

the later ones, created after repeated retellings to different people: relatives, friends, police investigators - people who asked numerous exacting questions about the details of what happened, when and how. This problem was clearly seen when the episodes and their compositions were compared in the texts of the victim belonging to different periods of time, when analysis of the degree and character of their structuring and concretization was made.

Numerous repetitions of past events made the child memorize them and, as a rule, this blurred the boundary between the real events and their interpretation in the mind of the underage victim that took place in the child's mind during the discussion. Studies of psychology of the mind convincingly prove that children aged from 5 to 10 are inclined to interpret events the way the adult who is important for them sees it.

Analysis of the presented speech material also stressed the significance of the methods of determining spontaneity or preparedness of the evidence given by the child, how well it was memorized by him, especially in dialogues with the police investigator. Observation has shown that to solve this problem it is necessary to take into account such psychological, psycho-physiological and linguistic peculiarities of spontaneous speech as the active use of components of non-verbal communication (mimics and gesticulation); absence of space uniformity in speech, as well as contradictions in speech; brevity of expression, the presence of parts of sentences and unfinished sentences, breaks in utterances and inconsistency of speech from the logical point of view, the emotional factor and assessment, inattention to way of expressing thoughts, etc.

On the whole, analysis of speech material showed the necessity of three stages: pre-text, text and post-text analysis. The pre-text stage is to consist of preliminary viewing of video recordings, division of the video recording into fragments and work with them; the text stage presupposes the viewing and listening to audio and video tapes, the making of shorthand scripts of the verbal behavior by way of discourse transcription; the post-text stage consists of verbal and non-verbal means and selection of utterances that can help answer the questions standing before the specialist.

**Conclusions:** Expertise of speech material in cases connected with sexual crimes against minors require the obligatory presence of specialists or linguistic experts that are acquainted with methods of linguistic, psycho-linguistic, onto-linguistic and psychological analysis of speech of underage victims.

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## THE RISK FACTORS DISRUPTING PSYCHOLOGICAL ADAPTATION IN PATIENTS ON PROLONGED DIALYSIS TREATMENT

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**Background:** Chronic kidney disease (CKD) is always associated with psychological effects on the personality of the dialysis patients. As any other chronic ailment, CKD is an unending process that turns the patient into an invalid and one that requires the patient's own efforts to help him psychologically adapt to systematic dialysis procedures. At this, psychological adaptation is to be understood as the ability of the person to adequately and critically see the body as an Ego, to perceive its image and be able to evaluate oneself in a situation of stress caused by an incurable chronic illness.

**The aim of study:** To discover the risk factors of psychological adaptation disruption in patients on prolonged dialysis.

**Subjects and methods:** Sixty-seven patients (43 males and 24 females) with CKD for a period of 15.9±9.8 years took part in the study carried out by the Dialysis Center of the "Ural Medical Center" in Yekaterinburg. The average age of the male patients was 55.5±13.5, which of the female patients was 54.5±14.3. All the patients had been on dialysis from 2 to 15 years. Patients were selected in accordance with principles of medical ethics and deontology, on volunteer basis. Design of study was approved by the Ethics Committee of the Center. Study of the patients' psychological adaptation was carried out with the help of the research methodology of self-attitude ("MIS", by S.P. Panteleyev); with the Lazarus coping-test; with T.F. Cash's questionnaire "SIBID" and "BIGLI". Extent of anxiety and depression was determined by A. Beck's Anxiety and Depression Scale.

**Results:** Social characteristics of participants of the study: 41 (61.2%) patients had higher education; 13 (19.4%) - specialized secondary education; 13 (19.4%) - incomplete secondary education. 83.6% of the patients were married, that is, they had social and family support.

The personal reaction of CKD patients to dialysis can be characterized as worry over what has happened, the desire to discover why the ailment appeared, and fear that life perspectives would have to undergo changes.

