

UDK 159.9.072

**RESEARCH OF ACHIEVEMENT MOTIVATION IN NEUROTIC, STRESS-RELATED
AND SOMATOFORM DISORDERS**

**ИССЛЕДОВАНИЕ МОТИВАЦИИ ДОСТИЖЕНИЙ ПРИ НЕВРОТИЧЕСКИХ,
СТРЕССОВЫХ И СОМАТОФОРМНЫХ РАССТРОЙСТВАХ**

©*Tapalova O.*

*Dr. habil., Kazakh National Pedagogical University named after Abay,
Almaty, Kazakhstan, olya.mag@mail.ru*

Тапалова О. Б.

д-р психол. наук

*Казахский национальный педагогический университет им. Абая
г. Алматы, Казахстан, olya.mag@mail.ru*

©*Burlachuk L.*

*Dr. habil., Kiev National University named after T. Shevchenko
Kiev, Ukraine leonid@burlachuk.kiev.ua*

©**Бурлачук Л. Ф.**

д-р психол. наук

*Киевский государственный университет им. Т. Шевченко
г. Киев, Украина, leonid@burlachuk.kiev.ua*

©*Zhiyenbayeva N.*

*Dr. habil., Kazakh Academy of Labor and Social Relations
Almaty, Kazakhstan. zh_nadejda@mail.ru*

©**Жиенбаева Н. Б.**

д-р психол. наук

*Казахская академия труда и социальных отношений
г. Алматы, Казахстан, zh_nadejda@mail.ru*

©*Aknazarov S.*

*Republican Scientific and Practical Centre of Psychiatry
Almaty, Kazakhstan, suleyman.agnazarov@mail.ru*

©**Акназаров С. А.**

*Республиканский научно-практический центр психиатрии
г. Алматы, Казахстан, suleyman.agnazarov@mail.ru*

Abstract. This paper highlights results of research and analysis of achievement motivation's patterns at neurotic and psychosomatic disorders. Interest to research of this medical-psychological problem is connected with goals of changing of motivation's pathological patterns among this group of individuals. The research sample included 65 respondents of psychotherapeutic department. The study was conducted using the following methods: test by Hekhausen; test "Diagnostics of motivational structure of personality" by Milman, questionnaires "Big Five" Obtained results of research show that neuroses in people are the result of internal conflict and anxiety.

Аннотация. В статье освещаются результаты исследований и анализа особенностей мотивации достижений при невротических и психосоматических расстройствах. Интерес к исследованию этой медико-психологической проблемы связан с целями изменения патологических паттернов мотивации среди этой группы людей. В исследование были включены 65 респондентов психотерапевтического отдела. Исследование проводилось с использованием следующих методов: тест Хекхаузена; тест «Диагностика мотивационной структуры личности» Мильмана, опросника «Большая пятерка». Полученные результаты исследования показывают, что неврозы у людей являются результатом внутреннего конфликта и беспокойства.

Keywords: achievement motivation, neurasthenia, hypochondriacal and obsessive-compulsive disorder, anxiety, and depression.

Ключевые слова: мотивация достижения, неврастения, ипохондрическое и обсессивно-компульсивное расстройство, беспокойство и депрессия.

Introduction

The problem of achievement motivation, related to actual problems of psychology, as it combines a set of impelling factors that are necessary for understanding and explaining the reasons, focus and implementation mechanisms of human behaviour.

This problem gets special urgency in the case of failure of achievement motivation or incentive distortions of components because of psychological difficulties, mental pathology.

Today, there are a lot of experimental data covering the understanding of the phenomenon of achievement motivation. Each theory contributes to the development of ideas of this important construct, highlighting certain aspects and problems. The most productive for the development of further studies could be the following: motivation to achieve - is a construct that describes the range of factors that provide the direction of the subject for the best performance of activities aimed at achieving a certain result, which can be applied the criterion of success [6, 20]. Causal attribution of result of activity plays a part of internal expectations of success predictors [21].

Experience of prolonged failure is an external predictor of reduces expectations of subject regarding his future success and negative impact on the resulting achievement motivation [8, 17]. Attractive results and belief in a positive outcome are not enough to update the achievement motivation. There should be a belief in your abilities - self-efficacy [3].

Internal sources, such as a sense of own choice, satisfaction from the process of activities implementation, interest clearly affect the motivation to achieve [16]. Main disturbances in the formation and functioning of motives: the pathology of structural and content aspect of the motivational sphere, the violation of motivation, the oppression of motives, motives and inclinations strengthening, distortion of motives, impulses and instincts refer to the pathology of personality's motivational sphere [4].

