

УДК 159.9

DOI: [https://doi.org/10.18524/2707-0409.2021.2\(54\).241390](https://doi.org/10.18524/2707-0409.2021.2(54).241390)**Kovalova O.**

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PSYCHOLOGICAL PECULIARITIES OF PEOPLE WITH DISABLING DISEASES

The number of people with disabilities is constantly growing, although its causes and consequences may be different. According to the UN, every fourth family in the world faces disability, the total number of people with disabilities on the planet is 600 million people, and more than a quarter of them are children (in particular, in Ukraine there are more than 160 thousand children with disabilities up to 16 years). In recent years, in connection with the change in the Concept of Disability, the rehabilitation of the disabled has become a conscious basis for social policy. The main direction of this policy was the comprehensive (medical, psychological and social) rehabilitation of the disabled. It is comprehensive rehabilitation that returns a disabled person to a full and normal life. A well-thought-out system of rehabilitation measures is able to almost completely return this category of people to the usual way and rhythm of life. But without taking into account the personal characteristics of the disabled person and assessing his resource capabilities, it is impossible to build an effective system of rehabilitation measures that can return a person to a full life. A person's disability limits his or her participation in active activities. Such person is detached from many life events that are important for his formation as a person. This affects his vision of himself, the adequacy of self-esteem. Inadequate, low self-esteem significantly affects human behavior. His self-doubt reduces his

chances of success. Due to health restrictions, a sick person considers himself or herself an inferior person. In particular, this applies to communication with other people. Insufficient level of development of compensatory abilities, reduced level of adaptive potential, presence of interpersonal conflicts, uncertainty of life plans and attitudes, inability to fully integrate into society, feelings of inferiority and inability of people with disabilities against the background of their desire for self-actualization and self-actualization. personal and socio-psychological problems. Therefore, the study of psychological characteristics and dynamics of personal changes in people with disabilities, as well as the implementation of qualified psychological support of this category, is one of the pressing issues at the present stage of society, in social policy, in the rehabilitation of this category. The problem of the relationship of somatic and mental components, the relationship between the systems of bodily organization and mental formations of the individual is one of the leading problems in the psychology of corporality. The subject of self-perception and self-esteem of the individual is his own body, his own abilities, his own social relations, as well as many personal manifestations. In a number of studies (O. T. Sokolova, A. Yu. Rozhdestvensky, M. Powell, V. M. Kunitsyna, A. Lowen, T. Cash) the body image is considered as a complex structural formation, which includes cognitive, emotional evaluation and regulatory components. Consideration of psychological factors is important at all stages of treatment and rehabilitation of patients and people with disabilities. The most important psychological aspects are the attitude to the disease and the peculiarities of the psycho-emotional sphere. However, the problem of psychological characteristics of people with disabilities is insufficiently covered. Analysis of scientific sources shows that, despite the significant amount of theoretical research on this problem, special attention needs to be paid to the development of psycho-correctional and rehabilitation techniques and techniques that would promote psychological adaptation, better results and effective rehabilitation.

The purpose of the article is to show the psychological peculiarities of the personal sphere of people with disabling diseases, to characterize the psychological aspect of working with people with disabilities due to a disabling disease.

Research methods: to solve certain problems we used a set of methods due to the object, subject, purpose and objectives of the

study: theoretical — analysis, systematization and generalization of modern scientific and empirical research on the problem of psychological work with people with disabilities; empirical — observation, questionnaire, testing, observational experiment, during which various research methods were used: self-assessment of personality (SAP), which characterizes the parameters of well-being, activity and mood of the individual; method “Rehabilitation potential of the individual” author’s development I. Yu. Kulagina and L. V. Senkevich 2011; TOBOL method, which diagnoses the type of attitude to the disease; methods of diagnosis of socio-psychological adaptation of K. Rogers and R. Diamond; methods of multifactor study of the personality of R. Kettel to assess personal psychological characteristics; questionnaires to determine the level of rehabilitation potential and the level of adaptive capabilities of the individual “Adaptability” A. G. Maklakova; methods for assessing quality of life.

