intensity of the physical activity by registering the information in protocol page. Time spent doing activities should not exceed 24 hours.

To evaluate the intensity of the activity, all data were referenced to the Compendium of Physical Activity (Ainsworth et al., 2011), that includes MET measures to daily activities.

Discussion

The aim of the present study was to conduct the first stage in developing an instrument to retrospectively investigate life-time physical activity. Thematic analysis was conducted on literature research on physical activity and retrospective measures of activity. As a result, a framework for retrospective life-long physical activity assessment was developed.

Our analysis indicated eight main sections in daily physical activity – work, education, sleep, transportation, self-care, household activities and sport as purposeful exercise. Such division in part complies with the sections of questionnaires considered above; however, while Historical Leisure Activity Questionnaire (HLAQ) included only occupational activity and leisure activities apart from sports, a systematic progress towards adding other daily areas as well

as sedentary and light physical activities can be noticed in other questionnaires. To our knowledge, so far, we are the first to attempt to investigate the daily routine in such detail.

Final structure of the questionnaire includes three separate parts: specifying periods of life, written self-reported questionnaire that is later used as a cue for both – interviewed and interviewer, and structured interview. This structure is similar to the structure of questionnaires discussed above, with the procedure probably being closest to Schmidt's Short retrospective questionnaire for physical activity; however, while previous studies have offered already prepared divisions of life-time, our questionnaire allows participants to select the periods themselves, based on the most consistent activity at that time (usually – job activities, education or child care). Major part of questionnaires regarding physical activity are designed as surveys, including close-ended questions or questions with answer options (e.g. 5-point Likert scale) and are conducted independently (Sarkin, Nichols, Sallis, & Calfas, 2000). Few researchers have opted to use free reports and diaries to obtain data (Williams et al., 2012a); however, such methods are not an option regarding retrospective data and are usually used to document present activities.

Essential here is the question of validity and reliability. In all questionnaires mentioned above, test-retest reliability measures were used, and it should be taken into consideration as a significant limitation, as it indicates that the questionnaire gives similar results after each administration; however, does not mean that the answers comply with real-life experience of physical activity. To eliminate such limitations, often concurrent validity is measured with comparable tests and analysed using Pearson's or Spearman's correlation coefficients (Schmidt & Steindorf, 2006). Still, as mentioned above, there are no reliable and objective questionnaires that could confirm that the questionnaire is indeed valid and reliable. However, with the increase in accessibility and decrease in price, more and more studies are using electronic fitness bracelets to objectively measure physical activity. Fitness tracking devices measure health indicators (heart rate, number of steps, distance, energy consumption and sleep duration) under various activity states (resting, walking, running, sleeping) (Xie et al., 2018) and could be used in our case. Pros and cons of fitness devices have been investigated in different studies (e.g. see systematic review by Henriksen et al., 2018).

Verbal probes can easily lead to false memories of previous activities, thus a strict protocol for interviewing should be prepared and available to interviewer. Also, an electronic protocol that is currently in development, should be used during the third part of the questionnaire to ensure compliance with the time-frame of the specific period.

The next step in this study is to conduct validity and reliability measures, using fitness bracelets as objective measures of daily activity.

Conclusions

An eight-section framework for a questionnaire that allows to retrospectively investigate physical activity throughout life has been developed. While the framework for the proposed questionnaire partially complies with previously developed measures, this framework differs in detail and flexibility. In the future, thorough validation of the questionnaire should be conducted.

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INTERPRETATĪVĀS FENOMENOLOĢISKĀS ANALĪZES PIELIETOJUMS PALIATĪVĀ APRŪPĒ ESOŠA BĒRNA TĒVU PIEREDZES IZPĒTĒ

Interpretative Phenomenological Analysis to Explore Fathers' Experience with a Child in Palliative Care

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Abstract. Phenomenological research is commonly used worldwide in the field of health psychology to describe and explain the unique life experiences of health and disease. In Latvia, the phenomenological research in health psychology has not been performed yet. In this study, the methodological aspects of interpretative phenomenological analysis applied to explore the experience of fathers with a child in palliative care will be exemplified. The paper particularly aims to analyze the steps of interpretative phenomenological analysis applied during the study of one father's experience. A single case will be presented detailing the disclosure of father's experience and reflection on the process of interpretive phenomenological analysis on interview data. Conclusions in terms of the methodological aspects of interpretative phenomenological analysis will be provided.

Keywords: child in palliative care, father's experience, interpretative phenomenological analysis, qualitative research.

