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INFLUENCING FACTORS ON SUCCESSFUL BODILY–SELF’S BECOMING OF MID-LIFE CRISIS

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The Aim of this publication is to study the functioning of bodily–self during the mid–life crisis.

Material and methods: psychodiagnostical complex for research the psychosomatic competence and bodily–self of personality consists of the five methods: «The bodily–self’s verbalization» uncompleted sentences (by T. B. Khomulenko; the introspective experimental method for diagnostic the imagination ability (by T. B. Khomulenko, K. M. Rodina); the method of intraseption sensitivity diagnostic (by T. B. Khomulenko, K. M. Rodina; the reflective method «My attitude to my own body» (by E. B. Stankovskaia); the color a person body dissatisfaction test (CAPT) by V. G. Sakharova adaptation. The diagnostic indicators of all the methods have been conducted analysis of r-Pearson’s correlation, which has been spread to 42 variables scales. The composition of the experimental sample consisted of men and women in the age range from 39 to 50 years old.

Results: Breaking the relationship with bodily–self is creates favourable conditions for the emergence of psychosomatic’s crisis that causes the destructive phenomena in personality. In turn, the bodily–self is serving a part of the cognitive component of psychosomatic competence the sufficient level of which one is reduction the crisis’s state. Therefore, the article aims is to study the peculiarities of bodily–self’s functioning of personality in the mid–life crisis’s period. The results of the study have been showed that midlife crisis has specific features of psychosomatic competence and functioning of the bodily–self which manifested in a positive attitude to the whole body image, and to sample some of its parts. In the process, it was discovered prospects of creating correction and developing programs of bodily–self personality reconnect. The differences of perception your own body and bodily–self by women and men leads us to further development the problems in the context of sexual dimorphism.

Conclusions: The mid–life crisis and the psychosomatic crisis are unrelated. It’s means that the crisis of the psychosomatic may occur at any period of a life and with a specific age is not connected. The mid–life crisis has the specific features of psychosomatic competence and the bodily–self’s functioning.

Keywords: *bodily–self, psychosomatic competence, mid-life crisis, psychosomatic phenomena, family factors.*

Фактори впливу на тілесне Я у кризі середнього віку

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У статті розглядаються явище тілесного Я під час кризи середнього віку. Порушення взаємозв'язку з тілесним-Я сприяє виникненню психосоматичної кризи, яка викликає деструктивні явища в особистості. У свою чергу, тілесний-сам служить частиною когнітивної складової психосоматичної компетентності, достатній рівень якої скорочує стан кризи. Тому метою статті є вивчення особливостей функціонування особистості в періоді кризи середнього віку. Результати дослідження показали, що криза середнього віку має специфічні особливості психосоматичної компетентності та функціонування тілесного Я, що проявляється в позитивному ставленні до всього образу тіла, а також деяких його частин. У процесі було виявлено перспективи створення корекційно-розвивальної програм відновлення тілесного Я. Відмінності у сприйнятті власного тіла та тілесного Я жінками та чоловіками становить перспективу вивчення проблеми у контексті статевих відмінностей.

Ключові слова: тілесне-Я, психосоматична компетентність, криза середнього віку, психосоматичні явища, сімейні фактори.

Introduction. The bodily-self's ontogenesis is dynamic process that depends on external (exogenous) and internal (endogenous) factors. Making the foundation of the cognitive component of psychosomatic competence the bodily-self is responsible for the internal dialogue at the level of the subject to subject communication. Breaking the relationship with bodily-self is triggering the mechanism of psychosomatic crisis and the development of psychosomatic personality. In this context, the pay attention should be to the relation of psychosomatic crisis in towards to the crisis of the age. As well as explore particularities of psychosomatic competence and bodily-self identity in the crisis period.

Therefore, the **aim** of this publication is to study the functioning of bodily-self during the mid-life crisis. This age crisis we haven't chosen by chance. In our opinion, this time clearly reflects the destruction of reformatting and personality perceptions of themselves levels: psychological, physiological (bodily), social and others. However, it is already established identity, as opposed to consideration of adolescent crisis. Therefore individual objectives of the study was to find answers to the question: is related psychosomatic crisis with mid-life crisis? How is bodily-self functions and what happens with psychosomatic competence during the age crisis?

At first of all it's necessary to define the essence of «mid-life crisis». So, Elliott Jaques is considers the beginning of mid-life crisis in 35 years old, but, it's depending on the individual characteristics of its flow, the onset and end times may vary, for up to 65 years old. The presence of a crisis is colored by depressive feelings and attitude of finiteness of the life and own death (Jaques, 2018: 1–26).

