PSYCHOLOGY AND EDUCATION (2024) 61(4): 56-72
ISSN: 1553-6939

Psychological resilience in people with chronic diseases and their projective outcomes (descriptive and clinical study)

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Received: 08/2023 **Published: 04/2024**

Abstract:

This study aims to investigate psychological resilience in individuals with chronic illnesses and to explore the levels of psychological resilience in individuals with chronic illnesses. In addition, it investigates projective outcomes in individuals with chronic illness who exhibit low psychological hardiness. The study adopts a descriptive and clinical approach and is conducted on a sample of 30 cases, including one case of an individual with chronic illness and low psychological hardiness. The sample was purposively selected based on interviews and observations. The research instruments used include the Psychological Hardiness Scale developed by Makhmir (2002) and the Rorschach test to examine projective outcomes in the case. The results of the study indicate that individuals with chronic illness have low levels of psychological hardiness and exhibit a range of projective outcomes.

Keywords: Psychological resilience, chronic illness, Rorschach, projective outcomes.

1. Introduction:

Our country is witnessing alarming rates of chronic diseases in various forms, and undoubtedly there are several psychological factors involved, including psychological resilience.

Psychological resilience is essential for people with chronic diseases as it

plays a crucial role in their acceptance and adaptation to their new life. It is a modern psychological concept that has evolved from several concepts within positive psychology and was adopted by the researcher Kobaz in 1979. Psychological resilience is necessary for individuals, communities and society as a whole. When psychological resilience is lost, individuals become vulnerable to pain, delusions, obsessions and worries that interfere with the performance of their social roles and become a burden to themselves and others, especially when the individual is dealing with specific physical health problems, especially chronic diseases, which have become increasingly prevalent in recent times and are known to be serious physical conditions.

This daily context can lead to psychological and social problems that vary from person to person. The World Health Organisation (WHO), in its annual report, has highlighted the increasing rates of chronic diseases and, based on international indicators, has recommended the need to carry out comprehensive scientific studies on the provision of psychological services and care for people with chronic diseases.

In recent years, therefore, there has been a growing interest in chronic physical diseases and various models have been developed to interpret health and disease. It began with unidimensional models that dominated the diagnosis, interpretation and treatment of physical illness for many years. Others, however, have focused on psychosomatic factors (the psychosomatic model).

According to proponents of this model, illness is due to psychological conflicts experienced by the patient, which manifest as psychosomatic illnesses, including chronic diseases such as diabetes, hypertension, heart disease and kidney failure.

Chronic diseases have become one of the most significant problems facing the world, as they are a leading cause of death and disability worldwide. They prevent people with chronic diseases from living their lives naturally.

According to Souad Belamri, head of the Medical Causes of Death Department at the National Institute of Public Health, chronic diseases account for 57% of recorded deaths in Algeria, 66% of which occur in the 30-69 age group, resulting in premature deaths (Sahrawi, Dalila, 2014, p. 30).

Chronic disease is defined as a long-term or recurrent disease that describes the course of the disease from its onset and continuity. Patients with chronic diseases experience multiple setbacks in their health status that are recurrent, with intermittent periods of temporary recovery (Sahrawi, Dalila, 2014, pp. 48-49).

Chronic diseases persist over long periods of time, generally progress slowly and accompany people for a significant part of their lives. They have direct and indirect effects on their overall health and cause a range of health and psychological problems. Against this background, the following research questions are posed:

-Research questions:

1. What is the level of psychological resilience of people with chronic illness?

2. What are the psychosocial implications of using the Rorschach test in people with chronic illness?

2. Hypotheses:

- There is a low level of psychological resilience in people with chronic illness.

- The second hypothesis is exploratory in nature. As it is exploratory, no specific hypothesis will be formulated.

3. Psychological hardiness:

Psychological hardiness, as defined by Kobasa (1996), is a psychological contract that individuals make with themselves, their goals, values, and others

around them. It is the individual's belief that they can control the events they face by taking responsibility for them. They perceive changes in various aspects of their lives as stimulating and necessary for growth rather than as threats or obstacles (Makhaymar, 1996, p. 284).

According to Magedi Mahmoud Fahim (2008), psychological resilience is the high capacity to positively confront and resolve pressures, prevent future difficulties, and reflect one's belief in one's own efficacy and ability to make optimal use of the personal, environmental, psychological and social resources available to them. This enables them to effectively perceive, interpret and cope with challenging life events and to achieve success and excellence (Fahim, 2008, p. 75).

The concept of psychological resilience described by Magedi Mahmoud Fahim is consistent with and corresponds to the concept of psychological hardiness, which is based on the premise that it is the ability to cope with challenging events.

