

УДК 159.923.3

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## MODERN CONCEPTS OF THE PERSONALITY SPECIFICS OF PATIENTS WITH GOUT

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**The main directions of investigation of personality as a set of personality traits and characteristics are featured. The general characteristics of gout and the factors of its occurrence are presented. Psychological and social characteristics, which are inherent to the patients with gout were studied. The personality specifics and the level of satisfaction with their own lives were studied. With the help of a microsociological questionnaire, the social and professional specificity of persons with gout was established.**

*Key words: personality, pain, gout, level of satisfaction with life, social status, professional orientation.*

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Gout is one of the most ancient diseases known to mankind. For two and a half millennia (since Hippocrates described syndrome of acute pain in gout) an interest in this disease has always had a wave-like course, usually associated with the situation of that time. Gout can be qualified as a systemic tophus disease that develops due to inflammation in organs and systems in places of deposition of sodium monohydrate crystals due to external and/or genetic factors; this is also known as hyperuricemia (HU) [1].

According to foreign and Ukrainian literature, the incidence of gout has increased in the recent years. It is known that the number of patients in the recent 3 years has increased by 20 times [1]. The problem of gout is actively discussed around the world, since the disease is an important component of metabolic syndrome and it is becoming almost the biggest factor for cardiovascular disease [2]. According to modern representatives of psychoanalysis, personality features are more social

and profound, suggesting the direction of individuals life and characterizing a person as an artist of his life [3].

The importance of personality investigation in patients with gout is directly related to the fact that the modern psychology science pays a lot of attention to the personality development in individuals suffering various diseases. This research can explain and predict variations in the behavior of different individuals under the same conditions of life and in various stress situations [4].

The psychological features of a sick person are as individual as those of a healthy one. However, any disease can result in certain changes in the personality, thus the changes in the psychological state of the patient can be observed and compared before and after the disease. In general, these variations depend on the course of the disease (acute or chronic), the body system involved, the personality traits, intellectual level of the person, his/her professional activities, the role in the society and family, etc.

Every person is a unique personality, because it has its own set of features and characteristics. According to G. Olport, personality traits (personality and personal characteristics) are those that describe its internal (or even more precisely, deep) specificity [5]. As noted by H. Eysenck, the personality internally distinguishes one person from another, a list of all of its psychological properties are individual [6].

One of the difficulties encountered by modern model researchers of personality traits is determining the number of basic factors in order to be descriptive. Based on the works of L. Goldberg (1990), McCrae and Costa (1997), a five-factor model of personality was proposed [7]. According to the authors of this model, one can agree with the statement that personality traits, as a rule, cannot be a sufficiently reliable basis for predicting the behavior of a particular person [7].

According to the data on personality traits specificity, it is worth investigating the views of scientists on the personality of patients with gout. E. Orowan (1956) tried to explain gout development in some outstanding personalities. In the ancient times great commanders and rulers, creators and scientists, artists and inventors, e.g. Alexander the Great, suffered, Charles XII, Peter I, Michelangelo, Rubens, Rembrandt, Stendhal, Galileo, Darwin, Newton, Leibniz, Renoir were ill with gout [8].

The mysterious link between the achievements of geniuses and gout was explained by the fact that uric acid, in its chemical structure, is close to the stimulants of mental activity like caffeine and theobromine, therefore the accumulation of uric acid in blood contributes the improvement of human brain function [9].

It is known that excess uric acid is converted into tiny crystals of salts, tophi, which are deposited inside the joints and cause inflammation and intolerable gouty pain and, eventually, can disable the patients [10]. Pain is an important adaptive reaction of the body, a psychophysiological state, although in the majority of cases (including gout), there is a direct physical cause. The suffering of the patient is expected because of the pain in his body. This is accompanied by anxiety and fear (especially with acute pain), as well as depression (especially with chronic pain) [8].

