

THE PSYCHOLOGICAL CRISIS AND ITS EXPERIENCE BY THE PERSON: SPECIFIC FEATURES AND DYNAMICS IN THE STRUCTURE OF VALUES AND MEANING

A CRISE PSICOLÓGICA E SUA EXPERIÊNCIA PESSOAL: CARACTERÍSTICAS ESPECÍFICAS E DINÂMICA NA ESTRUTURA DE VALORES E SIGNIFICADOS

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Abstract: The problem of personal crisis in an individual's life is frequently becoming the subject of research by contemporary psychologists. The paper presents the result of an empirical study of socio-psychological personality indicators that contribute to overcoming a psychological crisis. A theoretical and methodological analysis of the problem of a person's experiencing a psychological crisis in domestic and foreign literature has been conducted. It has been proved that the sphere of values and meaning is the main construct in building new adaptive patterns of behavior in difficult life situations and has an influence on the choice of constructive or destructive forms of behavior to overcome the crisis. The values and meanings of the individual in the situation of a psychological crisis, on the one hand, are the trigger for choosing destructive forms of behavior, contributing to the choice of the act of auto-aggression as a way out of the crisis.

Keywords: psychological crisis; the sphere of values and meaning; patterns of behavior; coping strategies.

Resumo: O problema da crise pessoal na vida de um indivíduo está frequentemente se tornando objeto de pesquisas de psicólogos contemporâneos. O artigo apresenta o resultado de um estudo empírico de indicadores de personalidade sócio-psicológica que contribuem para superar uma crise psicológica. Uma análise teórica e metodológica do problema de uma pessoa que está passando por uma crise psicológica na literatura nacional e estrangeira foi conduzida. Está provado que a esfera de valores e significados é o principal construto na construção de novos padrões adaptativos de comportamento em situações difíceis da vida e tem influência na escolha de formas construtivas ou destrutivas de comportamento para superar a crise. Os valores e significados do indivíduo em situação de crise psicológica, por um lado, são o gatilho para a escolha de formas destrutivas de comportamento, contribuindo para a escolha do ato de auto-agressão como uma saída da crise.

Palavras-chave: crise psicológica; esfera de valores e significado; padrões de comportamento; estratégias de enfrentamento.

Introduction

The study of the problem of suicidal behavior, interdisciplinary in nature, is possible only on the condition that suicide is the result of the influence of many sociocultural and psychological factors that characterize the space “society- micro-society – person”. Despite the “individuality” of the suicidal act, one cannot but take into account the influence of social factors on suicidal behavior.

Due to the multidimensional character of the problem of suicidal behavior and, as a consequence, the diversity of views on its nature and phenomenology, we have decided to present only some of the author’s concepts, which had a huge effect on the scientific thought of his time and were also indirectly related to the individual’s hardiness.

A fairly complete conception of suicide was presented by M. Farber (1976), professor of Psychology at the University of Connecticut. The key concept in it is the concept of hope, interpreted as a derivative of two factors - personal and situational. Farber connects the personal factor of hope with a person’s confidence in himself, the foundations of which are laid in early childhood. It can be assumed that the degree of a person’s hardiness is determined by this factor’s presence (Zakirova, Kayumova & Sabirova, 2017; Salakhova et al., 2018b; Usak et al., 2020). The situational factor represents the degree of threat in relation to a person’s ability to maintain a minimally acceptable existence. Suicide, in M. Farber’s (1976) opinion, is committed by individuals with a low sense of confidence in a deprivation situation (i.e., deprivation, loss), since in this case, a person has very little hope for a positive resolution of the crisis (Postovalova, 1981; Postovalova, 1983).

Another Western concept is the crisis theory proposed by G. Caplan (1964). The psychological crisis is regarded as a condition caused by the collision of a person with an obstacle, which cannot be overcome by him with his methods. The state of homeostasis is disrupted in a person who was in a similar situation, and the psychological defense mechanisms required for its preservation do not work, resulting in feelings of confusion and chaos of inner life. In this state, a person is inclined to choose an auto-aggressive way to overcome the crisis.

