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## PROTECTIVE STRATEGIES OF THE INDIVIDUAL PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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### Summary

*Features of protective strategies of the individual of patients defenses of patients with chronic obstructive pulmonary disease (COPD) were investigated. It has been revealed the prevalence of desadaptation coping strategies. Leading coping were distancing and confrontation. It was determined that the formation of desadaptation strategies contribute to such personal characteristics as individualization and spontaneous aggression. These strategies are supported by immature psychological defenses. Thus, protective strategies of the individual of patients and disabled with COPD, should be studied and assessed at all stages of rehabilitation, to be a basis for the for-*

*mation of individual rehabilitation programs. Study of protective strategies of the individual of patients for psychological and psychotherapeutic correction of patients with COPD is recommended.*

**Keywords:** *chronic obstructive pulmonary disease, protective strategies of the individual patients, psychological defenses, personality, psychological correction.*

### **Резюме**

*Исследованы особенности защитных стратегий личности у пациентов с ХОЗЛ. Выявлено преобладание малоадаптивных стратегий преодоления агрессивного и отстраняющего характера. Определено, что формированию малоадаптивных стратегий способствуют такие личностные особенности как индивидуализация и спонтанная агрессивность. Эти стратегии поддерживаются незрелыми психологическими защитами. Таким образом, защитные стратегии личности у больных и инвалидов с ХОЗЛ должны изучаться и оцениваться на всех этапах восстановительного лечения и быть включенными в индивидуальные программы реабилитации. Рекомендовано включение изучения психологических стратегий личности для психологической и психотерапевтической коррекции больных ХОЗЛ.*

**Ключевые слова:** *хроническое обструктивное заболевание легких, защитные стратегии личности, психологические защиты, личностные особенности, психологическая коррекция.*

Investigation of overcoming of difficult situations in life that require the mobilization of personal and emotional resources among patients with different chronic somatic diseases represents one of the components of an integrated approach to the study of the effects of the disease on a person [1, 2, 3]. Chronic obstructive pulmonary disease (COPD) frustrating exerting influence, causes permanent emotional strain, violates psychological balance, which in turn may effect the risk of stratification [4, 5]. In difficult situations to reduce the effects of various stressors, including illness, patients use protective strategies of the individual [6]. Coping behavior is an important active protective psychological mechanism that adapts the individual through the acquisition of new properties and qualities necessary for successful socialization, and the problem of study of protective strategies of the individual of patients with COPD is not paid enough attention in literature [7].

The aim of the study was to examine the protective strategies of the individual of patients with chronic obstructive pulmonary disease.

The study conducted at the State Institution «Ukrainian State of Medical and Social Problems of Disability Ministry of Public Health of Ukraine» included 102 patients with chronic obstructive pulmonary disease, and the average duration of the disease – 14,4±0,9 years, mean age 54,6 ± 1,2 years old, 90 % were males. Assessment of psychological defense mechanisms was performed using questionnaires «Index lifestyle» and «Methods of psychological diagnosis of coping with stressful and problematic situations» in the adaptation of L. I. Wasserman [8, 9]. Personal characteristics were studied using technics of multilateral study of a personality in the modification of F. B. Beresin, emotional status – using Frayburg multidimensional personality questionnaire [10, 11].

The primary statistical and correlative analyses were used [12].

Patients with COPD had the most severe coping strategies such as distancing, confrontation, planning; the least distinct were positive reevaluation of values and self-control. Adaptive and border options for coping were observed with 18,4 % of patients, high tension coping – with 81,6 % of patients. The most common among the patients with COPD were distancing (56,3 %), confrontative coping (48,3 %), escape-avoidance (40,2 %), much less common: positive reevaluation of values (9,2 %), self-control (16,1%), decision planning (26,4 %), and liability (27,6 %).

According to the degree of constructivity coping strategies are divided into three groups: constructive (solutions planning, self-control, search for social support), relatively constructive (acceptance of responsibility, positive reappraisal) and non-constructive (confrontative coping, distancing, escape-avoidance) [7]. Coping strategies were associated with each other, with personal and emotional features, as well as with psychological defenses.

Distancing confrontative coping and escape-avoidance dominated among the non-constructive copings among the patients with COPD.

Distancing, which was observed with 56,3 % of the surveyed patients, suggested the presence of expressed cognitive efforts to reduce the significance of the situation, or in an attempt to forget or ignore it, or to find something good in it.