Ievads

Introduction

Lai aprakstītu, izskaidrotu un izprastu unikālu ar veselību un slimībām saistītu dzīves pieredzi veselības psiholoģijas jomā, pasaulē arvien biežāk izmanto fenomenoloģiskos pētījumus. Lai veselības psiholoģijas kontekstā pētītu tēvu pieredzi ar smagi slimu bērnu, kas atrodas paliatīvajā aprūpē, kā visatbilstošākā tika izvēlēta kvalitatīvā pētījuma stratēģija, jo tās mērķis ir saprast konkrētu indivīdu pieredzētu notikumu, procesu vai parādību pētniecībai izvēlētajā vidē vai kontekstā (Mārtinsone, Pipere, & Kamerāde, 2016). Kā šai pētījuma problēmai piemērotākais kvalitatīvā pētījuma dizains tika izvēlēta

fenomenoloģija, jo tā apraksta vairāku indivīdu dzīves pieredzes jēgu attiecībā uz kādu jēdzienu vai parādību (Creswell, 2006). Šādus pētījumus parasti veic jomās, kas vēl nav pietiekoši izpētītas (Donalek, 2004). Tēva loma ģimenē, kurā ir neizārstējami slims bērns, un paša vīrieša pārdzīvojumi pasaulē ir nepietiekami un maz pētīti. Pārsvārā 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).

Viena no fenomenoloģiskā pētījuma pieejām, kura ir radusies un tiek plaši pielietota tieši psiholoģijas pētījumos, ir interpretatīvā fenomenoloģiskā analīze (IFA) (Smith, 1996). Šo pieeju arvien vairāk pieņem arī tie, kas strādā ar radniecīgām disciplinām sociālajās, medicīnās un citās zinātnēs (Smith, Larkin, & Flowers, 2009). Šajā pieejā indivīda skatījums uz pasauli tiek pētīts nevis pārbaudot hipotēzes, bet atklājot jēgu, lietojot relatīvi nestrukturētas pētījuma stratēģijas (Howitt, 2010). Kā norāda K. Villiga, kvalitatīvie pētnieki, kas izmanto šo pieeju, cenšas izprast, ko nozīmē dažādu konkrētu apstākļu pieredze (piemēram, ko cilvēkam nozīmē un ko viņš izjūt, slimojot ar hronisku slimību vai esot bez darba) un kā cilvēks rīkojas noteiktos apstākļos (piemēram, kā viņš tiek galā ar ģimenes dzīves problēmām/krīzēm vai kā veido attiecības ar darba kolēģiem) (Willig, 2008).

Latvijā, par tēvu pieredzi ar neizārstējami slimu bērnu paliatīvajā aprūpē, pētījumus atrast neizdevās. Lai pētītu un gūtu izpratni par tēvu pieredzi ar neizārstējami slimu bērnu, kā vispiemērotākā ir izvēlēta kvalitatīva pētījuma stratēģija ar fenomenoloģiju kā pētījuma dizainu un interpretatīvo fenomenoloģisko analīzi kā kvalitatīvo datu analīzes metodi (plašāku pamatojumu skat. Zuitiņš, Pipere, & Sudraba, 2018). Aizsākot IFA pētījumu par šādu pieredzi, nepieciešams noskaidrot šāda veida analīzes metodoloģiskos aspektus. Raksta mērķis ir detalizēti atspoguļot IFA datu vākšanas un analīzes soļus, ilustrācijai izmantojot viena tēva pieredzes ar bērnu paliatīvajā aprūpē izpēti procesu un iegūtos datus.

Metodoloģija *Methodology*

IFA skata indivīdu kā savas pieredzes ekspertu un pēta jēgas, kuras indivīds izmanto, lai izprastu savu pieredzi. Šo pieeju Birkbekas Universitātes profesors Dž. A. Smits ir plaši pielietojis sociālās un veselības psiholoģijas pētījumos un tās detalizētu aprakstu sniedzis 2009.gadā kopā ar kolēģiem izdotajā grāmatā “Interpretatīvā fenomenoloģiskā analīze” (Interpretative Phenomenological Analysis) (Smith, Larkin, & Flowers, 2009). Minētais apraksts tiek ņemts par pamatu šajā rakstā aprakstītā pētījuma procesam un

soļiem. IFA ir duāls mērķis: nodrošināt cilvēku izdzīvotās pieredzes dziļu izpēti un arī izpētīt, kā cilvēki izprot šo pieredzi. Kā induktīva kvalitatīva pieeja IFA pievēršas dzīvās pieredzes jēgas atklāšanai un aprakstīšanai. IFA pētniekam ir labi jāapzinās sava uztvere, pārlicības un pieredze, lai tas nekļūst par šķērslī, bet lai viņš varētu bagātināt savas interpretācijas, kas padziļinātu dalībnieku pieredzes jēgas izprašanu. To var sasniegt izmantojot refleksiju (Peat, Rodrigues, & Smith, 2018)

Turpmāk rakstā IFA datu vākšanas un analīzes soļi tiks attēloti caur viena pētījuma dalībnieka dzīvās pieredzes jēgas atklāšanu un aprakstīšanu.