The scientific novelty of the research is that it specifies the knowledge about the psychological characteristics of people with disabling diseases; scientific ideas about the peculiarities of the personal sphere of persons of this category were further developed.

The theoretical significance of the research is to expand scientific knowledge and ideas about the peculiarities of the process of rehabilitation and adaptation of persons with functional limitations as a result of disabling diseases.

Key words: personal sphere, social and psychological adaptation, rehabilitation, disability, internal picture of the disease.

Insufficient level of development of compensatory abilities, reduced level of adaptive potential, presence of interpersonal conflicts, uncertainty of life plans and attitudes, inability to fully integrate into society, feelings of inferiority and inability of people with disabilities against the background of their desire for self-actualization and self-actualization. personal and socio-psychological problems. Therefore, the study of psychological characteristics and dynamics of personal changes in people with disabilities, as well as the implementation of qualified psychological support of this category, is one of the pressing issues at the present stage of society, in social policy, in the rehabilitation of this category.

The purpose of this article is to highlight the psychological characteristics of the personal sphere of people with disabilities, to characterize the psychological aspect of working with people with disabilities due to disabling disease.

Disability as a social phenomenon is inherent in every country. Today, the level of disability of the world’s population reaches more than a billion people or 15 %. In Ukraine, the number of people with disabilities is 2 million people or 6.1 % of the total population of our country. These data eloquently indicate the severity and prevalence of the problem of disability. The basis of the policy on people with disabilities is their rehabilitation. The essence of rehabilitation of disabled people is revealed in the Law of Ukraine “On Rehabilitation of Disabled People in Ukraine”. In this Law, the following terms are used in the following meaning:

– disabled person — a person with a persistent dysfunction of the body due to disease, injury (its consequences) or congenital defects of mental or physical development, which leads to a restriction of normal life, causes a person the need for social assistance and enhanced social protection, as well as state performance appropriate measures to ensure its legally defined rights;

– disability — a measure of loss of health and limitation of life that prevents or deprives a particular person of the ability or possibility to carry out activities in a manner and within the limits considered normal for a person depending on age, gender, social and cultural factors;

– loss of health — the presence of diseases and physical defects that lead to physical, mental and social unhappiness [11].

Disabled (from the Latin *invalidus* — powerless, sick). According to the Declaration on the Rights of Persons with Disabilities (UN, 1975), a disabled person is any person who is unable to provide for all or part of the needs of normal personal and (or) social life due to a deficiency, whether congenital or not, his (or her) physical or mental capabilities. In our opinion, the concept of “disabled” should be attributed not so much to the subject of life, but to consider it as a social phenomenon, namely the result of the interaction of psychophysical constraints and social barriers.

Let us dwell more detailed on the barriers posed to a person by disability, identified by O. I. Kholostova and N. F. Dementieva. First of all, we can talk about physical limitations, or isolation of a disabled person — this is due to either physical, or sensory, or intellectual and mental disabilities that prevent him from moving independently and (or) navigate in space.

The second barrier is labor segregation, or isolation of the disabled person: due to his / her pathology, an individual with disabilities has extremely narrow access to jobs or no access at all. In some cases, a disabled person is completely incapable of work, even the simplest. However, in other situations, people with disabilities are provided with (or found to be available) low-skilled jobs that involve monotonous, stereotypical work and low wages.

The third barrier in the lives of people with disabilities is poverty, which is a consequence of social and labor restrictions: these people are forced to exist either on low wages or assistance (which also cannot be sufficient to ensure a decent standard of living).

An important and quite difficult to overcome barrier for the disabled is the spatial-environmental. Even in cases when a person with physical disabilities has means of transportation (prosthesis, wheelchair, specially equipped car), the organization of the living environment and transport is not yet friendly to the disabled. There is a lack of equipment and devices for household processes, self-service, free movement. People with sensory impairments experience a shortage of special information tools that inform about the parameters of the environment. For people with intellectual and mental disabilities there are no opportunities to navigate in the environment, move safely and act in it.

