

A PROBLEM STATEMENT ON THE ROLE OF DIALOGUE AND THE ACHIEVED SELF-IDENTITY OF SELF IN SHAPING THE INNER PICTURE OF AN ILLNESS

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Роль диалога и достижения самотождества Я в формировании внутренней картины болезни: постановка проблемы

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Abstract

The development of modern technologies and algorithms of medical care allows for the most effective treatment of patients with almost any pathology. At the same time, it is becoming increasingly important to create and develop new psychological rehabilitation programs for patients who have undergone or are undergoing treatment in outpatient or inpatient settings. Within the framework of psychological rehabilitation of patients in somatic wards, it becomes important to use an individual approach that considers the current state of the patient's inner picture of the disease, allowing to increase the effectiveness of treatment of the underlying disease, and improve the long-term prognosis for and the quality of life of the patient. The article presents the analysis and the result of the search for a connection between the process of identification of the Self with itself, the achievement of self-identity of Self, the inner dialogue and the formation of an inner picture of the disease in the studies of individuals with disabilities. The assumptions about the place

Резюме

Развитие современных технологий и алгоритмов медицинской помощи позволяет обеспечивать наиболее эффективное лечение пациентов с почти любой патологией. При этом все более важным становится создание и развитие новых программ психологической реабилитации пациентов, прошедших или проходящих лечение в амбулаторном или стационарном режиме. В рамках психологической реабилитации пациентов соматических отделений решающим оказывается индивидуальный подход, учитывающий актуальное состояние внутренней картины болезни пациента, позволяющий повысить эффективность лечения основного заболевания и улучшить отдаленный прогноз и качество жизни пациента. В статье представлены анализ и результат поиска связи процесса отождествления Я с собой, достижения самотождества Я, внутреннего диалога и становления внутренней картины болезни в исследованиях личности с ограниченными возможностями здоровья. Обосновываются предположения о

of the concepts of dialogue and self-identity of the Self in the model of an 'inner picture of illness' are substantiated. The study presents a case of positive dynamics of the self-identity of the Self in dialogue with itself of a young female patient with traumatic blepharoptosis who has undergone a course of medical and psychological rehabilitation.

Keywords: personality psychology, general personology, medical psychology, disability, rehabilitation, inner picture of illness, inner dialog, personality in the situation of illness, self-identity of the self.

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месте концепций диалога и самоощущения Я в модели «внутренней картины болезни». Представлен кейс позитивной динамики самоощущения Я в диалоге с собой молодой пациентки, страдающей травматическим блефароптозом и проходившей курс медико-психологической реабилитации.

Ключевые слова: психология личности, общая персонология, медицинская психология, ограниченные телесные возможности, реабилитация, внутренняя картина болезни, внутренний диалог, личность в ситуации болезни, самоощущение Я.

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The modern sociocultural paradigm develops the scientific idea of the individual's central position in society and the world. Several scientific achievements and discoveries in the fields of economics, sociology, psychology, cultural studies, and natural sciences have contributed to the justification and deepening of this idea. An important role was also played by the expansion of opportunities for self-development and self-realization of the individual along with the general improvement of the quality of life (Armstrong, 2016; Greene, 2021; Kotlovina, 1989; Porus, 2023; Harari, 2019).

However, the humanistic orientation of the worldview of modern society implies not only an increase in the levels of life well-being and comprehensive growth of individuals but also certain challenges, consisting in the need to consider a greater number of external and internal conditions of individual life and in the personalization of medical care. One of the tasks of the latter is the fastest and most effective rehabilitation and social reintegration of persons who have suffered or are suffering from certain diseases (Achkasov & Tvorogova, 2018; Dunn et al., 2016). Ensuring the most complete and effective rehabilitation results from a joint work of specialists from various fields, whose successful activity is built around the concept of the inner picture of the disease (IPD).