Pētījuma dalībnieki. Pētījuma dalībnieki tika meklēti, sadarbojoties ar vienu no Latvijas reģionālajām slimnīcām, kurā smagi slimiem bērniem ir iespēja saņemt paliatīvo aprūpi. Šajā rakstā analizētie dati ir ievākti no pirmā pētījuma dalībnieka plašākā pētījumā par tēvu pieredzi ar neizārstējami slimu bērnu. Pirms pētījuma uzsākšanas tika noslēgta vienošanās ar slimnīcas vadību par pētījuma veikšanu un nodibināti kontakti ar bērnu paliatīvās aprūpes multidisciplināro komandu. Pētījuma veikšanai tika saņemta RSU Ētikas komisijas atļauja.

Pētījuma dalībniekiem informācija par iespēju piedalīties pētījumā tika nodota telefoniski, pateicoties bērnu paliatīvās aprūpes personālam, kuram pirms tam tika izskaidroti pētījuma mērķi. Personāls izrādīja ieinteresētību un atzina pētījuma aktualitāti. Telefoniski tika uzrunāti tie potenciālie pētījuma dalībnieki, kuri atbilst pētījuma kritērijiem: tēvi, kuru bērnam ir ar ārstu konsīliju nozīmēta paliatīvā aprūpe vismaz pirms diviem gadiem, kuri ir noslēguši vienošanos ar konkrētās slimnīcas bērnu paliatīvo aprūpi un kuri dzīvo kopā ar bērnu. To tēvu, kuri piekrita piedalīties pētījumā, telefonu numuri, ar viņu atļauju, tika nodoti pētniekam.

Datu vākšana. Datu vākšanas pamatprincips fenomenoloģiskā pētījuma dizainos ir minimāla struktūra un maksimāls dziļums. Ieteicams izveidot ciešu kontaktu un būt empātiskam, īpaši, ja pētāmā problēma pētījuma dalībniekam ir personīgi ļoti nozīmīga. Datu vākšanai IFA priekšroka tiek dota bagātīgam tekstuālam materiālam, kuru var rast atvērtās, dziļās intervijās. IFA pārsvarā izmanto daļēji strukturētas intervijas, kas nozīmē iepriekš plānoto jautājumu elastīgu izmantošanu. Intervijas gaitu nosaka dalībnieka problemātika, nevis intervētāja saplānota kārtība.

Pētījuma dalībnieks tika iesaistīts pētījumā atbilstoši augstāk aprakstītajiem kritērijiem un procedūrai. Pētnieks telefoniski sazinājās ar pētījuma dalībnieku un izskaidroja pētījuma norisi un mērķus. Pētījuma dalībnieks nekavējoties piekrita intervijai un izteica vēlēšanos pēc iespējas ātrāk tikties. Tikšanās tika norunāta nākošajā dienā pēc telefona sarunas. Lai nodrošinātu maksimālu ērtu un netraucētu interviju, par tikšanās vietu intervijai tika izvēlētas psihoterapeita privātprakses telpas. Intervijai tika atvēlēts iepriekš noteiktais laiks 60 minūtes.

Pirms intervijas padziļināti tika izrunāti pētījuma mērķi un procedūra, tika atbildēts uz intervējamā jautājumiem un parakstīta informētās piekrišanas veidlapa. Intervija ar pētījuma dalībnieka piekrišanu tika ierakstīta diktofonā. Pēc intervijas pētījuma dalībnieks apstiprināja, ka visu intervijā teikto viņš piekrīt izmantot pētījumā. Pēc intervijas tika veikts detalizēts pētnieka pirmo iespaidu pieraksts par intervijā novēroto un pārdomām par pētījuma dalībnieka teikto. Tādējādi tika realizēts fenomenoloģiskās metodes būtisks princips, ko parasti apzīmē ar “ielikšanu iekavās jeb epoche principu” (angl. *bracketing or epoche*) (Wertz et al., 2011). To veic, lai nodrošinātu pētnieka iepriekšējo zināšanu un priekšstatu nesajaukšanos ar pētījuma dalībnieka pieredzi.