Probably, for all types of disabled people, an important obstacle is the information barrier, which has a bilateral character. People with disabilities find it difficult to obtain information both general and relevant to them (comprehensive information about their functional disorders, measures of state support for people with disabilities, social resources for their support). The emotional barrier is also bilateral, it can consist of unproductive emotional reactions of others about the disabled person — curiosity, ridicule, inconvenience, guilt, hyperopia, fear and so on and frustrating emotions

of the disabled person: self-pity, hostility to others, expectations of hyperopia, the desire to blame someone for their defect, the desire for isolation and so on. Such a complex complicates social contacts in the process of relations between the disabled person and his social environment. Both the individual with disabilities and his immediate environment are in dire need of the emotional background of their relationship to be normalized.

Finally, the complex barrier has a communicative barrier, which is due to the accumulation of all the above restrictions that deform a person's personality. Communication disorders, one of the most difficult social problems of people with disabilities, are the result of physical limitations, and emotional protective self-isolation, and falling out of the workforce, and a lack of familiar information. In order to humanize and democratize social processes, the concept of the disabled is replaced by such a concept as “a person with disabilities.”

There are 5 categories of disabled people with the following disorders: physical disabilities, namely disorders of the musculoskeletal system; intellectual disabilities and mental illness; hearing impairment; visual impairment; disorders of the internal organs, that is disabled for the “common” disease.

The result of the research:

1. Methods of diagnosis of rapid assessment of well-being, activity and mood (WAM)

Period of measurements	Dynamics of well-being (W)	Dynamics of activity (A)	Dynamics of mood (M)
Beginning of the rehabilitation course	3,6	4,3	4,6
The final period of research	4,2	4,5	5,1

Using the WAM method, the average values on all scales of the WAM method are within the statistical norm. But it is impossible to speak about a favorable condition of subjects as estimations testify that about a favorable condition are in the range from 5,0 to 5,5 points.

Depending on the study period, the table shows a clear pattern of changes in well-being (W), activity (A), mood (M) during reha-

bilitation activities. The greatest changes are observed in indicators of well-being (W) and mood (M). The activity indicator is the least changed due to the presence of inadequate internal attitudes to the rehabilitation process and recognition of the personal role of the rehabilitator in this process, low level of motivation.

These results give grounds to conclude that there is a well-defined periodic dynamics of well-being, activity, mood under the influence of psycho-correctional measures in the rehabilitation process.

2. Methodology «Rehabilitation potential of personality» author's development of I. Yu. Kulagina and L. V. Senkevich

	Possible maximum of points	Diseases of the musculoskeletal system, spinal injuries	Diseases of the cardiovascular system	Cerebral circulatory disorders	Cancer	cranio-cerebral injuries	Chronic diseases, diseases of internal organs	Diseases of the Central Nervous System	The average result of the nosological group										
Motivational component	12	6 50 %	4 33 %	3 25 %	4 33 %	2 16,2 %	3 25 %	3 33 %											
Emotional component	8	6 75 %	3 37,5 %	3 37,5 %	2 25 %	3 37,5 %	4 50 %	4 50 %											
Self-assessment component	8	7 87,5 %	3 37,5 %	3 37,5 %	3 37,5 %	4 50 %	4 50 %	4 50 %											
Communicative component	8	6 75 %	4 50 %	2 25 %	3 37,5 %	2 25 %	5 23 %	3 37,5 %											
Internal picture of the disease	20	11 55 %	6 30 %	6 30 %	10 50 %	8 40 %	10 50 %	7 35 %											
Number of people		4	3	7	2	2	2	2											

In the researched group, high RP was found in people with musculoskeletal disorders and spinal injuries. In all other nosological subgroups low RPT was detected.

Development of the concept of rehabilitation potential of the person, and also revealing of specificity of RPT in the categories of patients considered by us, give us the chance to define directions of psychological help for more effective process of complex rehabilitation. mental disorders, which most significantly affects the course of the underlying somatic disease, as well as the processes of rehabilitation and adaptation.

