VARIANTS OF LIFE TRAJECTORIES AMONG PERSONS WITH DISABILITIES IN THE CONTEXT OF SUBJECTIVE WELL-BEING AND LIFE QUALITY[1]

Svetlana Khazova, Inna Tikhonova, Tatiana Adeeva
Kostroma State University, Kostroma, Russia

Abstract

The article presents the results of the study of life trajectory variants among persons with disabilities as well as their social and personal characteristics: life satisfaction, life quality assessment, well-being, and coping strategies. The total sample was 87 people. The study suggests 3 variants of life trajectories among persons with disabilities. They differ in such parameters as dynamics, narrative, connection between events and one's emotions, modality of emotions, number of important events, and their content. The reported life quality assessments slightly characterize the life trajectory variants. We identified the difference both between the levels of one's social well-being satisfaction and subjective well-being in the 3 variants of life trajectories. We also observe specificities of the coping strategies. The results can be used to design programs of psychological assistance, accompany persons with disabilities, develop positive life strategies, and achieve high subjective well-being levels.

Keywords*: disabilities, life trajectory, subjective well-being, quality of life, coping strategies.*

Introduction

The focus on the specificity of a life trajectory among persons with disabilities (PWD) is justified by the need to identify significant factors that have an impact on one's activity, success, and life quality in general. The statutory description of disability implies the attitude to a disabled person as to an object of a social impact who seeks social protection. This stresses the significance of social factors for personality development and one's life trajectory. However, being the subject of one's life and having the ability to adapt and develop, the individual conceptualizes, interprets events, copes with difficulties, takes decisions, and sets themselves goals. As a result, a phenomenon of life trajectory is becoming an increasingly burning topic.

Recent studies describe different variants of PWDs' life (life trajectories and strategies): "non-disability" and "disability" («инвалидные») (Lebedeva, 2012), considering the indivi-

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dual's abilities and limitations, and "life in spite of disability" (Yarskaya-Smirnova, 2002), "hypersthenic" (high levels of vital forces) and "hyposthenic" (pessimistic attitude to both one's past and present, poor life eventfulness) types (Khazova, Adeeva, Tikhonova, & Shipova, 2018a).

However, we suppose that the category of life strategy offers no opportunity to assess what impact unpredictable events may have on one's life, predict an actual form of one's experience, and, perhaps, explore significant cause-and-effect relationships (Khazova, Adeeva, Tikhonova, & Shipova, 2018a). In this regard, we prefer the "life trajectory" category. Life trajectory can be described through "a series of positions" of an individual or a group during their lives (Bourdieu, 2002), a direction and a speed of their lives in a particular social context and over a particular span (Shah & Priestley, 2010), a set of particular trajectories (e.g. educational trajectory, work trajectory, etc.) (Elder, 1985). It always involves transitions and turning points which are critical in tracing a life course trajectory (Biewer et al., 2015; Khazova, Adeeva, Tikhonova, & Shipova, 2018a,b). Studying life trajectory determinants, scholars observe a considerable impact of one's self-esteem and self-perception, life meaningfulness, emotional stability, professional activity, affiliation, hobby, physical dependence on outside assistance, and explicit discrimination from the environment on a choice for a specific life trajectory (Lebedeva, 2012; Saitgalieva & Matveeva, 2016; Marker & Ustugova, 2015; Kim, Lee, & Bezyak, 2016). In addition, the studies show that the features of the life trajectory largely depend on the socio-cultural experience in various spheres of life (Vlachou & Papananou, 2015).

The analysis of academic works on the individual's adaptive behavior in the context of severe and chronic illnesses as well as disabilities caused by developmental disorders of different nosology suggests that coping behavior can be a relevant factor behind a choice for one's life trajectory. First, coping behavior is an inborn ability which is crucial during one's course of life as well as for hindered development: it minimizes negative impact, stimulates the subject's activity, adapts and transforms their life situation, and maintains their positive Self-image, confidence, emotional stability, and relatively close contacts with social environment (Olsen, 2018; Kryukova, 2013; Khazova, Shipova, Adeeva, & Tikhonova, 2018). Second, its positive impact on one's adaptive behavior has been proven in a great number of studies.