The problem of a personal crisis in an individual’s life is frequently becoming the research subject of contemporary psychologists (Vasilyuk, 1983). When mentioning a psychological crisis, often “we have in mind an acute emotional state that arises in a certain risky situation - in the situation when a person encounters an obstacle in the way of satisfying his most important life needs, an obstacle that cannot be overcome by the person with the help of problem solution ways that are known to him from his past life experience” (Ambrumova, 1978; Ambrumova & Borodin, 1981). However, the situation itself cannot cause a desire to die, the perceptual aspect is important, i.e., how a person perceives and evaluates a situation, a conflict, what significance he attaches to it.

Another area in the study of auto-aggressive behavior is the study of the psychological characteristics in the personality of a suicide attempter. It should be noted that in domestic psychology, there are not so many studies devoted to the study of the psychological aspects of the person during his manifestation of suicidal activity, although it is precisely the integral general properties of the person, i.e., such that include a number of levels of psychological activity: cognitive, emotional-motivational, behavioral, can be the main guidelines for the development of differentiated approaches in the treatment of crisis states. An analysis of the few studies allows us to identify a number of psychological characteristics in the personality of a suicide attempter (Kayumova & Vlasova, 2017; Latysheva et al., 2018; Vasyakin, Scherbakova & Pozharskaya, 2016).

The very nature of self-identity of the personality of a suicide attempter is characterized firstly by the presence of general psychological characteristics. First of all, egocentrism is one of the characteristics of the field of self-consciousness, but it has an unusual paradoxical meaning for our understanding. Egocentrism in case of suicidal behavior is already indicated by the fact that a person completely withdraws into themselves their painful experiences and sufferings in this crisis state. Everything else, for example, family, children, ceases to exist (Slutsky & Zanadvorov, 1992). As N.A. Berdyaev (1992) stated, “a suicide is always an egocentric, there is no more God, no peace, no other people for it, but only he himself ... The psychology of suicide is

the psychology of locking a person in himself, in his own darkness. The psychology of suicide knows no way from oneself to others, for it everything loses value" (Berdyayev, 1992).

In clinical practice, egocentrism can often be observed in such a type of behavior as demonstrative blackmail when people try to achieve their goal through a threat of suicide.

A number of Western suicidologists consider auto-aggression to be a determining property of suicidal behavior along with a pessimistic personal attitude (Slutsky & Zanadvorov, 1992). With auto-destruction, a negative attitude towards oneself reaches an extreme degree; one can often observe tendencies toward self-accusation, even self-flagellation, the immense exaggeration of one's guilt. This condition in itself should alert the specialist even in the absence of expressed suicidal intentions, which are more often hidden. The aggressive attitude of a person to himself includes a cognitive component: extremely negative self-esteem, suicidal thoughts, as well as pre-suicidal and suicidal actions. It was found that auto-aggression almost always in behavior is preceded by hetero-aggression against loved ones, which is expressed in suspicion, unfounded accusations. Hetero aggressiveness of suicide attempters can also be indirectly confirmed by clinical experience in observing such people's calm attitude to suicides among their loved ones.

Undoubtedly, there is a mutual relationship between auto-aggression and another psychological feature - the pessimistic personal attitude of the suicide, which is expressed in suicidal thoughts and intentions, in emotions (depression, anxiety, guilt), as well as in the preparation and implementation of suicidal actions. Suppose suicidal thoughts prevail in the early pre-suicidal phases, and the emotional and behavioral components are less pronounced, in the later phases. In that case, suicidal actions are predominant: preparation and execution of the act of suicide. A pessimistic attitude is always associated with depressive states, and in its turn, with depressive states, especially in their initial and final phases, one can often observe the signs of suicidal behavior (Agadzhanova, 2019; Salakhova et al., 2019; Vikhryan et al., 2015; Shcherbakova, 2017).

