

PSYCHO CORRECTION OF THE INFERIORITY COMPLEX OF THE PEOPLE WITH PHYSICAL DISABILITY

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ABSTRACT

In this article described the causes of inferiority complex. Conducted research on the study of inferiority complex of athletes. Organized psycho-correction practice with the athletes having an inferiority complex.

Keywords: Inferiority feeling, inferiority complex, striving for excellence, motive, social interest, psycho correction.

INTRODUCTION

Every individual in the life will develop physiologically and psychologically, everyone will be the member of the social life. Being as the member of the society everyone makes a goal of life and tries to achieve his life goal. But the personality characteristics which were formed during ontogenetic development are going to influence to our future motivation. For instance, inferiority complex which was formed in childhood may influence negatively and motivates us to destroy our action to life goal.

In life nobody is guaranteed not to get any kind of physical disabilities by any mishap. The physical disabilities are possibly the basis for arising the feeling of inferiority in individual. In every society people with limited ability are paid great attention to care their health, study, social provision and they are motivated to be the active member of the social life.

Alfred Adler said that the physical disability or *organic inferiority* is one of the main sources of an inferiority complex that can arise in childhood as an inferiority feeling in individual about himself. The main function of this feeling is to provide motivation in human behavior for aspiration. (2)

The organic inferiority – disability or defective organs of individual stimulate them to compensate for the disabilities and through these compensations their personalities are formed. For instance, a sportsman who has the limited physical ability might focus on that disability and practice to establish superior athletic ability. (4)

There are many examples of such compensations. Famed scientist, Nobel laureate Professor Stephen Hawking said that “Disability need not be an obstacle to success. I have had motor neurone disease for practically all my adult life. Yet it has not prevented me from having a prominent career in astrophysics and a happy family life”.

To overcome the feeling of inferiority people try to find various kinds of activities and compensate. Adler said about the hyper compensation and gave three forms of demonstrating the compensation:

1. Favorable compensation of inferiority feeling from the result of cooperation of social interest and aspiration for development.
2. Hyper compensation to develop special ability to the high level and one sided adaptation to the life.
3. Uncompensated inferiority feeling – individual cannot overcome the feeling and try to be alone from the social life. **(3)**

Inferiority feelings are the source of all human striving. Individual growth results from compensation, from our attempts to overcome our real or imagined inferiorities. Throughout our lives, we are driven by the need to overcome this sense of inferiority and to strive for increasingly higher levels of development. As an effect of hyper compensating the physical disabilities individuals with less volition begin to act willfully and they will attain high results in the social life.

Furthermore, Paralympics who we are proud of them with their limited physical ability not only establish superior athletic ability and Paralympics championship but also they inspired many disabled and non-disabled but depressed, pessimistic or with deviant behavior people to work hard and achieve top results in the future.

What happens if the individual is unable to compensate for his feelings of inferiority? An inability to overcome inferiority feelings intensifies them, leading to the development of an inferiority complex. People with an inferiority complex have a poor opinion of themselves and feel helpless and unable to cope with the demands of life. Exertions to compensate organic inferiority can result in striking artistic, athletic, and social accomplishments, but if these exertions not succeed, they can turn to an inferiority complex.

People with inferiority complex have little social interest. Social interest is the basis of overcoming the inferiority complex and it means the individual's awareness of belonging in the human community. Social interest is a capacity inherent in all human beings which must be developed and trained. Individual with high social interest motivated to cooperation and assistance to others. The more developed the social interest, the more diminished the individual's feelings of inferiority, alienation, and isolation. **(2)**

So at the research process we studied the degree of social interest of the sportsmen with physical disability. For our study we chose the experimental and control groups. There were all 32 attendants in the study, 16 attendants were in the experimental group and 16 attendants were in the control group. For our research we prepared a study program that consisted of theories and psycho diagnostic methodic. At the psycho diagnostic part of our study we used the James Crandall's Social Interest Scale. The result of the test before the psycho correction (shown in the **table 1**) gave us the difference of mean ranks of Social interest of the experimental and control groups.

Table 1: Comparison of the difference of mean ranks of Social interest of the experimental and control groups before the psycho correction (Student's t-criterion)

№	Experimental group X	Level of Social interest (Experimental group)	Control group Y	Level of Social interest (Control group)	d	d ²
1	6	Average	4	Low	2,0	4
2	4	Low	3	Low	1,0	1
3	6	Average	5	Average	1,0	1
4	4	Low	3	Low	1,0	1
5	8	Average	6	Average	2,0	4
6	3	Low	4	Low	-1,0	1
7	7	Average	4	Low	3,0	9
8	5	Average	6	Average	-1,0	1
9	6	Average	5	Average	1,0	1
10	5	Average	3	Low	2,0	4
11	8	Average	6	Average	2,0	4
12	3	Low	3	Low	0,0	0
13	7	Average	5	Average	2,0	4
14	5	Average	4	Low	1,0	1
15	4	Low	5	Average	-1,0	1
16	4	Low	2	Low	2,0	4
Σ	85		68		17,0	41

Table 1 shows that before the psycho correction in the **experimental group** attendants there are 10 average and 6 low indications. This means that 10 attendants have medium inferiority complex and 6 attendants have high inferiority complex. In the **control group** attendants there are 7 average and 6 low indications. This means that 7 attendants have medium inferiority complex and 9 attendants have high inferiority complex. With formula given below we found the reliability of the results.

$$t_{\text{срн}} = \frac{\bar{d}}{Sd}$$

$$\bar{d} = \frac{\sum d_i}{n} = \frac{\sum (x_i - y_i)}{n}$$

$$Sd = \sqrt{\frac{\sum d_i^2 - \frac{(\sum d_i)^2}{n}}{n \cdot (n-1)}}$$

d = 1,1			
Sd = 0,31		2,14	P≤0,05
t = 3,44	tcr = {	2,98	P≤0,01
		4,14	P≤0,001

The result of the experiment is reliable for the grade of **P≤0,01**. Mean ranks of Social interest of the experimental group are higher than mean ranks of Social interest control group for the grade of $d = 1,1$ and this result reliability is $0,01^{**}$.

