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У журналі представлено різноманіття психотерапевтичних підходів, модальностей та методик, що пов'язані з психологічним та медичним просторами сучасної психотерапевтичної та консультативної допомоги. Розглянуто теоретичні і практичні питання щодо різних аспектів психотерапевтичного втручання при різних розладах, їх гендерні аспекти, методики психодіагностики, взаємодія психотерапії та культури тощо.

Для психотерапевтів, консультантів, практичних психологів та всіх, хто цікавиться питаннями надання психотерапевтичної допомоги.

В журналі представлено різноманітність психотерапевтичних підходів, модальностей і методик, зв'язаних з психологічним і медичним простором сучасної психотерапевтичної та консультативної допомоги. Рассмотрены теоретические и практические вопросы по различным аспектам психотерапевтического вмешательства при различных расстройствах, их гендерные аспекты, методики психодиагностики, взаимодействия психотерапии и культуры и тому подобное.

Для психотерапевтов, консультантов, практических психологов и всех, кто интересуется вопросами оказания психотерапевтической помощи.

Затверджено до друку рішенням Вченої ради Харківського національного університету імені В. Н. Каразіна (протокол № 10 від 23.06.2020)

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ЗМІСТ

РОЗДІЛ: ТЕОРЕТИЧНІ ТА МЕТОДОЛОГІЧНІ ПРОБЛЕМИ ПСИХОЛОГІЧНОГО КОНСУЛЬТУВАННЯ І ПСИХОТЕРАПІЇ	6
<i>Сальваторе Джакомуці, Клаус Гарбер, Алесія Коко.</i> Квантова механіка (КМ) та психологія: нове поле співпраці?	6
<i>Яценко Т. С.</i> Імплицитний порядок у його прагматичній сутності	18
РОЗДІЛ: ПСИХОТЕРАПЕВТИЧНІ МОДАЛЬНОСТІ, МЕТОДИ ТА МЕТОДИКИ	28
<i>Кочарян О., Барінова Н.</i> Види процесів в клієнт-центрованій терапії	28
<i>Синайко В., Коровіна Л., Радченко Т.</i> КПТ тривожних та депресивних роладів мови у іноземних медичних студентів	38
РОЗДІЛ: МЕДИЧНА ПСИХОЛОГІЯ	43
<i>Марута О.С.</i> Адаптаційний потенціал пацієнтів з психічними розладами	43
<i>Вірна Ж., Брагіна К.</i> Часова перспектива осіб в обмежувальних умовах карантину: статево-віковий аналіз	51
<i>Харченко А.О.</i> Комплекс пропозицій щодо вдосконалення психологічної корекції та діагностики травматичного емоційного досвіду серед військовослужбовців з післястресовою психологічною дезадаптацією	62
<i>Аргіропоулос Д.</i> Слепа дитина у ранньому віці (0-3 роки) і навчальна інтервенція	68
РОЗДІЛ: СЕКСОЛОГІЯ ТА ГЕНДЕРНА ПСИХОЛОГІЯ	87
<i>Кочарян Г. С.</i> Гіперсексуальність: клінічне спостереження	87

CONTENT

SECTION: THEORETICAL AND METHODOLOGICAL PROBLEMS OF PSYCHOLOGICAL ADVICE AND PSYCHOTHERAPY	6
<i>Salvatore Giacomuzzi, Klaus Garber, Alessia Coco.</i> Quantum Mechanics (QM) and Psychology: A New Field of Cooperation?.....	6
<i>Tamara S. Yatsenko.</i> The Pralological Essence of the Implicit Order.....	18
SECTION: PSYCHOTHERAPEUTIC MODALITIES, METHODS AND METHODOLOGIES	28
<i>Alexander Kocharian, Natalia Barinova.</i> Types of Processes in the Client-Centered Therapy	28
<i>Vadym Sinaiko, Liliia Korovina, Tetiana Radchenko.</i> CBT of Anxiety and Depressive Disorders in Foreign Medical Students	38
SECTION: MEDICAL PSYCHOLOGY	43
<i>Oksana Maruta.</i> Adaptive potential of patients with mental disorders	43
<i>Zhanna Virna, Kateryna Brahina.</i> Temporal Prospects of Persons with Restrictive Quarantine Conditions: Sex and Age Analysis.....	51
<i>Andriy O. Kharchenko.</i> Complex of Suggestions on Improving the Psychological Correction and Diagnostics of Traumatic Emotional Experience Among Military Servants with Post-Stress Psychological Dysaptation.....	62
<i>Dimitris Argiropoulos.</i> The Blind Child During Early Childhood (0-3 Years) and the Educational Intervention	68
SECTION: SEXOLOGY AND GENDER PSYCHOLOGY	87
<i>Garnik S. Kocharyan.</i> Hypersexuality: A Clinical Observation.....	87

