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**PERSONALITY FEATURES OF PROACTIVE BEHAVIOR AT PATIENTS WITH  
CEREBROVASCULAR ACCIDENT**

**Introduction**

In studies of the last years [1-2] researchers' accent is displaced on studying of cognitive and emotional processes at the patients who have a stroke. At the same time such patients haven't significant data on a picture of behavioral reactions.

Many studies are devoted to subject of proactive behavior, and researches of this area are presented generally in organizational and general psychology [3-5]. For clinical psychology and psychiatry the proactivity phenomenon still is something new.

Proactivity is understood as the behavior which is appearing and being realized mainly under the influence of internal motives of the personality (value system, belief, attitudes, principles and outlook). Proactivity is quite often opposed to reactivity - ability of the person to answer influences from the outside only, instead of to form independently and consciously the behavioral reactions.

The cerebral infarction often has serious consequences for the patient what is reflected in his functioning in everyday life. Strokes quite often lead to motive disturbances that also influence behavioral activity of the individual. Often involving a cognitive basis of behavior of the patient, cerebrovascular accident leads to decrease in processes of goal-setting and planning that is expressed as well in decrease in the general level of activity and ability to critically estimate the acts.

**Materials and methods**

It was surveyed 15 patients who have cerebrovascular accident. Age of the surveyed – 35-60 years. 8 women and 7 men were included in sample group.

During the research the following methods were used: The Proactive Behavior Questionnaire of A.I.Erzin, the Proactive Coping behavior Inventory of Aspinwall, Taubert and Schwarzer, and also the Reactive-Proactive aggression Questionnaire of A.Raine (A.Raine et al.) [6].

**Results and discussion**

By means of the Proactive Behavior Questionnaire following features at patients of the surveyed group were revealed. The general level of proactivity –average value - 216,67

of 280 possible.

Analyzing values on some scales of questionnaire, we established that the patients who have had a stroke on the first place on the frequency of occurrence had "Metamotivation" scale (31,8) that means prevalence of the highest human needs (meta-needs, according to A.Maslow) over deficiency physiological needs. This feature is determined by rather high level of safety of moral kernel of the personality at the surveyed patients.

On the second place on occurrence frequency patients had a scale "Freedom of decision-making" (31,73). This amount means that in everyday life the surveyed patients are free and independent in a choice of ways and styles of behavior, as a rule.

On the third place there was a scale "The highest level of the personality" (31,13) that means orientation at a choice of models of behavior mainly on own values and belief of patients, instead of external circumstances.

To the fourth occurrence on frequency there was a scale "Spontaneity" (30,73). In this context spontaneity is understood as individual's ability to make acts under the influence of internal motives, needs, attitudes, often without looking at circumstances.

On the fifth place there was a scale "Responsibility for the life" (30,6). Rather low values on this scale can testify to the irresponsible relation of examinees to the life, to the health, to the events occurring to them.

On the last place two interconnected scales – "Awareness of actions" (30,3) and "Understanding of behavior consequences" (30,3) settled down. Low values on these scales show rather low mark survivors of the ability consciously to regulate own behavior. This feature probably testifies to decrease in cognitive processes. Ability of the personality critically to estimate consequences of the behavior is an important component of proactivity.

There is no significant distinctions in orientation of proactive behavior at patients with stroke. Constructive (27,06) and destructive (26,8) proactivity is expressed at surveyed equally.

Besides, it was revealed that proactive coping (27,73) appeared dominating type of coping behavior. On the second place on the frequency of occurrence there was a reflective coping (22,33). This type of proactive coping behavior is linked with assessment of potential stressor, with the analysis of problems and available resources of the personality. On the third place the scale "Preventive Coping" (18,93) settled down. It can mean that the surveyed patients often aspire to anticipation of possible stressful situations. On the fourth place on occurrence frequency in the surveyed sample group – Instrumental Support Seeking (14,2). It consists in aspiration of patients to receive information (about the disease, about its consequences, and also about possible ways of treatment and rehabilitation) directly from inner social circle. In total are less presented in the surveyed group of patients Strategic Planning (7,06) and Emotional Support Seeking (6,07). As it was established, patients seldom resort to creation of accurately thought over, goal-oriented plan of further actions, and also to search of sympathy and communication with loved ones.

Research of forms of aggressive behavior at patients with a stroke showed that reactive aggression appeared a leading form. For survivors the response to the external provocative factors, being expressed in irritability, irascibility and anger is more characteristic. Proactive aggression is shown considerably less than reactive aggression in the studied group.

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