The Inner Picture of the Disease

For the first time, the patient's experiences and knowledge about his or her illness, or 'inner picture of disease,' were psychologically described by A. Goldscheider (1929), who distinguished the intellectual, sensory, emotional, and motivational

levels of the IPD. According to the definition of R. A. Luria, who made a great contribution to the development of the concept of IPD, the inner picture of the disease is a complex of a person's perceptions of his or her illness, as well as the result of the awareness and creative activity that the patient does in relation to his or her disease (Luria, 1977).

Now, there are many different variants of interpretation of IPD, which are reduced to its understanding as a system of experiences, assessment, awareness, and attitude of a patient to their illness, which is a set of objective manifestations of somatic disorders (Luria, 1977; Kovyazina et al., 2017; Kosenkova et al., 2018).

Any disease can have an impact on the patient's mental health and self-awareness, accompanied by an individual's subjective perception of his or her illness, as well as perceptions of the nature of the disease and related limitations. Such limitations form adaptive intrapsychic attitudes that set the vector of the patient's behavior and actions (Langle, 2017; Tkhostov, 2002; Uznadze, 1997; Yanovsky, 2022).

These attitudes are part of the psychological adaptation to the disease situation, which includes various coping strategies and psychological defenses. However, in our opinion, the patient's adaptive attitudes should be overcome through the formation of a subjective attitude toward their illness, the most important role in which belongs to the reflexive development of self-identity of the Self by actively identifying the Self with itself as a subject of mastering the illness (Shevchenko, 2023; Abrosimov, 2021).

Identification of the Self with Itself

To reveal the essence of the identification of the Self with itself, it is necessary to clarify the concept of 'self-identity of the Self.' Self-identity of the Self is the continuity of the Self realized by the Self in time and the experience of the difference and coincidence of the Self with itself in acts of self-awareness. Also, the self-identity of the Self consists in a steadily fulfilled possibility of the Self to be itself, in the constant feeling of its body and self-image, in the signification of itself as its own 'I,' as well as in the clarity of self-concept (the thinking model of the individual's 'I') and in the ability of the Self to be the subject of attitude to itself, dialogue with itself, and changes in itself (Petrovsky, 2021b; Petrovsky & Starovoytenko, 2012; Starovoytenko, 2019, 2023; Starovoytenko & Shchebetenko, 2020; Feldstein, 1994; Frankl, 1990; Shevchenko, 2023).

Self-identification is a process of achieving self-identity of the Self in an inner dialogue with the Self, which can be distorted by various external and internal influences. In some psychotic disorders, with symptoms revealing depersonalization, there will be disorders of inner dialogue, due to which the process of identifying the Self with itself may be impossible (Il'ichev, 2020; Sagalakova et al., 2023; Alderson-Day et al., 2014). This process related to dialogue can also be disturbed under the influence of long-term stress of a life with a serious bodily illness or when exposed to a strong mental trauma related to the illness. It can be assumed that psychological actualization of inner dialogue for the purpose of identifying the Self with itself on the way to achieving self-identity of the Self is an effective model of

restoration, preservation, and strengthening of mental health of the person in a state of illness.

Self-Identity of the Self Achieved in Dialogue

Speaking about dialogue, we should distinguish two types of dialogue that have a connection with the self-identity of the Self: Inner dialogue, which is a process of self-awareness and reflection (Reynolds, 2022), and a dialogue with another person, which implies external and internal interaction of an individual with the other, accompanied and determined by mutual changes (Mamardashvili, 1997; Starovoytenko, 2019, 2023).

Based on the idea of the interrelated functioning of various dialogues, M. M. Bakhtin's concept of the totality of dialogue was created, which could be correctly described as the concept of existential dialogue since dialogicality potentially covers almost all spheres of human life and the formation of the Self (Bakhtin, 1975; de Man, 2010).