Similar thoughts we can find in Kieran Setiya's research, which sees the mid-life crisis in the confrontation with death, even with the process of dying as she mortality named (Setiya, 2014: 1–18).

J. S. Kim, S. Kang (Kim & Kang, 2015: 96–103) attributed the mid-life crisis with changing in attitude to body image. The person is colliding face to face with changes in physical, psychological and social roles. With each following year going escalation doldrums. The authors are exacerbation the special status of women which associated with menopause. The subject of their study has been suggested detection correlation dependence between age average maturity (45 – 60 years for their data) and between indices of body image, a depression, an education level, a sexual quality of life–SQOL and a stressor.

By James Hollis (Kholis, 2009) the mid-life crisis is a sense of betrayal, destruction of undue expectations, emptiness and loss of meaning in life. Therefore, realistic thinking in middle age has a goal: to preserve the balance and restore the humble attitude of people to the surrounding world.

I. G. Malkina–Pykh (Malkina–Pykh, 2005: 347) uses the term «an adult age» and «a maturity» as synonyms, and the age of the average maturity indicates an interval of 40–60 years old. In her opinion, mid-life crisis is a psychological phenomenon that people are experiencing, which have reached the 40-45 years old age and have a critical assessment and revaluation of life achievements by that time. Usually, reassessment of leads to the understanding that «life has gone empty way and time have lost», so dominant in the general background of a mood become a depressive states (Malkina–Pykh, 2005: 372). In this context, I. G. Malkina–Pykh gives a comparison: if youth — it's hopes, the middle of the life — this is stagnation and fears associated with health loss and the ability to realize in this life. In her opinion, the decrease of physical strength and attractiveness is one of the main problems of mid-life crisis. Changes sexuality (the needs and opportunities) is the second main issue, therefore, I. G. Malkina–Pykh, shows the need for the two major types of flexibility in order to achieve a successful mature there are «emotional flexibility» as the ability to change the emotional contribution relationships with different people, and activities; and there are «spiritual flexibility» as overcome to the mental

closed to new ideas, rigidity caused by the growth in views and actions (Malkina–Pykh, 2005: 373)

In fact, a person in a state of mid–life crisis turns into a psychosomatic personality that T. B. Khomulenko (Khomulenko, 2014:107) describes as being deprived of contact with their own inner world and deficient function of the emotional sphere.

Therefore, it is appropriate mechanism to overcome the crisis is to develop psychosomatic competence (PSC) as a system of cognitive abilities of bodily–self that is related to the adoption of his body, as part of the whole organism and makes possible effect of self–regulation based on experience with the use of internal dialogue with bodily–self (Khomulenko, 2017:34).

The quality of the relationship the person with his own bodily–self enables two poles: growth and keeping psychosomatic competence or develop psychosomatic crisis. T. B. Khomulenko describes this phenomenon as follows: psychosomatic expertise provides high resilience, identification of the physical self and developmental relationship to the body (Khomulenko, 2017:135) psychosomatic crisis stated in the failure to conduct an internal dialogue with bodily–self (in solid content destructive variant bodily–self), leading to psychosomatic symptoms (Khomulenko, 2017:126).

The bodily–self is a component of self–concept (along with a social, a spiritual, a cultural, a physical self, etc.) that is responsible for cognitive and emotional support of bodily function, provides its regulatory effect, implemented in the process of internal dialogue with the bodily–self, with itself about body (Khomulenko, 2017).

The methodology of bodily–self development T. B. Khomulenko (Khomulenko, 2017:136) describes the following positions: 1) the development of the PSFNF that make up the content of the cognitive component of bodily–self; 2) about the qualities that make up the positive content of the value component of the bodily–self; 3) consideration of the mechanism of self–regulation in the area of bodily displayed in sequence processes as knowledge, attitude, focus, internal feeling, internal dialogue; 4) interiorization dialogue with the bodily–self («other – other», «self – other», «self – as a part of self», «self in a body – I am a body»); 5) a locus control internalization of bodily–self; 6) development of regulation of consequence to the regulation of internal causes; 7) development of feedback through the feelings and experiences of feedback through the characters.

