

STUDY OF ACHIEVEMENT MOTIVATION AT MENTAL DISORDERS

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The article presents analysis of achievement motivation particularities at various mental disorders. Predominantly the attention is paid to the specific character of this psychological phenomenon in the presence of neurotic and psychosomatic disorders, cyclothymia, dysthymia and substance dependence disorders.

Keywords: achievement motivation, mental disorders, neurotic disorders, psychosomatic disorders, anxiety, cyclothymia, dysthymia, substance dependence disorders.

The relevance of research. Achievement motivation is specific complex phenomenon. Currently a lot of common factors giving an explanation about it are described in psychological science. However, there is a fair number of «white spots» in this problem research. Peculiar features of achievement motivation at mental disorders may with dead certainty fit into such «white spots».

In domestic sources the works of A. O. Bukhanovsky, E. P. Ilyin, D. V. Kolesov, S. S. Korsakov, I. A. Kudryavtsev, N. A. Kurgansky, N. N. Lange, I. P. Lysenko, etc. are devoted to this subject. However the majority of works has been performed at the beginning of emergence of interest in psychology in a problem of achievement motivation. The number of recent researches representing new facts and regularities within the context of the studied subject is extremely low.

The purpose of this article is the analysis of researches revealing specific character of achievement motivation of at mental pathology in order to develop an achievement motivation research model corresponding to the level of modern knowledge of its features in persons with mental pathology.

For obvious reasons we cannot consider all variety of mental disorders and corresponding motivational features within one article. Therefore, for a start we will stop on analysis of specific features of achievement motivation patterns of in persons belonging to a number of so-called to «minor psychiatry» patients, i.e. patients in whom neurotic and psychosomatic disorders are observed.

We will also turn our attention to peculiar features of motivational sphere in persons with affective disorders of non-psychotic level and substance dependence disorders. The interest in the research of exactly these medical and psychological problems is connected with greater realism, from our point of view, of the problem related to the change of pathological patterns of motivation in such patients.

Specific disorders of motivational sphere are characteristic at disorders, often called by scientists and practitioners as «minor psychiatry», the term, which has become naturalized in domestic psychiatry. In the International classification of diseases, 10th revision (MKB-10) this group of disorders is designated by the code F4-F48 and is called «Neurotic disorders associated with stress and somatoform» [7]. Later we will consider data, which shed light on specific features of motivation changes at neurotic and psychosomatic disorders.

As a first step we will determine main nosologic groups, which are subject to consideration. Clinically three main forms of neuroses can be distinguished: neurasthenia, hysteria and obsessive-compulsive personality disorder [3].

Neurasthenia occurs predominantly as a result of long-acting psycho-traumatic factors. Light excit-

ability at fast exhaustion, changeability of emotions, unstable, often low mood are characteristic a person suffering from neurasthenia. Due to various disorders of nervous system vegetative sphere changes too. Sleep is disturbed; in some instances alarm or fear appear.

Hysteria is varied in forms of its manifestation. Motor disturbances (motor dysfunction, paralyses), pain sensitivity disorders, sensor sphere disorders (hysterical blindness, deafness), speech disorders occur the most often.

Obsessive-compulsive personality disorder manifest itself in irritation, easy fatiguability, sleep disturbance, autonomic disturbances, but presence of fixed ideas, often in the form of phobias, in a person is specific.

All these forms of neurotic disorders are the result of internal conflicts. Neurasthenic conflict is contradiction between aspiration of a personality with exaggerated requirements to it, and its capabilities. People with strong instincts, which cannot satisfy them well adequately, are prone to neurasthenia.

Hysterical conflict arises because of excessively overestimated personality claims; thereat requirements to other people exceed requirements to themselves. A desire to distinguish oneself, to satisfy own whims is combined with underestimation or full ignoring of real conditions and requirements of people around.

Psychasthenic conflict is conditional upon conflicting needs, a conflict between a desire and an obligation, between moral standards and personal affections. Thereat, a dramatic increase of mental stress is observed in case of domination of one need (affection) but continuing counteraction of another one. A life with no specific aims may also lead to neurosis.

We find motivational (need) approach to neuroses development in the works of S. Freud, A. Adler, E. Fromm, K. Horni and other psychoanalysis representatives, as well as in the works of thinkers of humanistic and existential tradition, in particular, A. Maslow, V. Frankle.

