

CHARACTERISTICS OF SELF-DETERMINATION OF STUDENTS WITH DISABILITIES

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Abstract. *The article describes the psychological characteristics of students with disabilities. Their individual psychological characteristics are identified and they indicate the existence of effective models of interactions with their social environment, adequate self-acceptance, enough active life philosophy in such students. The article determines that such personality formations as life goals, personal autonomy, desire for personal growth, self-confidence are the most important for the development of self-determination of students with disabilities.*

Keywords: *personal autonomy, personal potential, psychological well-being, self-determination, subjectivity.*

Introduction

The significant social demand for psychological studies of people with disabilities has been shaped in the last decade, although the need for researches has always existed, because there are many people with diagnosed disabilities. According to the World Health Organization, 10 % of the world adult population have disabilities; and 2.2 % to 3.8 % of population have complicated disability forms.

The transformation of human life in self-realization is the finding of a personal meaning for a person with the chronic medical conditions and disabilities. That is why the finding of new meanings can be important for a person in critical situations, even when he/she thinks that available personal resource is depleted.

So, the researches aimed at identification of factors that stimulate innate human potential, contribute to internal reserve finding, ensure independence of choice, self-development and self-realization, and help to withstand negative influences of the environment become especially important. That is why it is necessary to develop thoroughly psychological foundations of personal self-determination, particularly vocational formation.

The studies of self-determination in the context of preparation of young people with disabilities to their future in different employment or educational areas and independent living demonstrate that a higher level of self-protection/self-determination correlates significantly with enhanced possibilities of further education (Test et al., 2013; Getzel, 2014.). It is also confirmed by the revealed correlation between education after secondary school graduation and improvement of vocational employment statistics of people with disabilities (Stodden & Dowick, 2001).

According to the existing researches (Getzel & Thoma, 2008), the optimization of environmental parameters in the form of improvement of socio-economic and medical assistance to people with disabilities does not solve the problem of improvement of the subjective aspect of their life.

The conceptual basis of self-determination as the ability to define and achieve objectives is based on self-knowledge and self-assessment (Field & Hoffman, 1994).

The powers important for personal self-determined behaviour include the capacities for choice, problem solving, self-defence, internal locus of control, self-awareness and self-knowledge (Wehmeyer, Agran, & Hughes, 1998).

In this aspect the studies of Deci E. and Ryan R. (Deci & Ryan, 1985; Ryan & Deci, 2000) are considered to be classic. These works belong to the positive psychology aimed at drawing of psychological scientific attention not to the correction of negative effects but to the creation of personal positive components (Seligman & Csikszentmihalyi, 2000).

The theory of self-determination and personal autonomy (Ryan & Deci, 2000) is aimed at identifying of the factors that stimulate inherent human potential, which shapes the growth, integration and health, and at researching of process and conditions supporting healthy development and effective functioning of persons, groups and communities. Deci mentioned (Deci & Ryan, 1985), that self-determination is not only the power, but also a need. He defined it as the main inherent tendency leading an organism into involvement in the behaviour of interest, which usually has some advantages for development of abilities to carry out flexible interaction with the social environment.

Using the 'internalization' term to describe the process by which personal behaviour becomes relatively autonomous, the self-determination theory identifies three psychological needs, critical for internalization and supporting of optimal development of motivation and personal well-being:

- autonomy reflects the urge to be a causal agent and a provider of own acts;
- competence involves the need to have a feeling of personal capability to achieve the desired results; it is conceptually similar to self-efficacy

- in the social cognitive theory (Bandura, 1997);
- relatedness reflects the need to feel closer and be understandable to significant others.

The least autonomous form of regulated behaviour is an external form; it reflects behaviour performed because of an external demand or a possible reward or avoiding of certain negative circumstances (Ryan & Connell, 1989).

At the same time, autonomous self-regulation is particularly important for health protecting behaviour, because at this case a person more autonomously regulates own efforts, persistence, stability, etc. (Deci & Ryan, 1985).

