PERSONALITY AS A SUBJECT OF LIFE: PROBLEMS OF HEALTH AND DISEASE

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ОСОБЕННОСТИ ВРЕМЕННОЙ ПЕРСПЕКТИВЫ ПАЦИЕНТОВ С КИШЕЧНОЙ СТОМОЙ

FEATURES OF THE TIME PERSPECTIVE IN PATIENTS
WITH AN INTESTINAL STOMA

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Аннотация:

Временная перспектива преимущественно рассматривается в контексте различных гуманитарных дисциплин: философии, социологии, истории. Изучение данного конструкта является основополагающим в понимании динамики развития и изменения личности в кризисных и экстремальных ситуациях. Актуальностью и практической значимостью обладают исследования временной перспективы пациентов, перенесших калечащее хирургическое вмешательство. Здесь направленность временной перспективы обуславливается не только характеристиками личности, но и факторами, связанными с нарушением целостности собственного тела. Фиксация на прошлом, настоящем или будущем, несбалансированность временной перспек-

Abstract:

The time perspective is mainly considered in the context of various humanitarian disciplines: philosophy, sociology, history. The study of this construct is fundamental in understanding the dynamics of development and change of personality in crisis and extreme situations. Studies of the time perspective of patients who have undergone crippling surgery have relevance and practical significance. Here, the orientation of the time perspective is determined not only by the characteristics of the personality, but also by factors associated with the violation of the integrity of one's own body. Fixation on the past, present or future, imbalance of time perspective affects the dominant emotional state, value-semantic sphere, behavior and interpersonal relationships. The

тивы сказывается на доминирующем эмоциональном состоянии, ценностно-смысловой сфере, поведении и межличностных отношениях. Психотерапевтический ресурс временной перспективы состоит в актуализации и закреплении ориентации на позитивное прошлое и будущее с осознанностью настоящего момента.

В эмпирическом исследовании приняли участие 40 стомированных больных (13 мужчин, 27 женщин, средний возраст – 56+12 лет). Респонденты сопоставимы по социально-демографическим характеристикам, они были ознакомлены с экспериментальной процедурой и подписали форму информированного согласия. В качестве гипотезы выступило предположение о том, что пациенты с временной колостомой отличаются от пациентов с постоянной колостомой более сбалансированной временной перспективой.

Результаты математико-статистической обработки эмпирических данных показали отсутствие значимых различий по исследованным показателям временной перспективы, смысловых ориентаций, безнадежности. Пациенты с временной колостомой продемонстрировали более высокий уровень выраженности толерантности к неопределенности, что связывается с их длительным пребыванием в неоднозначной ситуации и ожиданием восстановления целостности собственного тела.

Выявленные закономерности будут полезны в разработке программ по психологическому сопровождению стомированных больных: формирование сбалансированной временной перспективы является основой накопления и активизации психологических ресурсов, необходимых для успешного совладания.

Ключевые слова:

временная перспектива, жизненный путь, жизненное событие, телесный образ, образ тела, кишечная стома, колостома.

psychotherapeutic resource of the time perspective consists in actualization and consolidation of orientation to the positive past and future with awareness of the present moment.

The empirical study involved 40 ostomy patients (13 men, 27 women, mean age – 56+12 years). The respondents were comparable in socio-demographic characteristics. They were acquainted with the experimental procedure and signed the informed consent form. The hypothesis was that patients with temporary colostomy differ from patients with permanent colostomy in a more balanced time perspective. The results of mathematical and statistical processing of empirical data showed the absence of significant differences in the studied indicators of time perspective, life orientations, and hopelessness. Patients with temporary colostomy showed a higher level of tolerance to uncertainty, which is associated with their long stay in an ambiguous situation and the expectation of restoring the integrity of their own body.

The revealed patterns will be useful in the development of programs for psychological support of ostomy patients: the formation of a balanced time perspective is the basis for the accumulation and activation of psychological resources necessary for successful coping.

Keywords:

time perspective, life path, life event, body image, body image, intestinal stoma, colostomy.

Relevance

Traditionally, the time perspective is studied in the framework of sociology, philosophy, history. In modern clinical psychology, interest in this construct has increased markedly, due to the significant influence of the time perspective on the perception and assessment of the subject of events, and on the organization of their behavior.

The concept of time perspective is used in psychology to describe a wide range of phenomena: planning activities, aspirations and claims, the image of the future, the life path of the individual.

The study of time perspective can be fundamental in explaining the dynamics of development and change of personality in various situations, including – in traumatic circumstances.