СОДЕРЖАНИЕ

РАЗДЕЛ: ТЕОРЕТИЧЕСКИЕ И МЕТОДОЛОГИЧЕСКИЕ ПРОБЛЕМЫ ПСИХОЛОГИЧЕСКОГО КОНСУЛЬТИРОВАНИЯ И ПСИХОТЕРАПИИ.....	6
<i>Джакомуци С., Гарбер К., Коко А.</i> Квантовая механика (QM) и психология: новая сфера сотрудничества?.....	6
<i>Яценко Т. С.</i> ИмPLICITный порядок в его праологической сущности.....	18
РАЗДЕЛ: ПСИХОТЕРАПЕВТИЧЕСКИЕ МОДАЛЬНОСТИ, МЕТОДЫ И МЕТОДИКИ.....	28
<i>Кочарян А., Баринова Н.</i> Виды процессов в клиент-центрированной терапии	28
<i>Синайко В., Коровина Л., Радченко Т.</i> КПТ тревожных и депрессивных расстройств у иностранных студентов-медиков	38
РАЗДЕЛ: МЕДИЦИНСКАЯ ПСИХОЛОГИЯ	43
<i>Марута О.С.</i> Адаптационный потенциал пациентов с психическими расстройствами	43
<i>Вирна Ж., Брагина Е.</i> Временная перспектива лиц в условиях карантина: половозрастной анализ	51
<i>Харченко А.А.</i> Комплекс предложений по совершенствованию психологической коррекции и диагностики травматического эмоционального опыта среди военнослужащих с постстрессовой психологической дезадаптацией	62
<i>Аргиропоулос Д.</i> Слепой ребенок в раннем детстве (0-3 лет) и образовательное вмешательство.....	68
РАЗДЕЛ: СЕКСОЛОГИЯ И ГЕНДЕРНАЯ ПСИХОЛОГИЯ	87
Кочарян Г. С. Гиперсексуальность: клиническое наблюдение	87

**SECTION: THEORETICAL AND METHODOLOGICAL PROBLEMS OF PSYCHOLOGICAL
ADVICE AND PSYCHOTHERAPY**

**РОЗДІЛ: ТЕОРЕТИЧНІ ТА МЕТОДОЛОГІЧНІ ПРОБЛЕМИ ПСИХОЛОГІЧНОГО
КОНСУЛЬТУВАННЯ ТА ПСИХОТЕРАПІЇ**

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QUANTUM MECHANICS (QM) AND PSYCHOLOGY: A NEW FIELD OF COOPERATION?

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We will try to present critically published works on Quantum Mechanics (QM) and Psychology (perhaps more generally regarding the so called social sciences), partly by ourselves (Giacomuzzi, 2008, 2002), in an overview. It is of course impossible to give a complete summary here, but critical points should be emphasized, which perhaps leave a more differentiated view on the problems of "psychological reality". Nowadays QM is "hip" in scientific literature. But common approaches doesn't take into consideration that physicists already 80 years ago tried to establish a connection between life sciences and physics. But do neuroscientific findings really validate essential psychological basic assumptions? Do they really open up new, interdisciplinary research perspectives? Physics itself today struggles with its theories and we've a big gap between on what we experience and on what we really understand. Maybe this gap of understanding our own reality is much bigger than 120 years ago when QM was born by the work of Max Planck.

KEYWORDS: Quantum Mechanics, Psychology, Psychological reality

**Linking Quantum Mechanics and Psychology
already in the 20th. Century**

Wolfgang Pauli in 1955 stated already: The only acceptable point of view appears to be the one that recognizes *both sides of reality—the quantitative and the qualitative, the physical and the psychical—as compatible with each other, and can embrace them simultaneously* (Pauli, 1955).

To date, modern physics approaches have shown the most innovative models and approaches for dealing with the complexity of large systems, such as humans. Systemic thinking methods are a construct of ideas that has developed - and continues to develop - since the 1930s by linking theory and

practice from different scientific disciplines. Especially the modern natural sciences have shown the limits of our "common sense". Even in the world of complexity, our linear thinking of cause and effect often fails (Giacomuzzi, 2007).

Let's go one step further and have a look at the most popular approaches of modern physics so far: quantum mechanics (QM) and its attempts to describe "reality". The physicist and Nobel Prize winner Niels Bohr once said: "If you don't get dizzy when thinking about the quantum of action, you haven't understood anything (Bohr, 2012). But quantum mechanics (QM) has nowadays, without trying to do anybody wrong, not made any

significant theoretical developments since the 1930s. All or most of what followed was mathematical advancement, group-mathematical acrobatics (such as the quantum loop approaches, string approaches, etc.) and theoretical speculations.

Even the discovery of the “Higgs-Boson” in 2012 is not a step forward regarding the understanding of what is our reality. The theoretical framework is already from the 1960s and has nothing to do with our main problem on reality itself. QM thus came to a standstill, at least from a theoretical point of view, but opened up the discussion about on what we can even consider "real".