Over the past 10-15 years, we can see the growth of researches based on the self-determination theory in the context of healthy lifestyles, including healthy environment and behaviour. The results of such studies demonstrate the role of autonomous self-regulation and support of the needs in various aspects of mental and physical health. An integrated approach to the study of healthy behaviour focuses on the role of a social context in optimal motivation maintaining or disrupting (Ryan et al., 2008).

Thus, the leading role, as it was mentioned, is in advancement to improve the quality of life of persons with disabilities belongs to persons' psychological resources and their own attitudes to their disabilities. Therefore, our research is focused on the determination of these peculiarities and factors.

The object of the research is the psychological foundations of self-determination of students with disabilities during vocational formation.

The aim of the research: to reveal the psychological characteristics of students with disabilities and to identify the factors of self-determination of their personal development.

Participants of the research:

The study involved 116 students with disabilities who are enrolled in various specializations and 83 typical (without disabilities) students of the Open International University of Human Development 'Ukraine' (Kyiv, Ukraine). The respondents' age was from 18 to 22 years old. The psychological research of personal qualities of the students allowed us to collect the considerable empirical material, the analysis of which has led us to conclusions regarding personalities of this category of people, their adaptation to life, behavioural styles in everyday situations, orientations for the future.

Methods of the research.

The following methods were used at the study:

Mini Mult Questionnaire (MMPI shortened version), adapted by Berezin and Miroshnikov (Березин et al., 1994);

Crumbaugh and Maholick's Purpose in Life Test, adapted by Leontiev (Леонтьев, 1992);

Ryff's Scales of Psychological Well-being, adapted by Shevelenkova,

Fesenko (Ryff, 1995);

Hardiness Survey of Maddi, adapted by Leontiev and Rasskazova, designed to determine personal ability and willingness to act actively and flexibly in situations of stress and difficulties (Leontev & Rasskazova, 2006);

Self-Determination Test of Osin for estimation of person's subjective experience how he/she determines his/her life course and how his/her life meets his/her desires (Osin & Leontev, 2008).

Results and Discussion

At first, let us examine the psychological characteristics of students with disabilities, their types of attitude to the disease and characteristics of social and psychological adaptation.

Table 1 presents the results of our study of personal psychological characteristics of the students with disabilities.

Table 1 Personal psychological characteristics of the students with disabilities

| | Hypochondria | Depression | Hysteria | Psychopathy | Paranoia | Psychasthenia | Schizoid personality | Hypotension |
|-----------|--------------|------------|----------|-------------|----------|---------------|----------------------|-------------|
| \bar{X} | 51,9 | 48,2 | 52,6 | 48,3 | 49,8 | 49,8 | 52,9 | 49,3 |
| Md | 52 | 46 | 51 | 49 | 50 | 51 | 52 | 51 |
| Mo | 48 | 46 | 55 | 49 | 50 | 51 | 49 | 40 |
| S_x | 7,77 | 9,2 | 10,4 | 10,7 | 11,5 | 10,9 | 9,5 | 11,4 |

Note: \bar{X} – mean; Md – median; Mo – mode; S_x – standard deviation

The high scores on all scales means that they excess 70 points, the low results are if they are below 40. All parameters are within the statistical norm at average values, based on the obtained values of central tendency. A more detailed frequency analysis presents that there are high parameters for the following basic scales: hypochondria (Hs), i.e. the disposition to the asthenic-neurotic personality type is in 2.1 % of the respondents; prone to hysteria (Hy), i.e. neurological protective reactions of the conversion type, is shown by 8.8 % of the respondents, it is the category of people that use their symptoms of physical illness as a way of avoiding responsibility; predisposition to psychopathy (Pd), manifested in social exclusion, aggression, conflicts, disrespect of social norms and values, is shown by 2.1 % of the subjects; paranoia (Ra) is typical for 5.4 % of the respondents; psychasthenia (Pt), which

is characteristic for people with the anxiety-distrustful personality type, is shown by 2.7 % of respondents; schizoid personality (Se) is typical for 5.5 % of the surveyed students; hypotonia (Ma) is shown by 2.1 %. Distribution of these parameters is shown in Figure 1.