Patients, who have undergone crippling surgery, often perceive such an event as a psychological trauma, facing increased anxiety, feelings of guilt and shame. Another consequence of experiencing a change in the integrity of one's own body is the rejection of the time perspective and its over-actualization on the past, present, or future. Deviations of the time perspective have an impact not only on the emotional state and behavior of the subject, but also on his interpersonal relationships.

The study of the features of the time perspective in patients with intestinal stoma is relevant in the context of determining the directions and search for methods of psychological assistance in the formation of optimal health-saving behavior.

Previous theoretical data

The concept of time perspective was formed at the dawn of the formation of scientific psychology – so, this process was facilitated by numerous studies of reaction time. However, there is currently no unambiguous definition of this construct. Time perspective as an independent psychological phenomenon is closely related to the concept of “psychological time of personality”.

Psychological time of personality is the experience of the subject of his/her physical and spiritual state in the past, present and future. The main functions of this phenomenon consist in the regulation of the individual path in time and the management of claims in various spheres of life.

K.A. Abulkhanova-Slavskaya and T.N. Berezina distinguish four approaches to the study of time in psychology:

- Reflection of objective time by mind, adequacy and mechanisms of such reflection;
- Temporal characteristics of the mind due to biological and neurophysiological processes;
- Ability of the mind to adjust the time movements of individual actions and

activities in general;

- Personal organization of the life time of the subject – the structure where the formation of values and the system of relations of the individual throughout the life path [1,2].

The concept of time perspective was originally introduced by K. Levin, who defines it as “the universality of the individual's views on the psychological future and psychological past, existing at this time on the real and various surreal levels” [3, p. 190].

Time perspective is considered in three main aspects of psychological time. First, it is a time perspective in the proper sense of the term. Here, it is characterized by length, depth, saturation, level of realism, and degree of structuring. Secondly, the time setting is a negative or positive attitude of a person in relation to the past, present and future. Third, time orientation, which determines human behavior and is the dominant orientation of this behavior to any phenomena or events of the past, present and future [1,2].

The time perspective of personality, according to J. Nutten, is formed by phenomena existing at the cognitive level [4]. Such phenomena are not tied to the present moment in which the representative act takes place. The past and the future influence actual behavior to the extent that they are actually represented in the internal plan of the subject. The objects that make up the time perspective of the past arise through the work of active memory, while the time perspective of the future is determined by virtually present objects-goals that the individual seeks to achieve or, conversely, fears to achieve them.

Time perspective in the concept of F. Zimbardo and J. Boyd is “the unconscious attitude of the individual to time and this is the process by which the long stream of existence is combined into temporary categories, which helps to organize our life, structure it and give it meaning” [5, p. 58]. The subject divides his/her experience into time segments, which helps to organize the events occurring in life, bring them into harmony and give them meaning. The time perspective here acts as a tool for storing, coding and subsequent updating of experience in order to form new expectations, plans, and possible future scenarios. F. Zimbardo and J. Boyd described six major time perspectives: negative past, positive past, fatalistic present, hedonistic present, future, and transcendent future [5]. A flexible – “balanced” – time perspective allows an individual to choose the appropriate temporal orientation for a particular situation, which is directly related to maintaining subjective well-being.

Psychologically traumatizing circumstances often lead to deviations of the time perspective from the optimal profile: for example, with fixation on the negative past or on the fatalistic present [6].

Injuries, severe somatic diseases, and crippling surgical interventions are perceived by many patients as personally significant life events. In this context, the

time perspective is involved in the process of coping and adapting to changes in the integrity of one's own body.

In recent years, the number of surgical interventions with intestinal stoma removal has significantly increased in the Russian Federation. According to various estimates, their number can be from 120,000 to 140,000 cases per year [7].

The reasons for the formation of intestinal stomas include, first of all, cancer (94%). The remaining 6% are accounted for by patients with ulcerative colitis, Crohn's disease, Hirschsprung's disease, and patients with traumatic bowel injuries [8].

There are different approaches to classifying intestinal stomas. In the context of this empirical study, we are interested in the differentiation of prognosis in terms of surgical rehabilitation:

- permanent stoma – can not be eliminated in the process of further treatment of the patient, because the intestine is irreversibly damaged or there is no opportunity to quickly restore normal bowel function due to serious diseases of the gastrointestinal tract.

- temporary stoma – is subject to correction and is usually removed in the event that it is not possible to achieve good preparation of the intestine for surgery (for example, with intestinal obstruction due to tumors or adhesions). Usually, after the closure of temporary stomas, the bowel function returns in full.