Thus, we faced a number of questions during the course of our study: Are the mentioned above classifications of PWDs' trajectories complete? What is a possible classification of life trajectories in the context of development hindered by disabilities? What impact does coping behavior have on PWDs' life trajectories? What are the relationships between life trajectory specificities and adult PWDs' life quality and subjective well-being?

Object of the research: variants of adult PWDs' life trajectories.

Aim of the research: to determine the variants of PWDs' life trajectories depending on their coping behavior strategies, life quality, and subjective well-being.

Method
Participants of the research
The sample of the study consisted of 87 persons with disabilities: adults with visual (n=26), hearing (n=18), mobility (n=18), intellectual (n=20) disabilities, 5 participants suffer from various neuropsychiatric disorders, 45 adults are men, 42 are women. The age of the participants ranges from 17 to 64 (M=36,7; SD=12,43). The sample comprises people with "PWD" status proved by the Medical-Social Expertise certificate where the cause of a disability

is "disabled-since-childhood". This status implies a number of limitations on personal activity: limited abilities to work, learn, communicate, care for and control oneself.

Methods of the research

The methodological body of the study consisted of: the methodology of studying life trajectories (a combination of a clinical-psychological interview, a method of collecting a medical history, and the "Life Line" technique modified by Vasilenko) (Vasilenko, 2016); the interview focused on experiencing events in different periods of life, assessing them and understanding their impact on life. The study used Subjective Well-Being Scale (Sokolova, 1996); QUALITY OF LIFE (WHOQOL) - BREF) (Khazova, Adeeva, Tikhonova, & Shipova, 2018b); Ways of Coping Questionnaire (WCQ) (Kryukova & Kuftiak, 2007).

As the data obtained through "Methodology of Studying Life Trajectories" had mainly a qualitative representation and caused difficulties for the analysis, we developed a number of parameters for quantitative data processing (Table 1). The parameters were designed according to the identified life trajectory characteristics (Khazova, Adeeva, Tikhonova, & Shipova, 2018b).

Table 1. Brief Description of Quantitative Parameters for Life Trajectory Assessment

Parameter	Parameter Characteristics, Assessment
Eventfulness	A number of events over a particular span (from 0 to …)
Event content	A number of events in different categories (family, health, social contacts, hobby, education, etc.)
Locus of events (Locus control)	A level of the participant's involvement and responsibility: external or internal locus, their quantity.
Assessment of life events	A general assessment of one's life span – an arithmetic mean taking into account symbols given by participants to assess the events (the results have + or - symbols)
Cause-and-effect relationships	A number of references to the span's (or the event's) impact on the rest of one's life
Narrative	Stories about different life spans are analyzed. Their number and degree of detail are assessed.
Connection between events and one's emotions	A number of reported emotions and their valence are assessed
General assessment of one's life trajectory	A number of trajectory "peaks" (events with contrasting assessments): their general number; a number of positive and negative peaks. A general number of both positive and negative events (assessments higher or lower than 0), in the past, in the future. A mean value of positive events; a mean value of negative events.

Statistical analysis

Research data were calculated using 10.0 Statistica software. The main statistical method was *k*-means clustering. The *k*-means method allows dividing the sample into groups (clusters) taking into account all the studied parameters (coping strategies, subjective well-being, quality of life and features of the description of the life path). The differences between the groups were defined employing Multifunctional Fisher Criterion – angular conversion Fisher (φ^*).

Results and Discussion

The data collected were analyzed using *k*-means clustering which enabled us to identify 3 groups of adult PWDs that are distinguished by specific life trajectory, life quality, and subjective well-being characteristics as well as a specific set of coping strategies. The description of the identified clusters is presented in Table 2.

The first cluster (n=30, 18 men, 12 women) mainly consists of the participants with mobility impairments and cognitive disabilities. The second cluster (n=33, 18 men, 15 women) consists of the participants with hearing and visual impairments, while the third one (n=24, 9 men, 15 women) is made up of those with visual ones.

We analyzed the life trajectory indices in the clusters on particular life period (Fig. 1) and general (Table 2) parameters.