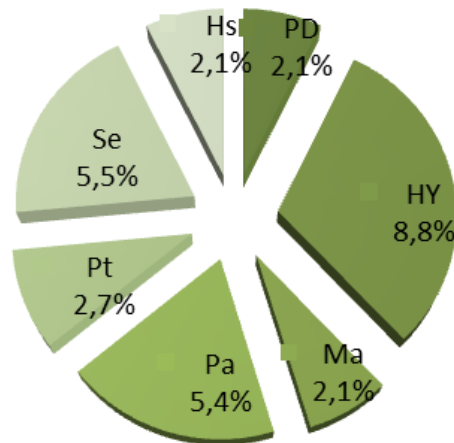


Figure 1 **Distribution of the individual psychological characteristics of students with disabilities**

Thus, the obtained data show that the individual psychological characteristics of students with disabilities lay within the statistical norm and are usual peculiarities characteristic for any other person.

So, disabilities can act and are actually acting in some cases as a constructive resource for constructing a special self-regulation system. That is the limited opportunities of health or injury are transformed into a personal resource.

Importance of scientific researches carried out with the participation of people with disabilities is based on the opportunity to analyze from the standpoint of the modern psychology how their self-regulation and self-determination system is organized, which their reserves and powers help to transform their limitations into an advantage, minus to plus and to examine possible ways to provide assistance both for people with disabilities and for those who are considered to be 'healthy', 'normal', to optimize their self-realization in their personal sphere and professional work.

Usually, a person does not feel directly the deficiencies of his/her development; he/she perceives only difficulties because of such conditions. Adler (Адлер, 1995) noted, that organic, congenital causes do not act by themselves, not directly, but indirectly, through lowering of a personal social position.

Overall, the success of personal self-realization and psychological well-being of all people, including those having medical conditions and disabilities, is

determined by the existence of personal desire for self-development and disclosure of own potential, assessment of their own personal resources as sufficient for success and holistic perception of life's journey, including available realistic life goals.

In the context of our study, *self-determination of professional development* of people with disabilities creates conditions for achievement of high performance and thereby improvement of their *psychological well-being*. Personal psychological well-being, which is an integral self-estimation of own self-efficacy under certain developmental conditions, becomes, therefore, the main concept of the self-development of a personality, because it allows a person to coordinate available resources (skills, personality traits, unrevealed powers, inclinations) for own life organization, in general, and goal achieving, in particular.

Based on the integration of the various theories related to well-being, Ryff (1998) proposed a generalized model of psychological well-being, which includes six components: a positive attitude to oneself and own past life (self-acceptance); availability goals and interests that give life meanings (purpose of life); ability to meet the requirements of daily life (environmental mastery); feeling of continuous development and self-realization (personal growth); relationships with others, imbued with care and confidence (positive relationships with others); ability to comply with own beliefs (autonomy) (Ryff & Singer, 1998).

Psychological well-being can be defined as an integral indicator of the personal orientation onto implementation of the main components of positive functioning as well as a degree of the fulfilment of this orientation, which is perceived by people as a sense of satisfaction with themselves and their lives.

The study of personal psychological well-being components is also interesting because psychological well-being is understood not only as personal mental and physical health but also as self-realization, fulfilment of own potential and powers, including professional identification throughout all career.

The results of the students with disabilities and their comparison with typical students (on Ryff's scale of psychological well-being) are shown in Figure 2.