Bakhtin's theory of dialogue is a promising basis for developing the concept of self-identity of the Self. However, when trying to investigate the phenomena of self-identity of the Self and identification of the Self with itself in relation to a particular personality, and especially to the one in the situation of illness, we encounter an obstacle, which is an inconsistency between Bakhtin's philosophical theory of dialogue and the natural science aspect in the study of a person with disabilities (Bakhtin, 1975; Boguslavskaya, 2011; Kinash et al., 2021; Libikh et al., 1968; Makhlin, 1993). To overcome this obstacle in the study of personality in the situation of illness, it is necessary to introduce the concept of dialogue as a way of achieving self-identity of the Self into the system of scientific ideas about the inner picture of disease.

The concept of inner dialogue is widespread in psychiatry and clinical psychology. According to this concept, the inner dialogue is a process of continuous communication of the personality with the Self, with the Other, and with the Self as the Other. Two substructures of personality, 'I' and 'not-I', are distinguished as subjects of inner dialogue (Vizigina & Stolin, 1989). In our research addressing the subjects of dialogue, we use the dichotomies of J.-P. Sartre's dichotomies of 'I-in-self' and 'I-for-self' (Sartre, 2020), as well as M. Buber's 'I' and 'You' (Buber, 1995). Inner dialogue in its manifestations can be conscious, reflexive, or unconscious, and is conducted either between the conscious parts of the Self, or between consciousness and the unconscious, or within the unconscious (Roanova, 2008). At the same time, the reflexive dialogue between the conscious aspects of the Self and, secondly, the dialogue between the conscious and unconscious will be of primary importance for the process of identifying the Self with itself and achieving self-identity.

Self-Identity of the Self, Dialogue, and Inner Picture of the Disease

We believe that the phenomena of self-identity of the Self and IPD are interrelated and similar in many respects, and yet, self-identity reflects the dynamics of

reflexive activity of the Self during identification and disidentification with itself (Starovoytenko, 2023; Starovoytenko & Shchebetenko, 2020), while IPD demonstrates the patient's established perception and attitude to the disease (Achkasov & Tvorogova, 2018; Kovyazina et al., 2017; Modest et al., 2020). In this system, inner dialogue is a condition and resource that supports the existence of both phenomena. The supporting function of the inner dialogue is realized by ensuring the individual's awareness and a constant flow of reflexive activity, forming a Self that has entered its own attitude to the disease (Reynolds, 2022).

In most cases, an individual's awareness of his or her illness is associated with negative emotions; however, in some cases, the patient may receive certain advantages and 'benefits' from their condition, realizing such needs as attracting the attention of others, receiving the care of loved ones, acquiring social advantages, compensating for feelings of inferiority, self-justification, etc. (Shevchenko, 2023). Effective psychological work to identify, understand, and work through the needs realized by the patient in connection with the disease and actualization of motivation aimed at strengthening the Subjectness of Self in relation to the disease can increase the rehabilitation potential of the patient, reducing the time of their treatment and stay in the treatment and prevention institution.

The patient's reaction to his or her illness and self-awareness in the situation of illness will largely depend on the significance of the illness for the individual and the activity of the self-aimed at changing the role of the illness in their life. In the patient's perception and motivation, illness can become an insurmountable threat, a dangerous challenge, or an opportunity to independently solve social and personal problems based on renewing and strengthening the self-identity of the Self.

The process of identifying the Self with itself can be distorted in the situation of illness, when the perceptions of the Self are unconsciously refracted through the prism of the subjective insurmountability of the disease and become a factor of acquired helplessness and psychological maladaptation. It can be assumed that an important role in this process is played by inner dialogue, where the Self acts for itself as an object of social support or neglect and abandonment. However, this theory requires further research (Vizigina & Stolin, 1989; Shevchenko, 2023; Reynolds, 2022).

An individual's psychological reactions to illness can manifest themselves in changes in emotional state and in the development of symptoms of psychosomatic disorders, which can present difficulties in the treatment of the underlying pathology. Reactions to illness can be dominated by either cognitive or behavioral components that increase or decrease the individual significance of the disease for the patient (Kovyazina et al., 2017; Libikh et al., 1968; Perre & Bauman, 2012; Shipova, 2021; Lo et al., 2021; Modest et al., 2020). At the same time, these reactions do not change the position of the Self in relation to the disease. Such changes are possible in the conditions of reflexive dialogue, forming an attitude to the disease as a significance that has the potential to develop subjectness of Self.

