

THE PROBLEM OF DISABILITY IN THE VALUE SYSTEM OF ANALYTICALLY ORIENTATED GROUP PSYCHOTHERAPY

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The mission, aims, values and ethics of the psychotherapeutic process are global questions in modern psychodynamic paradigm, and those, which have dualistic nature of appearance and formation, especially the individual or group analytical situation as well as social and cultural level, where the causes of neurosis lie in the peculiarities of the social environment. If we apply to the background of psychodynamic approach, we will see in the discourse of Z. Freud's theories an implicit statement about the mission of psychoanalysis that is to overcome the spiritual crisis of Western civilization and to master by society its destructive and aggressive desires [12]. 80 years have passed since the death of the architect of the deepest direction of psychotherapy, and during this time the theory and practice of the psychodynamic approach developed and improved by both followers of the master and his opponents, but this gave birth to a rather unconstructive tendency, namely the formation of a closed circle in the system of training psychoanalysts and knowledge, which often goes beyond the educational professional psychotherapeutic groups. At times, some social problems do not receive proper coverage in the psychoanalytic paradigm. We still ask ourselves about the mission, goals and values of the psychoanalytic process and try to outline the role of the analyst in it, in particular. The same tendencies occur in the group

analysis, which is a young but completely independent psychotherapeutic direction.

One of the most urgent social problems at the state level in Ukraine and other post-Soviet countries, a study within whose framework has just begun, is the issue of psychological and psychotherapeutic work with people, who have disabilities, in particular in the system of analytical group practice. The psychology of disability is a significant aspect of both the life of an individual and the life of the society, which is filled with neurotic peculiarities and other distortions in the perception of reality, and which is closely related to the psychological resource of the society in the attitudes and solutions of a number of problems of such individuals. The question of general scientific context of this problem is on the front burner: in what discourse do we consider aspects of disability – within the framework of special psychology, or rather through the prism of a universal humanistic approach, as we relate this problem to the questions of all psychological science and personality psychology? If, in the context of the latter, it is quite natural to accept the fact that in the case of disability is a perfectly feasible way of psychological rehabilitation in group analytically orientated work.

Despite the fact that the problem of various aspects of the psychological functioning of people with disabilities is being actively explored, there is still no single conceptual framework that would enable to consider persons with disabilities as full-fledged subjects of a specific conscious and unconscious organization and reflection of reality with elements of reflexive acts. However, it should be noted that the issue of the general scientific discourse of this problem is not subject to our analysis.

All of the studies are mostly implemented within the general psychological, socio-psychological or organizational psychological approaches and deprived of psychoanalytic discourse. Thus, the importance of considering the problems we have raised is becoming apparent, and **the purpose** of this research is to reflect what values can or should be broadcast by the leader of an analytically oriented group, whose participants are people with disabilities gathering in order to solve a

number of neurotic spectrum problems, which deepen the feeling of disability and block realistic perception.

With the help of the **methods** of psychoanalytic reflection, introspection, analysis of scientific studies and the implementation of psychotherapeutic work in a real analytical group that has been functioning since 2018 in the city center for social and psychological rehabilitation, consists of 5 persons of varying degrees of severity of the musculoskeletal system disorders (4 persons with infantile cerebral paralysis and 1 person with acquired disability with a gender ratio of 3 men and 2 women), we will try to outline a number of ideas that will help to determine the position of the psychodynamically orientated group leading. Who is he? A holistic and empathic translator, or a destroyer of illusions, and a constructor of a realistic vision? Transformer of values, meanings, thinking and personal orientation, or the one who shows purely human experiences, attitudes and their vulnerabilities and ways to overcome them? Is it possible for an analyst to be a parent figure that, with the help of interpretations and reflections, ensures in a group the conditions for the emergence of a social and emotional mirror atmosphere in which the analyzed one can see the integrity of their image, the reflection of their feelings, thinking and thought, but not the physical body?

