

## **ADAPTATIVE MEANING OF THE UNEMPLOYED IDENTIFICATIONS TRANSFORMATION TO THE SITUATION OF PROFESSIONAL SELF-REALIZATION LOSS**

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### **Abstract**

The article discusses the adaptive self-identification function in the situation of unemployment. Unemployed people with an unemployment term of more than 6 months assume the sick role. This fact can be understood as an adaptation way to the loss of professional opportunities in the socially prestigious role of unhealthy people. It explains their inactivity in this situation. System authentications in the group of unemployed reflects the loss of self-confidence and desire to overcome the traumatic situation ahead, exacerbating the internal conflict. Identification with the patient role is typical for people who have been unemployed for more than six months. Unemployment in this situation could be taken as a way of adapting to the loss of professional opportunities in the sick role, socially more prestigious than the role of the unemployed. The sick person role justifies passivity with regard to changing the current situation. An optimistic attitude to being able to keep healthy is characteristic of people who see themselves as independent. This article regards the sick role and the healthy role of human system authentications, retrospective evaluation of the health and illness experience, especially the self-attitude of the unemployed.

***Key Words:*** unemployment situation, identification, sick role.

A self-identification problem is the subject of philosophical and psychological analysis [9]. The need for self-determination is an important human need, which determinates the socialization processes.

The research of difficult unemployment situations refers to non-normative crises of professional development. The loss of work is considered to be an irregular event [5].

Psychological cause of professional crisis of the unemployed people is the formation of mental neoplasms, including self-identification with relevant social group. The crisis appears in the situation of real or expected working places loss. Its main varieties are the following: job loss crisis, skill mismatch crisis, loss of profession crisis [2].

By reference to the term "situation", the unemployment phenomenon is analyzed on the basis of the theoretical issues of crisis situations [4]. These situations have a high probability of crisis development.

U.M. Plusnin and G.S. Poshevnev place the unemployed leading motives to subjective factors. These motives are presented by the possibility of non-change the current position getting the additional income and other benefits, particularly free time.

The idea about the connection between unemployment and health deterioration can be explained by the influence of the job loss as a traumatic event [11].

Our understanding is that the main subjective unemployment component is the self-rating, which defines adaptation strategies. The self-rating appears in the system of social and personal identity.

The results of 60 unemployed people have been analyzed to study the specific identity features in the situation of professional restrictions which are not related with health problems.

There were men and women from 18 to 59 years old with secondary or higher education in the study group.

The following methods of research are used:

- social predictors of situations and their subjective potential: questionnaire, research method of family relations as an adaptation resource, "The Scale of Family Relations" method;
- research methods of the situation perception in terms of life quality: the "Life quality WHO-100" test;
- research methods of cognitive self-consciousness component: structured

interview “Visions of a sick person” and “Visions of a healthy person”, M. Kun and T. Mack-Partlend test “20 statements about who I am”;

- research method of emotional value self-consciousness component: “Post evaluation of experiences” I’m healthy “and” I’m sick proprietary methodology, S.R. Pantileeva questionnaire from “Research Methodology of Self-attitude”.
- research method of adapting and adaptation mechanisms: “The Lifestyle Research” by Kellerman-Plutchik-Konte, “Coping Strategies Research” by R. azarus, “Adaptiveness” methodology by A.G. Maklakova.

The intensity of images of the healthy person is similar to the unemployed and employed in a group of healthy people, except that in a group of unemployed persons the significance of the social approval of the desire to be healthy reduced (2.6/3.4;  $t=4.4$ ;  $p<0.01$ ).

The idea of being healthy means being active and correlates with the idea of friends. Friends protect our health (0.294;  $p<0.05$ ), or friends reduce inner harmony.

Probably, health is considered as a value based on friendships and a problem for the individual.