3. Tobol method (type of attitude to the disease). The technique was developed by A. Ye. Licko in 1980

Type of psychological response	Quantitative indicator	Percentage	Social adaptation
The first block	4	18 %	It is not significantly violated
The second block	9	41 %	The presence of mental maladaptation, emotional-affective reaction by type of anxiety, depression, "immersion" in the disease, weakness
The third block	9	41 %	Disadaptive behavior, emotional and affective reactions, social dysfunction

The results of the Tobol method showed that in most cases — 40 % with the onset of the disease, clients were unwell, in 15 % — satisfactory.

According to the study, the majority of respondents (38.9 %) are ready for any treatment, rehabilitation is trying to overcome the disease and work as before, and only a small number of patients (10 %) are frightened by the disease.

As a result of the study, as can be seen from the table, two subgroups of risk were identified. The first subgroup of risk included clients of anxious, hypochondriac, neurasthenic, melancholic, apathetic types of attitude to the disease — the Second block (9 %). These individuals are characterized by an intrapsychic orientation of personal response to the disease, which causes a violation of social adaptation. Annoying weakness, anxiety, depression, refusal to fight for their health — all this leads to maladaptation. This means that such individuals do not know how to constructively cope with their irritability, anxiety and do not believe in their own ability to improve their health.

4. Multilevel personal questionnaire “Adaptability” (MLO-AM) developed by A. G. Maklakov and S. V. Chermyanin

Analysis of the results by the method of “Adaptability” shows that the integrated indicator of personal adaptive potential is within a low level of severity. Analysis of socio-psychological adaptation showed significant differences in their socio-psychological characteristics, confirming statistically significant differences in the following individual-personal adaptation components, which are manifested in: “physical and verbal aggression”, “negativism”, “irritability” “alexithemia”, “Tendencies to extroversion”, “crisis of personal and social identity”, “narrowing of the need-motivational orientation of the person”, “inadequate self-assessment of their personal qualities, states and self-efficacy”, “dissatisfaction with family relations”, “anxiety in the family”, “Negative attitude to the future”, in the intensity of psychological protection: “displacement”, “replacement”, and the dominance of emotionally-oriented behavior: “aggression”, “hopelessness”, “protest”; and the socio-environmental components of adaptation, which show the largest deficits in areas such as economic instability associated with “lower incomes” and socio-psychological instability associated with “changes in social status.”

According to the results of the survey, they give a lower assessment of their health, despite the fact that their condition does not cause concern from doctors and relatives. More than half (53 %) experience acute anxiety and have a significant risk of developing depression. In 46 % of patients there are elements of depression, manifested in severe passivity, lack of interest in the world, low degree of social adaptation, predisposition to depressive type of response to distress, the presence of negative attitudes to the future.

Thus, it can be stated that currently the process of socio-psychological adaptation of people with disabilities is difficult because: life satisfaction of people with disabilities is low; self-esteem also has negative dynamics; significant problems face people with disabilities in the field of relationships with others; the emotional state of the disabled is characterized by anxiety and un-

certainty about the future, pessimism. Thus, the empirical study allows us to draw the following conclusions. The most unfavorable in the socio-psychological sense, in the study, those that combined various adverse indicators (low self-esteem, alertness to others, dissatisfaction with life, etc.). This group includes people with poor financial status and living conditions, single disabled people, disabled people of group 3, especially the unemployed, disabled people from childhood.

Rehabilitation may include measures to ensure and (or) restore the restriction function. The rehabilitation process does not only involve the provision of medical care. It includes a wide range of activities and activities, from initial and more general rehabilitation to targeted activities, such as rehabilitation.

According to the concept of a multidisciplinary approach, the goal of rehabilitation is the integration of people with disabilities into society. The following main areas are identified, in which multifaceted rehabilitation measures should be implemented:

- 1) prevention of progression of pathological process and restoration of health of invalids;
- 2) restoration of personality;
- 3) early return of disabled people to work;
- 4) providing opportunities for permanent integration of people with disabilities into society.