For a constructive search for answers to the questions we ask, we should start with a detailed analysis of the peculiarities and problems of mental reflection of persons with disabilities. Thus, the first aspect that requires psychoanalytic insight??? is the **body image**, as well as the perception of reality through the prism of physical/somatic constraints, in the context of which it is expedient to turn to the discourse of the theories of French psychoanalysts, namely the Jacques Lacan's mirror stage and the unconscious body image of Frantsuaza Dolto [5] [8]. In actual psychoanalytic practice and observations conducted in the area of work with disabled clients, we can conclude that most of them resort to the phenomenon of self-invalidation, getting hung up on the physical possibilities or impossibilities of their bodies and from that form the image of themselves as that of a defective person, who!!!! is not capable of independent and thus socially useful life and is a

burden for a close social environment. In this case, the body is perceived as one of those environmental barriers that cannot be changed or overcome, and which, when collided with objectively existing obstacles, leads to frustration of needs, especially in self-realization. In the cultural and associative aspect, the body is the boundary between the internal and the external, it perceives impulses and stimuli from two planes of reality – one that is filled with a variety of manifestations from within the body, and one that enables the emergence of an imaginary and symbolic register of the existence of the "Ego", that is, the mirror matter of the environment of material (directly the mirror as a physical object in which the acquaintance with a physical body reflection takes place) or social (society at both macro and micro levels, in particular, the first object of reflection of the child – the mother) nature. For the first time, awareness of the sphere of "not Ego" and "Ego" occurs in the process of development of mother-child interaction, namely emotionally close interpersonal communication, during which the mother gives an opposite reaction to the child's declared needs, his/her behavior, and external manifestations of the body. Subsequently, the formation of an imaginary reflection of "Ego" and its appearance in a symbolic register (language) that allows it to be further broadcast into society, according to Jacques Lacan theory, takes place at the mirror stage, when the child first recognizes the reflection of his/her body. Identifying oneself with the image in the mirror leads to the emergence of the so-called Other to whom all his further life the person will turn to present their inner psychological content – experience, emotions, thoughts, beliefs, world outlook, etc. However, the Other is also formed in acts of reflection of the individual by the society, in its attitudes and reactions, which in its turn propagate norms and frameworks concerning the forms of the existence of Ego image and its body.

The importance of a positive or negative emotional and social reflection in early childhood is emphasized by F. Dolto, in her theory of the formation of the unconscious body image. The psychoanalyst noted that the body image is not limited to a real physical body, but it is also formed through the child's experiences of their relationship with the mother, namely, her attitude to the body of the infant,

which she touched, embracing the child with her body. For a child, such contacts become a meeting place with his/her body, which "speaks" through the mother's one [5].

Can we assume that violation of the interaction between the mother and the child and in the mirror stage leads to distortion of the body image, its rejection, and, consequently, fixation on the physical "malfunction", "inferiority" and being "non-normatively different" from the appearance of other people? We believe that this idea is relevant in the case of congenital disability, when the appearance of a "special" child in the family is experienced as a drama and loss of expectations. Mother, who is going through the stages of grief related to the child's disability, cannot provide an adequate emotional connection and response to the baby's natural needs of love and care. The first awareness of the body's being different from the norm, the objective limitation of the motor activity of the disabled one and the lack of independence in elementary behavioral acts determine the delay in the separation phase, which creates the illusion of the body being merged with objects of the social environment and the environment in general. Negative reactions of the primary close environment who are burdened with the child's health problems predetermine self-stigmatization in relation to the body image, and when at the mirror stage the child identifies themselves with reflection, a meaningful cognitive filling that is distorted by external attitudes, imposes itself on an imaginary register of existence of "Ego", which in the illustrative example, forms one's identification as "I am a disabled person". In this situation, the symbolic translation of "Ego" also receives a specific context and subtext, in which the content of the inner world is reflected only through the prism of physical limitations.

In particular, in the work of the psychoanalytic group of our rehabilitation center, its participants often emphasize the feelings of slackness and helplessness of their position, as well as many things being inaccessible to them through disability, the inability to fully manage their bodies (to independently take off the jacket, move from wheelchair to bed, eat, etc.). This often makes them seek for

outsider help and feel constantly dependent on someone, especially on the micro-environment. Also, one of the participants in the group, P., repeatedly recalled that in his childhood he felt alienated, others being afraid to approach him and talk to him due to his unusual appearance, which, in its turn, caused him to fear communication with people (the client with defect/disorder of the locomotor system as a result of early damage of the nervous system through vaccination, 45 years): "I am afraid to communicate with people, to seek help, and to be independent in social interaction, because I am like this."

Another member of the group S., a 26-year-old boy with ICP, shares his experience of his constant conflicts with his mother. His phrase "I have not got used to myself. What is there to say? My mother, although 26 years have passed, is still not accustomed to me" reflects the coldness of the primary reflection, its repulsive nature.