In disorders that scholars and practitioners often call “boundary psychiatry” is characterized by specific disorders of motivational sphere. The main subject of studies is nosologic groups, which include such forms of neurosis as histrionic personality disorder and obsessive-compulsive disorder.

Neurasthenia occurs predominantly in the long-acting traumatic factors. For a person with neurasthenia easy excitability at fast exhaust, variability of emotions and unstable, often low mood, changes and vegetative sphere due to a variety of disorders of the nervous system are peculiar. In addition, there is a disturbed sleep, in some cases, anxiety or fear. Hysteria is diverse in its

manifestations. There are numerous cases of movement disorders (disorders of coordination, paralysis), disorders of pain sensation, sensory (hysterical blindness, deafness).

Obsessive-compulsive personality disorder manifests itself in irritability, fatigue, sleep disorders, autonomic disorders but is the presence of human obsessions, often in the form of phobias, is the main characteristic.

All these forms of neurosis are the result of internal conflicts that arise in people on different occasions. Neurotic conflict is a contradiction between the desire of the individual, when inflated self-requirements and its capabilities. For neurasthenia predisposed people with strong drives, which are not able to satisfy them adequately are common. They differ a great responsibility, different rules are perceived dogmatically excluding situations are reviewed with great difficulty when faced with reality; painfully tolerate ambiguity when the situation is unknown. Hysterical conflict arises because of the excessively exaggerated claims individual requirements while others exceed the demands on themselves. The desire to stand out, to satisfy his whim combined with complete disregard or underestimation of the actual conditions and requirements of others. Psychasthenic conflict arises due to conflicting needs, the struggle between desire and duty, between moral principles and personal loyalties.

Analysis of a great number of publications on the topic showed that there are few studies of motivational sphere at neurotic disorders.

This article provides an analysis of achievement motivation patterns of individuals that belong to the number of patients of “little psychiatry”, i. e. patients who have had a neurotic and psychosomatic disorder. Interest to investigation of precisely these medical and psychological problems associated with greater realism, in our view, of task of changing patterns of pathological motivation in these patients.

The purpose of current research is to reveal correlation between achievement motivations with personal factors in mental disorders.

Literature review

Motivational (need) approach to the emergence of neuroses can be found in the works of Freud, Alfred Adler, Erich Fromm Karen Horney, and other representatives of psychoanalysis, as well as in the works of thinkers of humanistic of existential tradition, in particular, Maslow, Frankl [1, 12, 13].

According to Ilyin in psychasthenic disorders the main difficulty in motivating is passage through “internal filter” of emerging ideas and motives, bearing intrusive nature. With high requirements for its moral standing and awareness of the absurdity of obsessions and impulses, the patient experiences unpleasant feelings such as doubt, anxiety and uncertainty. For example, an obsessive fear of infection, accompanied by an endless hand washing is characterized by the fact that the patient understands that his actions are absurd and the fear is irrational but he continues to behave as before, to reduce mental stress. That it is the basis of obsessive-compulsive disorder [9, 10]. Psychasthenic has difficulty in making a decision and is characterized by fluctuations in the choice of target actions, ways to achieve it. However to move from target selection to the intention and implementation is even more difficult for him. Psychosomatic equivalents of mental disorders are a common form of expression of the latter [15]. Initially, the concept of “psychosomatic” united diseases, where adverse effects of stressful (coronary heart disease, hypertension, gastric ulcer and duodenal ulcers, bronchial asthma) have an important role. Today the term has two meanings, with the one is related to its use in medicine and the second is a disease in which the important role is played by psychological factors [17].

The basis of psychosomatic disorders is primarily a bodily reaction to the conflicting feelings associated with morphological changes and established by pathological alterations in organs. Appropriate predisposition may influence the choice of the organ. This group includes the following classic pattern of psychosomatic disorders: asthma, ulcerative colitis, essential hypertension, atopic dermatitis, rheumatoid arthritis and duodenal ulcer.

Such psychosomatic diseases like hypertension, as already mentioned, are characterized by the manifestation of specific features of motivational sphere, including achievement motivation. Such patients tend to have a combination of high “achievement motivation”, low prospect of success and fear of failure is high.