Transkripts. Tā kā IFA mērķis vispirms ir analizēt dalībnieka vēstītā satura jēgu, transkriptā jāparādās visiem vārdiem, ko ir teicis jebkurš no intervijas dalībniekiem, un arī būtiskām neverbālām reakcijām (Smith, Larkin, & Flowers, 2009). Pētnieka transkribētā intervija ļāva dziļāk iepazīt dalībnieka teikto un nepalaist garām būtiskas nianšes. Intervijas transkribēšana bija laikietilpīgs process, taču tas deva iespēju iedziļināties dalībnieka teiktajā. Vairākkārtēja klausīšanās un precīza pierakstīšana atklāja intervijas nianšes un sniedza kopējo priekšstatu par intervijas gaitu. Līdzīgi kā pēc intervijas, arī pēc transkribēšanas pētnieks pierakstīja pirmos iespaidus par interviju un arī sākotnējos pieņēmumus par dalībnieka teikto, ieliekot tos “iekavās”, lai tie netraucētu analīzes procesam, bet vēlāk pie tiem varētu atgriezties. Datorrakstā izveidotā transkripta lapa tika sadalīta trīs kolonnās, transkripta tekstu ievietojot vidējā kolonnā, bet malējās atstājot sākotnējiem komentāriem un tēmām. Šādā veidā transkripts tika izprintēts un iesiets ērtākai transkripta analīzei, beigās pievienojot tukšas lapas nepieciešamiem pierakstiem. Transkripta lapas un rindas tika numurētas, lai aprakstot iegūtos datus veidotu precīzākas atsauces uz dalībnieka teikto. Nākošajā nodaļā atspoguļotie datu apstrādes soļi, sākotnējie pieraksti un iznirstošo tēmu pieraksti tika veikti rakstiski ar roku, tādējādi palielinot kontaktu ar tekstu un veidojot ciešāku sadarbību starp pētījuma dalībnieku un pētnieku.

Datu analīze *Data analysis*

Šajā raksta nodaļā tiks aprakstīta pētījuma datu analīzes fāze. Kvalitatīva datu analīze nav tikai tehniska procedūra, jo kvalitatīvs pētījums kopumā prasa unikālu kvalitatīvu uzstādījumu un pasaules redzējumu (Wertz et al., 2011). Turpmāk sekos IFA sešu soļu izklāsts (Smith, Larkin, & Flowers, 2009), kas tiks ilustrēts ar konkrēta pētījuma datiem. Detalizēts un viegli izsekojams datu analīzes soļu izklāsts ir viens no pamatprincipiem, kas ļauj nodrošināt kvalitatīvā pētījuma zinātnisko stiprumu.

1.solis. Datu vairākkārtēja lasīšana

Šī soļa mērķis ir iegremdēties oriģinālajos datos, pievērsties pētījuma dalībniekam. Lai iekļūtu dalībnieka pasaulē, jāizvairās no ātras, paviršas lasīšanas un datu apkopošanas. Pētnieks sāk procesu ar rakstisku pašrefleksiju, kas ļauj apzināties un raksturot savus aizspriedumus un pieņēmumus, lai varētu distancēties no tiem, neietekmējot pētījuma datus. Pētnieks distancējas no savas iepriekšējās pieredzes, lai ar svaigu skatījumu pievērstos pētāmai parādībai. Lai izprastu dzīves pieredzes būtību vai struktūru no pētāmā viedokļa, 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.

Transkripta vairākkārtēja pārlesīšana ļāva izsekot intervijas dziļumam, jēgpilnajām vai pretrunīgajām vietām, ieraudzīt datus specifisko un kopīgo. Tā kā transkripciju veica pats pētnieks, tas palīdzēja labāk izprast teikto un aptvert kopējo intervijas plūdumu no sākuma līdz beigām. Svarīga bija sākotnējo pētnieka pārdzīvojumu, pirmo sajūtu par transkriptu pierakstīšana tūlīt pēc transkribēšanas, lai to "ieliktu iekavās". Tas ļāva atbrīvoties no tūlītējiem priekšstatiem, pārliecībām un pārdzīvojumiem, tomēr fiksējot tos, lai vēlāk pie tiem varētu atgriezties.