The idea of friends’ support as health resource has multiple correlation with personality: with importance decline of experiencing disease (-0.307;  $p<0.05$ ), inner conflict (-0.298;  $p<0.05$ ), an idea of the disease experiencing significance for the sick person ( -0.301;  $p<0.05$ ), an idea of health as a social activity and relevance (0.294;  $p<0.05$ ), quality of life satisfaction in the physical sphere (0.389;  $p<0.01$ ) and overall life satisfaction (0.308;  $p<0.05$ ), importance of identification with the emotional and intellectual personalities (-0.342;  $p<0.01$ ). Therefore, friends’ support has great importance for the unemployed people by increasing positive self-attitude, life satisfaction and importance of ideas of a sick person.

The significance of ideas that you can protect your health by relying on yourself, correlates with the decline of self-admiration (-0.281;  $p<0.05$ ), confrontational coping (-0.291;  $p<0.05$ ), searching for social support (0.306;  $p<0.05$ )

and distancing from difficult life situations (0.305;  $p < 0.05$ ), importance of social identity (0.319;  $p < 0.01$ ) and overcoming (0.365;  $p < 0.01$ ) for the sick person.

The conclusion is the following: the idea has optimizing value for the individual, while the mobilization exists with the positive self-attitude decline.

The evidence of the idea that you can save your health relying on the family relationships correlates with the importance decline of the patient emotional experiencing (-0.297;  $p < 0.05$ ). Probably, family support is not a significant support for the unemployed people.

The idea of relying on drugs correlates with self-confidence (0.300;  $p < 0.05$ ), self-guidance decline (-0.373;  $p < 0.01$ ), positive redefinition (0.293;  $p < 0.05$ ), future challenges (0.360;  $p < 0.01$ ) and activity (0.349;  $p < 0.01$ ). These facts suggest that drugs are considered to be a panacea for solving problems.

The lifestyle significance correlates with self-acceptance (0.325;  $p < 0.05$ ), self-admiration (0.417;  $p < 0.01$ ), decision planning (0.297;  $p < 0.05$ ), compensation (0.284;  $p < 0.05$ ), wide variety of interests in the family (0.316;  $p < 0.05$ ), quality of life satisfaction in social interactions (0.284;  $p < 0.05$ ) and overall life satisfaction (0.362;  $p < 0.01$ ) significance of the negative prospects for the sick (0.290;  $p < 0.05$ ). Probably, the lifestyle is considered as a protection for those unemployed who feel safely. This belief is based on the family possibilities.

Trust to public health services correlates with self-attachment decline (-0.350;  $p < 0.01$ ), self-control (-0.441;  $p < 0.01$ ), negation (-0.350;  $p < 0.01$ ) expressiveness (-0.361;  $p < 0.01$ ) and family organization (-0.318;  $p < 0.05$ ) and increased compensation (0.299;  $p < 0.05$ ), importance of prospects about ideas of a sick person (0.280;  $p < 0.05$ ). Probably, public health services are considered as an alternative to relying on oneself and family support.

Optimistic attitude towards health correlates with the idea of social approval of the desire to be healthy (0.339;  $p < 0.05$ ), substitution (0.289;  $p < 0.05$ ), reduction of negation (-0.323;  $p < 0.05$ ), distancing (-0.290;  $p < 0.05$ ), quality of life satisfaction in the area of independence (0.304;  $p < 0.05$ ). Probably, optimistic attitude to the

possibility of health preservation is typical for people perceiving themselves as independent.

Importance decline of the social approval of the desire to be healthy correlates with health optimism decline (-0.339;  $p < 0.05$ ), reflected self-attitude (-0.335;  $p < 0.05$ ), social achievements significance (-0.341;  $p < 0.01$ ), escalation of social support searching (0.341;  $p < 0.01$ ), overcompensating (0.315;  $p < 0.05$ ). Probably, the vision decline of social approval desires of being healthy reduces the social role importance of a healthy person.