The rehabilitation process involves solving problems of a number of aspects of physical, domestic, labor and professional recovery of the individual, taking into account the potential, compensatory capabilities of the organism. Carrying out functional diagnostics of adaptive-compensatory capabilities of an individual, which determine his biological, psychological and social levels of adaptation, as well as those factors that contribute to or hinder the rehabilitation process, allows to give an idea of the rehabilitation potential.

Rehabilitation potential is a set of biological, psychophysiological characteristics of a person, as well as socio-environmental factors that allow to some extent to realize his potential abilities and determine the possible level of restoration of impaired functions and social ties.

Assessment of the rehabilitation potential of a person will be possible through the following actions: determining the nature and extent of disorders and types of mental disharmony (emotional-volitional, intellectual-mnemonic, motivational, at the personal level); identification of the most "preserved" mental functions, the most "strong" aspects of the person; diagnostics of mental disorders and methods of their elimination; social block of mental adaptation.

It is extremely important to assess the psychological status of the individual, which makes it possible to identify individuals who are particularly in need of long courses of psychotherapeutic measures aimed at relieving anxiety, neurotic reactions, the formation of an adequate attitude to the disease and rehabilitation.

An important goal of psychological assistance to people with disabilities is to teach the patient to independently solve the problems facing him, in relation to professional activities and family life, focus on returning to work and in general to active life.

Psychological rehabilitation is closely related to social rehabilitation, which includes a system of measures aimed at creating and providing conditions for the return of a person to active participation in life, restoring his social status and ability to independent social and family activities through social and environmental orientation and social adaptation, etc. Social rehabilitation measures cover almost all issues of life of the disabled and combine socio-domestic and socio-psychological rehabilitation.

Psychophysiological component of socio-psychological rehabilitation involves solving the following tasks:

- normalization of the nervous system through the use of drugs (tranquilizers), biological and psychotherapeutic drugs;
- removal of fatigue and recovery of patients and the disabled from psychophysiological indicators due to the organization of a rational mode of life (active recreation, sleep, work with a gradually increasing load, physio-, nature-, balneotherapy).

The psychological component includes:

- restoration of disturbed mental functions (perception, attention, memory, thinking, speech, emotional reactions) by methods of psycho-correction;

- assistance to victims in overcoming emotional experiences, obsessions, phobic reactions associated with the situation of physical (mental) trauma;

- the formation of the optimal psychological response to the consequences of mental trauma, the mobilization of the individual to eliminate the difficulties that have arisen, the education of the necessary willpower;

- psychological preparation for medical operations and assistance in restoring their normal mental state in the postoperative period.

Drawing up rehabilitation programs is an integral part of the organization of the rehabilitation process in treatment and prevention facilities, rehabilitation centers, sanatoriums. At all stages of the rehabilitation program it is provided to address the patient's personality, a combination of biological and psychosocial forms of therapeutic restorative effects.

Rehabilitation programs contribute to the creation of such conditions when a disabled person will feel not an object but a subject of socio-cultural activities. The objectives of rehabilitation projects are: to restore the individual's ability to carry out leisure and recreational activities in accordance with their interests and preferences; support of vital and socio-cultural activity of a person; creating a favorable psycho-emotional environment through communication and leisure; acquisition of skills of adaptation to new living conditions; adult education [2, 4].

Methods of rehabilitation of the disabled are diverse. One of the most effective and acceptable methods of providing psychological assistance to people with disabilities to change personal reactions, along with psychological diagnosis and counseling, is psychological correction and psychotherapy.

Psychological correction is a set of measures aimed at correcting and improving the psychological characteristics of a person in accordance with certain requirements due to the internal reserves of the individual. Correction is a system of a certain psychological and physiological functional organization of the disabled person to develop psychological protection and restructure his attitudes towards the disease.

Methods of correctional work can be focused either on some norm, or on the individual capabilities of the disabled person. Moreover, the correction of the emotional, rational or socio-psychological sphere of relations. Psycho-correctional work can be implemented in various forms of group or individual influence: exercises, training, games, socio-psychological training.