The line between a construct and the supposedly real has become thin and is often subject to confusion. Erwin Schrödinger, with his thought experiment of the trapped cat, also only wanted to point out the problem of the conclusions of QM and not, as is wrongly assumed today, see them as an endorsement of this approach and its conclusions.

Nevertheless, physics is now also facing these questions, albeit with a certain uneasiness and until now not as open and ready for change as Wolfgang Pauli did in the 1930s. It is not without a certain irony that the most empirical of all sciences had to engage in this dialogue or that its own results brought it to this topic itself.

However, we're not going to throw quantum mechanical formulas at you now and try to use them to create mental smoke bombs. Nor will we demand extensive understanding, for example within atomic-physical discussions. Instead, we would like to remind you e.g. of Hans Peter Dürr, Heisenberg's student and famous successor in Munich as well as Nobel Peace Prize winner, who stated that when it comes to QM, nobody can "understand" anything really fundamental anymore. So maybe first it is worthy to have a more historical look on what has already been done in regard to build a bridge between QM and Psychology.

Ettore Majorana (1906-1938?) (Giacomuzzi, 2002).

Ettore Majorana mysteriously disappeared in 1938 and was never found again. Enrico Fermi regarded him as a genius like Johannes Kepler. Still today every year in Sicily there are the Conferences

on theoretical physics in his name (E. Majorana Foundation and Center for Scientific Culture).

A work published posthumously by Ettore Majorana in 1942 in the journal *Scientia* ("Il valore delle leggi statistiche nella fisica e nelle scienze sociali - The role of statistical laws in physics and social sciences") represents a very early attempt to apply the statistical laws of physics to the social sciences.

In this work, Ettore Majorana first describes the effects of the success of classical mechanics in the late 18th and 19th centuries as well as the insights and triumphs of celestial mechanics. The successes described were mainly based on the assumption of a strict determinism of the laws of nature. In a further step, however, Ettore Majorana criticizes this classical determinism in thinking in a certain way, which in his opinion does not agree with the exact data of the natural sciences and does not give enough space to human freedom of thought.

Especially the physics of the twenties and thirties of the 20th century shows that the classical laws of physics can no longer be applied without restrictions. In this work, Ettore Majorana refers as an example to the impossibility of being able to calculate exactly the states of molecules or atoms with the help of classical mechanics. In contrast, Ettore Majorana shows that such systems can be better described using the concept of entropy. Furthermore, Majorana shows in this work the value of the statistical description of systems based on this concept, which in his opinion comprise a large part of the existing physics.

In this context, Ettore Majorana points out that although classical physics still believes in a fixed determinism of the processes of nature, not ordinary observation, but only calculation with the help of statistics and the associated probabilities of system states could still guarantee approximately exact results of the natural processes. In other words, the inaccuracy of the results would undoubtedly depend on the chosen or simplified boundary conditions in the description of the system states. In addition, the social sciences have also succumbed to deterministic thinking, which believes in a strict application of classical statistical laws to human behaviour.

In a further step, Ettore Majorana shows in this work that physics, too, would have to leave the

classical paths of strictly deterministic thinking, for example by the quantum mechanical assumptions of nature. Furthermore, Majorana gives a short overview, which shows the difference between classical and quantum mechanical theory. In particular, he shows that even in the sub molecular domain, the laws only have a statistical character, which at most only means the stabilization of probabilities. Especially these new ways of thinking will show the defect of deterministic thinking, which has nothing in common with the classical statistical description, which until now attributes its inaccuracy of the results only to a voluntary limitation of the number of components for the characterization of a system.

Majorana also points out the lack of objectivity in the scientific sense, which calls into question our thinking of causality and determinism. In particular, the character of probability, which is hidden behind the classical statistical laws, shows the necessity to provide for corresponding considerations in the social sciences. A similar mathematical description of the processes in the social sciences would also have to be provided. There would be no contradiction to the fact that the factual conditions in human processes have a vital, unpredictable and unavoidable character of probability just like the processes in the quantum world. Since there was no contradiction to this, the statistical descriptions of the social sciences would have to be extended accordingly.

This almost 80-year-old text shows an astonishingly fresh reference to today's systems theory and the mathematical ideas of chaos, complexity and synergy approaches. Replacing the word determinism by causality in the article Majoranas reveals a modern text for the critical analysis of complex processes within the social and human sciences. Majorana's call for a new scientific discipline is revealed today in the modern concepts of the emergence of new system states and the departure from linear, monocausal models of thought.