Therefore, the health significance of unemployed people is decreased, the most important is the reliance on friendship and drugs. Reliance on lifestyle and oneself is typical for the most successful test persons. Waiting for support from the family relationships is not valid and is replaced with reliance on health care. The importance of the social role of a healthy person is declined. Health value reduces the positive self-perception. It mobilizes personality to overcome in a situation of independence loss, and the disease value contributes to the self-acceptance. Unemployed people find it difficult to use available resources - either over rely on or do not trust them.

The health value increases the subjective impossibility of saving it. Reference to the health importance is dual: on the one hand, the desire to accept the opportunity to be healthy, on the other hand, to be identified with a sick person for the ability to evade responsibility for problems.

In other words, the idea of a healthy person creates an inner conflict which is connected with the need to adapt to difficult situations either by overcoming it, what health role requires and allows, or because of social and psychological benefits of the sick role, allowing to receive self-acceptance, without changing anything in the situation.

Analysis of expression of ideas about a sick person showed that the unemployed people have less typical understanding of physical suffering for the sick (16/30;  $t = 4.2$ ;  $p < 0.01$ ) and more common understanding of their emotional problems (25/17;  $t = 2.2$ ;  $p < 0.05$ ), social problems (37/27;  $t = 2.4$ ;  $p < 0.05$ ), prospects of disease

(17/24;  $t=2.4$ ;  $p < 0.05$ ). That is, for the unemployed it is typical to perceive the problems of the sick as problems of a person suffering emotionally and socially from the possible consequences of the disease.

Correlation analysis showed that a sick person does not differ from a healthy person correlates with the self-identification with future challenges (0.324;  $p < 0.05$ ), activity (0.323;  $p < 0.05$ ). In other words, in case of new tasks dedication the unemployed are not identified with the sick. It happens rarely (7%) and more typical for relatively young unemployed persons (-0.323;  $p < 0.05$ ).

The idea about the importance of patient's somatic problems correlates with the idea that there is no time for health (0.327;  $p < 0.05$ ), with positive redefinition decline (-0.341;  $p < 0.01$ ), quality of life assessment (-0.349;  $p < 0.01$ ). In other words, the importance of sick person somatic suffering is combined with a general pessimistic attitude to life.

The idea of the psychological problems significance correlates with a decline in the ideas that family helps to health preservation (-0.288;  $p < 0.05$ ), self-worth decline (-0.330;  $p < 0.05$ ), orientation to future challenges (-0.290;  $p < 0.05$ ), subjective trouble (-0.426;  $p < 0.01$ ), increased family cohesion (0.328;  $p < 0.05$ ) and sports orientation (0.329;  $p < 0.05$ ), quality of life in social interactions (0.331;  $p < 0.05$ ), self-identification with social roles (0.377;  $p < 0.01$ ), physical problems (0.307;  $p < 0.05$ ) and present time fixation (0.289;  $p < 0.05$ ). In other words, increasing importance of the emotional problems of the sick in the unemployed people perceptions can be considered as a projection of their own emotional problems and identifying themselves with the sick.

Correlation analysis showed that the ideas of importance of the socio-psychological limitations of the sick correlate with the ideas that being healthy means being necessary (0.335;  $p < 0.05$ ), quality of life decline in the area of independence (-0.316;  $p < 0.05$ ). Probably, the unemployed people identify themselves with the sick in the area of independence and social problems of the society.

The ideas about the negative disease prospects that are most common among young unemployed people correlate with decreased ability to rely on themselves in health preservation issues (-0.288;  $p < 0.05$ ), family cohesion (-0.318;  $p < 0.05$ ), subjective distress escalation (0.306;  $p < 0.05$ ), future tasks identification (0.331;  $p < 0.05$ ), ideas of social disapproval of the desire to be healthy, when there are many sick people (0.289;  $p < 0.05$ ). In other words, ideas about the negative consequences of the disease are associated with trouble experiencing, self-identification with the sick and fear of the future.