4. Study methodology:

Given the nature of the study, which aims to determine "the level of psychological resilience in people with chronic diseases", we chose the descriptive research method. In addition, the clinical approach was used, which is based on studying individual cases using various methods or techniques, particularly clinical interviews and projective tests, to achieve the objectives defined by this approach. This is in line with the exploratory research question, which focuses on case studies.

The study sample consisted of 30 patients with chronic diseases, purposively selected on the basis of criteria relevant to the nature of the topic, including

- Having a chronic disease.

- Having low psychological resilience for the projective test.

The following tools were used in this study: observation, interviews and psychological tests (Psychological Hardiness Scale by Imad Makhaymar, 2006, and the Rorschach test).

5. Presentation and discussion of the results:

5.1 Present the first hypothesis:

"There is a low level of psychological resilience among people with chronic diseases".

In order to confirm the validity of this hypothesis, a single-sample t-test was used to compare the mean scores and the theoretical mean scores for the variable of psychological resilience. The following table illustrates this:

Table 1: Level of psychological hardiness in the study sample with calculation of T-value and means.

Variable	Arithmetic Mean	Standard Deviation	Theoretical Mean	T value	Degrees of Freedom	Level of Significance
Psychological Resilience	67.76	11.97	72	1.93	29	Significant at 0.00

Source: Prepared by the researcher.

Based on Table 01, which presents the results of the t-test for a single sample for the variable of psychological resilience, it can be seen that the mean score was 67.76, while the theoretical mean was 72. This indicates that there are differences. The calculated t-value was 1.93, which is below the significance level of 0.01. Therefore, there is a low level of psychological resilience in the study sample as the mean score was lower than the theoretical mean, confirming the hypothesis.

5.2 Presentation of Exploratory Hypothesis:

Case presentation:

Table 02: Analysis of the interviews with the case.

The Interview	Date	Duration	Location	Purpose of thr interview
01	20/02/2023	45 minutes	The Hospital (Specialist's Room)	After obtaining the patient's consent, I prepared some questions to ask the psychologist in the clinic to gather information about the case.
02	26/02/2023	20 minutes	The Hospital	Understanding the case and collecting data
03	01/03/2023	40 minutes	The Hospital	I took time to understand the nature of the illness, the symptoms and the psychological condition of the patient.
04	14/03/2023	45 minutes	The Hospital	Administering the Rorschach test

Source: Prepared by the researcher.

Primary data:

- **Name:** Fatima
- **Age:** 44 years old
- **Gender:** Female
- **Educational level:** Secondary school
- **Number of children:** 2
- **Occupation:** Homemaker
- **Onset of symptoms:** 2005
- **Type of disease:** Acute renal failure
- **Age at onset:** 33 years
- **Family medical history:** None
- **Number of dialysis sessions:** 4 times a week
- **Relationship Status:**
  - **Siblings:** Good
  - **Spouse:** Moderately good
  - **Friends:** None

Fatima is a married housewife suffering from acute kidney failure. She is receiving treatment and agreed to cooperate with us after being assured that everything would remain confidential and her name would be kept anonymous. She lives with her family in a middle-income household. Fatima was diagnosed with the disease at the age of 31 when she was admitted to hospital due to a drop in haemoglobin levels in her blood. Further medical tests revealed that she was suffering from kidney failure and she has been on dialysis ever since. She had no other medical conditions apart from anaemia. There is no family history of kidney failure. The diagnosis came as a shock to

Fatima and she cried a lot when she was told. It appears that she is struggling to accept the disease and it has had a significant impact on her life, particularly her marriage.

Presentation of observation results and interpretation:

During the clinical sessions we observed the general appearance of the case. Fatima appeared clean and well dressed. At first glance, she seemed to be smiling, but there were slight signs of illness, such as pallor in her face. Her voice was audible and normal, indicating her willingness to engage in conversation. However, her body movements were limited, possibly due to fatigue after dialysis. She answered all the questions but sometimes tried to hide her true feelings about her illness. In terms of her interpersonal relationships, her interactions with other patients in the hospital were good. Her relationship with the psychologist was also good, as she often talked to them.

Application and analysis of the Rorschach test:

Presentation of results:

Table 03: Results of the Rorschach test panels.

Plate Number	**Responses**	**Inquiry**	**Estimation**
01	-Human spinal column -Birds	The middle part The entire plate	Dd F- Anat G F+ A
02	Red and black bears	The entire plate	G CF A
03	-Two facing	Middle part	Dd F+ H

	women -Necktie	Red color in the middle	Dd CF OBJ
04	Beast Flying dove	The entire plate Side part	G FCLOB A D F- KAN A
05	Bat Insect	The entire plate The entire plate	G F+ A G F- A
06	Animal skin (lining)	The entire plate	G F+ Ad
07	Two opposing statues	Upper part	Dd F+- OBJ
08	Emerging tiger	Pink part	Dd F- Kan A
09	Nature with colors Fire	The entire plate Orange color in the upper part	G FC N Dd F- Elément
10	Eiffel Tower Artistic painting	Upper middle part The entire plate	Dd F+- OBJ G F+ ART

Preferred cards:

Ninth and tenth: They have colours.