The main radical of neurotic and psychosomatic disorders is anxiety. Anxiety as a personal disposition is closely linked to the achievements and motives of avoiding failure. Karl Spielberger with G. O’Nesh, D. Hansen described the following signs of increased anxiety in people in activities aimed at achieving success [17].

1. Highly anxious individuals emotionally overreacting to messages about the failure than lower anxious.

2. Highly anxious people work in stressful situations or under time allotted to the task worse than lower anxious.

3. Fear of failure is a characteristic feature highly anxious people. This fear in them dominates over the desire to achieve success.

4. Achievement motivation prevails in lower anxious people. Usually it outweighs the fear of possible failure.

5. For highly anxious people a message about the success has more incentive forcethan of failure.

6. Lower anxious people are more stimulating by failure message.

7. Personal anxiety predisposes an individual to comprehend and appreciate many objectively safe situations like those carrying risk.

Methodology

The research sample included patients of psychotherapeutic branch of the National scientific and practical centre of psychiatry, psychotherapy and addiction - 65 subjects. Among them patients with: diagnosis of neurasthenia - 21 subjects, obsessive-compulsive disorder – 24, hypochondriacally disorder - 20.

Our study was carried out using the following methods:

Test by Hekhausen. Given test is a psychological tool for the study of the strength and direction of human motives and relates to advantageously two main aspects - motivation for success and motivation of avoiding failure [7].

Inclusion of this test to the complex of methods of empirical study of persons’ with mental disorders achievement motivation is due to the following, from one side, the relative “ease” of the study, on the other hand, well-established reputation of this method among professionals in the field of achievement motivation. The first factor was particularly significant in conduct a study with subjects related to the category of persons with mental disorders. Hekhausen relied on the concept of Atkinson and McClelland, according to which the diversity of motivational sphere can be reduced to two main structural components, namely: motivation, aimed at achieving success and motivation aimed at avoiding failure. As an stimulus material, which trigger surveyed unconsciously to discover the strength and direction of his motivational sphere, Hekhausen proposed to use 6 cards with pictures differing from the test TAT mainly in that they depict

fragments of the service and industrial situations. According scenes that subject has created using a “key” those basic positions (symptoms) could be identified; a simple calculation allows us to calculate and compare the two leading motive - aimed at achieving the objectives and avoiding failure.

Test “Diagnostics of motivational structure of personality” by Milman. For the study of achievement motivation, we needed to get information about the features of motivational sphere of personality and its structure. We were interested in the question of the quality content of motivational sphere and its components, reflecting the focus on certain areas of life. This objective corresponds to the use of techniques “Diagnostics of motivational sphere of personality” [14]. The technique allows diagnosing motivation (MP) and emotional (EP) profiles of personality.

Questionnaire “Big Five”. The complex of research methods includes one of the most commonly used personality questionnaires – “Big Five”. This method provided an opportunity to obtain information about the major factors of personal characteristics of the subjects in order to analyse the possible relationship of these factors with different characteristics of their achievement motivation. The developers of this psycho-diagnostic technique are P. Howard, P. Medina and J. Howard. It is intended for the rapid diagnosis of the five personality factors: negative emotionality, extraversion, openness, agreeableness, and conscientiousness. Professor Burlachuk and Korolev made adaptation of this technique on the base of the Kiev National University [5].

Characterological symptoms, which can be determined from subject with the help of the primary factors of the “Big Five”, are listed in the graph results of the research. On the left of each primary factor are the personality traits that, according to the “Big Five” correspond to high values of scores, on the right personality trait with low scores.

Data analysis

Research of correlation achievement motivation with personal factors in mental disorders was conducted in following subgroup: 1) Persons with a diagnosis of “neurasthenia”; 2) Persons with a diagnosis of “obsessive-compulsive disorder”; 3) Persons with a diagnosis of “undifferentiated somatoform disorder”; 4) Those with a diagnosis of “hypochondriacal disorder”; 5) Persons with a diagnosis of “dissociative conversion disorder”; 6) Persons with a diagnosis of “mixed anxiety and depressive disorder”.

Table presents the correlations of achievement motivation and personality factors in all six subgroups.

As you can see, for various subgroups group of patients with a diagnosis of F-40 - F-48 there is a different data. This result is consistent with the data available in relation to the personal characteristics of persons belonging to different groups and nosology and has those or other neurotic disorders. Thus, the average profiles, compiled on the basis of Minnesota multi-personality questionnaire are different, for example, in patients with hysteria, psychasthenia, hypochondria, etc. [18].

Table.