Methodology of research. Therefore, we have developed a psychodiagnostic complex for research the psychosomatic competence and bodily–self of personality. It's consists of the five methods:

1. The method of uncompleted sentences «The bodily–self's verbalization» (by T. B. Khomulenko (Khomulenko, 2017: 36–43));

2. The introspective experimental method for diagnostic the imagination ability (by T. B. Khomulenko, K. M. Rodina (Khomulenko, Rodina, 2017: 269–283));

3. The method of intraseption sensitivity diagnostic (by T. B. Khomulenko, K. M. Rodina (Khomulenko & Rodina, 2017: 269–283));

4. The reflective method «My attitude to my own body» (by E. B. Stankovskaia (Stankovskaia, 2011));

5. The color a person body dissatisfaction test (CAPT) by V. G. Sakharova adaptation (Khomulenko, 2015:132–140).

The diagnostic indicators of all the methods have been conducted analysis of r-Pearson's correlation, which has been spread to 42 variables scales. The composition of the experimental sample consisted of men and women in the age range from 39 to 50 years old. Taking into account the opinion of the researchers of the mid–life crisis on age ranges, we take this interval, because, in our opinion, during this period, on average, there is a striking manifestation of the crisis period, so to say the peak of the crisis of middle age.

Results. The results of correlation analysis, we hadn't found a statistically significant relationship between crisis age and PSC in general, and for men in particular, as for women we were able to capture an inversely proportional relationship between age and the first PSC's scale — «awareness» ($r = -0,824$, $p < 0,05$). It means that women with age comes a decrease the amount of knowledge about your own body as a product knowledge and analysis of their own bodily experience. Age that we considered, is negative correlates with the imagination's scales easiness ($r = -0,576$, $p < 0,05$) and contact ($r = -0,593$, $p < 0,05$).

That means reducing the ability to quickly create images, to establish contact with an imaginary object (image carrier), decrease of arbitrary imagination and its overall performance. Correlation with the CAPT's scales showed a positive link with that part of the body like a face ($r = 0,606$, $p < 0,05$), others had no statistical significance. Also failed to detect significant correlation in the context of our experiment, which is a combination between scales psychodiagnostic complex. Consider them in more detail.

So, during the crisis of middle age we can record the correlation between knowledge and emerging attitude to one's own body ($r = 0,683$, $p < 0,05$).

The adoption in PSC is positively correlates with the brightness in imagination ($r = 0,578$, $p < 0,05$) and negatively with «face» of CAPT ($r = -0,578$, $p < 0,05$). Thus, positive and adequate attitude to one's own body is associated with the ability to think of a bright, colorful, vivid images, however, when it comes to personality, attitude changes towards the negative.

The ability to imaginative uses comparisons and analogies to characterize one's own body (metaphorical PSC's scales) associated with thrifty ($r = 0,646$, $p < 0,05$) and emerging ($r = 0,736$, $p < 0,01$) attitude. Emerging ($r = 0,677$, $p < 0,05$) and lean ($r = 0,851$, $p < 0,01$) attitude to their own bodies are also associated with the ability to see in it the cause and effect of events external / internal space of the person (PSC's causality). This causality is combined with sensory imagination ($r = 0,576$, $p < 0,05$), represented by the presence of other than visual, sensations that accompany the process of image creation and manipulation with it.

The emerging attitudes to the body is positively correlated with dialogic ($r = 0,624$, $p < 0,05$), subjectivity ($r = 0,582$, $p < 0,05$) and average verbalization of bodily-self ($r = 0,811$, $p < 0,01$), which enables to conduct an internal dialogue between «I am in the body» and «I am the body» at the level of subject to subject communication.

The integrativity as the involvement of a psyche and a body for one another and their mutual influence positively correlated with the election areas of the body CAPT's method like the upper third of the femur ($r = 0,615$, $p < 0,05$), buttocks ($r = 0,726$, $p < 0,01$), combined indicator CAPT Score 1 (arithmetic of the estimates of the body: abdomen, upper third of the thighs, buttocks, lower thighs) ($r = 0,868$, $p < 0,01$), genital area ($r = 0,625$, $p < 0,05$) and CAPT Score 2 (including the rest of the body except the genital area, there are hair, face, feet, legs, hands, forearms, shoulder, shoulder waist, chest (thorax) and upper abdomen) ($r = 0,770$, $p < 0,01$); and is associated with a dynamic of imagination (spontaneous mobility of mental images, dynamic image elements during the imagination process) ($r = 0,710$, $p < 0,01$).

The results of method «My attitude to my own body» by E. B. Stankovskaia showed a relationship with specific areas of the body by CAPT's method. So, aloof attitude toward a body, positively correlated with abdominal of methods ($r = 0,584$, $p < 0,05$), and the controlling

attitude is in inversely proportional connection with shoulders ($r = -0,650$, $p < 0,05$).