Table 2. Number of Participants with Different Quantitative Representation of Common Life Trajectory Indices in the 3 Clusters (%)

	1 cluster			2 cluster			3 cluster		
	Low	Medium	High	Low	Medium	High	Low	Medium	High
Number of peaks	53,3	36,6	**10**	63,6	36,3	**0**	50	37,5	**8,3**
Number of negative peaks	70	23,3	**6,66**	78,8	21.2	**0**	66,6	29,2	4,2
Assessment contrasts	80	**20**	**0**	93,9	6,1	**0**	83,4	8,3	**8,3**
Number of positive events	30	**46,6**	23,4	15.2	**69,6**	15,2	25	58,3	16,7
Number of events in the past	50	**46,7**	3,3	48,5	51,5	0	37,5	**70,8**	4,2

In terms of common life trajectory characteristics the clusters mainly diverge in a number of past and positive events, peaks (mostly negative ones), and assessment contrasts. High dynamics are identified in the 1st and 3rd clusters. A small number of "peak" assessments is typical for all the groups – from 0 to 3 among 50-60% of the participants. Meanwhile, life stories reported in the first and third clusters when compared to those from the second one contain more events with extremely high and low assessment (φ*=2,55 p≤0,004; φ*=2,18 p*0,015 respectively) where the first cluster has a greater number of negative peaks than the second one (φ*=2,18 p≤0,019) too. 80-90% of the participants in the clusters demonstrate an insignificant number of assessment contrasts while consequent events receive quite contrasting assessments – no more than 5. 80-90% of respondents in all three groups have a small number of contrasting assessments of events (standing next to the events are evaluated as polar) – no more than 5. However, 20% of respondents in the first cluster have an average number of contrast ratings in the trajectory (6-10) – significantly more than in the second cluster (φ*=1,69, p≤019). The third cluster is characterized by the highest polarity of estimates: 8.3% of respondents have a large number of contrasts (from 11 to 16) that considerably distinguishes this cluster from the first (φ*=2,13 p≤0,016) and second (φ*=2,18 p≤0,015). Finally, 46,7% of the adults from the first cluster report 8-16 past events which is far from the indices in the third one – 70,8% (φ*=1,80, p≤036); while a number of the participants who mention positive events is lower as well (φ*=1,87, p≤030).
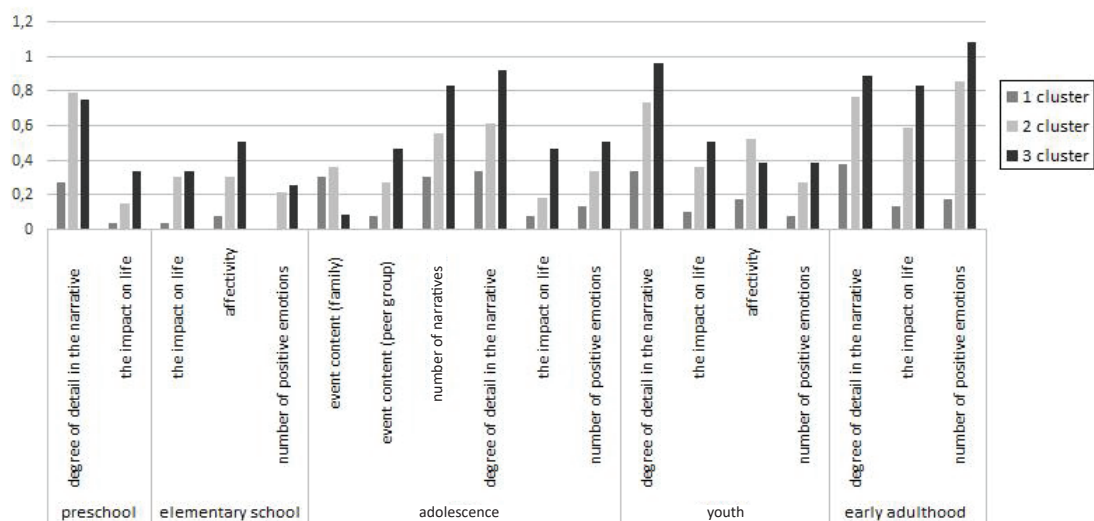
Fig. 1. Average Indices on Life Trajectory Over Different Life Spans
in the Three Clusters (p<0,05)