CORRELATIONS OF INDICATORS WITH ACHIEVEMENT MOTIVATION
 OF PERSONAL FACTORS IN A GROUP OF INDIVIDUALS DIAGNOSED WITH F-40 - F-48

Personal factors	Correlation with the achievement motivation by subgroups:					
	1	2	3	4	5	6
Extraversion-introversion	-0.479*	-	-	-	-	0.386*
Search for impressions- impressions avoidance	-0.440*	-	-	-	-	-
Manifestation of guilt- avoidance	-	-	-	-	-	0.409*
Self-control – impulsivity	-	-0.379*	-	-0.402*	0.361*	-
Perseverance-lack of perseverance	-	-	-	-	0.353*	-
Responsibility- irresponsibility	-	-0.354*	-	-0.369*	-	-
Precaution- carelessness	-	-	-	-0.363*	-	-
Self-control – lack of self- control	-	-0.359*	-	-0.353*	-	-
Emotional instability	-	-	-0.363*	-	-	-0.364*
Anxiety – carelessness	-	-0.489**	-	-	-	-0.358*
Tension-relaxation	-0.379*	-0.352*	-0.354*	-	-	-
Depressive-emotional comfort	-	-	-0.381*	-	-	-0.373*
Self-criticism- self-sufficiency	-	-0.415*	-	-	-0.364*	-
Lability – emotional stability	-	-	-0.367*	-	-0.403*	-
Expressiveness-practicality	-	-	-	-	-	-
Sensitivity-insensitivity	-0.352*	-	-	-	-0.392*	-
Plasticity-rigidity	-	-	-	-	-	0.377*

Obviously, the achievement motivation of these categories of persons associated with different personality factors.

Discussion

Let us briefly consider the results for each subgroup.

1) Achievement motivation and its relationship with personality factors in patients with a diagnosis of “neurasthenia”. Specific character of achievement motivation in this category of people, as we can see, is due to its level with such features as “extroversion-introversion” (-0.479*), in particular – “search for impressions - impressions avoidance” (-0.440 *), “tension –relaxation” (-0.379 *) and “sensitivity – insensitivity” (-0.352 *). These results are explained, apparently, by the compensatory mechanisms, which function in patients with neurasthenia. Tension (opposite pole of relaxation) as well as an increased sensitivity of pathogens is key personal characteristics that impede the full achievement motivation formation. Therefore, development of compensatory opposite personality traits should obviously be considered as an option to adapt to their illness and complex bio-psycho-social effort to restore its functionality. Connection of achievement motivation

to the characteristics of introversion (negative correlation with extraversion) is not specific to this category of patients but it has also revealed it.

It means that individuals with a diagnosis of “neurasthenia” improving indicators of achievement motivation occur simultaneously with an increase in the level of introversion factor and decrease in the level of sensitivity factors and tension.

2) Achievement motivation and its relationship with personality factors in patients with a diagnosis of “obsessive-compulsive disorder”.

This group, as well as in the group with the diagnosis of “mixed anxiety and depressive disorder”, revealed the largest number of interdependencies achievement motivation and personal factors. These are the factors: “self-control-impulsivity” (-0.379 *) and the scale factor of the “responsibility-irresponsibility” (-0.354 *); “lack of self-control-self-control” (-0.359 *); such scale factor as “emotional instability-emotional stability” as “anxiety-carelessness (-0.489 **), “stress-relaxation” (-0.352 *) and “self-criticism-self-sufficiency” (-0.415 *). The interpretation of this data also leads to the recognition of the functioning mechanisms of compensation under more favourable for the formation of achievement motivation cases. We know that patients, who have been diagnosed obsessive-compulsive disorder, are characterized by the severity of the leading radical disorders - anxiety, which in combination with other factors, leads to the formation of specific mental and behavioural configurations. First of all, it concerns the feeling forced, coercive own behaviour (compulsive) and the formation of obsessive thoughts (obsession). The main features of obsessive-compulsive disorder are compulsive repetitive (obsessive) thoughts and compulsive actions (rituals) [2]. Such obsessive fixation and repetition, from a psychological point of view, are a mechanism to remove the anxiety of uncertainty. Being attached to the “thinking” of some thought, a man is free not to reflect on other topics that require decisions and action to translate these decisions. Symptoms of the obsessive-compulsive disorder prevent the plastic response to changing circumstances, and virtually eliminate the need for such a plastic response. Severe mental rigidity with appropriate reflection on the behavioural level is produced in this case. Increased self-control and responsibility, tension, anxiety, self-criticism are the typical symptoms of obsessive-compulsive disorder. Therefore, the positive pole of the connection with the characteristics of achievement motivation, opposed to, is understandable. A certain portion of people who are being treated in connection with this type of disorder, are characterized by a higher level of achievement motivation, compared with the rest. Compensatory mechanisms in them contribute to the formation of specific opposing symptomatic behaviours.