The election of buttocks zone CAPT's methods negatively correlates with intrasection sensitivity in the condition where a person is sick ($r = -0,613$, $p < 0,05$). Also, individual values of CAPT's methods come in strong correlation with the scales the methods of detection the ability to imagination. So, the brightness has a direct link with the upper part of the thigh ($r = 0,738$, $p < 0,01$), and the inverse with the face ($r = -0,669$, $p < 0,05$), and with the combined index Score 2 ($r = -0,630$, $p < 0,05$). The detail in an associated inverse relationship with face ($r = -0,615$, $p < 0,05$). The dynamics associated with direct connection with the top of the femur ($r = 0,625$, $p < 0,05$) and with the combined index Score 1 ($r = 0,583$, $p < 0,05$). The transformability and the upper part of the thigh ($r = 0,867$, $p < 0,01$) has a direct link and a combined index Score 1 ($r = 0,645$, $p < 0,05$). The sensory is positively correlates with the upper part of the thigh ($r = 0,805$, $p < 0,01$) and inversely with the face ($r = -0,615$, $p < 0,05$) and with the combined index Score 2 ($r = -0,630$, $p < 0,05$).

Let's consider the correlation relationships that were relevant to the male part of the sample. So, the easy in imagination is negativ depends on the awareness as PSC's scales ($r = -0,857$, $p < 0,05$) and with the adoption ($r = -0,850$, $p < 0,05$).

The emerging attitudes to the body is positively correlated with general PSC's indicator ($r = 0,857$, $p < 0,05$), with the causality ($r = 0,973$, $p < 0,01$) and with the subjectivity ($r = 0,822$, $p < 0,05$).

The causality has negativ connection with the detail of imagination ($r = -0,918$, $p < 0,01$).

The dialogism is negatively correlated with the brightness of imagination ($r = -0,897$, $p < 0,05$) and positively with intrasection sensitivity in the health status ($r = 0,889$, $p < 0,05$).

The integrativity has found positive relationships with a number of the indicators of CAPT like: buttocks ($r = 0,866$, $p < 0,05$), with a face ($r = 0,919$, $p < 0,01$), the genital area ($r = 0,853$, $p < 0,05$) and with the total Score ($r = 0,866$, $p < 0,05$). This means that in a period of crisis, the men concentrate on much stronger signals physicality with negative modality, with a sense of dissatisfaction. The results of the qualitative analysis of responses of men by the PSC also confirm these details. There is a significant frequency of responses like that should go to the doctor, that there is a feeling of unpleasant tension in the body, that body is perceived as a sore, etc.

Also, CAPT's results showed a direct relationship with estrangement to the body in relation to the following areas: stomach ($r = 0,929$, $p < 0,01$),

chest, upper abdomen and the overall rate at $r = 0,866$, $p < 0,05$. A controlling relationship to the body is negatively associated with the upper part of the femur ($r = -0,943$, $p < 0,01$). The brightness of imagination have inversely proportional to the negative attitude ($r = -0,850$, $p < 0,05$), it's means that images with a negative attitude toward to the body doesn't have clarity.

However, the brightness of the imagination is negative correlates with all of states intraseption sensitivity: when healthy ($r = -0,933$, $p < 0,01$), sick ($r = -0,874$, $p < 0,05$), physical activity ($r = -0,674$, $p < 0,05$). That is means the weaker one felt the condition of the body, the more vivid images on it and vice versa. In this case, dynamic images directly connected with health ($r = 0,899$, $p < 0,05$), and as painful ($r = 0,950$, $p < 0,01$) and common indicator of CAPT ($r = 0,828$, $p < 0,05$).

The sensory of imagination has a negative relationship with painful condition ($r = -0,872$, $p < 0,05$) and with the Score 2 ($r = -0,840$, $p < 0,05$). Score 2 also directly correlates with the intraseption sensitivity in a state of physical activity ($r = 0,902$, $p < 0,05$) – it's suggests that all areas of the body (except the genital, abdomen, upper third of the thigh, buttocks and lower thighs) have felt and realize by personality during the physical activity. And the overall index of CAPT is directly correlates with health ($r = 0,822$, $p < 0,05$), at the moment of wellness is a personality with her body, but as noted above, this state is not often.

As for women, we can point out the following. Awareness of PSC is positively correlated with the easealy of imagination ($r = 0,833$, $p < 0,05$), and with the intraseption sensitivity in health outcomes ($r = 0,820$, $p < 0,05$). The adoption is positively correlates with the brightness of imagination ($r = 0,929$, $p < 0,01$) and negatively with seating face of CAPT ($r = -0,981$, $p < 0,01$). Intraseption also has a negative relationship with the face ($r = -0,816$, $p < 0,05$).