Patients with temporary/permanent intestinal stoma may experience significant discomfort that provokes restrictive behavior and psychological problems. The dominant experience is the loss of control over the physiological functions of the body [9]. After that, it extends to the management of relations with one's own personality and body, with people around, with the outside world [10]. Ostomy patients often perceive themselves as inferior, lonely, unnecessary, and ineffective ones [11,12]. The spectrum of their emotional reactions includes shame and embarrassment, guilt, anguish and anxiety, frustration of self-esteem and recognition needs, sometimes – hatred of themselves and their own bodies [13,14].

Increased anxiety, expectation of negative consequences, self-blame significantly change the orientation of the time perspective in patients with intestinal stoma. Ostomy patients can fixate on the negative past, constantly thinking about the circumstances that could lead to an actual situation, express ideas of self-accusation and self-humiliation. The focus on the fatalistic present is characterized by the fact that patients are confident in the inevitability of death and do not tend to make any effort to normalize their condition. It is relatively rare to deviate from the time perspective towards the hedonistic present – in this case, patients begin to satisfy any of their desires, even if they later prove disastrous. Orientations on the positive past and future are recognized as the most optimal for ostomy patients. At the same time, focusing solely on one modality of the time perspective clearly limits the rehabilitation potential.

With competent psychological support, aimed, among other things, at optimizing and forming a balanced time perspective, successful psychological rehabilitation of ostomy patients and their return to comfortable functioning in society is possible.

Aim of the research

The purpose of the research is to study deviations in the time perspective in patients with temporary and permanent colostomy.

The underlying hypothesis is the assumption that patients with temporary colostomy have a more balanced time perspective, which is caused by the expectation of restoring the integrity of their own bodies. At the same time, patients with permanent colostomy are characterized by a predominance of negative attitude to their own future.

Materials and methods

This empirical study involved 40 ostomy patients (13 men and 27 women, mean age – 56+12 years). Among them were 20 patients with temporary colostomy and 20 patients with permanent colostomy. The average time elapsed since the removal of permanent colostomy was 43+28 months; temporary colostomy – 31+11 months. Patients with temporary colostomy and patients with permanent colostomy are comparable in terms of socio-demographic characteristics.

All respondents were informed about the purpose of the study and its procedure and signed an informed consent form before participating in the empirical study. The psychologist guaranteed them with the compliance with all professional and ethical principles.

The empirical base of the study is the Rehabilitation Center for ostomy patients at the Ryazan Regional Clinical Hospital.

To study the features of the time perspective the following standardized methods were used:

- F. Zimbardo's Time Perspective Questionnaire – it contains 5 scales describing the subject's relation to time: negative past, positive past, hedonistic present, fatalistic present, and future.

- “Life-meaning orientations” Test (D.A. Leontiev) – it allows to assess the “source” of the meaning of life, which the subject has in the past, present or future. Includes the following scales: goal, process, result, locus of control - Self, and locus of control - Life.

- A. Beck's Hopelessness Scale – it measures the severity of negative attitudes to the subjective future.

- S. Badner's Scale of Tolerance to Uncertainty – it is aimed at diagnosing the subject's attitude to uncertain situations and the potential of coping with them. It

contains scales: tolerance to uncertainty and intolerance to uncertainty.

Mathematical and statistical processing of empirical data was performed using software Microsoft Excel, STADIA and SPSS.

Results and Discussion

Table 1 presents the results of the intergroup comparison of patients with temporary colostomy and permanent colostomy. The comparison was carried out using the nonparametric Mann-Whitney U-test.

Table 1.

Results of intergroup comparison of patients with permanent and temporary colostomy samples

The name of the method	Variable name	Mx in the group of patients with permanent stoma	Mx in the group of patients with temporary stoma	U emp.	p-level
F. Zimbardo's Time Perspective Questionnaire	Negative past	3.285	3.200	191	>0.05
	hedonistic present	3.320	3.415	183	>0.05
	Future	3.815	3.710	178	>0.05
	Positive past	3.955	3.840	157.5	>0.05
	Fatalistic present	3.615	3.340	162	>0.05
Test "Life orientations" (D.A. Leontiev)	Goals	34.750	34.650	192.5	>0.05
	Process	29.600	29.250	194.5	>0.05
	Result	28.000	27.900	197	>0.05
	Locus of control - Self	20.800	20.450	195	>0.05
	Locus of control - Life	30.050	29.500	193.5	>0.05
A. Beck's Hopelessness Scale	Hopelessness	41.150	44.350	168.5	>0.05
S. Badner's Scale of Tolerance to Uncertainty	Intolerance to uncertainty	34.550	34.650	199.5	>0.05
	Tolerance to uncertainty	29.200	32.000	122.5	≥0.01

The results indicate that such a variable as the prognosis for the closure of the intestinal stoma does not affect the features of the manifestation of the time perspective in ostomy patients. Patients with temporary colostomy and patients with permanent colostomy show no differences in all studied orientations of time perspective, life-meaning orientations and hopelessness scale. Statistically significant

differences between the two experimental samples were found only in one parameter – “tolerance to uncertainty”. Here, the indicators in the group of patients with temporary colostomy are superior to those obtained in the group of patients with permanent colostomy.