Effective methods of psycho-correctional activities are: psychological support — a set of planned or episodic measures aimed at encouraging positive changes and results of behavior and activities of the disabled; psychological support is an alternative set of activities in which the mental activity of the individual is manifested in the presence and with the support of a specialist; psychological suggestion — a non-alternative indication of a well-defined order of behavior and activities in accordance with the norm; socio-psychological bias — a set of organizational and group activities aimed at creating favorable conditions for social interaction of the individual.

Thus, summing up, it is necessary to indicate once again that the internal picture of the disease, the “model” created by the patient and depends on many factors, can determine the prognosis, actively participate in the formation of any of the compensatory mechanisms and ultimately influence the process. disability, as well as the choice of ways and opportunities for rehabilitation.

Thus, the development of rehabilitation technologies in a given key, focused on the correction and formation of adaptive personal attitudes, the availability of various resource-developing types of psychological assistance and support, will ensure the psychological readiness of man for change. This is possible through the acquisition of psycho-emotional stability, understanding of the new self, their changed conditions, opportunities and their place in life. Further development of rehabilitation technologies will serve for more successful integration into the social and economic life of a significant number of people with disabilities who are not disabled, but consider themselves as such.

It is possible to note such conclusions, for example, growth of indicators of the acquired disability owing to a disabling disease is a negative tendency and emphasizes urgency of the specified prob-

lem. Given the fact that the number of people with disabilities is growing every year, and indicators of full and partial rehabilitation remain low, the main principles of action for people with disabilities is their rehabilitation, which will allow people with disabilities to achieve and maintain optimal levels of independence and life. social rehabilitation of the disabled.

Assessment of the rehabilitation potential of the individual reveals the internal resources of the individual, through which it is possible to compensate for disabilities. The complexity of diagnostic research provides a clear idea of the individual cognitive, emotional, motivational, communicative characteristics, as well as the value orientations of the disabled. The psychological component of rehabilitation potential should be defined as an indicator of personal capabilities of the individual involved in the rehabilitation process, based on the assessment of the mental state of the disabled, taking into account possible changes in all levels of personality. In order to ensure the maximum efficiency of the rehabilitation process, the concept of “psychological component of rehabilitation potential” should be used at all stages of medical and social examination and rehabilitation.

The development of the rehabilitation direction of work with the disabled makes it relevant to study their socio-psychological problems. Factors for the success of rehabilitation are the study of personal characteristics of a person with disabilities, his attitude to disability, interaction with the social environment. One of the criteria for the effectiveness of rehabilitation in socio-psychological terms is the ability of the individual to adapt and live in society. A more accurate assessment of the effectiveness of rehabilitation will be the achievement of the planned result of the rehabilitation action, the degree of improvement of vital functions and increase of social activity.

During the rehabilitation of disabled people there is a formation of a new level of self-awareness, a change in self-perception, which is determined by the desire to understand themselves, their capabilities and features, both those that unite him with other people and those that distinguish him from them. This is associated with sharp fluctuations in attitudes towards yourself, instabil-

ity of self-esteem, rejection of the image of your body, and so on. This neoplasm determines the leading need for psycho-correction and psychotherapy with this category — in the formation or correction of the correct system of internal individual psychological attitudes to the process of rehabilitation, increasing self-esteem.

The most important distinguishing feature for successful adaptation of a person with a disabling disease is adaptive problem-solving behavior, provided an adequate attitude to themselves and their own effectiveness focused on accepting their changed capabilities, rethinking and self-realization in new living conditions.

The research results. Based on a comprehensive theoretical and empirical study of the psychological characteristics of the personal sphere of people with disabilities, we have formed the following conclusions.

1. Every year the contingent of disabled people grows, and the indicators of full and partial rehabilitation remain low, the main principles of action for disabled people is their rehabilitation, which will allow disabled people to achieve and maintain the optimal level of independence and life.

2. A person with a disability should be considered, regardless of its capacity and usefulness to society, as an object of social policy aimed at creating conditions for the individual to maximize the realization of all potential abilities, integration into society.