3) Achievement motivation and its relationship with personality factors in patients with a diagnosis of “undifferentiated somatoform disorder”.

This group identified indicators of such bonds achievement motivation as a factor “emotional instability-emotional stability” (-0.363 *), with the scales of this factor “stress-relaxation” (-0.354 *), “depression-emotional comfort” (-0.381 *) “emotional liability-emotional stability” (-0.367 *). In other words, the achievement motivation in undifferentiated somatoform disorder is formed at a relatively high level, with relatively more severe emotional stability as a whole and its parameters such as relaxation, emotional comfort, emotional stability. Today, the most widespread idea [11, 19] is that people with psychosomatic diseases have features of increased emotional attachment to significant others, sometimes reaching to the level of emotional dependence, chronic frustration and not a fundamental need for similar saturation and warm interpersonal relationships. The frustration of this need can manifest itself in various forms: from emotional lability, anxiety to depressive tendencies. However, in the case of the operation of the somatization of psychological problems a patient may not exhibit these tendencies expressed in

degrees. There are somatic equivalents of them. Moreover, these equivalents are often insufficiently defined, have “elusive” character, may replace each other and alternate with mental disorders.

Obviously, this is why in the ICD-10, this type of disorder is called “Undifferentiated somatoform disorder”.

We can assume that the mechanisms of adaptation to the existing psychological problems are related to the compensation of the “weak” personality characteristics. The raise of the level of achievement motivation is possible with the appropriate shift in the personal organization of the poles of emotional instability, depression and tension to the poles of emotional stability, emotional comfort and relaxation.

4) Achievement motivation and its relationship with personality factors in patients with a diagnosis of “hypochondriac disorder”.

In the group of patients with hypochondriac disorder the factor of achievement motivation “self-control” (-0.402 *) and the scale factor of the “responsibility-lack of responsibility” (-0.369*), “forethought-complacency” (-0.363 *), “self-control-lack of self-control” (-0.353 *) is on the fore front.

Therefore, the tendency to the predominance of achievement motivation on the motivation of avoiding failure at hypochondriac disorder is combined with a reduction in the characteristics of high self-control and responsibility, the emergence of more features of carelessness. Of course, identified the links do not completely describe the mechanism of formation of achievement motivation in these patients but some features of this formation can be noted. Hypochondriac patients have a high sensitivity to signals coming from their body, combined with a tendency to focus on long-term fixation of these signals, the increased self-control as a whole, which leads to a feeling of stiffness, lack of freedom. Hypochondriac patient seeks to maximize organization of its interior space, both the body and psychological. In this endeavor he is serious and pragmatic. However due to over-expression of these aspirations, the actual result of there implementation is paradoxically opposite. Therefore it is logical to assume that the weakening of the pathological mechanisms (in the case of psychotherapy and other interventions, as well as possibly in the case of spontaneous remission) should take place on ways to reduce such exaggerated represented in the structure of personality qualities like self-control, responsibility and prudence. Raising such component in the structure of the motivational sphere as achievement motivation can also occur in the case of reducing the pathological mechanisms. Correlation analysis does not answer the question of what is an agent of both motivation and personality change. However, the findings show the qualitative features of possible changes and their key target. In the meantime, we can assume that the changes are accompanied by personal motivation and occur simultaneously.

5) Achievement motivation and its relationship with personality factors in patients with a diagnosis of “dissociative conversion disorder”.

This group revealed a positive correlation with performance indicators of achievement motivation factor “lack of self-control-self-control” (0.361*) and the scale of this factor “perseverance-lack of perseverance” (0.353 *) and negative correlations of scale factor “emotional instability-emotional sustainability”, “self-criticism-self-sufficiency”(-0.364 *) and “emotional lability-emotional stability” (-0.403 *) and the scale factor “expressiveness-practicality” and “sensitivity-insensitivity” (-0.392 *).