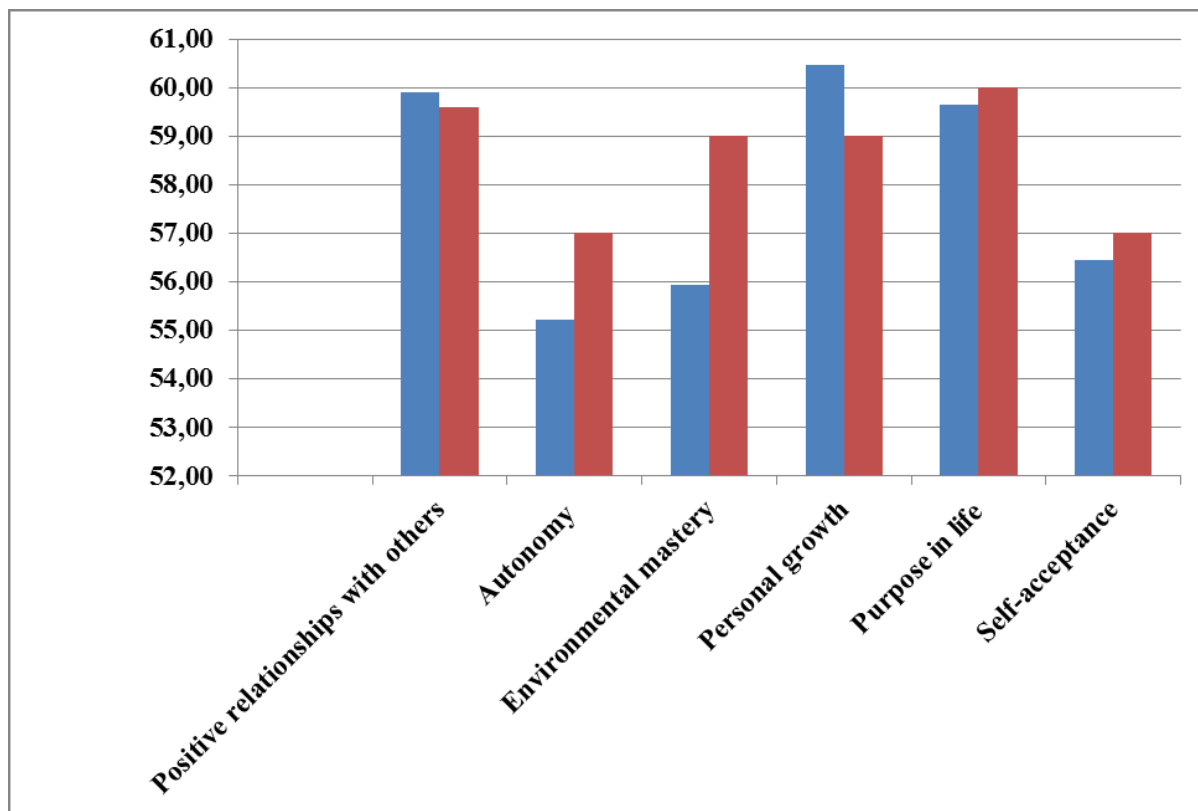


Figure 2 Comparison of psychological well-being of the students with disabilities and typical students

Note: the first column – students with disabilities; the second column – typical students

A characteristic feature of the obtained results is that they are almost indistinguishable for these two groups of students.

All components of psychological well-being have above average levels for the majority of the respondents. The above average results on the “positive relationships with others” scale are shown by 61 % of the studied students; on the “autonomy” scale they are indicated by 48 %; on the “environmental mastery” scale it is done by 51 %; on the “personal growth” scale it is done by 62 %; on the “purpose in life” scale it is done by 59 %; on the “self-acceptance” scale it is done by 48 %.

However, Figure 2 presented that the following indicators at the overall ‘picture’ of respondents’ psychological well-being for both students with disabilities and typical ones have lower values: ‘autonomy’, ‘environmental mastery’ and ‘self-acceptance’. So, they make a negative contribution to psychological well-being, become barriers to personal self-determination and a place to apply corrective work by psychologists.

The correlation analysis of the results (see Table 2) shows that the indicators related to psychological well-being are related with purport

orientations (goals in life, the process of life, life results) and especially with personal hardiness.