The idea about the importance of the disease overcoming correlates with subjective ability to rely on oneself in health preservation issues (0.324;  $p < 0.05$ ), displacement decline (0.408;  $p < 0.01$ ), increased family cohesion (0.325;  $p < 0.05$ ), present time fixation (0.281;  $p < 0.05$ ). In other words, factors stimulating the intention of disease overcoming include: health value, reliance on family relationships and self-identification with social achievements.

Therefore, the idea of a sick person reflects the possibility to self-identification with a sick person as a form of self-justification in difficult situations, which are typical for the most of test persons. The protection from such identification is focused on new challenges. The opportunity for an optimistic view of the disease situation is connected with reliance on meaningful social roles and family relationships.

The conclusion is the following: the ideas of a healthy person and a sick person reflect inner conflict connected with the identity crisis. A healthy person is a synonym of success, strength, capabilities, which creates doubts of belonging to this social status in a situation of unemployment. The role of a healthy person is both a status and high demands. The role of a sick person is low-status, but, however, it creates benefits connected with the possibility of self-acceptance, which is not based on social success. The perception of oneself as sick justifies their inaction. Resource of the optimistic situation perception is the reliance on social roles and family relationships.

The comparative analysis of identification parameters determined the absence of differences between unemployed people and a group of working people.

A correlation analysis showed that identification with social roles is combined with the increased ideas about people who rely on themselves in the issues of health preservation (0.281;  $p < 0.05$ ), cohesion of family relations (0.324;  $p < 0.05$ ), quality of life assessment in the spiritual area (0.313;  $p < 0.05$ ), regression decline (-0.376;  $p < 0.01$ ), negative self-descriptions (-0.426;  $p < 0.01$ ), self-identification with painful conditions (-0.293;  $p < 0.05$ ). In other words, self-identification with social roles has optimizing value for both self-attitude and interpersonal relations assessment.

The material self correlates with subjective trouble (0.433;  $p < 0.01$ ), decisions planning (0.316;  $p < 0.05$ ), negation (0.281;  $p < 0.05$ ), negative self-description decline (-0.361;  $p < 0.01$ ). Therefore, the identification significance with economic sphere reduces the desire of self-abuse, but intensifies the trouble perception, which leads to stimulation of negotiation activity with reality negation.

Identification with the physical self reduces self-guidance (-0.332;  $p < 0.05$ ), identification with social roles (-0.392;  $p < 0.01$ ), increases positive overestimation (0.371;  $p < 0.01$ ), projection (0.395;  $p < 0.01$ ), negative self-descriptions (0.771;  $p < 0.01$ ), self-identification with painful conditions (0.387;  $p < 0.01$ ). In other words, self-identification with physical problems can be considered as disease fear and self-guidance loss.

Active self-increases the inner conflict (0.300;  $p < 0.05$ ), decisions planning (0.302;  $p < 0.05$ ), regression (0.283;  $p < 0.05$ ), identification with the emotional and intellectual personalities (-0.438;  $p < 0.01$ ), the importance of future orientation (0.723;  $p < 0.01$ ). Therefore, self-identification with the active person intensifies both constructive and non-constructive overcoming strategies which probably can be considered as a desire to act straight ahead.

Increasing of the emotional and intellectual features importance often happens to test persons who are not married (-0.412;  $p < 0.01$ ). This fact correlates with the decline of the health experiencing values (-0.324;  $p < 0.05$ ), identification latitude (-

0.447;  $p < 0.01$ ), increased distancing (0.306;  $p < 0.05$ ). In other words, self-identification with the reflexive self reflects a trend to losing of ability to get positive emotions from health experiencing, identification reducing.

Social, active and reflexive selves are the most expressive identifications. Therefore, the most traumatic is the self-confidence loss and desire to overcome the traumatic situation straight ahead, even more, it exacerbates inner conflict. Optimizing identification is the self-reference with existing social roles.