As we can see, life trajectories in the three clusters reliably diverge in the quantitative representation of the indices in the preschool, elementary-school, adolescence, and young-adult age periods. Their trajectories most likely diverge in a degree of detail in the reported events (narrative), their affectivity, and a number of positive emotions. Almost each life period in the three clusters differs in a number of references to the impact the events had on the participants' lives. The data also indicate that a maximum number of divergences in life trajectories among the clusters belongs to adolescence which possibly has a significant impact on the choice for one's future trajectory.

The first cluster indices on the life periods are comparatively low. The descriptions of the participants' lives are mainly references to certain facts, detailed accounts (narratives) are uncommon, no emotions are mentioned. The life trajectories are distinguished by weak cause-and-effect relationships – the participants are not likely to identify any impact the events have on their lives.

Those in the second cluster are medium, i. e. the participants give sufficiently full accounts of their life stories, emotions, and adequately describe cause-and-effect relationships. The second cluster is distinguished by a reliably large number of both detailed stories about the preschool age and events from adolescence concerning the participants' lives in general (birth, death, faith, lost meaning of life, new home, tragedies, frustration, achievements, etc.). The importance of the events of adolescence to build a life trajectory has been noted in many studies (Berntsen & Rubin, 2004). In general, the life trajectories of these people, reflected in life stories, showed that personal experience of disability depends on the quality and breadth of socio-cultural experience in various social spheres (Vlachou & Papananou, 2015).

The quantitative evidence from the third cluster suggests that the participants refer to the life events of almost each period as the ones having impact on their future lives and involving positive experiences. Their life trajectories demonstrate the strongest and most explicit cause-and-effect relationships. The PWDs mention a far greater number of events from their early ages with internal locus – they report their personal activity: "I learned how to walk", "I was

on my own…". Their life trajectories contain more cause-and-effect events starting from the preschool period: injuries, illnesses, treatment, family trips, preschool preparation, life skills lessons, kindergarten, school. Besides, they have more detailed narrative since this disability stage. The participants are able to provide a comprehensive description of the events which is "a combination of facts and one's emotions, interpretations and proof and a reflection of a subjective meaning (личностный смысл) of an event" (Bourdieu, 2002, p. 3-4). A number of stories is small but they are detailed. A reliably larger number of narratives belongs to adolescence, most of the events mentioned are related to one's communication (friends, sexual activity, love, events involving one's friends and close people). An example: "*It was the 12nd of June, 2000, I was twelve years old. I still remember that day. It started then and lasted for about 4 days. I was staying in the Eye Microsurgery Centre in Khabarovsk. I didn't feel like staying there. All those different shots nearly wrecked my fragile teenage mind (sarcasm). That day I went to the procedure room to get shot and heard some women speaking in the hall right next to the room. One of them had an accent and I, as I was pretty nerdy and pushy, decided to get to know that foreigner better. Don't take it wrong, she was quite old, maybe 50 or 40 years old. I asked her: "Where are you from?" She said: "From Japan". I was over the moon. I had been fond of this language since my childhood. So, I decided to show off for her a bit and started talking Japanese with her. That way I managed to partially overcome my fear of these shots…*".

At each age period the participants demonstrate higher and higher indices on such parameters as connection between the events and their emotions, emotional response as well as positive experience. On the one hand, this may indicate objectively more positive life events. On the other hand, the abundance of narratives and a strong connection between the events and one's emotions can be attributed to one's personal characteristics and intellectual specificities. Their life stories are quite full accounts of interrelated events that are given emotional assessments. They are impromptu, independently made. The ability to make a narrative implies logical thinking, analysis skills, self-reflection, interpretation, and, finally, mnestic and well-developed speech skills, a specific perception.

Having presumed a correlation between one's life trajectory, well-being level, and coping abilities, we examined these phenomena in the three clusters. The specificities are presented in Table 3.