According to researchers, paranoia is another common feature that is characteristic of the personality of a suicide attempt. Of course, paranoid accentuation is characterized by the rigidity of neuropsychic processes, following ready-made mental stereotypes and behavioral patterns, moral dogmatism, resentment, and a tendency to form overvalued ideas, aggravates the nature of suicidal behavior. In a state of personal maladaptation, such individuals may try to commit suicide more often than others. Of course, not all suicide attempters are paranoid individuals. However, almost all suicide attempters exhibit paranoia as a characteristic of a suicidal state with almost all its inherent signs. These ideas, namely, that many suicides have an intrinsic paranoia due to character traits (an alternative to this is situational paranoia) are confirmed by the fact that there is a tendency to repeat a suicide after a failed attempt. The structure of value consciousness in a paranoid personality is disharmonious, in it one leading value (family, child, scientific invention, etc.) acquires an overvalued character and devalues, pushes other values to the background. An increased danger lies in this case: if the "main value" is lost (for example, abandonment of the family by the beloved husband), then the whole life of the paranoid person is meaningless. The whole pyramid of values collapses. Something similar can be seen in the system of values of the suicide (Efimova et al., 2018; Kalinina et al., 2018; Salakhova et al., 2018a; Goloshumova et al., 2019).

But if a person's values are "normal" with good adaptation, they have a life-affirming character, bind a person to life, then in a state of maladaptation, values of a negative plan take the place of the leading value. The idea of ending life as an illusory way out of the crisis, which destroys the entire system of personal values, becomes such a "super value" in suicidal behavior. Being reinforced by other components of suicidal behavior: self-destruction, depression, suicidal thoughts and motives, such an "anti-value" turns into a goal (value – the goal) and leads to a tragic outcome (Mitina, 2018; Salakhova et al., 2018a).

The specific features of the emotional sphere are also important. For instance, a person in a state of psychological crisis often experiences depression, which is an emotional disorder in which feelings of anxiety, longing, emptiness, and despair dominate. Almost always, to varying degrees, feelings of self-negation and self-inferiority, disability are expressed (Sabirova,

Zakirova & Kayumova, 2017). A pessimistic attitude toward the future described above is colored by hopelessness, a feeling of impossibility to find a way out; the individual often feels helpless. Almost always with depression in a suicidal or pre-suicidal state, guilt and often the need for self-accusation take a significant place. A person is, as it were, separated by a psychological barrier from other people, from family and friends, completely withdraws into his "I", his painful experiences (Slutsky & Zanadvorov, 1992).

According to the data of contemporary researchers, anxiety is one of the primary signs that an individual is in crisis (Ambrumova, 1978; Ambrumova & Borodin, 1981; Slutsky & Zanadvorov, 1992). It finds its expression in massive psychophysiological and psychomotor symptoms: motor anxiety ("a person cannot find a place"), tachycardia, feelings of weakness, physical exhaustion, sleep disturbances, gastrointestinal cramps, etc. Anxiety creates a general feeling of helplessness, insecurity, estrangement from other people. It also causes significant changes in cognitive processes and a violation of personal identification (distortion of the image of "I"). Behavioral disorders are observed under these conditions which are often "impulsive and unproductive", i.e. maladaptive. It is all the psychological qualities described above and the symptoms of their manifestations that prevent the person from overcoming the crisis in a constructive way, making the psychologist work so difficult when dealing with a suicidal behaviour during psychotherapy.

Methods

The study sample consisted of patients from the toxicological department of the First Medical Aid Hospital in the city of Moscow and who attempted suicide attempt (incomplete suicide) by drug poisoning. The study sample consisted of 130 people (respectively, 75 subjects in the control and experimental groups). The control group of the study consisted of people who did not have suicidal thoughts and intentions, who did not accept suicide as a possible way out of a difficult life situation.