It means that the achievement motivation increases with an increase in self-control, perseverance, self-reliance, emotional stability and lower sensitivity. The knowledge typical personal dispositions and behavioural patterns of this category of patients help to better to comprehend and understand the data. In the literature, we find the following understanding of the

factors of the disease. There are demonstrative features in premorbid, the trauma history (usually in childhood), heightened suggestibility. In addition, the authors note the conditional desirability of symptoms: when having unpleasant experiences is associated with the symptoms of the disease, a person simultaneously receives certain benefits because of the same symptoms, the so-called secondary benefit. There are also personal mindsets in this category of patients.

The mechanisms of conscious volitional control in this category of persons, as a whole, are at the low level of functioning, as their role is replaced by mechanisms of implementation of the “detours” to meet the relevant requirements. For example, the need for love and acceptance is not met by the construction of the mature forms of relationships, resolution of conflicts, inevitable in such a construction and by holding the connection with your partner through guilt, fear, compassion, which arise in the event of his symptoms in a patient.

Emotional lability and sensitivity of this group are the mechanisms to ensure the functioning of pathological patterns. The human psyche is a dissociative disorder, conversion work to meet the needs that have acquired traits of pathological rigidity in accordance with the specific features of this disorder and it becomes a kind of radar signals of danger to block these needs. Mental patient mechanisms provide a state of constant readiness to include emergency “means of defence”, which form the pathological development of personality characteristics.

It is clear that with such a configuration specific dispositions of people with a dissociative disorder, conversion yields to another achievement motivation tendencies, which is avoiding failure. This avoidance is implemented through the implementation of a complex system of psychological defence and symptomatic behaviour, which in this context should be understood as a compensation for missing mental and behavioural resources.

The pole, opposite to symptomatic implementation of the decision of psychological problems is associated with the performances in the disposition and behaviour of the patient self-control mechanisms of volitional behaviour, self-sufficiency and less represented by block “locator” - namely, features sensitivity and emotional lability.

6) Achievement motivation and its relationship with personality factors in patients with a diagnosis of “mixed anxiety and depressive disorder”.

This group of persons is characterised by negative correlations with achievement motivation factor “extraversion-introversion” (-0.386 *) and the scale of this factor “the feeling of guilt-guilt avoidance” (-0.409 *), with the factor of “emotional instability-emotional stability” (-0.364 *) and the scale factor of the “anxiety-carelessness” (-0.358 *) and “depression - emotional comfort” (-0.373 *), as well as positive correlation with a scale factor of “expressiveness-practicality” and “plasticity – rigidity” (0.377 *).

As we can see, the possibility of a psychological reason for the predominance of achievement motivation on the motivation of avoiding failure occurs in the case of greater representation in the structure of personality characteristics introversion, avoiding feelings of guilt, emotional stability and a low level of anxiety, depression and rigidity.

Established diagnosis of “mixed anxiety and depressive disorder” usually indicates a fairly diverse range of medical and psychological problems. States that it describes are subject to the differential diagnosis, since they can occur in a variety of neurological disorders as well as being a manifestation of psychogenic reactions, decompensation of accentuation nature, anxious-hypochondriac type psychopathy, etc. The main criteria for establishing the diagnosis are the simultaneous presence of both alarming and depressive symptoms. Anxious and suspicious features, combined with affective rigidity with a tendency to get stuck in the depressive affect are personal predictors of this type of disorder.

Therefore these correlations indicate the possibility of positive trends in the field of motivation of patients in the case of concomitant presence of poles of personality tendencies, opposite to pathological.

Conclusion

Thereby various links of achievement motivation with personal factors were found under various embodiments of neurotic disorders.

–In patients with a diagnosis of “neurasthenia” increase in indicators of achievement motivation occurs simultaneously with an increase in the level of introversion factor and decrease the level of sensitivity factors and tension. Specificity of achievement motivation in this category of people is due to its level with such features as “extroversion-introversion” (-0.479 *), in particular – “search for impressions - impressions avoidance” (-0.440 *), “tension – relaxation” (- 0.379 *) and “sensitiveness – insensitivity” (-0.352 *).

–In patients with a diagnosis of “obsessive-compulsive disorder” achievement motivation is associated with factors such “self control - impulsivity” (-0.379 *) and the scale factor of the “responsibility-irresponsibility” (-0.354 *); “self-control - lack of self-control” (-0.359 *); such scales factor “emotional instability - emotional stability” as “anxiety - carefree” (-0.489 **), “tension-relaxation” (-0.352 *) and “self-criticism, self-sufficiency” (-0.415 *).