Table 2 Correlation of psychological well-being with life-purpose orientations and hardiness of students with disabilities

| | Positive relationships with others | Autonomy | Environmental mastery | Personal growth | Purpose in life | Self-acceptance |
|--|------------------------------------|----------|-----------------------|-----------------|-----------------|-----------------|
| Goals in life | 0.17 | 0.28* | 0.22 | 0.18 | 0.47** | 0.49** |
| Process of life | 0.48* | 0.27* | 0.27 | 0.29 | 0.34* | 0.49** |
| Life results | 0.46* | 0.21 | 0.45* | 0.26 | 0.46* | 0.59** |
| Locus of control – self | 0.24 | 0.34* | 0.17 | -0.11 | 0.25 | 0.44** |
| Locus of control – life | -0.14 | -0.23 | -0.26 | -0.32* | -0.23 | 0.18 |
| Overall indicator of life meaningfulness | 0.27 | 0.28 | 0.26 | 0.24 | 0.29* | 0.52** |
| Commitment | 0.46** | 0.32* | 0.35* | 0.30 | 0.34* | 0.54** |
| Control | 0.18 | 0.36* | 0.19 | 0.23 | 0.26 | 0.46** |
| Challenge | 0.41** | 0.31* | 0.37** | 0.52** | 0.45** | 0.58** |
| Self-determination | 0.15 | -0.07 | 0.27 | 0.56** | 0.53** | 0.38* |
| Self-expression | 0.47* | 0.03 | 0.42* | 0.49* | 0.57** | 0.55** |

** – correlation is significant at the 0.01 level (2-sides); * – correlation is significant at the 0.05 level (2-sides).

Basing on Table 2, we can say in general that there are the next personal resources of psychological well-being of students with disabilities, underlying their self-determination: life goal awareness, holistic perception of own life course, active involvement in social life, self-acceptance and personal growth.

Expressiveness of hardiness components is important for maintaining of health, optimal level of work efficiency and activity in stressful living conditions (Мадди, 2005).

40 % of the surveyed respondents show above average values for the “commitment” scale of hardiness; 45 % for the “control” scale; 30 % for the “challenge” scale. Given the obtained data, we should note that most of our respondents, unfortunately, do not have enough strong belief that they can enjoy their own activities; they can have a sense of helplessness.

The obtained results (see Figure 2 and Table 2) indicate that, as a whole, our respondents can be characterized as having positive relationships with others, understand that human relationships are based on mutual actions; they are quite autonomous and independent, able to regulate themselves, their own behaviour, can create conditions and circumstances relevant to meeting personal needs and achieving their goals, they are seeking for personal growth, understand their goals for the future. However, many of the respondents are unsure of their ability to achieve their goals.

A quite important construct is personal autonomy, which means a power to determinate own position by oneself and is associated with one of the highest personal characteristics – spirituality (Gabanska, 1995). This means that personal autonomy is understood as an ‘inner core’, an internalized form of external regulation, which became self-regulation and obtained a qualitatively new form.

The Figure 2 data presents that personal autonomy has the lowest value in the psychological well-being structure. Since the concept of personal autonomy is associated with personal ‘positive’ image formation (Seligman & Csikszentmihalyi, 2000), its manifestations can be one of the ways to describe a full-fledged personality, being able to determine and regulate one’s own life.

The performed regression analysis determinates the most important parameters that have the greatest impact on self-determination of the students with disabilities. It was performed with the self-determination scales of Osin (this technique measures subjective experience by a person of how he/she determines him/herself the course of own life and how he/he meets his/her own desires) (Осин & Леонтьев, 2008).

So, based on the regression analysis, we will determine which of the independent variables are the most significant and important for the prediction of the self-determination index. The self-determination can be predicted by using four models (see Table 3).

The first model includes the ‘life goals’ indicator, explaining 43 % of variance ($R\text{-square}=0.43$). The second model includes two indicators – ‘life goals’ and ‘autonomy’, which together explain 45 % of variance. The third model includes three indicators – ‘life goals’, ‘autonomy’ and ‘personal growth’, which together explain 52.4 % of variance. The fourth model includes four indicators – ‘life goals’, ‘autonomy’, ‘personal growth’ and ‘challenge’, which together explain 53.7 % of variance.