2.solis. Sākotnējie pieraksti

Šis ir visdetalizētākais un laikietilpīgākais analīzes solis, kur pētnieks pievēršas datu semantiskajam saturam un valodas lietojumam. Ar atvērtu prātu ir jāidentificē pētījuma dalībnieka izpratnes, izteikšanās un domāšanas raksturīgos veidus attiecībā uz pētījuma jautājumu. Svarīgi veikt sīku analīzi, izvairoties no virspusējas lasīšanas. Izpētes centrā vajadzētu būt aprakstoša veida komentāriem, kas ir saistīti ar tēmu. Interpretatīvi pieraksti palīdz izprast dalībnieka pasauli, lai atklātu apslēptus jēdzienus. Jāveic teksta detalizēta analīze un jākomentē līdzības, atšķirības, saiknes un pretrunas, iesaistoties dialogā ar katru teksta rindiņu, lai saprastu, ko tas nozīmē pētniekam un pēc tam, ko tas nozīmē dalībniekam.

Intervijas transkriptā pētnieka pieraksti tika veikti labās puses kolonnā un iznirstošās tēmas kreisās puses kolonnā. Dažāda veida komentāri tika rakstīti ar dažādas krāsas pildspalvām – aprakstošie komentāri ar melnu (šajā rakstā – kursīvā), lingvistiskie komentāri ar zaļu un konceptuālie komentāri ar sarkanu krāsas tinti (šajā rakstā – treknrakstā).

Aprakstošie komentāri:

Aprakstošie komentāri attiecas uz to, ko pētījuma dalībnieks runā. Tiek komentēta pētījuma dalībnieka sarunas tēma un saturs – par ko pētījuma dalībnieks runā, atslēgvārdi dalībnieka lietotajām frāzēm un skaidrojumiem, fiksējot objektus un domas, kas strukturē dalībnieka pasauli. Kā redzams

1. tabulā, konkrētā transkripta fragmentā komentāri izceļ to, ka dalībnieks bieži piemin ģimeni. Ar laiku atklāsies dalībnieka jēga, kādu viņš piešķir ģimenei.

1.tabula. *Aprakstošie komentāri*
Table 1 *Descriptive comments*

Iznirstošās tēmas	Transkripta teksts	Aprakstošie komentāri
	... <i>Tad ir uztraukumi, ka kaut kas varētu notikt ļoti... ar to bērnu. (.4.) Nu, principā, jā, tā arī tas ir, kaut kā sākotnēji visu laiku jātiek galā, lai ģimenē būtu tas prieks, satiecība un lai ... lai neizšķīst tā ģimene, jo citādi būs ... Nāks vēl sieva, tikai raudās, tu tikai ignorēsi, sēdēsi un beigās nekas nenotiks un tā ģimene, nu, izjūk principā...</i>	Uztraukums, ka kaut kas var notikt Nepieciešamība tikt galā Nepieciešamība saglabāt ģimeni Doma par ģimenes izjukšanu

Lingvistiskie komentāri:

Lingvistiskie komentāri ir par to, kā pētījuma dalībnieks runā. Šie komentāri pievēršas dalībnieka valodas specifikai, valodas lietojumam, veidam kā tiek izpausts saturs un jēga. Jāpievērš uzmanība vietniekvārdiem, pauzēm, smiekliem, atkārtotāšanās, tonim, runas plūdim, stostīšanās utt. Īpaši spēcīgas ir metaforas, jo tās apvieno aprakstošo un konceptuālo materiālu.

Analīzes fragmentā (skat. 2. tabulā) var novērot, ka dalībnieks izvairās no apzīmētājiem. Lai gan veikt globālas interpretācijas no šī īsā piemēra būtu pārāgri, tomēr tas ļauj pamanīt detaļas, kas sākotnēji netika pamanītas un paver iespēju uzdot jautājumus par to nozīmi un, iespējams, veidu, kā dalībnieks ataino savu pasaules redzējumu.

2.tabula. *Lingvistiskie komentāri*
Table 2 *Linguistic comments*

Iznirstošās tēmas	Transkripta teksts	Lingvistiskie komentāri
	... <i>Tad ir uztraukumi, ka kaut kas varētu notikt ļoti... ar to bērnu. (.4.) Nu, principā, jā, tā arī tas ir, kaut kā sākotnēji visu laiku jātiek galā, lai ģimenē būtu tas prieks, satiecība un lai ... lai neizšķīst tā ģimene, jo citādi būs ... Nāks vēl sieva, tikai raudās, tu tikai ignorēsi, sēdēsi un beigās nekas nenotiks un tā ģimene, nu, izjūk principā....</i>	Izvairās no apzīmētāja kaut kam sliktam...pēc tam pauze Izvairās no apzīmētāja kaut kam sliktam Runā par sevi otrajā personā

Konceptuālie komentāri:

Konceptuālie komentāri ir interpretatīvi komentāri par to, ko dalībnieka teiktais varētu nozīmēt. Komentāri tiek rakstīti jautājumu formā. Daži jautājumi var nekur nevest, daži vedinās veikt dziļāku konceptualizāciju, bet daži var vest atpakaļ pie datiem un sniegt dziļas un būtiskas atbildes. Hipotētiski konceptuāli jautājumi var vest tālāk par pētījuma dalībnieka pateikto. Tie nekonstatē, bet atver iespējamo jēgu. Kā redzams 3. tabulā, tie virzās tālāk par aprakstīto un atbildes var aizvest tālu prom no teksta, bet ir būtiski, lai tie balstītos uz transkripta tekstu. Jāveido dialogs starp pētnieka sākotnējo un jauno izpratni par pētāmo un jākontrolē, lai analīze būtu par intervējamo nevis pētnieku. Pētījuma dalībnieki cenšas izprast savu pasauli, pētnieks cenšas izprast to, kā pētījuma dalībnieki cenšas izprast savu pasauli (Smith & Osborn, 2008).

3.tabula. *Konceptuālie komentāri*
Table 3 *Conceptual comments*

Iznirstošās tēmas	Transkripta teksts	Konceptuālie komentāri
	<p>...<u>Tad ir uztraukumi, ka kaut kas varētu notikt ļoti... ar to bērnu. (.4.)</u> <u>Nu, principā, jā, tā arī tas ir, kaut kā sākotnēji visu laiku jātiek galā, lai ģimenē būtu tas prieks, satiecība un lai ... lai neizšķīst tā ģimene, jo citādi būs ... Nāks vēl sieva, tikai raudās, tu tikai ignorēsi, sēdēsi un beigās nekas nenotiks un tā ģimene, nu, izjūk principā....</u></p>	<p>Vai tas apdraud ierasto dzīvi? Vai bail no notikumiem, kas apdraud bērnu? Vai tas ir par bailēm netikt galā ar emocijām? Ar ko jātiek galā, lai ģimenē būtu satiecība? Vai tas ir par bailēm, ka ģimene izjūks?</p>

Pirmais un otrais IFA datu analīzes solis viens otru papildina. Būtu lietderīgi izmantot dekonstrukciju, lai ienestu dalībnieka jēgu. Ieteicams laiku pa laikam lasīt rindkopu atpakaļgaitā, lai izvairītos no virspusējas lasīšanas. Jānodrošina nemitīgs pārskats pār sākotnējiem pierakstiem. Nevar noslēgt procesu, kamēr nav pierakstīts viss, kas atklājies analīzes procesā. Tekstā var papildus pasvītrot to, kas liekas svarīgs, un pierakstīt, kāpēc tas likās svarīgs.

3.solis. “Iznirstošo” tēmu attīstība

Šajā solī pētnieka uzdevums ir samazināt detaļu apjomu, strādājot ar piezīmēm nevis pašu transkriptu, analizēt sākotnējos pierakstus, lai identificētu tēmas, pievērsties atsevišķiem transkripta fragmentiem. Kaut arī intervijas viengabalainība tiek izjaukta, kļūstot par atsevišķu daļu jeb tēmu kopumu, beigās šīs daļas tiek apvienotas citā veselumā – pētījuma aprakstā.

Cilvēka faktors ir kvalitatīvā pētījuma un analīzes lielākā priekšrocība un fundamentāls trūkums (Patton, 1990). Katra analīzes stadija attālinās no dalībnieka un iekļauj analizētāju, jo analīzes rezultāta ieguvei nepieciešama abu piepūle. 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).

Iznirstošās tēmas parasti tiek formulētas kā frāzes, kas izsaka komentāru psiholoģisko būtību. Tās ir pietiekami piezēmētas un pietiekami abstraktas, lai tās būtu konceptualizētas psiholoģijas kontekstā. Ir jākoncentrējas uz būtiskā atklāšanu, bet tajā pat laikā ir jāļaujas visa teksta ietekmei. Tādējādi īstenojas hermeneitiskais cikls, kurā daļas tiek saistītas ar kopumu. Tēmas ne tikai atspoguļo dalībnieka vārdus un tēmas, bet arī analītiķa interpretāciju, tādā veidā iemiesojot datu un to interpretācijas sinerģiju.