–In patients with a diagnosis of “undifferentiated somatoform disorder” were found such ties indicators of achievement motivation with factor “emotional instability - emotional stability” (-0.363 *), with the scales of this factor “tension-relaxation” (-0.354 *), “depression and emotional comfort” (-0.381 *), “emotional lability - emotional stability” (-0.367 *).

–In the group of patients with a diagnosis of “hypochondriacally disorder” connection of achievement motivation with factor “self-impulsivity” (-0.402 *) came to the forefront and the scale of this factor “responsibility - lack of responsibility” (-0.369 *), “forethought - complacency” (-0.363 *), “self control - lack of self-control” (-0.353 *).

–In the group of patients with a diagnosis of “dissociative conversion disorder” were detected a positive correlation of achievement motivation’s indicators with factor “self-control - lack of self control” (0.361 *) and the scale factor “perseverance - lack of perseverance” (0.353 *) and negative correlations such scale of factor “emotional instability - emotional stability,” “self-criticism, self-sufficiency” (-0.364 *) and “emotional lability - emotional stability” (-0.403 *) and the scale factor “expressive practicality” “sensitivity-of-insensitivity” (-0.392 *).

–In the group of patients with a diagnosis of “mixed anxiety and depressive disorder” negative correlation with achievement motivation factor “extraversion – introversion” (-0.386 *) was revealed as well as the scale of this factor “the feeling of guilt - guilt avoidance” (-0.409 *), with the factor “emotional instability - emotional stability” (-0.364 *) and the scale of factor “anxiety – carelessness” (-0.358 *) and “depression - emotional comfort” (-0.373 *), as well as a positive correlation with the scale of factor “expressiveness – practicability” as “plasticity – rigidity” (0.377 *).

With the development of the pathological process in patients develop specific personality and behavioural patterns associated negatively with achievement motivation. Compensatory development opposite personality traits can be seen as an option to adapt to the disease and the complex bio-psycho-social effort to restore its own functionality. The positive pole of achievement motivation is associated with characteristics opposite to those, which reflect the development of pathological patterns. Mechanisms of adaptation to the existing psychiatric problems related to the

compensation of the “weak” personality characteristics. Increased motivation to achieve in the mental pathology is possible with a shift in the personal organization of the poles of the “weak” personality traits to the opposite poles.

References:

1. Adler, A. (1997). To understand the nature of man. St. Petersburg, Academicheskii Proect, 256. (in Russian)
2. Aleksandr, Yu. (1993). Boundary mental disorders: A guide for doctors. Moscow, Medicine, 1993. (in Russian)
3. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behaviour change. *Psychological Review*, 84, (2), 191-215.
4. Bukhanovskii, A. O. (2003). General psychopathology: Manual for doctors. Rostov-on-Don, Feniks, 416. (in Russian)
5. Burlachuk, L. F., & Korolev, D. K. (2000). Adaptation of scale for diagnosis of five factors of personality. *Questions of psychology*, (1), 126-134. (in Russian)
6. Gordeyeva, T. O. (2006). Psychology of achievement motivation. Moscow, Smysl, 336
7. Hekhausen, H. (2001). Psychology achievement motivation. St. Petersburg, Rech. (in Russian)
8. Hiroto, D. (1974). Locus of Control and Learned Helplessness. *Journal of Experimental Psychology*, 102, 187-193
9. Horney, K. (2002). Neurotic Personality of Our Time. St. Petersburg, Piter, 224. (in Russian)
10. Ilyin, E. P. (2002). Motivation and motives. St. Petersburg, Piter, 512, (in Russian)
11. Malkina-Pykh, I. G. (2007). Diseases of the skin: To release and forget. Forever. Moscow, Eksmo, 224. (in Russian)
12. Maslow, A. (2012). Motivation and Personality. St. Petersburg, Piter, 2012. 351. (in Russian)
13. Milman, V. E. (1990). Method of studying the motivational sphere of the person. *Praktikum po psikhodiagnostike. Psikhodiagnostika motivatsii i samoregulyatsii*. Moscow, 23-43. (in Russian)
14. Pines, D. (1993). A woman’s unconscious use of her body. London, Virago
15. Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary educational psychology*, 25, (1), 54-67
16. Sarajevo, N. M., & Sukhanov, A. A. (2011). Psychological adaptation and psychological human health in the complicated conditions of the living environment. Moscow, Akad. Estestvoznaniya, 35-56. (in Russian)
17. Seligman, M. E., & Nolen-Hoeksema, S. (1987). Explanatory style and depression. *Psychopathology: An interactional perspective*, 125-139
18. Sobchik, L. N. (2002). Motivational test by Hekhausen: A Practical Guide. St. Petersburg, Rech, 1-15. (in Russian)
19. Sokolova, E. T. (1995). Features in borderline personality disorders and somatic diseases. Moscow, Argus, 38-56. (in Russian)
20. Weiner, B., & Kukla, A. (1970). An Attributional Analysis of Achievement Motivation. *Journal of Personality and Social Psychology*, 15, 1-20. doi:10.1037/h0029211
21. Vindeker, O. (2010). Structure and psychological correlate of achievement motivation. Yekaterinburg