Another client K., a 20-year-old girl diagnosed with cerebral palsy, constantly emphasizes on the need for physiotherapy and relaxation. She repeats: "You see what I am. I need to relax for my hand to function better. It has already become better until the first spasticity. And then I will have to work on it again".

However, the indicated patterns and trends in the formation of the reflection of reality through the prism of disability and namely the in-body prison, may be treated as credible in the case of congenital disability. As far as its acquired form is concerned, it appears to be relevant to clarify and interpret other specific features of the appearance of world perception distortions and re-thinking processes related to it in the existential flow of individual consciousness. The first powerful catalyst for distortions and the activation of destructive mechanisms of psychological defense is the experience of losing many opportunities. The one that causes especially acute concerns is lack of possibility of further full-fledged sexual activity. The auto-stereotype of otherness and disability faced by an individual after an injury increases their excitations and anxiety about future social interaction, usefulness for the society, and especially personal and physiological

potentials that previously enabled active, and sometimes creative life. The disabled person faces a number of issues that require rethinking and reassessment. The first is a change in the system of personal self-conception with a violation of the formed body image, which now, as if it does not belong to the subject, is not controlled by him and needs to adjust all his behavior to his new features, which are sometimes largely dependent on environmental constraints, which until now fell into the epicenter of the individual's attention. The second one is a change in the system of all priorities, values, goals, meanings, that is, intentionality, in the framework of which the restrictions or other possibilities newly discovered for the outlook and perception of the subject should be taken into account. All this brings chaos and a sense of uncertainty into the already shaped picture of the world and for the period of experiencing the loss deprives the person of the ground of their existence. The subject is forced to turn to his new reflection (the Other) and rebuild all imaginary and symbolic registers that are objectified by the real circumstances of a status change and social role. Hypothetically we can assume that the more rigid!!!! the body image is, the greater the gap between the new and old images will be, and, consequently, the gap will also occur at the level of subconscious and conscious registers, which the individual will try to fill with neurotic neoplasms, in particular, non-constructive mechanisms of psychological defense.

So, one of the members of the group, I., who has acquired disability, shares her memories: "After the injury, I thought about that for a long time. About how to adjust my life. I started a healthy lifestyle. I woke up early, spilt cold water over myself, exercised But then I got sick again. Then I was interested in E. Bern's transactional analysis. And for a while it helped me, but then also ceased to work. "

In the context of these phenomena and the peculiarities of self-perception and interaction with the reality, all the main types of *psychological defense*, namely denial, repression, regression and rationalization get involved. In an acquired form of disability, the initial experience of loss and destruction of the previous lifestyle triggers powerful mechanisms of denying and repression, which

disguise the emotions of hopelessness, helplessness, aggression, and a heightened sense of injustice. This, subsequently, brings up a projection, in which all the negative features of the new status are attributed to the conditions of the social environment and the environment in general. Particular attention is to be drawn to a regressive wish for dependence and to a merge with the primary object, the constant struggle with ambivalence in attitudes to people and striving for individualization, on the one hand, and dependence, on the other. The person, seems to be stuck in the first ontogenetic conflict and from this, falls into the loop of one-time flow. Understanding of life and destiny acquires karmic nature, where there is only a hopeless cycle, from which the disabled person can choose only one of two ways: either through the utopian "I'll stand on my feet" or through death. Sometimes suicidal thoughts dominate in clients' reflections and free associations. Rather powerful in the case of congenital disability is the rationalization of everything that happens to the individual, in particular, the feeling of guilt in interactions with parents, the attitude of relatives and others towards him. Thus, reproaches and accusations are perceived as just as righteous, life is perceived through comparison with the lives of other people, in result of which the person concludes: "someone is worse than me, and therefore I have to thank for what I have, to appreciate (often excessively and inadequately) parental care".

As an illustration of our theoretical reflections there is an example of a situation in group work, which was accompanied by the regression of the participants to the state of merging the newborn with his mother, and the return to her womb in general, as evidenced by absolutely at first glance, an idiosyncratic conversation about yoga classes and the lotus pose, immediately followed by the theme of cooking.