The self-identification with painful conditions is more typical for the unemployed people compared to working test persons (0.18/0;  $t = 5.2$ ;  $p < 0.01$ ). Probably, the unemployment situation leads to self-abuse of the personal and physical capabilities.

Negative self-descriptions increase inner harmony (0.296;  $p < 0.05$ ), self-confidence (0.399;  $p < 0.01$ ), escape-avoidance (0.292;  $p < 0.05$ ), projection (0.373;  $p < 0.01$ ), moral adaptiveness (0.294;  $p < 0.05$ ), family orientation at achievement (0.286;  $p < 0.05$ ), quality of life assessment in the social interaction (0.290;  $p < 0.05$ ), identification with the physical self (0.771;  $p < 0.01$ ), claims to physical abilities (0.760;  $p < 0.01$ ), activity (0.383;  $p < 0.01$ ), personalities (0.595;  $p < 0.01$ ), identification with diseases (0.287;  $p < 0.05$ ), lower self-guidance (-0.359;  $p < 0.01$ ) family cohesion (-0.368;  $p < 0.01$ ), self-worth (-0.318;  $p < 0.05$ ), the importance of identification with social self (-0.426;  $p < 0.01$ ), material self (-0.364;  $p < 0.01$ ), identification reducing (-0.317;  $p < 0.05$ ). Therefore, negative self-description could be considered as a form of psychological protection that enables to support self-confidence.

Identification with the sick person correlates with the self-accusation decline (-0.287;  $p < 0.05$ ), conflict in family relationships (-0.318;  $p < 0.05$ ), identification with social self (-0.293;  $p < 0.05$ ), positive redefinition escalation (0.371;  $p < 0.01$ ), substitution (0.353;  $p < 0.01$ ), negative self-descriptions (0.287;  $p < 0.05$ ), claims to sociability (0.305;  $p < 0.05$ ). In other words, identification with the sick person plays the role of psychological defense mechanism aimed at self-confidence escalation. Probably, this is the form of self-justification in situations of unemployment.

The conclusion is the following: unemployment as limiting professional features not associated with disease, suggests experiencing of a loss of positive self-evaluation, self-justification system in negative self-descriptions and self-identification with the sick person.

The comparative analysis of the value of the health and disease experiencing in the group of employed and unemployed people showed that significant differences in the severity of the personal health value have not been identified as well as greater personal significance of disease in a group of unemployed people above (2.0/1.7;  $t=2.5$ ;  $p<0.05$ )

The significance of health experiencing correlates with the disease significance (0.301;  $p<0.05$ ), escalation of searching social support (0.346;  $p<0.01$ ), decisions planning (0.297;  $p<0.05$ ), identifications latitude (0.531;  $p<0.01$ ), self-guidance decline (-0.325;  $p<0.05$ ), distancing (-0.326;  $p<0.05$ ), quality of life assessment in the field of the environment (-0.302;  $p<0.05$ ), an identification with the personalities (-0.403;  $p<0.01$ ).

In other words, the health and disease experiencing are the single spheres of experience which reduce the self-perception of a person, who directs the events and activates adaptation strategies, probably, considering this sphere vulnerable.

The significance of disease experiencing correlates with the value of health experiencing (0.301;  $p<0.05$ ), the perception that friends help to preserve health (-0.288;  $p<0.05$ ), self-guidance decline (-0.369;  $p<0.01$ ), distancing (-0.306;  $p<0.05$ ), responsibility (-0.314;  $p<0.05$ ), decline of moral orientations in the family (-0.329;  $p<0.05$ ), identification decline with a sick person (-0.312;  $p<0.05$ ). In other words, this experiencing reduces positive self-attitude and coping strategies. The disease experiencing and identification with the sick person are different forms of psychological defenses. In this case, self-identification with the sick person can be considered as a variant of rationalization, which saves activity and self-attitude, and the disease fear is a variant of the negation, which reduces activity.

Therefore, the health and disease experiencing mean traumatic event. The escalation of the personal significance severity of disease experiencing makes a great apathy in the health and disease experiencing.