In both samples, the tendency to the predominance of orientation to the positive past is empirically revealed. Aware of the presence of a serious somatic disease and some functional limitations, ostomy patients avoid negative memories and focus on interpreting past events as favorable. Such attitudes to a certain extent allow avoiding anxiety about physical condition and anxiety for the future, to maintain subjective well-being for optimal social functioning. The opposite results were obtained in the study by N.V. Deineka: ostomy patients suffer from forced social restrictions, their interpersonal relationships are characterized by conflict, which is associated with the immersion of patients in their own bodily experiences [8]. We suggest that this contradiction may be due to both differences in the selected methodological approaches, and the presence in our study of a mediating factor in the form of a time perspective, which allows only indirectly characterize the level of expression of subjective well-being of ostomy patients.

The orientation of the time perspective to the future, noted by us in both samples of patients with colostomy, indicates a tendency to enthusiastically planning of the upcoming activities and achieving the goals stated. This orientation of the time perspective is associated with minimal concerns about future events, which is quite an interesting finding. The revealed pattern is supported by other empirical results. Thus, patients with temporary colostomy and permanent colostomy are focused on the formation of goals in life, which determines the direction of the time perspective and the meaningfulness of life. The imposition of both temporary and permanent intestinal stoma inevitably disrupts existing life plans, some types of activity become unavailable. The formation of new goals in life contributes to successful coping and allows patients to move on.

In some foreign works, it is noted that the need to reconsider life priorities, values and meanings in connection with the presence of intestinal stoma acts as a significant stress factor [11,13]. According to N.V. Deineka, the most unfavorable sphere of personal functioning of ostomy patients is the attitude to their own future [8]. We also noted a moderate tendency of respondents to form a negative attitude to the subjective future. The interpretation should not be limited solely by the severity of the somatic disease and functional limitations. Moderately expressed negative perception of their own future can also act as an element of the person protective mechanism in such a traumatic situation. Careful, prudent attitude to the events of the future can contribute to the accumulation of the necessary psychological resources of coping.

Patients with temporary colostomy showed a marked tolerance to uncertainty: they are least likely to experience anxiety in ambiguous situations, unlike patients

with permanent colostomy. We explain these differences primarily by the fact that patients with temporary colostomy are waiting for the closure of the stoma and for quite a long time are in a situation of uncertainty. Thus, they have to wait a long time for changes in physical condition and adapt to different circumstances. The forced training of flexibility of thinking and behavior promotes formation of readiness of the subject to more serious ambiguous situations for the purpose of preservation of homeostasis and psychological resources of the personality.

Conclusions

Thus, the stated hypotheses have not been empirically confirmed. The components of the time perspective in patients with permanent stoma do not differ from the corresponding indicators in patients with temporary stoma. Both groups demonstrate strong orientations to the positive past and future, which is confirmed by the actualization of the relevant life orientations. Such results may be associated with the fact that ostomy patients perceive the violation of the integrity of their body as an independent psychotraumatic situation and life event, regardless of the prospect of the intestinal stoma closure. At the same time, patients with temporary colostomy show greater tolerance to uncertainty, in contrast to patients with permanent colostomy.

The time perspective is poorly studied and therefore still unclaimed construct in clinical and psychological studies. The predominance of orientation to the past, present or future has a tangible impact on the attitude of the subject to his/her own personality and the world, on behavior and the sphere of interpersonal relations. Studying the time perspective in patients suffering from serious somatic diseases or undergoing crippling surgery will allow understanding in depth of the physical limitations experience and coping with the consequences of bodily ailments.

Psychological intervention aimed at the formation of a balanced time perspective makes a significant contribution to the actualization of the subject psychological stability. Thus, it is possible to achieve a change in the attitude to the presence of a physical disability and optimize the subjective pattern of health by correcting the time perspective. Orientations towards a positive past and future are most beneficial for ostomy patients. In this case, the psychotraumatic situation associated with the imposition of colostomy is considered as a personally significant event, but not a threat to subjective well-being in the present and future. Future-oriented ostomy patients are actively involved in the rehabilitation system and effectively achieve the necessary quality of life.

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