Table 3 “Summary for the model” e

| Model | R | R-square | Corrected R-square | Standard error of estimation |
|-------|--------------------|----------|--------------------|------------------------------|
| 1 | 0.654 ^a | 0.428 | 0.413 | 3.817 |
| 2 | 0.671 ^b | 0.450 | 0.456 | 3.727 |
| 3 | 0.724 ^c | 0.524 | 0.488 | 3.715 |
| 4 | 0.733 ^d | 0.537 | 0.511 | 3.636 |

a. Predictors: (const) life goals

b. Predictors: (const) life goals, autonomy

c. Predictors: (const) life goals, autonomy, personal growth

d. Predictors: (const) life goals, autonomy, personal growth, challenge

e. Dependent variable: self-determination

The ‘Coefficients’ table (see Table 4) allows us to create a regression equation. As Fisher criterion <0.05, so the findings are statistically significant.

Table 3 Coefficients a

| Model | | Non-standardized coefficients | | Standardized coefficients | t | α |
|-------|-----------------|-------------------------------|----------------|---------------------------|-------|------|
| | | B | Standard error | Beta | | |
| 1 | (Constant) | -8.72 | 2.58 | | -3.33 | 0.00 |
| | Life goals | 0.59 | 0.07 | 0.64 | 7.42 | 0.00 |
| 2 | (Constant) | -7.91 | 2.52 | | -3.11 | 0.00 |
| | Life goals | 0.61 | 0.08 | 0.65 | 7.94 | 0.00 |
| | Autonomy | -0.41 | 0.13 | -0.24 | -2.65 | 0.01 |
| 3 | (Constant) | -7.93 | 2.44 | | -3.20 | 0.00 |
| | Life goals | 0.51 | 0.07 | 0.53 | 6.17 | 0.00 |
| | Autonomy | -0.49 | 0.15 | -0.24 | -3.14 | 0.00 |
| | Personal growth | 0.25 | 0.10 | 0.22 | 2.45 | 0.02 |
| 4 | (Constant) | -11.24 | 2.91 | | -3.82 | 0.00 |
| | Life goals | 0.37 | 0.13 | 0.44 | 3.53 | 0.00 |
| | Autonomy | -0.45 | 0.15 | -0.25 | -3.12 | 0.00 |
| | Personal growth | 0.24 | 0.11 | 0.23 | 2.33 | 0.02 |
| | Challenge | 0.33 | 0.17 | 0.22 | 2.01 | 0.05 |

a. Dependent variable: self-determination

As we use the fourth model for the self-determination index prediction (53.7 % of variance), the factors only for this model are taken into account. The regression equation for the fourth model is as follows:

$$y = -11.2 + 0.37 X_1 - 0.45 X_2 + 0.24 X_3 + 0.33 X_4 + e.$$

Comparing beta, we conclude that the 'life goals' indicator influences mostly the self-determination index prediction.

Thus, the performed regression analysis revealed that self-determination is most accurately predicted with the model including the indicators of 'life goals', 'autonomy', 'personal growth' and 'challenge' which explained 63.3 % of variances. The largest impact on self-determination has the 'life goals' indicator (the highest beta).

So, the development of these characteristics of students during their study at the university is essential for the formation of self-determination, psychological foundations of personal development and future vocational self-realization.

Conclusions

From the point of view of the humanistic, existential positions, both health and disease are the methods of personality functioning, self-organization of personal life values, goals, prospects, freedom of choice, and interpretation of challenges a person faces.

The main factors of self-determination, successful self-realization and psychological well-being of typical students as well as the ones with disabilities are awareness of their purposes, meanings, prospects for their future, presence of motivation for self-development and self-realization, understanding of own potentials, belief in own powers, personal autonomy, capability of conscious control and assessment of own achievements and prospects.

A significant barrier to students' self-determination is raised because of unclear and undifferentiated picture of their own future and lack of understanding of the ways and means to achieve their life goals. These factors determine motivation for goal-setting and determine integration of the past, present and future in a personal psychological life space.

The obtained results demonstrate the necessity to develop life perspective during university years. Therefore, higher education should be aimed at solving of such tasks as the development of initiative, responsibility, and integrity of life journey perception, which will allow students to be active agents of professional and personal development, self-development and self-realization.

Promotion of students' self-determination is one of the most important tasks of their university learning.

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