Table 3. Well-Being, Coping Strategies, and Life Quality Indices by the Clusters(p<0,05).

		1 cluster	2 cluster	3 cluster
Subjective well-being	Tension and sensitivity	10,30	12,61	13,75
	Psychiatric symptoms	13,10	15,42	18,08
	Total	53,30	56,33	63,96
Coping strategies	Confronting coping	48,69	62,47	41,44
	Distancing	40,09	67,74	34,69
	Self-control	51,42	71,80	54,85
	Social support	59,61	74,81	72,95
	Accepting responsibility	41,94	69,53	43,27
	Escape-avoidance	31,30	58,09	39,73
	Planful problem-solving	37,32	73,27	65,97
	Positive Reappraisal	35,41	75,51	69,34
Life quality	Social well-being	24,80	28,42	29,04

We can conclude that the life trajectory indices are hardly likely to characterize the life trajectory variants. All the respondents involved give similar assessments on such general parameters as life quality, health, physical and psychological well-being, self-perception, micro-environment support while the variants diverge in those of one's social well-being as well as in common (total) indices on one's subjective well-being, tension and sensitivity and psychiatric symptoms.

The data collected show that the first class participants are less satisfied with the existing social conditions. This could be attributed to their nosology – this group consists of persons with mobility impairments who still face a problem of accessibility of many social facilities and services. On the other hand, this cluster demonstrates lower indices on psychiatric symptoms according to the Subjective Well-Being Scale that may indicate comparative emotional comfort. The comparative analysis shows that the group is reliably less likely than the others to use self-control, planful problem-solving, and positive reappraisal strategies. The low popularity of coping strategies that involve one's activity and personality maturity and the preference for seeking social support strategy may imply the participants' personality immaturity and social dependency.

The second cluster is distinguished by an active use of different coping strategies and their higher tension and sensitivity compared to the rest. They use confronting coping, distancing, and escape-avoidance along with planful problem-solving, positive reappraisal, seeking social support, self-control, and accepting responsibility strategies. This diverse set of coping strategies suggests the participants' inconsistent behavior in stressful situations and, perhaps, their excessive sensitivity to life challenges when they are considered "catastrophic", not accepted as a fact of life, and must be "eradicated". The participants are distinguished by a relatively medium level of well-being and average assessments of their life quality in the field of social contacts.

The third cluster participants have the highest indices on tension, sensitivity, and a level of clearly manifesting accompanying main psychiatric symptoms which were derived using the Subjective Well-Being Scale. In general, the level of all the participants' subjective well-being is within mean values. This suggests a lack of evident problems but does not necessarily involve total emotional comfort. However, the third cluster has higher levels of these parameters as compared to the first and second ones. This group gave higher assessments on the WHO Quality of Life-BREF questionnaire. According to the questionnaire, social well-being implies not only one's social interaction, a number of contacts, social status, and career but their satisfaction with the social conditions and services: healthcare, public transport and etc. accessibility. The least common coping strategies for this cluster are distancing and confronting coping while the most common ones are seeking social support, planful problem-solving, positive reappraisal which indicates their preference to cope with difficulties through the analysis of the situation in question and one's own seeking activity as well as learning from others' experience and resources.

This analysis provided a more complete description of the life trajectories of adults with disabilities compared to earlier studies (Yarskaya-Smirnova, 2002; Khazova, Adeeva, Tikhonova, & Shipova 2018a).

Conclusions

Thus, we arrive at the following conclusions: three variants of life trajectories among PWDs were identified which diverge on such parameters as dynamics, narrative, connection

between events and one's emotions, modality of emotions, number of important events, and their content. The greatest number of the divergences in life trajectory characteristics belongs to the participants' adolescence which, apparently, has an important impact on their life trajectory choice.