In addition, the idea of the cyclicity of the flow of life was expressed by the participant I. through her story of experiencing psychotic states, as well as her constant mood swings. The woman claims, "Now, I'm fine, but I know it will not last. Soon after that it gets bad. This is the case all the time. And I cannot change that. Get out of this lag." At the same time, she shares with the group her

reflections on karma and eternal life, the achievement of which has become her goal. In response to this, one of the participants in the group A. says that he used to be active, and now he looks like his father, he does not want to go anywhere, sits at home more, becomes passive, uninitiative. He believes that he inherited it from his father. This seems to indicate fatality of heredity, karma. Nothing can be changed. This has long been predetermined by nature.

An example of rationalization is the verbal material of a 26-year-old member of the group, S. (diagnosis of cerebral palsy), constantly complaining about conflicts with his mother and stepfather, but immediately after a squall of criticism and claims, he begins to reproach himself, calling himself a stubborn egoist. After that, he starts comparing: "When I begin to compare my position and life with that of others, I understand that everything is not so bad in my case. Someone does not have half of what I have. Just think: you've got a new phone, wear clean clothes, live at home, not in a boarding school, you have a mother, what else do you want?". From time to time he also expresses depressive associations about the hopelessness of his life and he is expecting to die at the age of 30-35 years.

The feeling of the difference in one's body, the rejection of the physical image, and with it the image of "Ego" intensifies the feelings of *shame* and *guilt* in relation to the person's close environment and society. The inability to get aesthetic pleasure through fixing reflection distortions and collision with social prejudices creates the fear of being uncomfortable and to cause discomfort to society. A disabled person develops the adolescent type of body self-centeredness when it seems that everybody pays attention to their non-standard looks, some restrictions in body acts (moving, holding a pen, pencil, eating, etc.). This leads to a total sense of shame, even if one understands the inadequacy of the reactions of other people. Often people with disabilities note that they feel guilty because of the inability to give mutual physical assistance to their close social environment and to fully perform the role of husband / wife, father / mother, son / daughter, brother / sister, etc. and their functions [9]. In the cases of both congenital and acquired

disability, the person is convinced that their condition causes difficulties to his family, is a burden to them, which finds subjective confirmation in situations of negative treatment of disability on the part of family members.

One of the participants, A., a 35-year-old man with cerebral palsy, tells about his feeling unable to be useful to parents, to help them physically, which causes him to feel desperate and guilty. In response to this P. (45-year-old participant) also shares his experience of being forced to constantly ask for help from other people, being not able to help them in return. In addition, he says that he cannot communicate freely because of his fear of being intrusive and annoying for other people, which his mother constantly reminds him of and that she limits his social contacts. In particular, she forbids him to communicate with his younger brother, to call his friends. We have repeatedly mentioned S. (26-year-old young man) constantly devaluing himself and his masculinity. He emphasizes that to do something or claim something, you must first become someone, at least, a real man, and he does not consider him to be one. These associations arise in him, when one of the group members expresses a hypothesis about his possible competition with his stepfather for the attention of his mother, the boy replies: "In order to compete you need to be a man, at least by half."

All this predetermines inclination to *self-isolation* and *self-invalidization* in the neurotic structure of the individual. The focus on self-isolation is a holistic system of human attitudes to being and reality characterized by fear of life, *perceiving disability as identity*, passivity and conservatism, *loneliness* [7].

The issue of special interest of group analytic practice is *the sense of loneliness*, which in the work of the group of persons with disabilities creates a unique space of global reflection of the isolation of each participant, which blocks the perception of distortions of mental reflection. In the structure of the intentionality of the disabled person, loneliness is one of the most negative experiences, which is determined by the interaction of a number of external and internal factors. Physical deprivation and the individual frustrations of primary

needs related to it, deepen fixation on the physical, make functional limitations and disabilities a starting point for person's worldview, when the symbolism of "Ego" does not go beyond the reflections in the barriers of the surrounding and social environment. Self-isolation in the circle of the closest family environment and the deprivation of the emotional character in it, at the same time, intensify the lack of meaning of life, existential fullness, and the sense of uncertainty for the future.