Qualitative analysis of the results of a semi-structured interview made it possible for us to see how the educational level of the patients tells on their understanding of treatment motivation. Prior to their illness, patients with a lower educational level and manual laborers saw health only as a valuable factor that would let them solve their material problems. Patients with higher education were seriously troubled by the impossibility to work as they did before and by the possible loss of their social and professional status. Family attitudes, as they thought, did not always render them full emotional support. Women, more often than men, said that their relations with relatives, husband and children had worsened.

More than half of the patients - 69.8% of the males and 58.3% of the females showed a mild degree of depression (sub depression) characterized by such symptoms as obsessive ideas, anguish, apathy, disruption of sleep. In spite of all this, they tried to maintain former working activity; as doctors say, often by simply ignoring their serious somatic illness. At the same time, 25.6% of the men and 16.7% of the women showed an absence of depressive symptoms. Medium seriousness of depression was experienced by 4.6% of the men and 12.5% of the women. Male patients did not show moderate or serious depression.

Thirty of the patients (44.8%) on dialysis for less than 5 years showed an exaggerated negative attitude to various aspects of life activity, with thoughts about uselessness of existence. Only after they had been on dialysis for five years, these patients showed a relative adaptation to their changed situation which, however, might not always be successful from the point of view of psychological adaptation. In other words, emotional stress, anxiety, depressed mood turn into the so-called "rehabilitation motivation", caused by deficient reflection functions, when the difference between real self-sensation and the desired one is leveled out.

At the same time, study of attitude to oneself (R.S. Panteleyev's methodology), in the form of emotional evaluation of oneself according to criteria formed as a result of one's life experience, points to tension in self-attitude in most patients, which, in its turn, does not exclude the possibility of its influence on the quality of answers that show a generally high anxiety background. These patients experience an internal conflict which is reflected not only on a high scale index of the same name, but is also present in the discordant combination of high scales of "privacy" and "self-confidence". Higher, in comparison with the norm, indices of self-evaluation and self-acceptance can also be seen as disadaptive mechanisms of psychological defense. All in all, internal conflict, typical for patients of this group, blocks the possibility of forming new flexible criteria of self-evaluation and body image. It also prevents a wider scope for emotional life.

Analysis of personal and environmental coping resources of patients (Lazarus coping test) on prolonged dialysis shows that social support and self-control are the prevailing strategies, a fact that is, to a greater degree, connected with the dependence of patients on social norms and environment, and to a lesser degree, on openness and self-evaluation. Combination of the permanently renewing internal conflict and self-control speak of the cyclical strengthening of non-effective personal mechanisms with absence of resources that would help find a way out of the crisis caused by incurable disease and dialysis treatment.

Body image, seen as a self-consciousness structure, is inseparably linked to self-evaluation, which, on the one hand, summarizes the past experience of the individual and, on the other hand, forms new information as to the body image of self. The ontogenetic basis of body image is self-evaluation and attitude to oneself. The psychological unification of body image and self-evaluation presupposes achievement of certain synchronization in their dynamics, which, very often, is accompanied by expressed emotional reactions and affective fluctuations. Studies of body image based on "SIBID" and "BIGLI" questionnaires showed a one-direction vector of dynamics of these indices in dialysis patients. Thus, the "SIBID" test index that reflects the evaluative and emotionally colored aspect of body image that correlates with the difficulties of psychological adaptation (low self-evaluation, social anxiety and depression) is 2.12, which is almost twice as high as the norm (1.17). At the same time, the "BIGLI" test index, which shows the influence of the body image as seen by the individual as a whole (integrity of image) on various aspects of life activity (self-sensation, interpersonal and social functioning, physical activity) is 2.47, and it also surpasses the norm (1.24). Patients speak of dissatisfaction with body image, but, at the same time, deny its influence on the quality of life.

**Conclusions:** Thus, the risk factors that we have studied disrupt the psychological adaptation of patients on prolonged dialysis and, on the whole, point to the necessity of psychological correction and rehabilitation as an obligatory part of the treatment and rehabilitation process.