E. P. Ilyin thinks that passing through «the internal filter» of arising ideas and motives of persuasive character is the main difficulty in the process of motivation under the conditions of psychasthenic disorders [6]. Under high-level requirements to own moral portrait and awareness of absurdity of these fixed ideas and motives, the patient experiences unpleasant feelings: doubts, alarm and uncertainty. For example, annoying fear of infection, which is accompanied by endless washing of hands, is characterized by the fact that the patient understands absurdity of his actions and irrationality of his fears, but continues to behave as before in order to reduce mental tension. It is it, which forms the basis of obsessive-compulsive personality disorder.

Psychasthenic experiences difficulties in decision-making, fluctuations in selection of the goal of

actions, ways of its achieving are peculiar to him. But transfer from the aim selection to intention and its implementation is even more difficult for him.

Psychosomatic equivalents of mental disorders are the frequent form of expression of the latter [1]. Initially, the concept «psychosomatic» combined diseases in the development of which negative psycho-traumatic effects (ischemic heart disease, arterial hypertension, gastroduodenal ulcer and bronchial asthma) have an essential role. At present the term has two meanings: the one is connected with its use in the field of medicine and the other one refers to diseases in which psychological factors play an important role.

Primary-physical response to the conflict feeling connected with morphologically established changes and pathological abnormalities in organs forms the basis of psychosomatic disorders. The choice of organ may be influenced by the corresponding predisposition. This group includes classical pictures of the following psychosomatic disorders: bronchial asthma, ulcerative colitis, essential hypertension, neurodermatitis, rheumatoid arthritis, duodenal ulcer.

A combination of high-level «achievement motivation» of a patient with low prospect of success and high fear of failure is characteristic of such psychosomatic disease as hypertension [6].

Anxiety is the leading radical of neurotic and psychosomatic diseases. Anxiety as personal disposition is closely related to achievement motive and motive to avoid failure [9, 13]. Thus, in literature we find a description of the following characteristics of exaggeratedly anxious people in the activity directed on obtaining success [8].

1. Highly-anxious persons respond emotionally more vehemently to failure messages than low-anxious persons.

2. Highly-anxious persons work more badly than low-anxious ones under stress situations or under the conditions of limited time allotted for the task solution.

3. Fear of failure is a characteristic feature of highly-anxious people. This fear in them dominates their drive to success achievement.

4. Success achievement motivation is prevalent in low-anxious people. Generally it overbalances concerns about presumable failure.

5. For highly-anxious people a success message has a greater stimulant power than a failure message.

6. Low-anxious people are more stimulated by a failure message.

7. Trait anxiety predisposes an individual to perception and assessment of many objectively safe situations as such as carrying a threat.

The following group of disorders wherein the peculiar features of achievement motivation we are going to analyze is affective disorders of non-psychotic level. In МКБ-10 [7] this group of disorders is designated by the code-number F30-F39 and is called «Mood disorders (affective disorders)».

Scientists and practitioners who deal with the problems of affective disorders, note that at both psychotic and their non-psychotic variants motivational sphere of a personality undergoes essential changes [6]. In the reactive state caused by severe psychic trauma as well as in case of maniacal-depressive psychosis the needs and inclinations quite often acquire a great force at insignificant stability, which causes impulsive behavior.

In case of affective disorders of non-psychotic level, which first of all include cyclothymias and dysthymias, the researches determine instability of motivational level or its stable decrease.

Cyclothymia is a chronic disease with repeated change of light in terms of expressiveness phases

(hypomania and subdepression) [5]. In traditional nosologic classification cyclothymia is considered in conjunction with maniacal-depressive psychosis (alternating insanity) as its light abortive variant.

The number of studies of achievement motivations peculiar features at cyclothymia is extremely low. One of not numerous researches, wherein a weak connection of cyclothymia with the level of achievement motivation has been obtained as one of findings is the research of M. Myrtek [12]. The researcher has determined that it is the right pole of «cyclothymia-schizothymia» factor, i.e. schizothymia, which is positively connected with a high need for achievements. On the contrary cyclothymic personalities show low need for achievements.

Dysthymia is chronic depressions developed (as cyclothymic) on a non-psychotic level under minimal expressiveness of an affective disorder [5].

The study of N.G. Garanyan, A. A. Nizovtseva [4] shows that test persons with high perfectionism index experience intensive motivational conflict: they intensively strive for success however they want badly to avoid failure. Thereby they seek to the impossible – to achieve great success without risk, troubles and failures. The researchers come to conclusion about psychologically typical direct relation of total index of achievement motivation with depression indicator.