Erwin Schrödinger (1897-1961)

This discussion leads us to a text by Erwin Schrödinger (Schrodinger, 1944), which was written

several years after Majorana's work. The concept of negative entropy Schrödinger is also taken up again within psychiatry some decades later. Ideas about the relationship between entropy and living organisms have inspired hypotheses and speculations in many contexts, including psychology, information theory, the origin of life, and the possibility of extraterrestrial life. The notion of entropy as disorder has been transferred from thermodynamics to psychology by Polish psychiatrist Antoni Kępiński, who admitted being inspired by Erwin Schrödinger (Kępiński, 1972). Kępiński explained how various mental disorders are caused by distortions of that hierarchy, and that the return to mental health is possible through its restoration. The idea was continued by Struzik (1987), who proposed that Kępiński's information metabolism theory may be seen as an extension of Léon Brillouin's negentropy principle of information. In 2011, the notion of "psychological entropy" was reintroduced to psychologists by Hirsh et al (2012). The Italian psychiatrist Scrimali shall also be mentioned here. In his book "Entropia della mente e entropia negativa" - Entropia of the mind and negative entropy", he deals with the so-called frenentropy within the schizophrenic circle of forms (Scrimali, 2006).

Heinz von Förster (1911-2002)

Within this framework of discussion, it is worthy to remind to an almost forgotten contribution by Heinz von Förster. This work was created only a few years later than the work of Schrödinger quoted above. Heinz von Förster was already interested in the idea of a formal theory of the dynamics of human memory during his studies. Förster stated that the work was inspired by an edition of an old book by EBBINGHAUS from 1885 which he found in an antiquarian bookstore in post-war Vienna, titled "Über das Gedächtnis" ("On the Memory"), which contained detailed descriptions of these experiments (Forster, 1948). Von Förster checked his theoretical approaches by using Ebbinghaus' "Forgetting Curves" and, to his disappointment, did not found any clear agreement.

Von Förster developed the idea that day by day the syllables still remembered by Ebbinghaus are, so

to speak, re-learned by their recitation, and that consequently the Ebbinghaus curves do not represent a forgetting process as such, but rather a superposition, a combination of forgetting and learning¹. Von Forster integrated this idea into his formalism and it turned out that his theoretically calculated curve agreed very well with Ebbinghaus' experiment. For this production of the theoretical curve, two parameters were needed, a learning parameter and a forgetting parameter; for the first, there is a variation from person to person. The forgetting parameter, however, is the same for all test subjects. Von Förster explained this result as a biological constant and sought a quantum molecular explanation. For this purpose he compared the time constant of forgetting with the time constant of the decay of organic macromolecules.

On the advice of his friend (Viktor Frankl) this work was published in 1948. The book publisher, however, asked Erwin Schrödinger to read this work beforehand, as he was not familiar with this topic. Schrödinger himself believed "none of it, but could not discover any mistakes." This work by Heinz von Försters was his entrance to the USA and to the circle of Norbert Wiener and others.

Burkhard Heim (1925 - 2001)

Heim probably made the most radical attempt to combine quantum mechanical phenomena with human forms of existence.

Heim was a German physicist. During a failed experiment he suffered life-threatening injuries, which he survived severely disabled. In 1954 he received his diploma in physics from professors Carl Friedrich von Weizsäcker and Richard Becker. He subsequently worked in the research group of C. F. von Weizsäcker at the Max Planck Institute for Physics in Göttingen. His main work is considered to be the attempt of a unified field theory, which focused to bring quantum physics in correlation with the theory of relativity. However, Heim did not

publish a rigorous elaboration of his theory (Ludwiger, 2010).

However, he soon left this institute to work on a general field theory in which all physical fields were uniformly described as dynamic properties of geometric structures².

In his Uniform Description of the Material World, Heim also starts out from verifiable physical facts, but in contrast to the usual positivist explanations (Big Bang, supergravity) also takes up non-material organisations. Consequently, a distinction is made between latent and manifest events. This is something completely new. Quantum-physical events, which were previously interpreted as "random", proved now to be by no means arbitrary in the light of the new coordinates, but rather as being caused by certain activities in an organizational subspace. This also means that the statement repeatedly made by scientists that the really fundamental elementary particle processes are only "pure randomness" is also true. Thus, the new dimensions do not concern original physical quantities, but rather further degrees of organization of lower structures. These degrees of organization range from $n = 0$ for sub-material structures to $n > 25$ for mental processes. This means that not everything is reducible "to molecules", but that the higher levels of organisation have their own laws. Thus there is a multiple contouring of the areas of existence.

On a close examination of these forms of organization Heim found out that above $n = 7$ a new independence appears, which cannot be explained completely by the known physical laws. From this he drew the conclusion that these are ontologically (essentially) independent areas and built a fourfold contouring of world and human being in Physis (nature), Bios (living organism), Psyche (feeling and feeling) and Pneuma (spirit) into his concept of organization. Although the theory presented by Heim in *Elementary Structures of Matter and Structures of*

¹ Today we can also interpret entropy as negative information or even interpret information as negative entropy. An increase in information corresponds to a decrease in the entropy of the system. A decrease of information corresponds to an increase of entropy in the system.