Distancing is the most common non-constructive coping, correlated with personal (of anxiety somatization, demonstrative behavior, autization) and emotional and personality characteristics (neuroticism, spontaneous aggression, irritability, emotional liability and openness), psychological defenses (denial, displacement, compensation, projection).

Among 48,3% of patients the presence of intense confrontative coping indicated their aggressive efforts to change the situation, the severity of the anticipated availability and willingness to take risks, determined action to actively advocate their opinions and desires in relationships with others and try to succeed. They were acting erratically, it was not important to change the situation, the most importantly was to do something, trying to defuse aggression, negative emotions caused by the situation. Confrontative coping among these patients is associated with personal (antisocial tendencies, anxiety the denial of) and emotional and personality characteristics (neuroticism, spontaneous aggression, irritability, openness and emotional lability), psychological defenses (denial, displacement, compensation, projection).

Escape-avoidance strategy is characteristic of 40,2 % of the surveyed persons testified about their mental and behavioral efforts to care, avoiding the problem (but not distancing from it). Most often this was expressed in attempts to improve their health through alcohol abuse, avoidance of communication, eating, smoking. Escape-avoidance among such persons is associated with personal (demonstrative behavior, autization, anxiety the denial of) and emotional and personal characteristics (spontaneous aggressiveness, extroversion-introversion), psychological defenses (denial and projection).

Common to the non-constructive coping among patients with COPD were associations with the Schisoid, spontaneous aggression, denial, projection.

Among the relatively constructive coping strategies the most frequently encountered were acceptance of responsibility, less frequently – positive reevaluation.

27,6 % of patients had about taking responsibility, expressed as a coping strategy. They admitted their role in the situation, trying to solve them, to understand their role in the problems encountered and actively sought to mitigate their guilt and change the situation. Their most striking characteristics were understanding of their guilt, self-criticism and self-flagellation. Taking responsibility among these patients was correlated with personal (the desire to present themselves «in a positive light», anxiety the denial of), emotional and personal characteristics (spontaneous aggressiveness, irritability, openness).

Positive reevaluation of values, as the main coping, was characteristic for 9,2 % of patients with COPD. Such persons made tremendous efforts to create a positive focus, and attention of others to change the self. Positive reevaluation of values among the patients with COPD is associated with personal traits (the desire to introduce oneself «in a favorable light»), psychological defenses (projection, displacement).

Among the constructive coping strategies, the most common among the surveyed patients were searching for social support, solution planning, self-control, even though all of their coping significance was less pronounced.

Nearly 31,0 % of the patients tried to find social support in the form of coping showed significant

efforts in finding the information, effective emotional support. The search of social support among these patients is associated with personal (the desire to present themselves in a positive light), emotional and personal features (neuroticism, spontaneous aggression, depression, irritability, openness, emotional lability), psychological defenses (denial, regression, compensation, projection, intellectualization).

Planning a solution of the problem, which for 26,4 % of the patients was their main coping was manifested in the concentration of efforts to change the situation, which included an analytical approach to problem solving. Planning of solutions among these patients was correlated with personal (of anxiety somatization, anxiety as a personal feature, autization), emotional and personal characteristics (neuroticism, spontaneous aggression), psychological defenses (denial, regression, compensation, projection, displacement).

For 16,1 % of people self-control was inherent when coping was aimed at regulation of their emotions and actions, which made it possible to analyse problems and find ways out of the situation. Self-monitoring of such persons is associated with emotional and personal features (spontaneous aggression and openness), psychological defenses (regression, projection, intellectualization).

Spontaneous aggression, regression, projection and responsibility were common to constructive coping among patients with COPD.

Thus, among patients with COPD the most severe protective strategies of the individual patients were distancing, confrontation, solution planning, the most insignificant – positive reevaluation of values and self-control. High tension of desadaptation coping strategies was reported in 81,4 % of individuals. Among the non-constructive copings among patients with COPD distancing (to 56,3 %), confrontative coping (48,3 %) and escape-avoidance (40,2 %) associated spontaneous aggression, denial, projection and individualization. Among the relatively constructive copings-taking responsibility (27,6 %), positive reevaluation of values (9,2 %) associated with the desire to present oneself «in a positive light». Search for social support (31,0 %), decision planning (26,4 %) and self-control (16,1 %), as a constructive coping correlated with spontaneous aggression, regression, projection.

Personal and emotional traits, psychological defenses, the formation of an internal picture of the disease of patients and disabled with COPD, should be studied and assessed at all stages of rehabilitation, to be a basis for the formation of individual rehabilitation programs.

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