As a psycho-diagnostic instrument in the study, the technique "Value Spectrum" (VS) was used (Leontyev, 2003); The method of motivational induction (MMI) (Nutten, 1984); The technique to study value orientations proposed by M. Rokeach (2015) (The Rokeach Value Survey).

Results and Discussion

Diagnostic results of the main and control groups, obtained with the use of the technique "Spectrum of Values", indicate the existence of significant differences in the assessment of several categories:

- life: the necessity of life, the fullness of life, the uniqueness of life (Efimova, Gorbokonenko & Kozitsina, 2002);
- death: the necessity of death;
- man: man's quality of being easy-going, the necessity of a person, plainness of a person;
- the past - the uniqueness of the past;
- the present - the meaning of the present;
- the future - the fullness of the future, self-sufficiency of the future, the meaning of the future. The significance of differences was assessed using the Pearson χ^2 test (Table 1).

Table 1. Significant differences of the subjects in the experimental and control groups according to the technique "Spectrum of Values"

№	Indicator	Experimental group («Yes»)	Control group («Yes»)	χ^2	Level of significant differences, p
1.	Necessity of life	16	5	7,324	<0,01

2.	Fullness of life	9	18	4,29	<0,05
3.	Uniqueness of life	6	15	4,29	<0,05
4.	Necessity of death	4	18	6,952	<0,01
5.	Being easy-going	9	1	5,88	<0,05
6.	Necessity of man	11	1	8,427	<0,01
7.	Plainness of man	15	5	6,075	<0,05
8.	Uniqueness of the past	2	12	7,544	<0,01
9.	Meaning of the present	8	21	9,609	<0,01
10.	Fullness of the future	2	12	7,544	<0,01
11.	Self-sufficiency of the future	6	17	7,04	<0,01
12.	Meaning of the future	9	20	6,665	<0,01

Suicide attempters, in contrast to the subjects of the control group, significantly more often attribute such a characteristic (value) as the necessity (i.e., some compulsion, doom) to life, while people from the control group, on the contrary, more often emphasized the necessity of death. In our opinion, these results illustrate the effect of the mechanism of inversion of attitudes toward life and death. Namely, suicide attempters experience a decrease in the “pluses” of life and an increase in the “pluses” of death - death ceases to frighten a person, and life becomes something threatening, “necessary” when a person feels that he is living, simply because “you have to live” (Efimova, Gorbokonenko & Kozitsina, 2002).

The assessment results of the fullness of life show that suicide attempters are much less likely to attribute this value to life. Thus, people who choose an auto-aggressive way to resolve a life crisis are much less likely to evaluate life as full (filled with interesting things and plans, the presence of which gives life interest and richness). It is interesting to note that a similar low rating of this category was previously revealed in individuals exhibiting hetero-aggressive forms of behavior.

People who exhibited auto-aggressive tendencies in their behavior are often not inclined to consider their life as something special and unique. Significant differences between the control and experimental groups in assessing the uniqueness of life support this idea (Efimova, Gorbokonenko & Kozitsina, 2002).

It is interesting to note that suicide attempters more often (compared to the control group) used such characteristics as necessity and plainness, being easy-going when evaluating a person. Thus, some simplified perception of a person is observed in people who demonstrate auto-aggressive forms of behavior, which is combined with the recognition of certain doom, the necessity of human existence.

When analyzing the assessments of time categories (past, present and future), suicide attempters underestimate the uniqueness of the past. Also, suicide attempters do not see any point in the present, significantly less often ascribing this characteristic to it (the present).

Along with the above characteristics of attitudes toward life, suicide attempters compared with subjects in the control group have a weak orientation toward the future. This is manifested in an underestimation of the fullness of it, alongside with its self-sufficiency and the meaning of it. This indicates the unformed and amorphous image of the future, as well as

the absence of real goals and plans for it.

An analysis of the subjects' answers to incomplete sentences of the Method of motivational induction ("MMI-motives") allows one to compare the content of motivation of people in the main and control groups (Table 2).