4.tabula. *Iznirstošās tēmas*
Table 4 *Emergent themes*

Iznirstošās tēmas	Transkripta teksts	Sākotnējie komentāri
Uztraukums par nākotni Biedējošā nākotne Biedējošās emocijas Atbildība par ģimenes. pozitīvajām emocijām. Neziņa par nākotni Bailes no sievas emocijām Bailes netikt galā Ģimenes saglabāšana	<i>...Tad ir uztraukumi, ka kaut kas varētu notikt ļoti... ar to bērnu. (.4.) Nu, principā, jā, tā arī tas ir, kaut kā sākotnēji visu laiku jātiek galā, lai ģimenē būtu tas prieks, satiecība un lai ... lai neizšķīst tā ģimene, jo citādi būs ... Nāks vēl sieva, tikai raudās, tu tikai ignorēsi, sēdēsi un beigās nekas nenotiks un tā ģimene, nu, izjūk principā....</i>	<i>Par uztraukumu, ka kaut kas var notikt</i> Vai tas apdraud ierasto dzīvi? Vai bail no notikumiem, kas apdraud bērnu? <i>Izvairās no apzīmētāja kaut kam sliktam...pēc tam pauze</i> Ar ko jātiek galā, lai ģimenē būtu satiecība? <i>Nepieciešamība tikt galā</i> Vai tas ir par bailēm, ka ģimene izjuks? <i>Izvairās no apzīmētāja kaut kam sliktam</i> <i>Nepieciešamība saglabāt ģimeni</i> Vai tas ir par bailēm netikt galā ar emocijām? <i>Runā par sevi otrajā personā</i> <i>Doma par ģimenes izjukšanas</i> Vai tas ir par bailēm, ka ģimene izjuks?

4.solis. Tēmu kopas

Iepriekšējos soļos pētnieks ir izveidojis un hronoloģiski (parādīšanās secībā) sakārtojis tēmas. 4. solī ir jāizveido tēmas apkopjošās “kartes” vai “shēmas”,

integrējot jēgas vienības vienotā izpratnē par dalībnieka pieredzes struktūru (Giorgi, 1985).

Tiek meklēta tēmu savstarpējā saistība, konkrētas tēmas apvienojot plašākās tēmās, izskatot tēmu sarakstu un meklējot sakarības starp tām. Galvenās tēmas ir līdzīgu, bet tomēr daļēji atšķirīgu tēmu kopa ar plašākiem nosaukumiem. Šajā solī ir iespējams atgriezties pie transkripta un vēlreiz pārvērtēt atrastās tēmas. Tiek meklēti veidi, kā radīt struktūru, kas ļauj norādīt uz visiem svarīgākajiem aspektiem dalībnieka stāstā.

Zemāk atspoguļots pētniekam pieņemamākais atklāto tēmu saistības veids. Balstoties uz tēmu sarakstu hronoloģiskā secībā tika izveidotas saistītas tēmu kopas. Dažas tēmas var izcelt kā “magnētus”, kas pievelk sev klāt citas tēmas (skat. 5.tabulu).

5.tabula. *Tēmu kopas*
Table 5 *Clusters of related themes*

Iznirstošās tēmas hronoloģiskā secībā	Tēmu kopas
Uztraukums par nākotni	Biedējošā nākotne
Biedējošā nākotne	Uztraukums par nākotni
Biedējošās emocijas	Biedējošā nākotne
Atbildība par ģimenes pozitīvajām emocijām	Neziņa par nākotnei
Neziņa par nākotnei	Apdraudošās emocijas
Bailes no sievas emocijām	Biedējošās emocijas
Bailes netikt galā	Atbildība par ģimenes pozitīvajām emocijām
Ģimenes saglabāšana	Bailes no sievas emocijām
	Bailes netikt galā
	Ģimenes saglabāšana
	Atbildība par ģimenes pozitīvajām emocijām
	Ģimenes saglabāšana

5.solis. Nākamo pētījuma dalībnieku iesaistīšana

Pēc pirmo četru soļu veikšanas pētījumā tiek iesaistīts nākamais pētījuma dalībnieks. Pētnieks telefoniski sazinās ar nākamo pētījuma dalībnieku, vienojas par intervijas vietu un laiku un atkārtoti visu procesu līdz nākamā pētījuma dalībnieka iesaistīšanai. Fenomenoloģiskā 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). 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

dalībnieku skaits ir pamatā atkarīgs no pētījuma mērķiem, pētnieka resursiem un atsevišķu gadījumu datu bagātīguma. Ņemot vērā pētījumam paredzēto laiku un resursus kā arī pētījuma jautājumus un iespējamo dalībnieku skaitu pētījums par tēvu pieredzi ar bērnu paliatīvajā aprūpē varētu iekļaut 6 – 10 dalībniekus. Uzsākot sadarbību ar katru nākamo pētījuma dalībnieku, cik vien tas ir iespējams, līdz šim atklāto un iepazīto vajag “ielikt iekavās” un katra dalībnieka pieredzi atklāt no jauna.