From our point of view, in reflexive response to the illness, changes in the patient's Self can be embedded in the structure of the patient's self-identity. This process can be described as the implementation of an inner dialogue in the format

of I-I-body and I-I-Self-as-I-body. The results of such a dialogue will be the patient's strengthening Self and their independent position in the situation of illness, which become the content of the IPD (Shevchenko, 2023; Modest et al., 2020; Reynolds, 2022). In addition to reflection, motivation for a fuller life, positive emotions, creative thinking, and productive communication between the Self and the Other are included in the context of the subjective attitude of the Self to itself and in the structure of its self-identity. The versatile self-identity of the patient's Self achieved in dialogues with the Self and the Other determines the 'subjectivity of the inner picture of the disease.'

Achieving and renewing the self-identity of the Self in a dialogue with itself can take place with various psychological techniques, including the reflective interview. We propose one such technique used in rehabilitation of patients who have a limited function of the motor system (Shevchenko, 2024).

Method: "Dialogue of Self with Itself in the Aspect of Corporeality" **(N.A. Shevchenko, E.B. Starovoytenko)**

The researcher informs the respondent that he/she is invited to turn inwardly to himself/herself, to enter a dialogue with their own body, and to reflect on their bodily possibilities. The researcher asks how ready the respondent is for such work with themselves and informs them that if they are not ready, they can refuse to participate in the interview. The respondent is warned that anything they feel they need to disclose in the interview is completely anonymous and that they can stop at any time.

1. The researcher invites the respondent to address the questions aloud to him/herself and, if possible, to answer them.

2. How important to me are other people's appearance, features of body structure, motor activity, and which 'others,' or perhaps 'Other,' are particularly significant to me in this respect?

3. How important to me is what other people or the most significant other think and say about me, my body, and which of these particularly affect me?

4. Am I someone who often thinks about myself, my body's strengths, and my bodily limitations? Can I talk to myself about this and what makes me happy or sad in doing so?

5. The researcher invites the respondent to look at and focus on themselves as the bodily Self, then engage in a dialogue with them by asking and answering the following questions:

- What are my activities and relationships in which my body is involved?
- How do I see myself in actions, movements, gestures, and speech?
- What do I like about myself?
- What do I want to improve?
- What do I need help from others with?
- How do I feel when I communicate, do something, or say something?
- Do I need a mirror to see myself?
- Do I have an ideal of a person with impeccable body skills?

- What bodily skills do I possess?
- What can I be proud of?
- What do I think I do well?
- What do I do together with others?
- How do I think they see me in action?
- Do I feel my influences on my own body?
- How do I view them: positively or negatively?
- What do I manage to change about my body, appearance, and movement?
- Do I feel that my body carries a trace of my feelings, thoughts, and imagination?
- Do I trust my body?
- Do I have the feeling that my body fulfills my expectations? Or even behaves beyond expectations?
- What am I doing to improve my health, body condition, and increase movement?
- Do I have plans to discover and realize new possibilities for my body?
- Can I say, 'I live in my body' and 'My body is me'?
- Am I friends with my body? Is it a friend to me?
- When do I like myself in possession of my body?
- What do I like about myself?
- At what times in my life do I not like myself?
- What bodily potential do I feel in myself?
- How do I feel now, as a result of my inner dialogue with my bodily Self?
- Has anything happened to my knowledge of my body?
- Has my knowledge become clearer, more detailed, and more holistic?
- Has a desire for self-change emerged?

As a result of the effective application of this type of technique, there are shifts in the knowledge of the Self based on the processes of disidentification and identification with the bodily Self, which means, if this knowledge is accepted, a renewal of the self-identity of the self, strengthening of the patient's subjectness, and positive changes in the IPD.