Least preferred cards:

First: Mysterious, colours didn't appeal to me.

Fourth: The shape is unclear and frightening.

Table 04: Rorschach content panel results

The contents	**The determinants**	**Perceptual patterns**	**Summary**
A= 8 H = 1 Ad =1 N =1 Anat = 1 Obj = 3 Element =1 Art =1	F+ =5 F- =4 Cf =2 F clob 1= Kan=2	G=8 D=1 G%= 50 % D%= 6 %	R = 16 T total = 30min TRI= 1% AI% = 6% F%=94% F+%=40% F-%=33% A%=56% H%=6% RC%=0.3 % FC=2/0

Source: Prepared by the researcher.

5.2 Discussion of hypothesis 1:

"There is a low level of psychological resilience among people with chronic illnesses".

Based on the results presented in Table 01, it is evident that the study sample

has a low level of psychological resilience. Interpreting these results in light of the characteristics associated with psychological resilience, it can be inferred that individuals with low psychological resilience have difficulty adapting and coping with the challenges, stressful events and problems resulting from their illness and stressful life events.

Psychological resilience and its components are psychological variables that significantly reduce the impact of stressful illness events. This was demonstrated in Kobaza's (1979) study, which confirmed that individuals with psychological resilience exhibited resilience, achievement orientation and internal locus of control, whereas those with low resilience were more susceptible to illness, less able and less active.

This finding is further supported by Cash (1987), who suggests that psychological resilience plays a mediating role between individual cognitive appraisals and the experience of stressful events, as well as the preparation and use of coping strategies to deal effectively with psychological stress.

In this regard, Holt (1987) concluded that individuals with lower resilience tend to be more self-critical and experience a greater sense of failure. This highlights the importance of psychological resilience in coping with life events and pressures, particularly for people with chronic illness.

5.3 Discussion of the exploratory hypothesis:

Based on the interviews, it became clear that the individual's psychological state appeared to be poor, although she tried to hide it. She experiences periods of boredom, anxiety and frustration during the dialysis process as she feels compelled to attend dialysis sessions, stating "I'm forced to come to my dialysis sessions because I'm dependent on this machine". This illness has caused her significant problems, as she became very sad and initially struggled to cope with her illness, saying, "I used to live a normal life, but because of the illness I can't do anything except go to the hospital three times a week. In

addition, she suffers from eating disorders, expressing, "I used to enjoy eating, but now I have no appetite".

Regarding sleep, she sometimes has difficulty sleeping because of the pain, as she mentioned, "I wake up in the middle of the night and sometimes I feel pain and discomfort". While her relationship with her family is good, her social interactions outside the family are limited and she does not enjoy socialising, stating, "My relationship with my family is normal, but outside I don't have many relationships. I don't like to mix with other people. She believes that her recovery is in the hands of God and when it comes to her future prospects she is pessimistic, saying: "I leave my fate to God and my future seems bleak".

The overall productivity of the protocol was low, with only 16 responses generated within a total time of 30 seconds, indicating low engagement and a clear desire to rush through the test situation as quickly as possible due to feelings of anxiety. This pattern was observed across all protocol panels, suggesting a lack of effort and reduced performance during the task.

Through a general analysis of the case protocol, we observe a dominance of comprehensive perceptual processing (G = 50%), indicating an excessive tendency of the individual to overthink. On the other hand, there is a decrease in partial perceptual processing (D = 6%), with an indication of other means of small partial responses (Dd = 44%), suggesting a desire for denial and seeking attention.

In terms of the wish protocol, the subject's formal defence is high (F% = 94%), indicating strong defence mechanisms employed by the individual, particularly the defence mechanism of repression.

Positive formal responses (F+) are low (40%), while expansive formal responses (F-) are low (33%), suggesting a distorted self-perception and a tendency towards introversion.

Analysing the cognitive relationships between the number of comprehensive responses (G = 8 and partial responses (D = 1), it appears that abstract thinking is used. However, the percentage of comprehensive responses (G = 50%) exceeds the estimated normative range of 20% to 30%, indicating a possible over-reliance on abstract thinking in experimentation. On the other hand, the percentage of partial responses (D = 6%) is below the normative range of 60% to 70%, indicating a lack of reliance on concrete thinking.

In terms of overall responses (G = 8, four responses are associated with positive formal determinants, one overall response is associated with negative formal determinants, and overall responses related to animal movement indicate clear suppression in the individual.