After the psycho diagnostic practice we used psychotherapeutic practice with the experimental group. Purpose of the psychotherapeutic practice was to overcome the inferiority complex of the attendants and enhance their social interest. Psycho correction practice term continued about one month and we met with attendants three times in one week and duration of one practice was two hours. During the practice we used psychoanalysis, individual psychoanalysis, psychological trainings with group and individually. We prepared special psychotherapeutic techniques and procedures throughout the process of therapeutic practice:

- **The first** is to establish a proper therapeutic relationship. One that is based on caring that demonstrates respect and empathy. The therapist and client need to come up with clearly defined goals of the therapy centered on dealing with the issue's the client feels are most significant. Establishing this relationship involves starting with personal contact rather than focusing with the problem as the starting point. Therapists help the client become conscious of their strengths rather than focusing on their weaknesses.

- **The second technique** in the counseling process is exploring the psychological dynamics that operate the client, or in other words, an assessment. Therapists get a deeper understanding of the individual's lifestyle with a focus on one's social and cultural context. They start with a subjective interview where the counselor assists the client in telling his life story as completely as they can. Using listening skills, the counselor seeks to learn any information about what has caused the client to be where they are in their life.

Towards the end of this interview, the therapist may ask the following key questions: Is there anything else you think I should know to understand you and your concerns? How would your life be different, and what would you be doing differently, if you did not have this symptom or problem?

Therapists also use what is called an objective interview in an attempt to learn seven different concepts about the client. These seven concepts are how problems in the client's life began, any precipitating events, a medical history, a social history, the reasons the client chose therapy at this time, the person's coping with life tasks; and lifestyle assessment. This lifestyle assessment begins by looking into the client's family origin and early life experiences and how they are attached to the client's life expectations.

- **The third technique** or phase in this process of counseling is encouraging the development of self-understanding and insight through the previous assessments. Since each individual is believed to have a life goal, therapists want to encourage the client to understand what the motivations are in achieving this goal. Self-understanding is only going to occur when the client becomes aware of unconscious purposes and goals. Through this process, the hope is that the client will understand their motivations and the way they may be contributing to their problem and how they can begin to change.

- **The fourth and final technique** in this process is helping the client make new choices; reorientation and re-education. This stage allows the client to take action by putting what they

have discovered into practice. Encouraging them to take risks and make necessary changes in their lives based on what they have learned is hindering them. Reorienting clients involves shifting rules of interaction, process, and motivation so they are able to take these risks. Through therapy sessions, client's become aware of what they need to change and then are able to practice what they learned out in real-world situations. Therapists re-educate clients with alternate approaches to gaining what they want in life. They provide information and encouragement to clients harboring the feeling of hopelessness.

After the psychotherapy we diagnosed the experimental and control groups in case to check how the psychotherapy practice influenced to the experimental group. For the psycho diagnosis we used the James Crandall's Social Interest Scale. The result of the test after the psychotherapy (shown in the **table 2**) gave us the difference of mean ranks of Social interest of the experimental and control groups.

Table 2: Comparison of the difference of mean ranks of Social interest of the experimental and control groups after the psycho correction
(Student's t-criterion)

N _o	Experimental group X	Level of Social interest (Experimental group)	Control group Y	Level of Social interest (Control group)	d	d ²
1	9	High	5	Average	4,0	16
2	11	High	4	Low	7,0	49
3	10	High	6	Average	4,0	16
4	9	High	4	Low	5,0	25
5	9	High	7	Average	1,0	1
6	8	Average	5	Average	3,0	9
7	11	High	7	Average	4,0	16
8	7	Average	6	Average	1,0	1
9	7	Average	6	Average	1,0	1
10	14	High	5	Average	9,0	81
11	9	High	8	Average	1,0	1
12	7	Average	6	Average	1,0	1
13	9	High	7	Average	2,0	4
14	8	Average	5	Average	3,0	9
15	11	High	6	Average	5,0	25
16	12	High	4	Low	8,0	64
Σ	150		91		59,0	319

Table 2 shows that after the psychotherapy in the **experimental group** attendants there are 11 high and 5 average indications. This means that after the psycho correction practice 11 attendants overcame the inferiority complex, their social interests are high and they formed new style of life. Other 5 attendants on their way to overcome the inferiority complex and with their social interest they are forming new style of life. In the **control group** attendants there are 13 average and 3 low indications. This means that 13 attendants on trying to overcome the inferiority complex and with their social interest they are trying to form new style of life. Other

3 attendants had low social interest and this means that they still have high inferiority complex. The reliability of the results given below:

$$\begin{array}{rcl}
 d = 3,7 & & \\
 Sd = 0,65 & & \\
 t = 5,67 & \text{tcr} = \{ & \begin{array}{ll} 2,14 & P \leq 0,05 \\ 2,98 & P \leq 0,01 \\ 4,14 & P \leq 0,001 \end{array}
 \end{array}$$

The result of the experiment is reliable for the grade of $P \leq 0,001$. Mean ranks of Social interest of the experimental group are higher than mean ranks of Social interest control group for the grade of $d = 3,7$ and this result reliability is $0,01^{**}$. This means that after the psycho correction practice indication of social interest of the experimental group raised, inferiority complex was overcome and attendants have the motivation for purpose with the new style of life.

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