Researchers from Stanford University (2011) have revealed that the behavior of a gout patient with acute pain is characterized by a certain expression of an individual anxiety, the desire for isolation, or, conversely, the compassion to others, the tendency to receive drugs, while in chronic cases by constant dissatisfaction, depressive state, complaints of the state of hopelessness and social maladjustment [2].

Since gout and HU are inherent to a large variety of metabolic disorders, the American scientists have a working hypothesis that metabolic abnormalities are one of many possible mechanisms for the emergence

and transmission to the offspring of the part of the raised intelligence, which, according to the results of twin study is hereditarily conditioned [3].

G. A. Zakharyin has described a potential gout patient. This is “a person under 40 years, with a good body built, a habit of excessive eating and with a good digestive system, who eats well and is physically inactive, noticed red urine long time ago. Thus, he is a candidate for gout but he has not revealed any local symptoms yet” [quoted in 11].

Some Ukrainian scientists believe that one of the factors of gout is poor kidney function, which does not remove uric acid. As it was emphasized by V. Taranenko, the kidneys do not work well when a person starts to go to self-deception and there is internal entanglement in his motives and actions [quoted in 12].

From a psychoanalytic perspective [11], the leading factor that provokes gout development is high intelligence. The patients with gout are extremely intelligent and smart. In this case, intensification of the intellectual work serves as a compensatory mechanism.

Modern Ukrainian scientists, giving a psychological description of patients with gout, note that they can easily find a rational explanation of their actions due to a good brainwork [12].

According to F. Alexander, gout is formed through a state of chronic latent rebellion, full of anger [quoted in 2].

E. Roddy believes that in this peculiar “forced” state there occurs a gradual increase in the rigidity of the motor apparatus, and the patient would “put on a straitjacket for protection from aggressive inducements” [8].

B. Lyuban-Plotzza, V. Peldinger, F. Creger point out that in case of already formed gout, the following distinctive psychological characteristics of patients such as patience, unpretentiousness, indifference are most likely to be observed. At the same time, as the authors note, “the patient unpretentiousness is in contradiction with the objective data on the disease” [12].

As it was noted by S. Wallace and I. Singer, polymorphic clinical manifestations of neurotic level with predominance of affective and asthenic disorders are observed during the gout disease [10].

Based on the literature review and on our own observations, it can be concluded that there are two leading (socially and professionally) groups of people suffering from gout. They are a group of individuals whose financial status is higher than average and they are in fact satisfied with their material wealth, and a group with scientific achievements and degrees in various fields of knowledge.

The purpose of our work was to compare the personal structure and level of satisfaction with the life of patients with gout of different social status and professional orientation.

**Material and Methods**

The study involved 90 gout patients (58 men and 32 women aged 55–68, treated as inpatients in the hospitals of Kyiv and Alexandria) who were divided into 2 groups (45 persons in each). The criteria for inclusion were established clinical diagnosis of gout, financial condition of the patients (above average), age, education, availability of scientific achievements (degrees or titles), established disability and the severity of gout pain.

In order to clarify the general information about the patients, a microsocioal questionnaire was developed with the purpose to determine the age of the person, the disease duration, the availability and level of education, professional employment and financial satisfaction. In order to explore personality characteristics, a five-factor personality questionnaire or Big Five Test, developed by R. McCrae and P. Costa was used. To determine the level of satisfaction with the life of the patients in the study, “Index of vital satisfaction” by A. O. Neugarten (adapted by N. Panin, 1993) was applied.

**Results**

According to the results obtained with the questionnaire, the patients were distributed between two groups: group 1 – respondents whose financial condition was above the average; group 2 – those who had a degree and were involved in research in various fields of knowledge.

Using the obtained findings, the arithmetic mean values were calculated. The results are presented in the table.