Список литературы:

1. Адлер А. Понять природу человека / пер. Е. А. Цыпина. СПб.: Академический проект, 1997. 256 с.
2. Александр Ю. Кратковременные психические расстройства: руководство для врачей. М.: Медицина, 1993. 400 с.
3. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change // *Psychological Review*. V. 84. №2. P. 191-215.
4. Бухановский А. О., Литвак М. Е. и др. Общая психопатология: Пособие для врачей. 3-е изд., перераб. и доп. Ростов-на-Дону: Феникс, 2003. 416 с.
5. Бурлачук Л. Ф., Королев Д. Д. Адаптация шкалы для диагностики пяти факторов личности // *Вопросы психологии*. 2000. №1. С. 126-134.
6. Гордеева Т. О. Психология мотивации достижения. М.: Смысл. 2006. 336 с.
7. Хехаузен Н. Психология достижения мотивации. СПб.: Речь. 2001. 256 с.
8. Hiroto D. Locus of Control and Learned Helplessness // *Journal of Experimental Psychology*. 1974. V. 102. 187-193.
9. Хорни К. Невротическая личность нашего времени. СПб.: Питер. 2002. 224 с.
10. Ильин Е. П. Мотивация и мотивы. СПб.: Питер. 2002. 512 с.
11. Малкина-Пых И. Г. Болезни кожи. Освободиться и забыть. Навсегда. М.: Эксмо. 2007. 224 с.
12. Маслоу А. Мотивация и личность. 3-е изд. СПб.: Питер. 2013. 351 с.
13. Мильман В. Э. Метод изучения мотивационной сферы личности // *Практикум по психодиагностике. Психодиагностика мотивации и саморегуляции*. М., 1990. С. 23-43.
14. Pines D. A woman's unconscious use of her body. London: Virago, 1993.
15. Ryan R. M., Deci E. L. Intrinsic and extrinsic motivations: Classic definitions and new directions // *Contemporary educational psychology*. 2000. V. 25. №1. P. 54-67.
16. Сараево Н. М., Суханов А. А. Психологическая адаптация и психологическое здоровье человека в сложных условиях жизни. М.: Акад. естествознания. 2011. С. 35-56.
17. Seligman M. E., Nolen-Hoeksema S. Explanatory style and depression // *Psychopathology: An interactional perspective*. 1987. P. 125-139.
18. Собчик Л. Н. Мотивационное испытание Хехаузена: Практическое руководство. СПб.: Речь. 2002. С. 1-15.
19. Соколова Е. Т. Особенности пограничных расстройств личности и соматических заболеваний. М.: Аргус, 1995. С. 38-56.
20. Weiner B., Kukla, A. An Attributional Analysis of Achievement Motivation // *Journal of Personality and Social Psychology*. 1970. V. 15. P. 1-20. DOI:10.1037/h0029211.
21. Виндекер О. С. Структура и психологический коррелят мотивации достижения: автореф. дисс. ... канд. психол. наук. Екатеринбург, 2010.

*Работа поступила
в редакцию 15.10.2017 г.*

*Принята к публикации
19.10.2017 г.*

Cite as (APA):

Tapalova, O., Burlachuk, L., Zhiyenbayeva, N., & Aknazarov, S. (2017). Research of achievement motivation in neurotic, stress-related and somatoform disorders. *Bulletin of Science and Practice*, (11), 502-514

Ссылка для цитирования:

Tapalova O., Burlachuk L., Zhiyenbayeva N. Aknazarov S. Research of achievement motivation in neurotic, stress-related and somatoform disorders // Бюллетень науки и практики. Электрон. журн. 2017. №11 (24). С. 502-514. Режим доступа: <http://www.bulletennauki.com/tapalova-burlachuk> (дата обращения 15.11.2017).