6.solis. Vienojošās tēmas starp dalībniekiem

Šajā datu apstrādes solī tiek meklētas visiem pētījuma dalībniekiem kopīgās tēmas. Tas var nedaudz atgādināt 4. soli, taču šeit kopīgās tēmas tiek meklētas nevis viena dalībnieka intervijā, bet visu izanalizēto pētījuma dalībnieku datus. Kāda pētījuma dalībnieka tēma var vairāk izgaismot cita dalībnieka iezīmēto tēmu. 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). Šajā posmā tiek veidota tabula ar tēmu kartēm un meklēts, kā tās iekļaujas un papildina viena otru. Tabulā tiek atzīmēts gan konkrētā dalībnieka tēmu karte, gan transkripta lapaspuse un rinda, kura ilustrē doto tēmu. Tādējādi veidojas visu dalībnieku vienots apraksts par pētījuma jautājumu. Notiek sistemātiskas tēmu tabulas izstrāde, vizuāli atspoguļojot apakštēmu un galveno tēmu struktūru. Seko 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.

Secinājumi Conclusions

Kā liecina literatūras analīze un empīriskā pētījuma pieredze, lai gūtu izpratni par tēvu pieredzi ar bērnu paliatīvajā aprūpē vispiemērotākā ir kvalitatīva pētījuma stratēģija. Kvalitatīvais psiholoģiskais pētījums var tikt uzskatīts par iesaistīšanos datu, kas nesatur skaitļus, vākšanā un analīzē, lai sniegtu aprakstus un iespējamus skaidrojumus par to, kā cilvēki veido dažādu notikumu pieredzes jēgu. No vairākiem kvalitatīvā pētījuma dizainiem kā piemērotākais tēvu unikālās pieredzes izpētei tika izvēlēts tieši fenomenoloģisks pētījums, jo tas ir piemērots dzīvās pieredzes jēgas izpētei un to lieto jomās, kas ir maz pētītas. Kā visatbilstošākā kvalitatīvo datu analīzes metode ir izraudzīta tieši IFA, jo tā ļauj izpētīt, kā cilvēki rod savas pieredzes jēgu. Aizsākot fenomenoloģisku pētījumu par tēvu pieredzi ar neizārstējami slimu bērnu, ir

nepieciešams noskaidrot IFA lietošanas metodoloģiskos aspektus. Šajā rakstā IFA ir aprakstīta secīgi, ar reāla pētījuma piemēriem ilustrētu soļu veidā, kas piedāvā lasītājiem retu iespēju iepazīt šīs pieejas praktisku pielietojumu veselības psiholoģijas jomā. Veicot IFA soļus, aprakstot tos un iesaistoties refleksijā, var secināt, ka šī kvalitatīvā datu analīzes metode nav tikai tehniska darbība. Tā prasa īpašu pētnieka pozīciju, veidojot sadarbību ar pētījuma dalībnieku, kā arī pētnieka fenomenoloģisku orientāciju saistībā ar dalībnieka centieniem atklāt savas dzīvās pieredzes jēgu un pētījuma virzību no aprakstošā uz interpretatīvo skatījumu. Tēvu pieredzes ar neizārstējami slimu bērnu pētījuma turpinājumā tiks iesaistīti nākamie pētījuma dalībnieki, meklētas kopējās tēmas un tiks veidots datu apraksts atbilstoši IFA datu aprakstīšanas prasībām, ilustrējot tēmas ar konkrētiem pētījuma dalībnieku izteikumiem no interviju transkriptiem.

Summary

Phenomenological research is increasingly used in the world in order to describe, explain and understand unique health and disease-related life experiences in the field of health psychology. As the most suitable qualitative research design for studying fathers experiences with a severely ill child, was chosen phenomenology with Interpretative Phenomenological Analysis (IPA) (Smith, 1996) as data analysis method. In this article, using the parts from the first research participant's transcript, six steps of the IPA data analysis were described based on book "Interpretative Phenomenological Analysis" (Smith, Larkin, & Flowers, 2009). The following steps of IPA were described in the article: Reading and rereading, Initial coding including descriptive, linguistic and conceptual comments, Developing emergent themes, Searching for connections across emergent themes, Moving to the next case, and Looking for patterns across cases. Performing, describing and reflecting on the steps of IPA, it can be concluded that this qualitative data analysis method is not just a technical operation. To a much greater extent, it requires a special researcher position in collaborating with the research participant, as well as the phenomenological stance of the researcher towards the participant's efforts to discover the meaning of his/her life experience, and directing the research from descriptive to interpretative, thus engaging in the discovery of the meanings of the research participant.

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