The table shows that the data in the two groups do not differ significantly. On the scale “Activity – Passivity”, there is a slight divergence in the results of the patients who are financially well from those who are involved in research. A similar situation is observed with the results of the scale “Domination – Subordination”. The people whose financial situation is higher than the average, have a great desire to dominate and adjust people to themselves. As for the “Partnership – Closure” scale, the situation is similar, the situation remains unchanged: well-off people consider themselves more sociable, because they need to build relationships with the outer world.

The study demonstrated that scholars were more inclined to introversion. It is known that the main features of introverts are the lack of indiscretion as to the correctness of their own behavior and indifference to the events of the surrounding being [4].

Student’s t-test for unrelated samples was used to verify the results of the study. The results can be seen in Table 1.

Next scale assessed the general mood in the groups. Gout patients with a degree are much more stressed

and tense; depressive manifestations were more common in these individuals. According to the results of the study, the individuals with financial prosperity were characterized by some kind of carelessness and greater emotional comfort.

As for the scale “Openness to new experiences”, the indicator “Curiosity” prevailed to a small extent in the scholars, but the indicator “Realism” was higher in the group of more materially well-off people. The values can be seen in Table 1.

Quite unexpected results were obtained for “Benevolence” scale. The persons with high scientific achievements were warmer, more willing to cooperate, more likely to be trusted and were distinguished by a remarkable understanding of other people. Accordingly, financially provided patients were more indifferent, they were rival and suspicious.

According to the scale “Honesty”, the scientists proved to be more precise and persistent, because their work required responsibility and self-control, and the desire for planning gave rise to development of foresight.

Thus, psychological personality characteristics were described using the personality questionnaire “Big Five”.

Test “Index of Vital Satisfaction” was used in the study for differentiated assessment of lifestyle characteristics, needs, motives and settings of gout patients.

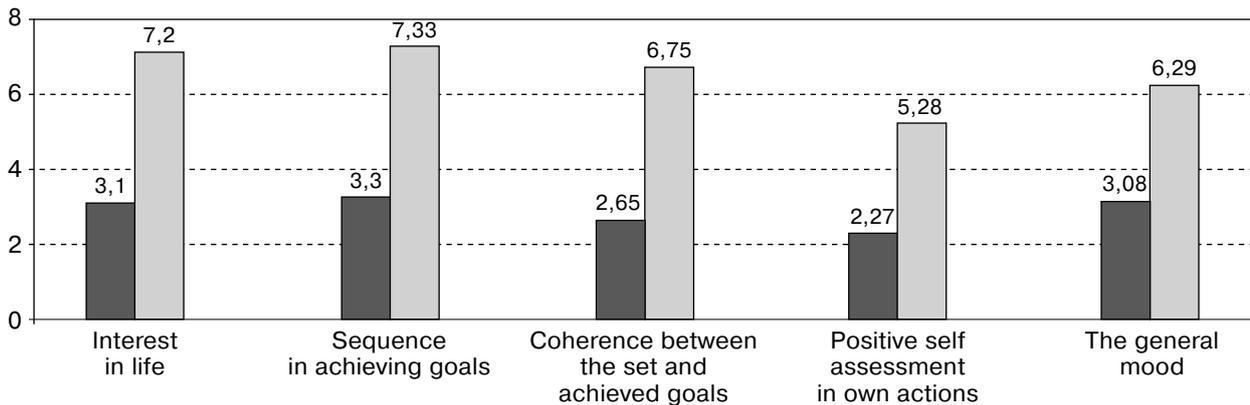
The figure demonstrates that the results in the two groups have a significant difference between the scores shown on the scales.

Processing of the results obtained on the scale “Index of Vital Satisfaction” carried out using Student’s t-test for independent groups yielded the following result:  $t_{em} = 9,0$  ( $p \leq 0,01$ ).