In the group of test persons with high level of perfectionism authentically higher indices of depression and alarm, than in other groups of test persons have been recorded. According to the authors this result is not new; however, it properly duplicates the results of earlier conducted researches [4].

Tactics of a goal-setting in test people with the high level of perfectionism, who are at the same time the patients with depressive and anxious disorders, differ from those in healthy test people. Under the conditions of experiment for the level of aspiration in patients with depressive and anxious disorders choice of very difficult tasks alternates with the choice of very easy tasks, i.e., the tendency to the choice of extreme poles of the target difficulty is observed [11].

Garanyan, Yudeeva, E.P. Ilyin are inclined to consider [4, 6, 11] that such behavior in a situation of the target achievement is the achievement conflict indicator as well as the way of protection against experiences of failure as the failure in case of the difficult target selection is not shameful, and the choice of an easy target always guarantees success. At the same time in case of such strategy of the target choice the sight of the average zone of feasible, moderately difficult and interesting tasks in which aspiration to success can be maximally realized and be followed by satisfaction is lost.

In the group of students with expressed perfectionism authentically higher indices of procrastination as compared to students with moderately high and low indices of this feature [4]. According to H. Hekhausen, permanent postponement of the activity beginning also serves as a behavioral indicator of the achievements conflict [9].

Another category of persons where specific features of motivational sphere organization and functioning is observed includes persons with addictive disorders. In МКБ 10 [7] these disorders are included into the section «Mental and behavioral disorders due to psychoactive substance use» (code F10-F19).

Changes of motivational sphere at different types of dependences are described in many sources [2, 6, 10]. Though a question of whether these changes are the development of existing motivation features in persons in whom addiction develops, or these are spe-

cific new formations in motivational sphere owing to the arisen dependence, remains insufficiently studied.

B. S. Bratus studied disturbances of motivational hierarchy and formation of new pathologic need in chronic alcoholics [2].

The researcher has analyzed clinical records of alcohol dependent persons and has come to a conclusion that a decrease in personal functioning down to full personal degradation is registered in them. Thereat, first of all there is a decrease through changes in the field of needs and motives and destruction of pre-morbid settings, curbing of interest. Thereat gross changes of cognitive activity, such as decrease in level of generalizations, were not discovered in psychological experiment. Informative insufficiency was shown when performing tasks requiring mental efforts, longtime attention concentration and fast orientation in new material. Besides, insufficient focus of judgments, non-criticality, inflated self-concept and lability of level of aspiration were noted.

Starting out from analysis of medical histories of alcohol dependent persons, B.S. Bratus has detected mechanism of formation of a new pathological need – a need for alcohol [2, p. 223-245]. Taking alcohol is irrelevant to a number of physical needs; therefore initially alcohol does not have independent propulsion. In the beginning taking alcohol fulfills the role of a means for other motives realization. For example a person associates pleasant relaxation or stress relieving etc. with taking of alcohol. But gradually with the formation of psychological, and in the course of time, physiological dependence, a desire to experience pleasant feelings associated with alcohol taking again and again emerges and becomes permanent in the person. From now on the person is becoming attracted by not the mere events which have been significant for him (meeting of friends, celebration) but by the possibility of alcohol taking. I.e. if at the beginning a person drinks to facilitate establishment of contacts with other people, now he communicates for a chance to drink. Thus, alcohol for such person becomes an independent motive of behavior.

A «shift of the motive to the purpose» occurs, a new motive inciting to new activity and consequently, a new need are formed. As far as alcohol taking becomes the purpose of the addict's activity the need for alcohol is felt and takes a definitive personal meaning. As a result of a new need emergence, motivational changes associated with it occur: structure of interests, content of experiences and aspirations.

Motives in persons dependent on psychoactive substances become less and less mediated. The needs of alcoholics are of immediate nature; therefore they go out of control obtaining the structure of appetency.

Taking a psychoactive substance the need for which is of immediate nature is a sense-making motive in an addict. Thus, with alcoholism development in dependent persons former motivational hierarchy disintegrates increasingly. As alcohol takes the dominating positions in the motivational and conceptual system, former settings and interests are relegated to the background. Other spheres of life stop being significant and start being considered only as a source of getting means for use or an obstacle in satisfaction of the formed need for alcohol reached a dominant position.

B. S. Bratus has specified that in this process growth needs and personal preferences are relegated to the background and destruct and the range of interests narrows. Change of hierarchy and mediation of motives means the loss of complex organization of a person's activity, which changes from mediate to impulsive.