The process of active identification of the Self with itself in the situation of illness has a significant impact on the effectiveness of therapeutic and rehabilitation measures. Psychological work aimed at building reflexive dialogues with the Self and Other, at achieving self-identity of the Self, can have a positive impact on the inner picture of the disease of a particular patient, which will significantly increase their compliance and improve the prognosis of the course of the underlying disease (Achkasov & Tvorogova, 2018; Greene, 2021; Kinash et al., 2021; Petrovsky, 2021a; Starovoytenko, 2023).

Psychological Support for Patients Based on the Concept of Self-Identity of the Self Achieved in Dialogue

Psychological help based on the concept of self-identity of the Self achieved in dialogue is based on the principle of a client living in a state of unique awareness

and self-change. As part of the helping interaction, the specialist invites the client to answer questions about themselves to 'trigger' a reflexive dialogue between the Self—the bodily Self and the Self—the Other. For some patients, this dialogue can be supplemented with the use of art-therapeutic techniques, especially those aimed at projective reflection of the inner picture of a disease. When such techniques are presented, the patient can establish contact with the bodily Self and his or her illness through the depiction and symbolization of the illness and its imaginative transformation.

The following is a case study of a 25-year-old female patient who was disabled at the time of the examination due to blepharoptosis, which occurred as a complication of surgery for a benign brain tumor. The social complication was the divorce situation in which the patient was in during the rehabilitation period. At the time of referral and the beginning of our work, the patient was at the stage of late rehabilitation (2 months after surgery), in a state of clinical depression and its medication therapy.

The case duration was 18 months (counseling once a week with two breaks of up to 30 days each). The initial work was aimed at acceptance of the disease and psychological support of therapy of the depressive state. After working through the initial inquiries, which took 4 months, we began to work through the acceptance of the divorce situation and the development of a transformative attitude toward the bodily limitation. While developing this attitude, reflexive techniques aimed at actualizing a dialogue between the self and the self were used, as well as mentalization techniques. When working with the patient, the technique 'Dialogue of the Self with Itself in the Aspect of Corporeality' proved to be a good method, which allowed us to start the process of reflexion of the relationship between the Self and the bodily Self.

The technique 'Dialogue of the Self with Itself in the Aspect of Corporeality' was used twice in the patient's case. At the first presentation of the technique, the patient found it difficult to describe her condition and changes after the dialogue of the Self with itself. However, during the next consultation, the patient described subjective changes in her perception of her body and the disease expressed in acceptance, greater confidence in a successful outcome of the disease, and readiness to take measures for recovery: "I am still feeling scared and distressed by the situation I got into, but I realized that I must learn to live with it somehow until I feel better. I feel much calmer."

When confronted with the questions 'Am I someone who often thinks about myself, my body strengths, and my bodily limitations? Can I talk to myself about this and what makes me happy or sad about it?' the patient showed an outward manifestation of inner dialogue expressed in thoughtful self-questioning and full, reflective responses to the questions. During this process, the patient turned to the bodily Self and refocused on a different perception of her illness. As a result, the patient concluded: "It is hard for me to accept what has happened, but I feel that I can live with it, and I want to recover as well as possible."

During repeated applications of the methodology 'Dialogue of Self with Self in the Aspect of Corporeality,' conducted six months after the initial presentation, an

increase in the number of positive answers to questions related to the patient's attitude to her body was recorded. The patient noted a subjective feeling of a strengthened connection between herself and her body: "I feel that I have begun to understand myself and my feelings better"; "I feel that now I understand and control my body better."

The outcome was an acceleration of the patient's rehabilitation, her better adaptation to her condition and external stressors, her identification with the Self that can overcome her illness, as well as improvements in her bodily, emotional, and social well-being and positive changes in her IPD.

Conclusion

Self-identity of people with physical disabilities can be negatively affected by an underlying disease, which, as a result, can lead to a decrease in compliance and a worsening prognosis. To strengthen and substantially enrich the patient's self-identity of the Self, it is necessary to create situations of inner reflective dialogue and use the latter as a psychological resource for identifying the Self with itself as a subject of the attitude to the disease in the processes of treatment and rehabilitation.

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