Based on the above data, it can be concluded that the patients involved in research have a higher interest

**Averaged scales according to the “Big Five” method in different groups of subjects and the level of significance of discrepancies according to Student’s t-test**

Scales	Groups of patients		Student’s t-test value	Significance
	Financially wealthy	Scientists		
Introversion – Extraversion	32.956	21.778	9,2	$p < 0,01$
Neuroticism – Emotional Resilience	25.267	37.622	6,9	$p < 0,01$
Openness to a New Experience	26.378	30.978	3,1	$p < 0,01$
Benevolence	23.889	36.533	7,9	$p < 0,01$
Futility	26.422	35.333	7,2	$p < 0,01$



Average scales for two groups of patients according to the "Index of Vital Satisfaction" (adapted by N. V. Panin):  
 ■ — gout patients with financial status; □ — gout patients scientists

in life, therefore they do not have to change their lifestyle. It is understood that these individuals can also remain engaged in research activities and maintain relationships through the Internet, or may meet with the desirable people, even if they are currently in the hospital. As for patients with a high status, the results obtained on the scale of "Interest in life" have extremely low rates, because the majority of the respondents were interested in spending money, which was not relevant due to being at hospital.

The high scores obtained for "Consistency in Achieving Goals" can be noticed in scientists. The low scores on this scale observed in financially well-paid people reflect passive reconciliation with life's failures, humble acceptance of everything that the life brings.

High scores obtained for "Coherence between set and achieved goals" reflect the importance of achievements for a person. As it is seen from the figure, the patients with a degree have a greater tendency to achieve the goals, even after hospitalization.

Psychodiagnostic methods revealed specific features of the personality of patients with gout, and the tendency to personal and professional specificity of the main groups of patients susceptible to gout disease was observed. The results of the psychodiagnostic survey indicate that the individuals, who are prone to scientific activity, are more satisfied with their lives, since they have the opportunity to keep up with their scientific (creative) work without interrupting their treatment. Our findings demonstrate that scholars are more inclined to introversion. Therefore, the main features of introverts are the lack of indiscretion regarding the correctness of their own behavior and indifference to the events of the surrounding being. Patients with gout with higher financial status are more active, more inclined to dominate and adjust people to them.

#### **Prospects for further research**

In the future work the knowledge of the personal-ity peculiarities in patients with gout can be expanded

through the examination of representatives of different age groups, gender aspect. Special differentiated psychocorrective measures for this group of patients can be developed.

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### СУЧАСНІ КОНЦЕПЦІЇ ОСОБИСТІСНОЇ СПЕЦИФІКИ ПАЦІЄНТІВ ІЗ ПОДАГРОЮ

І. Ф. АРШАВА, О. Ю. ПЕТРУК

**Розглянуто основні напрями дослідження особистості як сукупності особистісних рис та характеристик. Подано загальну характеристику діагнозу подагра із зазначенням факторів її виникнення. Вивчено психологічні та соціальні характеристики, які притаманні хворим на подагру. Досліджено особистісну специфіку та рівень задоволеності останніх власним життям. За допомогою мікросоціологічної анкети встановлено соціальну та професійну специфіку осіб, які хворіють на подагру.**

*Ключові слова: особистість, біль, подагра, рівень задоволеності життям, соціальний статус, професійна спрямованість.*

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### СОВРЕМЕННЫЕ КОНЦЕПЦИИ ЛИЧНОСТНОЙ СПЕЦИФИКИ ПАЦИЕНТОВ С ПОДАГРОЙ

И. Ф. АРШАВА, О. Ю. ПЕТРУК

**Рассмотрены основные направления исследования личности как совокупности личностных черт и характеристик. Представлена общая характеристика диагноза подагра с указанием факторов ее возникновения. Изучены психологические и социальные характеристики, которые присущи больным подагрой. Исследована личностная специфика и уровень удовлетворенности последних собственной жизнью. С помощью микросоциологической анкеты установлены социальная и профессиональная специфика лиц, страдающих подагрой.**

*Ключевые слова: личность, боль, подагра, уровень удовлетворенности жизнью, социальный статус, профессиональная направленность.*

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*Submitted on 12.10.2017*