Table 2. Comparative results according to the Method of motivational induction (% of the total number of answers)

Nº	Category	Experimental group	Control group
1.	S	4,6	5,3
2.	SR	13,8	17,0
3.	R	13,9	17,1
4.	R ²	5,1	5,0
5.	R ³	4,2	6,2
6.	C	18,8	15,9
7.	C ²	7,8	8,6
8.	C ³	1,9	2,3
9.	E	1,48	1,55
10.	T	1,5	2,3
11.	P	0,7	6,4
12.	L	1,2	2,2
13.	Tt	5,8	0,4
14.	U	5,1	3,6
15.	K	5,9	5,7
16.	D	4,4	0,4
17.	A n s w e r skipped	4,2	0,3

Significant differences between the experimental and control groups were found in several parameters of the technique. (Mathematical processing of the results was carried out using the χ^2 criterion). Despite the fact that there were no significant differences between the groups according to item R (any personal activity aimed at doing something), suicide attempters, in contrast to the subjects of the control group, used significantly less the P motives associated with the desire to possess something or to get something specific when answering their questions.. And in the control group, a significant number of answers related specifically to the material aspect of life - the desire to have any particular thing, or to get "everything I dream of" ("I definitely want a car", "I make efforts to buy an apartment", "I really want to win a lot of money", etc.). The list of answers to this question by people in the control group is quite variable.

Thus, significant differences in this parameter of the technique indicate the absence of real-life plans, aspirations and goals in people who are prone to auto-aggression. We would like to note that although in this case these goals relate only to possessing something in the future and intentions to have (buy some day) something, all this is an important component of human activity, which implies focus on the future, a constant, effective desire to implement the plan. The revealed characteristic in the motivational sphere of suicide attempters may indicate the fixation of subjects on the present, a weak orientation toward the future.

Significant differences identified in paragraph Tt, which includes all the answers of the subject regarding the current situation (in particular, related to the test) also have logical grounds. The subjects of the main group had a fairly large number of answers related to the desire to finish treatment as soon as possible and be discharged from the hospital. But the

significantly higher number of replies recorded in this parameter among the subjects of the experimental group, in our opinion, indicates not only a certain negative reaction to testing and the treatment situation. They can also serve as an indicator of the subjects' tendency to concentrate on the present and the past, and a weak orientation toward the future. In other cases, the desire to leave the hospital shortly indicates a desire to return to the family or to significant people as soon as possible (which is confirmed by the results of the psychological conversation), and this is an important indicator for us in developing guidelines to provide social and psychological assistance.

It is important to note that there are no noticeable differences between groups not only in the parameters of the R group (R, R² and R³), which determine the activity of the person as a whole and specifically in his professional activity and preparation for it (training). Also, significant differences were not found in two other categories, reflecting the content of motivation - S, denoting a certain aspect of the personality of an individual himself and the categories of the SR group (any activity of the person in relation to himself). Although, the latter is understandable. The suicidal act itself, which is an act of auto-aggression, is not a passive reaction of a person to a certain life situation, but an active one, only directed against himself, to self-destruction. People faced with a crisis do not take a passive position of expectation, but actively respond to it, trying to resolve the situation with their auto-aggressive behavior. At the same time, the lack of conscious life prospects and goals (especially in areas not related to the crisis situation) identified in the research, further aggravates a person's choice. In addition, if no significant differences in terms of SR and R were found in the experimental group in quantitative terms, a qualitative analysis shows the existence of differences. For instance, the replies given by suicide attempters, classified according to the criteria proposed by the authors of the technique as the person's activity in relation to himself, self-development (SR) and any personal activity aimed at doing something (R), often relate to activity aimed at finding other ways to overcome difficult life situation and rethinking the performed act ("I am ready to correct everything that I have done", "I regret what I have done to myself", "I have made up my mind to live").