² At present, there is no uniform description of all known fields and particles in an empirically verifiable form that can be derived from a common basis. Although A. Einstein tried to unite electromagnetism with gravity by means of a mathematical theory in his later years, but he was unsuccessful.

the Physical World is based on the General Theory of Relativity, it opens up completely new paths and therefore differs significantly from previous theories (Resch, 2001).

Wolfgang Pauli (1900-1958)

Another very innovative thinker in this respect was Wolfgang Pauli, who sought contact and exchange with psychology at an early stage in the last century. Wolfgang Pauli has unfortunately remained the great, unknown "spiritual son" of Albert Einstein to this day. At the age of 24 he prepared already the Nobel Prize-winning achievement (the so-called exclusion principle of spring 1925) in 1924. The complete edition of his "Scientific Correspondence" has only been available in print for a few years and awaits further revision (Hermann, 1979).

Wolfgang Pauli is still enigmatic today. Already at the beginning of his studies Pauli wrote his first physical-mathematical treatise, in which he dealt with the extended theory of gravity – by the titan of German mathematics - Hermann Weyl (1885-1955), his later colleague in Zurich and Princeton.

When Wolfgang Pauli came to study in Munich in October 1918 after his high school graduation in Vienna-Döbling, "he was already in full possession of the mathematical and mathematical-physical methods", as Arnold Sommerfeld remarked in astonishment: "He immediately brought with him a finished work on general relativity, which immediately attracted Einstein's attention and admiration" (Hermann, 1979). Albert Einstein himself commented: "Anyone studying this mature and large-scale work would not want to believe that the author is a man of 21. One does not know what to admire most, the psychological understanding of the development of ideas, the certainty of mathematical deduction, the deep physical view, the ability of clear systematic presentation, the knowledge of literature, the factual completeness, the certainty of criticism" (Hermann, 1979).

Even Hermann Weyl wrote Wolfgang Pauli (at the age of 19) personally on May 10, 1919: "...how you managed to get into possession of all the means of knowledge at such a young age and to acquire the freedom of thought necessary to make the theory of

relativity my own is almost incomprehensible to me".

Wolfgang Pauli corresponded with C.G. Jung for almost 30 years and was, starting in July 1932, for two years weekly, in psychoanalysis and frequently a dinner guest in his family. Pauli had been in therapy by C.G. Jung's students, the physician Erna Rosenbaum (1897-1957), (Atmanspacher, 1995; Jayawardhana, 2013). This was followed by a cooperation between C.G. Jung and Wolfgang Pauli, which even led to a joint book publication. What is perhaps less known is the fact that Wolfgang Pauli made his dreams available to C.G. Jung, who incorporated them into his works. Understandably, Wolfgang Pauli did not want this to become known during his lifetime (Jung, 1952, 1944).

Martin Buber (1878-1965) & Wolfgang Pauli - Psyche and Physis reunited (Giacomuzzi, 2016)

Wolfgang Pauli is still kept in a quantum mechanical "straitjacket" by physics. Wolfgang Pauli's great project was to reverse the Cartesian cut between spirit and matter. In 1954, four years before his death, Pauli wrote: "I am interested in the holistic relationship between 'inside and outside', which is not contained in today's science, but which alchemy had foreseen and which can also be proven in my dream symbolism. I have come to the limits of what can be recognized today and have even approached 'magic'. At the same time, I am aware that there is a danger of a relapse into the most primitive superstitions and that everything depends on capturing the positive results and values of reason (Atmanspacher, 1995).

Pauli remembered wave and vibration symbols in his dreams. On the one hand, they express psychological processes for him, on the other hand they represent a pre-conceptual language for physical thinking. It is the collective images, formerly known as "archetypes", which are implanted in the unconscious of humanity. Pauli is convinced that the archetypes influence scientific thinking. "After careful critical consideration of many experiences, I came to accept the existence of deeper emotional layers that cannot be adequately described by the common concept of time. Due to the lack of suitable terms, these mental areas are

represented by symbols; in my case especially often by wave or vibration symbols. Sooner or later, atomic physics and psychology of the unconscious will converge in a significant way, since both, independently of each other and from opposite sides, will advance into transcendental territory, keeping those with the idea of the atom, those with that of the archetype (Meier, 1923).