3. Assessment of the rehabilitation potential of the individual reveals the internal resources of the individual, through which it is possible to compensate for disabilities. The complexity of diagnostic research provides a clear idea of the individual cognitive, emotional, motivational, communicative characteristics, as well as the value orientations of the disabled.

4. The results of our previous psycho-diagnostic study of persons with disabling diseases of various nosologies indicate the need to provide them with professional psychological assistance in the system of psychological support. The most unfavorable in the socio-psychological sense, in the study, those individuals who combined various adverse indicators (low self-esteem, alertness to others, dissatisfaction with life, etc.). This group includes people with poor financial status and living conditions, single disabled

people, disabled people of group 3, especially the unemployed, disabled people from childhood. It is established that all structures of personality organization are involved in the process of formation of non-psychotic mental disorders; a disabling disease also has a direct effect. The level of anxiety and depression in people with disabilities is significantly increased.

5. The development of the rehabilitation direction of work with the disabled makes it important to study their socio-psychological problems. Factors for the success of rehabilitation are the study of personal characteristics of a person with disabilities, his attitude to disability, interaction with the social environment. One of the criteria for the effectiveness of rehabilitation in socio-psychological terms is the ability of the individual to adapt and live in society.

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ПСИХОЛОГІЧНІ ОСОБЛИВОСТІ ЛЮДЕЙ З ІНВАЛІДИЗУЮЧИМИ ЗАХВОРЮВАННЯМИ

У статті висвітлено психологічні особливості людей з інвалідизуючими захворюваннями. Статтю присвячено вивченню психологічних особливостей та динаміки особистісних змін у людей з обмеженими функціональними можливостями, а також здійсненню кваліфікованого психологічного супроводу представників цієї категорії, що належить до числа актуальних проблем на сучасному етапі розвитку суспільства, в сфері соціальної політики, в рамках реабілітації цієї категорії людей. Оцінка реабілітаційного потенціалу особистості людини з інвалідизуючим захворюванням виявляє ті внутрішні ресурси особистості, завдяки яким можлива компенсація обмежених можливостей. Комплексність діагностичних досліджень забезпечує чітке уявлення про індивідуальні когнітивні, емоційні, мотиваційні, комунікативні особливості, а також про ціннісні орієнтації інваліда. В рамках теоретико-емпіричного аналізу виявлено, що найважливішою відмінною ознакою успішної адаптації особи, яка знаходиться в умовах інвалідизуючого захворювання, є адаптивна проблемно-вирішувача поведінка, за умов адекватного ставлення до себе і своєї самоефективності орієнтована на прийняття своїх можливостей, що змінилися, переосмислення і самореалізацію в нових життєвих умовах.

Ключові слова: особистісна сфера, соціально-психологічна адаптація, реабілітація, реабілітаційний потенціал, інвалідизація.

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ПСИХОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ЛЮДЕЙ С ИНВАЛИДИЗИРУЮЩИМИ ЗАБОЛЕВАНИЯМИ

В статье освещены психологические особенности людей с инвалидизирующими заболеваниями. Статья посвящена изучению психологических особенностей и динамики личностных изменений у людей с ограниченными функциональными возможностями, а также осуществлению квалифицированного психологического сопровождения представителей этой категории. Оценка реабилитационного потенциала личности человека с инвалидизирующим заболеванием обнаруживает те внутренние ресурсы личности, благодаря которым возможна компенсация ограниченных возможностей. Комплексность диагностических исследований обеспечивает четкое представление об индивидуальных когнитивных, эмоциональных, мотивационных, коммуникативных особенностях, а также о ценностных ориентациях инвалида. В рамках теоретико-эмпирического анализа выявлено, что важнейшим отличительным признаком относительно успешной адаптации лиц с инвалидизирующими заболеваниями является адаптивная программа комплексной реабилитации, при условии адекватного отношения к себе и своей самоэффективности, ориентированная на принятие своих возможностей, переосмысление и самореализацию в новых жизненных условиях.

Ключевые слова: личностная сфера, социально-психологическая адаптация, реабилитация, реабилитационный потенциал, инвалидизация.

Стаття надійшла до редакції 19.07.2021