Causality is positively correlated with easealy of imagination ($r = 0,830$, $p < 0,05$) and with brightness ($r = 0,865$, $p < 0,05$) in imagination and negatively with the face ($r = -0,933$, $p < 0,01$). Subjectivity is positively correlated with the brightness of imagination ($r = 0,816$, $p < 0,05$) and negatively with the face ($r = -0,905$, $p < 0,05$). We also have note that face area for women are mostly negative and problematic.

The intraseption is demonstrates statistically significant correlations with a significant number of the CAPT's scales, there is positive: with a belly ($r = 0,830$, $p < 0,05$), with buttocks ($r = 0,856$, $p < 0,05$), with a Score 1 ($r = 0,966$, $p < 0,01$), with the upper part of the abdomen, and the genitals ($r = 0,830$, $p < 0,05$) and with a total score ($r = 0,951$, $p < 0,01$); is negative with hair ($r = -0,856$, $p < 0,05$). General PSC's indicator is

positively correlated with easely of imagination ($r = 0,843$, $p < 0,05$) and with a brightness ($r = 0,899$, $p < 0,05$) of imagination and inversely with a seating face ($r = -0,959$, $p < 0,01$).

The shoulders zone of CAPT method is negatively correlated with aloof attitude to the body ($r = -0,857$, $p < 0,05$) and with controlling ($r = -0,887$, $p < 0,05$) attitude to the body. The controlling attitude, in turn, negatively correlated with lower leg area ($r = -0,837$, $p < 0,05$).

The careful attitude to the body has positive relations with imagination: on detal scales ($r = 0,875$, $p < 0,05$), with dynamic ($r = 0,826$, $p < 0,05$) and sensory ($r = 0,828$, $p < 0,05$). The emerging attitudes to the body is directly connected with an easily of imagination ($r = 0,943$, $p < 0,01$).

We can see that women compared to men much more CAPT's scales are correlate with data of psychodiagnostic complex, namely the upper thigh area positively associated with easely of imagination ($r = 0,884$, $p < 0,05$), with dynamic ($r = 0,954$, $p < 0,01$), with transforming ($r = 0,983$, $p < 0,01$) and sensory ($r = 0,942$, $p < 0,01$) of imagination, as for brightness, it's negatively correlated with the face area ($r = -0,977$, $p < 0,01$).

The intraseption sensitivity in a disease state is negatively correlated with the face area ($r = -0,977$, $p < 0,01$), with a stomach ($r = -0,846$, $p < 0,05$), with buttocks ($r = -0,878$, $p < 0,05$), with an upper abdomen ($r = -0,846$, $p < 0,05$) and genitals ($r = -0,888$, $p < 0,05$) and also we have found a direct relationship with the shoulder area ($r = 0,938$, $p < 0,01$).

Discussion. The interesting turns out to be the fact that J. S. Kim and S. Kang (Kim J. S., Kang S., 2015: 96–103) established the existence of a positive correlation connection between the indicator of body image and SQOL and quality of life, but negatively correlated with depression. At the same time, the SQOL is negative correlates with depression and a positive quality of life. The depression has a negative relationship with quality of life. And in the case of our study area of the genital area, which can be considered the prototype of a sexuality that is correlates with the indicator of integrative. Also, the easy to imagination in relation to bodily–self don't contradict the negative correlation with depression, by J. S. Kim and S. Kang study.

The results of our research are determine the following **conclusions**:

1. The mid–life crisis and the psychosomatic crisis are unrelated. It's means that the crisis of the psychosomatic may occur at any period of a life and with a specific age is not connected.

2. The mid–life crisis has the specific features of psychosomatic competence and the bodily–self's functioning. The body, as a whole, is perceived a positively insults against him bright, vivid metaphors, but when it comes to certain areas (especially face) emotion is reversed. The zone of stomach discomfort acts in which localized exclusion relationship to the body. In this age there is resistance to easy creation of images of the body,

women generally occurs conventional «ban» on the knowledge of hers own body and bodily experience. However, amplifies the capacity for reflection through dialogue with bodily–self’s communication. This fact appropriate to use in correctional and developmental work, called to restore a lost connection with communication and to do the quality of psychosomatic competence.

3. The differences in relation to the body of men and women in a crisis period is determines the needs for a separate study of the claimed problems this publication in further is studies with regard to sexual dimorphism.

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