It is proven today that Pauli knew also the works by Martin Buber. By chance, in February 2015 we found the following facts: In 1934 Pauli's former assistant Ralph Kronig gave him the work "I and You" by Martin Buber (1923) as a wedding present. On 3 August 1934 Pauli thanked him for this gift and reflected on the relationship that exists between Buber and his own views on the "subject-object relationship" (Meyenn, 1985). Pauli reported to Kronig in one of his letters that he undoubtedly believed in an objective-psychic which could or should not be explained by material causes. Pauli adds that everything will one day be scientific psychology - but not one that attributes everything to material causes or drives. For the time being, however, every author who does not remain within the framework of traditional denominational confessions, including Buber, has his own terminology. Pauli considers Buber's references to the subject-object relationship to be a fundamentally important concept. According to Pauli, it is precisely this terminology of Buber's that contains the entire logical paradox of the world, all the difficulties of human conceptualization and also the tragedy and comedy of life. Pauli interpreted Buber's concept of God as related to his idea of the objective-psychological. Wolfgang Pauli has emphatically pointed to a "synchronistic understanding of the world". In our Western scientific thinking, which also determines our everyday thinking to a large extent, we are used to understanding world contexts exclusively under the category of causality. In contrast, Pauli asserts the principle of synchronicity, of inner and outer parallel actions directed towards meaning, as a further and deeper category of explanation.

But how have physics developed since then in relation to Pauli's views?

The introduction into neuroscience and neuropsychology of the extensive use of functional brain imaging technology has revealed, at the

empirical level, an important causal role of directed attention in cerebral functioning (Schwartz, 2005). The identification of brain areas involved in a wide variety of information processing functions concerning learning, memory and various kinds of symbol manipulation has been the subject of extensive and intensive investigation (Toga, 2000; Neumann, 1955). From a theoretical perspective, perhaps the most important aspect of this line of research is the empirical support it provides for a new science-based way of conceptualizing the interface between mind/consciousness and brain. Until recently, virtually all attempts to understand the functional activity of the brain have been based, at least implicitly, on some principles of classic physics that have been known to be fundamentally false for three-quarters of a century (Jeffrey et al., 2005).

According to the classic conception of the world, all causal connections between observables are explainable in terms of mechanical interactions between material realities. But this restriction on modes of causation is not fully maintained by the currently applied principles of physics, which consequently offer an alternative conceptual foundation for the scientific description and modelling of the causal structure of self-directed neuroplasticity. The consequence of these facts is that twentieth century physics, in contrast to classic physics, provides a rationally coherent pragmatic framework in which the psychologically and neurophysiologically described aspects of the neuroscience experiments mentioned above are causally related to each other in mathematically specified ways. Thus, contemporary physics allows the data from the rapidly emerging field of self-directed neuroplasticity to be described and understood in a way that is more rationally coherent, scientific and useful than what is permitted by theories in which all causation is required to be fundamentally mechanical (Schwartz, 2005).

In this regard, we may perhaps briefly outline the intellectual debates in the following, with reference to the dialogical principles of Martin Buber.

Dialogical principles by Martin Buber on a Quantum Mechanical basis

The QM-discussions can be roughly divided into physico-classical and more holistic and

comprehensive. We shall start with the former. The traditional approaches point out that quantum mechanics (QM) is primarily limited to the microscopic. In this respect, however, a structural similarity to QT (quantum theory) could be legitimately established. One can therefore try to formulate a "generalized or weak" QT. This would be a general theory, especially one in which a measurement changes the state of a QT (quantum system) and the sequence of measurements is also important.

Thus, four basic terms can be taken from the physical QT:

System is everything that I can separate from the rest of the world, at least in thought, and make it the object of my own observation. I can also identify subsystems in the system. An example would be the city of Vienna and all the buildings, institutions and opinions that can be found there.

A system from which I can learn must have the ability to be in different states. And the changes in the system must not endanger the status of the system as such. If a house is torn down, Vienna remains roughly the same as Vienna.

Observable: a feature of the system that I can examine. There are global and local observables. To carry out a measurement is nothing else but to actually carry out the investigation that belongs to an observable and to arrive at a result that is factually valid.

After the measurement of an observable A with result a, the system is in a state of its own, i.e. a new measurement brings the same result again.

Observables (O.) are called complementary if the sequence of the measurement is not interchangeable. If O. are complementary, then the eigenstates of complementary O. are different and it is not possible to assign sharp values to complementary O. at the same time.

Let us try another bridge to Martin Buber. For that we take the human being in the context of his self-observation. The state of the psyche changes precisely because I make myself aware of it. This is a basic structure that can be recorded as a commonality with the QT. This also applies to states and perceived products of the human mind.

The complementary structure of the QT is certainly also applicable beyond physics. I have entanglement, for example, whenever I have a system in which there are subsystems and these are sufficiently far away to be causally independent. The measurement on a subsystem allows to draw conclusions about another part of the system. This effect seems to skip space and time (Spooky remote effect). However, these do not serve to transmit signals or are not causally useful. The generalized QT only describes and does not ask for the causes. It is phenomenological.

Let us now look at a communication. Subsystems are the communicators. Global variable is the degree of agreement between the two. Local observables are the mental states. Local and global are in a complementary relationship.