In terms of dynamics, *the first life trajectory* variant is characterized by unevenness, event assessment contrasts within mean values, "peaks" – events with the participants' contrasting and mainly negative assessments, the largest number of reported past events. Life is commonly perceived as a range of facts; narrative, affectivity, and cause-and-effect relationships parameters have low levels. The life trajectory specificity implies a minimum of the individual's analysis and event assessment, a relatively high level of their subjective well-being with low satisfaction with social conditions, their preference for social support in stressful situations with a minimal level of one's independent external and internal activity. This life trajectory variant is mostly common among persons with intellectual disabilities and mobility and physical impairments

The second life trajectory variant is distinguished by average indices, a lack of event assessment contrasts, the abundance of positive assessments, a small number of reported past events, quite detailed narrative about life events and one's experienced emotions. Significant life stories are commonly reported in the preschool period. The life trajectory specificity suggests the individual's constant "struggle" with life challenges, a high level of their coping strategies which can be attributed to the perception of these challenges as unacceptable ones.

The third life trajectory variant demonstrates a relatively bigger number of events with assessment contrasts, sufficient positive ones, and the abundance of reported past ones. The events are basically positive stories that have an important impact on the participant's future life. The life trajectory specificity involves the individual's quite in-depth analysis, mature reflection, comprehensive interpretation, well-developed differentiated emotion assessment system, good speech skills and mnestic abilities. It is characterized by their preference for coping strategies that imply seeking social support and information from others, analytical problem-solving approach, positive reappraisal of the situation, and their focus on self-development. Meanwhile, it requires considerable emotional resources which may cause a low level of the individual's emotional well-being.

The three variants slightly differ from each other in the life quality parameter, namely in the parameter of one's satisfaction with their social well-being level. However, different levels of one's subjective well-being in each life trajectory variant and specificities of their coping strategies were identified.

The results obtained will be relevant for Russian cities-regional centers with average population. The results obtained in multi-functional cities with larger populations are likely to be different.

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Summary

Inna Tikhonova, Tatiana Adeeva, Svetlana Khazova,
Kostroma State University, Kostroma, Russia

The article presents the results of the study of life trajectory variants among persons with disabilities as well as their social and personal characteristics: life satisfaction, life quality assessment, well-being, and coping strategies. The sample of the study consisted of 87 adults with disabilities: visual (n=26), hearing (n=18), mobility (n=18), intellectual (n=20) disabilities, 5 participants suffer from various neuropsychiatric disorders, the age of the participants ranges from 17 to 64 (M=36,7; SD=12,43).

Object of the research: variants of adult PWDs' life trajectories.

Aim of the research: to determine the variants of PWDs' life trajectories depending on their coping behavior strategies, life quality, and subjective well-being.

The data collected were analyzed using *k*-means clustering which enabled us to identify 3 groups of adult PWDs that are distinguished by specific life trajectory, life quality, and subjective well-being characteristics as well as a specific set of coping strategies. Three variants of life trajectories were identified which diverge on such parameters as dynamics, narrative, connection between events and one's emotions, modality of emotions, number of important events, and their content.

The first life trajectory (mostly common among persons with intellectual disabilities and mobility impairments) is characterized by unevenness, event assessment contrasts within mean values, "peaks" (extremely high or low scores) and mainly negative assessments, the largest number of reported past events. Narrative, affectivity, and cause-and-effect relationships parameters have low levels. The life trajectory specificity implies a minimum of the individual's analysis and event assessment, a low narrative and affectivity, a relatively high level of their subjective well-being with low satisfaction with social conditions, their preference for social support in stressful situations.

The second life trajectory variant is distinguished by average indices, a lack of event assessment contrasts, the abundance of positive assessments, a small number of reported past events, quite a detailed narrative about life events and one's experienced emotions. The life trajectory specificity suggests the individual's constant "struggle" with life challenges.

The third life trajectory variant demonstrates a relatively bigger number of events with assessment contrasts, sufficient positive ones, and the abundance of reported past ones. The events are basically positive stories that have an important impact on the participant's future life. The life trajectory specificity involves the individual's quite in-depth analysis, mature reflection. It is characterized by their preference for coping strategies that imply seeking social support, problem-solving approach, positive reappraisal of the situation.

The three variants slightly differ from each other in the life quality parameter. However, different levels of one's subjective well-being in each life trajectory variant and specificities of their coping strategies were identified.

Corresponding Author's e-mail: hazova_svetlana@mail.ru