As a result of the data processing of the "Value Orientations" technique proposed by M. Rokeach (2015) (using Spearman's rank correlation coefficient), a high positive correlation ($r = 0.82$) was found between the terminal and instrumental values of suicide attempters and people in the control group (significance level $p < 0.01$)

The main differences between the hierarchies of terminal values of suicide attempters and subjects of the control group are accounted for the values: "Public recognition" and "Self-confidence". Namely, suicide attempters' value social recognition more highly while valuing self-confidence much lower than people in the control group. Proceeding from this, we can conclude that, having suffered setbacks in life, falling into the conditions of a crisis situation, when it is likely to get a low rating in the eyes of other people, a person who is unsure of his capabilities to cope with the crisis in a constructive way, chooses only a possible way out, in his opinion, a suicide attempt. It also indicates that suicide attempters attach great importance to the sphere of social contacts, often "dissolving" in it, making communication and interaction with other people (as a rule, with significant people) a priority in their lives. The crisis that arises in this sphere often does not lead to any other resolution of the situation rather than committing suicide. As the results of the conversation, dialogue, and interaction with suicide attempters and the study of patients' medical history show, the causes of such crises are varied in terms of "size" - from a simple household quarrel to a breakdown in relationships and the loss of a significant person. In any case, the difficult situation which have arisen in the field of social contacts completely absorbs a person psychologically. The main "value" is another person, a meaningful relationship with him - is lost, and the person, speaking in the terminology of W. Frankl (2015), falls into a "vacuum", not seeing the further meaning of his existence. It is important to note that the analysis of medical reports of patients, confirmed by the results of a psychological conversation, showed that the causes of most suicidal attempts are rooted in conflicts and crises of social relations.

Significant differences in determining the importance of certain instrumental values are

demonstrated in the values: “conscientiousness” (cleanliness), “diligence”, “responsibility” and “efficiency in business”. Among the values of human life, suicide attempters attach a higher importance to conscientiousness and diligence, but at the same time they rate responsibility and efficiency in matters much lower than in the control group. Of the discrepancies identified, the most interesting for us is the difference in assessing the value of “efficiency in business”. The low value that suicide attempters attach to it can serve as another indicator that the life of a person choosing auto-aggressive ways to overcome difficult situations is not filled with interesting, meaningful things that can give his life meaning and orientation. As we can see, this is correlated with low indicators on the scale “The process of life or interest and emotional richness of life” and “Goals in life” of the technique “Life meaning orientations”, as well as with a low score of indicator L of the method of motivational induction, indicating the absence of real, conscious desires and aspirations to possess something, to acquire something in the near future, i.e. such aspirations that mobilize human activity and make life rich and interesting.

Conclusions

As a result of the study, significant differences were found in the sphere of values and meaning of a suicide attempter. The severity of experiencing a crisis by the suicide attempter is complicated by poorly developed, amorphous image of the future, lack of real goals and plans in the near future. This is expressed, inter alia, in the frequent fixation of subjects on the present, a weak orientation toward the future. In this case, a person is obsessed with only one area; the sphere of social contacts is often the predominant sphere in people prone to auto-aggression. It is no coincidence that as a result of such experiences, people often show a certain dependence on others, and the expectation of something from others becomes acute. And the crisis that arose in relations with significant relatives (from an ordinary household quarrel to losing a significant person) completely absorbs a person, making it impossible to compensate for failures by successes in other spheres of life. Moreover, the group of suicides, the causes of which are rooted in conflicts and crises of social relations, is composed of both demonstrative acts of auto-aggression and true suicides. It is in these cases that suicide has a “dialogical” character, and has a special personal meaning (“cry for help”, “revenge”, etc.)

All of the abovementioned characteristics are logically consistent with each other and generally confirm our assumption that there are unique features in the value-meaning sphere of the suicide attempter. We would like to note that, on the one hand, these features are the triggering mechanism of suicide, contributing to the choice of an act of auto-aggression as a way out of the crisis, on the other hand, knowledge of these features reveal great potential for their use in a program of socio-psychological rehabilitation, in the development of Meaning Therapy methods in crisis conditions.

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