If the "I-You" is well attuned, one's own mental state remains vague. If I concentrate on my own state, the global attunement remains weakened.

A successful communication in the Buberian sense requires exactly that kind of attunement. Correlations of entanglement are perceived here (countertransference through the conversation). The word leads to an interaction of the two. A macroscopic correlation of entanglement includes, for example, the emergence of images and emotions in the other person. The I or you understand these ideas as being in the other.

The double-slit experiment of QT teaches us above all that the measuring process decisively influences the result of the measurement. The factuality can also be influenced afterwards. Quantum theoretically, the tracks of particles are indefinite in their direction until they are measured ("delayed choice").

If this is applied to communication, it can be concluded that an action often does not depend on a specific motive. If one makes the motives clear, the result of the action is probably often different. If, for example, we subsequently reflect on our motives, these motives often become factual only through the reflection on them.

Measurements or better the own research of motives both have an active phenomena-generating character. We also ascertain this through our word

(ascertain). Motives can also be determined by ambivalent character and thus become factual.

The different descriptions of these processes under different assumptions are also called complementary. Complementarity here is also to be understood as enrichment. Different aspects (e.g. Buber's I-Du) are necessary for complete description of a phenomenon.

This demonstrates that as soon as the human spirit comes into action, quantum-like phenomena also come into consideration.

But why then does the world often seem so classical to us? The structure of complementarity has actually been discovered in physics. But there are also cultural techniques for dealing with contradictions. By nature, however, human beings often orient themselves towards classical physics. Often one needs a corpus of recognized facts to orient oneself. These are cultural property. These are, for example, the web of science. These networks/islands are not consistent with each other, but have their own coherence.

Our existence consists in the fact that we have to bring two things into harmony (I-You). A rather fluid quantum theoretically organized interior (I) and a more resistant exterior (You), where we are still obliged to emphasize the consistent aspects.

This would show lines where Buber's dialectic could be brought in line with quantum mechanical ideas. Would it be feasible to formulate a QM of the word? The above chain of thought shows basically no impossibility or contradiction to that discussion. But let us perhaps go a little further.

A more extensive approach by physics

Plank and Einstein believed that QM can only be a "transitional stage". Heisenberg also believed that we need to see reality more openly (including the human being) and no longer just materially. According to Hans Peter Dürr, the classical laws are only coagulations of QM. We have no particles in the classical sense. Wolfgang Pauli, for example, was a very early representative of comprehensive, more radical approaches, as we mentioned earlier. In particular, we have found in him a direct reference to Martin Buber and his work. Unfortunately, this direct reference to Martin Buber has not been proven in

further discussions on this subject since 1934. Martin Buber's approaches, however, give us a clear indication of the way in which the natural sciences think today. Hans Peter Dürr, for example, should be mentioned, who's thought processes could guide us here.

Hans Peter Dürr (1929-2014) and the problem of the reality of matter

Hans Peter Dürr, born in 1929 and Heisenberg's assistant from 1958-1976, was fully aware of the development of QM.

As Hans Peter Dürr states: "After 50 years of research with matter, I have understood that matter does not exist. We experience more than we understand. What we call natural science today has found its own limits. We understand very little of QM, we experience it more. We have a spiritual crisis in that we don't really understand reality" (Dürr, 2012).

Martin Buber describes in his "I-You Approach" that the human being forms his identity primarily in relation to what surrounds him: Only the encounter with a human counterpart, the "you" (I-you relationship), or with the material world, the "it" (I-it relationship), enables a separation of the "I" from its environment. "There is no I per se, but only the I of the basic word I-You and the I of the basic word I-It. When man speaks I, he means one of both. "To be me and to speak me are one" (Stöger, 2003).

In quantum mechanics, the whole thing is the beginning. This is the essence of QM. There are no more particles. Everything is coupled with everything. There's a process that leads to more and more diversification, but it always remains coupled. I also help to couple with the word to each other. The process of finding out in which direction reality is developing is prepared by the word.

Evolution is a common procedure, it is not determined. The word is a building block for a common reality (atoms do not exist; perhaps they should better be called "Passierchen - "little happening things" in the sense of Dürr). Liveliness is mediated by the classical laws. But matter is already the development of a possibility (according to Hans Peter Dürr).

According to Hans Peter Dürr there is a superior, holistic physics, not only the QM. An ocean also

does not only consist of the visible, superficial waves. Hans Peter Dürr believes that the big bang approach, for example, is too much oriented towards matter. It is to be expected that cosmology will be different in the theory of QM.