Thus, in persons dependent on psychoactive substances, change of achievement motivation content shows parallelism with changes of the whole motivational sphere. Deformation of motivational tendencies occurs rather than lowering of their levels: new demands with the relevant personal dispositions are formed. Motivational instability at an early stage of dependence changes into stability of distorted motivational sphere at its later stages. Thereat, the needs acquire the structure of appetencies, coordination between them disappears; motivational sphere becomes completely subordinated to the leading motive – the motive of psychoactive substance consumption.

Thesis research of L.F. Scherbina represents data on the change of motivational-conceptual sphere of persons dependent on psychoactive substances in the course of psychological rehabilitation [10]. In other words, it is referred to the contrary process: to motivational changes in the process of recovery.

The author comes to a conclusion that in the course of psychological rehabilitation conceptual structures of persons dependent on psychoactive agents change significantly, the level of dissociation of motivational and conceptual sphere decreases, in particular, the structure of motivational and conceptual sphere of dependent persons acquires new conceptual formations – factors of conceptual constructs: personal freedom, self-expression, emotional maturity, responsibility.

There is a process of change of dissociative structure of motivational and conceptual sphere into associative sphere, which leads to emergence of a new function of motivational and conceptual sphere – the control function.

At a recovery stage in the structure of motivational and conceptual sphere hierarchy of persons dependent on psychoactive agents and having high level of motivation to changes the higher rank places belong to such semantic constructs as honesty before themselves, self-confidence, reliability, clear thinking, willingness to change, which reflect «sober» attitudes. Coexistence of «sober» and «dependent» attitudes is characteristic for persons with low level of motivation to changes.

Conclusions. Achievement motivation at mental disorders undergoes essential changes. Specific features of achievement motivation in the presence of any mental disorder reflect specific character of the leading radical of the disease. Such leading radical at neurotic and psychosomatic disorders is anxiety, which defines greater expressiveness of the tendency to failure avoidance, than of that to the result achievement.

High indices of cyclothymia show weak connection with the level of achievement motivation as opposed to high indices of shylothymia. In patients with depressive and anxious disorders the choice of very difficult tasks interchanges with the choice of very easy ones, i.e. there is a tendency to the choice of extreme poles of the target difficulty. Such behavior in target achievement situation is an achievement conflict indicator as well as the method of protection against failure feelings.

Persons dependent on psychoactive substances experience distortion of motivational tendencies rather than decrease of their level: new needs with corresponding personal dispositions develop. Motivational instability at early stages of dependence changes into stability of distorted motivational sphere at its later stages. Thereat, the needs acquire the structure of appetencies, coordination between them disappears;

motivational sphere becomes completely subordinated to the leading motive – the motive of psychoactive substance consumption.

During the period of remission the level of dissociation of motivational and conceptual sphere decreases, in particular, the structure of motivational and conceptual sphere of dependent persons acquires new conceptual formations – factors of conceptual con-

structs: personal freedom, self-expression, emotional maturity and responsibility.

However psychological science still faces the problem associated with the study of achievement motivation in the presence of various mental disorders. Its decision requires carrying out additional empirical studies, which is the perspective of our further scientific inquiries in this regard.

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ДОСЛІДЖЕННЯ МОТИВАЦІЇ ДОСЯГНЕННЯ ПРИ ПСИХІЧНИХ РОЗЛАДАХ

Анотація

У статті представлений аналіз особливостей мотивації досягнення при різних психічних розладах. Переважно увагу приділено специфіці цього психологічного феномена при невротичних і психосоматичних розладах, циклотимії, дистимії і адиктивних розладах.

Ключові слова: мотивація досягнення, психічні розлади, невротичні розлади, психосоматичні розлади, тривожність, циклотимія, дистимія, адиктивні розлади.

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ИССЛЕДОВАНИЕ МОТИВАЦИИ ДОСТИЖЕНИЯ ПРИ ПСИХИЧЕСКИХ РАССТРОЙСТВАХ

Аннотация

В статье представлен анализ особенностей мотивации достижения при различных психических расстройствах. Преимущественно внимание уделено специфике этого психологического феномена при невротических и психосоматических расстройствах, циклотимии, дистимии и аддиктивных расстройствах.

Ключевые слова: мотивация достижения, психические расстройства, невротические расстройства, психосоматические расстройства, тревожность, циклотимия, дистимия, аддиктивные расстройства.