The self-identification in a group of unemployed people reflects the self-confidence loss and desire to overcome the traumatic situation straight ahead, which even more exacerbates inner conflict. Optimizing identification is self-identification with existing social roles. Self-evaluation in terms of social roles creates a sense of vulnerability. It leads to a desire to self-justification with self-identification with the sick person. An addiction to the negative self-descriptions, which is typical for the unemployed people, can be considered as a form of psychological protection, which enables to support self-confidence. Self-identification with the sick person appears in the significance of the idea that a desire to be healthy is inconvenient, because of many sick people and the significance of an individual disease experiencing. The conclusion is the following: this combination of social ideas and personal experience can be the basis for self-identification with sick role in a difficult life situation.

Comparative analysis of characteristics of self-attitude showed that unemployed people have the decline of openness (4.36/6;  $t=7,5$ ;  $p<0.01$ ) self-confidence (4.52/6;  $t=6.4$ ;  $p<0.01$ ), mirror self (4/6;  $t=8.2$ ;  $p<0.01$ ), self-evaluation (4.3/7.12;  $t=9,2$ ;  $p<0.01$ ), self-acceptance (4.66/6.6;  $t=7.3$ ;  $p<0.01$ ), the self-accusation escalation (6.18/4.36;  $t=6.1$ ;  $p<0.01$ ). Therefore, positive self-attitude indicators are reduced and self-accusation indicator is increased. The comparison of self-attitude factors showed significant decline of self-esteem (18.68/25;  $t=9.4$ ;  $p<0.01$ ), self-admiration (14.94/19.37;  $t=7.7$ ;  $p<0.01$ ) and escalation of inner disorder (10.72/8.93;  $t=3.9$ ;  $p<0.01$ ).

The self-esteem correlates with subjective distress escalation (0.333;  $p<0.05$ ), personal adaptive capacity decline (-0.488;  $p<0.01$ ), escalation of organization in the family (0.297;  $p<0.05$ ), identification decline with the active person (-0.362;  $p<0.01$ ). In other words, self-esteem can be considered as compensation in a situation of possibilities decline.

The self-admiration is more typical for the unemployed people who are not married (-0.339;  $p < 0.05$ ). It correlates with the idea that being healthy means being happy (0.306;  $p < 0.05$ ), reduces the responsibility for health (-0.326;  $p < 0.05$ ) and reduces family orientation to active sports (-0.346;  $p < 0.01$ ). The self-admiration decline improves the responsibility for health and can be considered as an adaptive strategy.

The inner disorder correlates with decline of the idea that being healthy means being necessary (-0.379;  $p < 0.01$ ). It reduces confrontational coping (-0.332;  $p < 0.05$ ) and the quality of life assessment in the mental sphere (-0.285;  $p < 0.05$ ), increases the family system independence (0.303;  $p < 0.05$ ) and the quality of life assessment in the independence sphere (0.303;  $p < 0.05$ ). In other words, the inner disorder is connected with the desire of independence.

The conclusion is the following: self-attitude of unemployed people reflects a negative self-attitude connected with non-self-acceptance in the situation of professional self-realization loss, which suggests the desire to save the independence and, at the same time, to remain passive and rely on external tools and supports.

Our study suggests that the transformation of self-attitude may be considered as an integrated part of the psycho-traumatic situation and psychological protection form which fixes its injury rate. In terms of the employment crisis stages, our results indicate the stage of axiological restructuration, according to M.A. Bendyukov, loss of motivation for the restoration of the working employment status and trend to subjective acceptance of economic inactivity status. Unemployed people have the self-esteem decline and different difficulties in collaboration with the closest social environment and the inability to rely on the family relationships while saving their significance. These facts have been observed by other authors as well [12].

The adaptation strategies passivity emphasizes subjective personality non-potential and subjective inability to cope with unemployment situation, which means an identification with the sick role.