Loneliness and the emotions generated by it accompany the constant background of *anxiety*, which eventually acquires the images of specific fears, and especially the fear of living, acting, resolving conflicts of ambivalence and situations of dependence-separation, leaving the prison of body fixations and directing the psychic reflection at the acts of thinking and at the formation of reflexive attitude to the facts of individual life. Constant focus on the limitations of physical potencies and the situations of dependence on the micro-social environment narrows the space of conscious perception and self-understanding of the disabled. Constant self-contraposition to barriers, rather than opportunities reduces the sense of self-worth and the belief in one's own autonomy. The body image and the "Ego," which are represented in the symbolic register only from the standpoint of the status of disability and the needs specific of it, create in the mental reflection of the individual an existential vacuum space, where the meaning of life is uncertain, just as the close or distant life perspective of the individual. All this forms the circle of life with a constant background of psycho-emotional stress, which also leads to a distorted perception of time, which for a person with a disability passes very slowly. The subject falls into a time abyss, which can only be reached by a radical change in life that will become a starting point for a new life.

In the work of the group of our center you can feel a lot of loneliness in its participants. It is embodied in the statements of feeling helpless, depending on the help of others, their relatives, in an adult man's interiorization of his mother's disposition which is that he is nobody and can only bother people, in anticipation of death in 30 years because of the inability to overcome in-family conflicts and to win the right for education and autonomy or the expectation of a

chimerical eternal life that will enable to overcome fixations. Anxious evaluation of the prospect, the constant question of each participant to himself, "What will happen to me further, especially after the death of my parents?" deepens the drama of hopelessness and blocks the actualization of their potential here and now.

The neuroticism of consciousness, thinking, self-perception and reflection of everything around the individual determines the specificity of its intentionality, where the prison of Ego-cogito becomes not only the prism of physical constraints, but also the time flow in which there is only one position of the world of identification - this is the identity of the disability.

We should note that all the problems identified by us are relevant for any neurotic person, but in the psychotherapeutic group of people with disabilities they are hyperbolized, aggravated as a result of disorders of the musculoskeletal system and a specific family history of the formation of body image and subsequent micro-social dependence.

So, what values should we update in the process of cultivating freedom of will, thinking and self-worth of a person with a disability? We can turn to the universal values of love, acceptance and the right of everyone to life, self-realization and independence. The group, like a living organism, already presents a matrix of mirrors, sometimes curved, which enables each of its participants to regress and find their reflection and realize the specifics of their imaginary and symbolic registers, turn to their disordered "Other", but at the same time to meet empathy without referring to its conformity or inconsistency with the public perceptions of the form. The group leader, as an observer of the group's natural dynamics, through interactions, which should be based on humanism, empathy and humanity, can observe the distortion of thought and demonstrate to the group its real potential, the strength of its intragroup support, which has all chances to become a resource for developing independent thinking and emotional expression in each participant. Then the task of the group will be to transform the reflection and formation of a completely different symbolic register, by which "Ego" is active

in the processes of reflection and thinking, and can find meaning without regard to its physical constraints and barriers, whether social or environmental. Such work requires a lot of efforts from the group and patience from the group leader, because on the way of intentionality transformation and genuine true identity the person should give up the comfort of the state of inactivity, dependence and use of their disability in order to make illusory manipulation with the reality, and therefore can resist changes and exit from the existential loop.

An important aspect in this process is that self-orientation and hopelessness should be comprehended by the analyst themselves. Demonstration of ways of constructing meanings and directions can become a resource for the group. An essential point in the context of group analytic work with people having disabilities, is the objective fact that everyone, even without a disability, can be in one sense or another limited and handicapped, and, consequently, dependent. However, it does not deprive the individual of the right to freedom of thought and creativity, and the will of any subject involves the choice and intention for transcendence. On the one hand, society is a powerful catalyst for the emergence of individual neuroses and self-perception through a number of restrictions and barriers, but on the other hand, the person is able to form their attitude towards this and through it to act as a transformer of society.

In the discourse of reflection on the role, mission and values of group analytic therapy for people with disabilities, we note that one of the relevant aspects of the value-orientation of the analyst's professional orientation is their personal attitude to this problem and the social context of inclusion. Therefore, the therapist is on the verge of two values of the implementation of group analysis: the external – the missionary, that is, how we deal with the problems and identify them in our profession, which solution options we should offer to society on the whole, and as immediate implementation of group psychotherapy, where the analyst acts as a transformer of a client's ideological beliefs, thinking and orientation. In view of this, the mission of the analyst is to open up to the society a value and creative potential of the individual with disabilities through the implementation of the idea

of inclusiveness in the psychotherapeutic process, in which the individual opens opportunities for himself, and not the restriction of the social environment, and learns to think through the prism of his "Ego" as a willed, mentally independent and transcendental subject, but not as a disabled one.

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