As for the partial responses (D = 1), they are associated with negative formal determinants in the fourth panel and are related to animalistic motor responses.

On the basis of the results obtained in the Rorschach protocol, it is clear that human movements are absent, indicating a weak investment in the human world by the subject compared to the number of animalistic motor responses (2=can). The first animalistic movement is present in panel 4 and is associated with the lateral aspect. As for the second animalistic movement, it is present in panel 8 and is associated with the pink-coloured lateral aspect.

With regard to the sensory pole, we observe the presence of colour responses that indicate the individual's capacity for direct emotional expression. This is evident in panels 3 and 2, where the subject interacts with the material reality of the colour red.

As for the inner echo pattern (%1 = C2/2K = TRI), we find that 2 = C and K, indicating an AMBIEQUOALE pattern.

The percentage of responses (%0.3 = RC) is very low as it is less than 40%,

suggesting introversion.

Furthermore, in the protocol there is one human response, whereas the majority of the content is associated with animal content (8 = A), at a rate of 56%. This suggests a difficulty in taking on the human image and escaping into the animal world, which may be perceived as less threatening. The only human image in the protocol is partial, indicating a desire to avoid human relationships.

Subsequently, the remaining content varies between artistic (Art) and natural elements (Element), with one response associated with objects (OBJ). All these responses indicate the difficulty of taking on the human role.

Diagnostic hypothesis:

The diagnostic hypothesis is based on the findings from the protocol examined. It is evident that the examinee had difficulty in engaging with the test material as his productivity was below average. This indicates a lack of investment in the test material and a desire to escape the test situation. This conclusion is further supported by the nature of the pre-answer comments and the examinee's expressed dissatisfaction with the test, indicating test anxiety.

Furthermore, it is clear that the examinee suffers from unclear and fragile boundaries, as evidenced by the partial responses associated with negative formal determinants. This suggests distorted thought patterns and a lack of human and emotional responsiveness, indicating a deficit in interpersonal perception and avoidance of human interaction.

The inclusion of animal content in the protocol and the low presence of human content reflects a clear fragility in body image perception. It also indicates an internal sense of insecurity as expressed in the responses. This suggests an avoidance of interpersonal relationships and a lack of adaptability and compatibility with stressful problems and events. This further indicates a low

level of resilience in the examinee.

Clinical observation, together with the semi-structured clinical interview, played an important role in uncovering the examinee's natural behaviour. The aim of the interview was to gather data and gain a full understanding of the examinee's personality in order to form a clear and complete picture of the case. The projective results provided unexpectedly comprehensive and detailed information when the Rorschach test was used. This test effectively refined multiple data points and measured discrete features, providing a better understanding of the internal organisation of life, analysis of the internal structure of the self, and treatment of underlying problems, particularly the conflict between defence mechanisms and discharge mechanisms.

In addition, several personality traits were evident, including anxiety, introversion and repression, which contradicted clinical observation and the semi-structured clinical interview. The examinee used significant defence mechanisms.

There was also a clear contradiction between the examinee's behaviour, which was characterised by calmness, emotional stability and flexibility, and the results of the Rorschach test, which revealed the examinee's struggle with unclear and fragile boundaries. This was evidenced by the paucity of human and colour responses, indicating an avoidance of human perception. The inclusion of animal content and the scarcity of human content in the protocol reflected a clear fragility in body image perception. In addition, it was evident that the subject lacked the ability to adapt and cope with stressful problems and events resulting from the illness. Therefore, it can be concluded that the subject has a low level of psychological resilience.

The conclusion:

Based on this study on "Psychological Resilience in Individuals with Chronic Illness", it can be concluded that an individual with resilience is able to face

the stresses and challenges of life, including pain and grief. However, this resilience can only be strengthened if the patient accepts their illness, controls their emotions and uses them as a weapon rather than a burden. Life does not treat anyone fairly, but it is up to us to decide how we want to live it.

Our study focused on the level of psychological resilience among people with chronic illnesses, and the results are as follows:

There is a low level of psychological resilience among people with chronic illness, which makes the chronically ill patient unable to accept anything that happens to them, even if it is the worst thing that could happen. However, the more the patient accepts their illness, the stronger and more resilient their psychological state becomes, which increases their ability to cope with their illness and its burdens.

Furthermore, our study as professionals has shown that this group experiences psychological disorders that can be studied by researchers, including:

1. Coping strategies for managing stress in people with chronic illness.

2. The impact of chronic illness on the deterioration of marital relationships.

3. Psychological pressures experienced by people with chronic illness.

4. Providing appropriate guidance and optimal care for this group.

In addition, it is recommended that health authorities responsible for the care of people with chronic illnesses hold local meetings to identify and address the problems faced by people with diabetes and work towards their resolution.

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