Unemployment, as the professional opportunities restriction of a healthy person involves the experience of positive self-assessment loss, which forms self-justification system in negative self-descriptions and self-identification with the sick person. The identification system in the group of unemployed people reflects the loss of self-confidence and the desire to overcome the traumatic situation straight ahead, which exacerbates the inner conflict. The self-evaluation in terms of social achievements leads to a sense of vulnerability and desire to self-justification by identification with the sick person. This confirms the point of view of G.M. Andreeva, who considers that the problem of identity is not only what kind of group the person belongs to objectively, but which group he identifies himself with subjectively and what corresponding value system he produces [1].

In our opinion, the identified mechanism of self-identification with the sick person in a group of unemployed people is as significant in the formation of mental and somatic disease as direct influence of the traumatic situation.

### References

- [1] Andreeva, G.M. (2000). *Psikhologiya sotsialnogo poznaniya [Social Cognition Psychology]*. Moscow, 288 p.
- [2] Bendukov, M.A. (2009). *Psikhologiya professionalnogo krizisa u bezrabotnykh [Professional Crisis Psychology of the Unemployed People]*. Extended abstract of PhD dissertation. St. Petesburg, 40 p.
- [3] Burlachuk, L.F., & Corzhova, E.U. (1998). *Psikhologiya zhiznennykh situatsiy [Life Situations Psychology. Teaching Guide]*. Moscow: Russian Pedagogic Agency, 263 p.
- [4] Vasiluk, F.E. (1984). *Psikhologiya perezhivaniya [Psychology of Experiences]*. Moscow: Moscow University Publishing House, 189 p.
- [5] Gluhanuk, N.S. (2003). *Psikhologiya bezrabotitsy: vvedeniye v problemu [Psychology of Unemployment: Introduction to the Problem]*. Moscow: Moscow Psychosocial Institution Publishing House; Voronezh: "MODEK" publishing house, 84 p.
- [6] Zeer, E.F., Symanuk, E.E. (2002). Emotsionalnyy komponent v professionalnom stanovlenii pedagoga [Emotional Component in the Professional Teacher Formation]. *Mir psikhologii [The World of Psychology]*, No 4 (32), 194-203.

- [7] Zaitseva, V.B. (2010). *Psikhologicheskiye faktory riska dezadaptatsii bezrobotnykh [Psychological Disadaptation Risk Factors of Unemployed People]*. Extended abstract of PhD dissertation. St. Petersburg, 25 p.
- [8] Symanuk, E.E. (2004). *Psikhologiya professionalno obuslovlennykh krizisov [Psychology of Professional Crises: Monography]*. Moscow: Moscow Psychosocial Institution; Voronezh: "MODEK" publishing house, 20 p.
- [9] Popkov, M.D. (2012). Kultura XX veka: krizis samoidentichnosti i problema granits [Culture of the twentieth century: self-identity crisis and the problem of the borders]. *Vestnik Chelyabinskogo gosudarstvennogo universiteta [Chelyabinsk State University Herald]*. No. 22. 41-45.
- [10] Plyusnin, U.M., & Poshevnyov, G.S. (1997). *Sotsialnaya psikhologiya bezrobotnogo [Social Psychology of the Unemployed Person]*. Novosibirsk, 84 p.
- [11] Peltsman, L. (1992). Stressovyye sostoyaniya u lyudey, poteryavshikh rabotu [Stress Conditions of People Who Lost their Jobs]. *Psikhologicheskiy zhurnal [Psychological Journal]*. No. 1, 126-130.
- [12] Udaltsova, M.V., Volovskaya, L.K., & Plusnina, L.K. (2003). Sotsialno-trudovyye ozhidaniya nezanyatykh lyudey i ikh otnosheniye k vtorichnoy zanyatosti [Social and Labor Expectations of Unemployed People and their Attitude to the Secondary Employment]. *Sotsiologicheskiye issledovaniya [Sociological Studies]*. №. 7, 16-33.