FROM SOCIAL CHANGE TOWARDS ERASING THE BOUNDARY BETWEEN NORM AND PATHOLOGY

Albena Krumova

The radical social and political changes that occurred in the societies of Eastern Europe in 1989 led to fundamental changes in personality, in the area of individual conscience. Changes occurred in a number of psychological phenomena — some (like values, attitudes, etc.) were totally destroyed, while in some cases new, formerly unknown ones emerged. For example, individuals changed some of their basic views about the society and the world they live in, the old value system was destroyed, new consumer needs and new social and cultural interests emerged, and, the main life strategies had to be changed. All these inevitably brought to transformation of individual’s attitude organization and, in most cases, to disadaptation of the personality as a whole. These processes include loss of the personality self-concept, blurring the boundaries of the ideal and the real Self, and inability to distinguish between fantasy and reality. In a way the period of transition becomes a period of establishing a social situation with clinical indicators, which shift the boundaries between personality ‘norm’ and ‘pathology’. Probably it could be presumed that in a period of major social changes, at times of severe social cataclysms like wars, totalitarian dictatorships, social genocide, etc., society may suffer a kind of ‘social schizophrenia’, with its indicators manifested in the domain of personality. The manifestation of this ‘social

schizophrenia' on personal level is expressed by blurring the boundary between 'norm' and 'pathology', the boundary that exists in normal societies.

These presumptions laid the foundation of our experimental study. In other words, the theoretic background of the study is the concept that in a period of fundamental social change the personality loses some of its main intrinsic milestones, which leads to disruption of the whole process of social adaptation, the latter in its turn provoking tendencies towards obliteration of the boundaries between norm and pathology.

The purpose of the study was to establish whether in a situation of social change there is a tendency towards 'erasing' the boundaries between 'norm' and 'pathology'.

In order to achieve the purpose of the study we developed the following hypothesis: under conditions of radical social and personal change a process of shifting the boundary between norm and pathology occurs. In connection with this the usual clinical status is modified in the following ways:

1. personality disorders of pathologic women would preserve;
2. the ordinary boundaries of the norm would be modified by going down for women in norm;
3. statistically significant differences between women in norm and with pathology would occur.

In order to attain the goal of the study and check the hypothesis we had to trace the significant differences in the mental state of women in norm and women suffering from schizophrenia, using the MMPI.

**Methods and subjects of the study**

We have carried out the research with MMPI for evaluation the state of mental health of both somatically ill and healthy people. MMPI provides two groups of data: one of them is related to the personality structure and main characteristics, while the other one deals with the structure of the psychopathologic syndrome. The test uses the questions technique and encompasses various aspects of somatic and mental health, character traits, etc. It comprises of 4 validity and 10 clinical scales.

Validity scale 1 — 'Cannot say'. It is presented on the profile form by ‘?’. It provides information about the subject's capability of self-evaluation.

Validity scale 2 — L scale. High scores on it show attempt on the part of the subjects to present themselves in a favourable light.

Validity scale 3 — F scale. Very high scores on it show that the responses are purposely deviated.

Validity scale 4 — K scale. As an additional examination of the validity of the results 'F-K' index was introduced. The higher the scores, the greater the desire of the subjects to stress the seriousness of their condition.

Clinical scale 1 — 'Hypochondriasis' (Hs). It reflects the tendency of the subjects towards somatisation of anxiety (people who transform anxiety into some kind of pain or somatic concerns).

Clinical scale 2 — 'Depression' (D). Inner tension, lack of confidence, anxiety, dysphoria, lowered self-esteem, and pessimism about the future are traced.

Clinical scale 3 — 'Hysteria' (Hy). The scale reflects the ability of the individual to repress factors causing anxiety.