According to Hans Peter Dürr, matter is already the result of a development of something that has always been holistic, just not yet in the realized form, so it already included all possibilities in advance. "Basically, matter does not exist at all. At least not in the common sense. There is only a structure of relationships, constant change, liveliness. It's hard for us to imagine. Primarily there is only connection, the connecting without material basis. We could also call it spirit. Something that we only experience spontaneously and cannot grasp. Matter and energy appear only secondarily - so to speak as coagulated, solidified spirit. According to Albert Einstein, matter is only a diluted form of energy. However, its underground is not a further refined form of energy, but something quite different, something alive. We can compare it to the software in a computer". (Dürr, 2007, 2011)"

Hans Peter Dürr is not the only one here with his trains of thought. Wolfgang Pauli, for example, wrote already on 23 December 1953: "Since today the natural sciences draw their dynamics from the archetype of quaternity, the ethical problem of evil is also constellated, which has become particularly manifest through the atomic bomb. ...The old alchemical idea that matter indicates a psychic state could thus experience a new form of realization on a higher level ...(Meiner, 1992)"

Thus, according to Hans Peter Dürr, the regularities arose from a pot of possibilities. Physics and biology and the word or relationship can be shaped.

Here we again encounter fundamental approaches by Martin Buber. The spiritual is the unifying and driving force also in Martin Buber. Precisely from an intuition from which concrete thoughts can be formed. So there is not exactly the goal, not from the beginning the concrete. It also creates itself within the I-You dialogue.

Let another thought bring in. A fundamental question here is: "Who actually creates the conditions for things to develop in exactly the same

way and not differently?" The origin of life is not understood in terms of why things came together the way they did, to make this possible. Was someone rolling the dice to create the possibilities? Are theoretical acceleration mechanisms alone sufficient to explain development? Rather, it is probably intentional.

For the development of life there are infinitely many necessities - also in the cosmos. Is this a pure coincidence? Maybe we live where we were possible according to the QT. But the living cannot be built from the dead to explain it. You have to start with the living, for example. Life is more fundamental than matter; the processual, the creative and the mutable. 3.5 billion years make a dice game of development seem improbable. According to Dürr modern physics shows that from the beginning everything is connected. The basis of modern physics is not matter. So reality is reality, in other words reality in the sense of "material reality". It is much more about potentiality, i.e. the possibility of realizing oneself in every moment. A presentiment as opposed to a concrete thought. The intuition also has a form. It is something that belongs together, that becomes more and more concrete in the course of evolution and coagulates into matter. Evolution is not an unfolding, but a new creation in every moment. The transcendent consists in allowing the possibility of concrete form. The creation of the world in the next moment is a total work of art in which we all participate. Matter is coagulated spirit. It has come to a standstill. That is why we orient ourselves to it. But it is more important to put the one in the foreground who is constantly changing, that is, the human being. According to Dürr our mind wants to manipulate the world, that is, to shape it. But that which is matter is the origin of the spirit. I cannot understand the world when I only deal with the coagulated matter. The driving force is the spirit. The future becomes open and formable. Hope gives us a picture of how we want to shape the future and helps us to do so. The laws of nature also tell us that we can do something with the future that has not existed before.

The description of the natural science of reality is not the reality itself, but only how it appears here. Our way of thinking of analysing and fragmenting is also fundamentally decisive for the possibilities of

cognition states Dürr. Perhaps the mind is only a life-serving instrument. But how far is it capable of recognizing what holds the world together? But the world has a different structure than the one we can comprehend. But how do we express this in our limited language? Of course, man has a memory of what he is embedded in. That is why he also asks questions that cannot be answered. This may also be his relationship to the divine. Reality is not material like an interplay of objects.

Modern physics states, however, that reality has potentiality, i.e. it already has a form, but not yet a carrier for it. But how can one imagine form without substance? In the beginning there is form. Only the differentiation of the shape forms the form. Whether matter becomes spirit again is uncertain. But spirit will certainly become matter. Even in the ocean, the wave only simulates a superficial separation. As spiritual beings we do not die either, but go back to the one from which we were washed out. Master Eckart, for example, describes the world as reality. It is something that is constantly changing. Science castrates reality and makes it a reality. In the process, the liveliness is lost. Reality is only an approximation and is not strictly valid. "Alive" and "non-living" is not material and is a pure relationship structure. How can one see relationship without having A and B?

"In the beginning was the word," as it says in the Gospel of John. Do things exist independently of us? Is it possible to talk about a reality without having information about it. The Word shapes reality in a successful communication. So, there is according to Dürr probably no sufficient difference between information and reality. Information and reality are two sides of the same coin. What this is yet unclear even in the natural sciences.

Conclusion

History shows a lot of efforts to combine QM and Psychology in the 20th. Century. If we compare the approaches of Martin Buber at that time, we find a high degree of agreement with the approaches of modern physics. From very early on, Wolfgang Pauli, for example, was aware of Martin Buber's approaches and was seen by this immensely critical mind as original and compatible with his understanding of the natural sciences.

Pauli assumed anyway that the overriding principle is not matter but energy and its manifestations. As we showed, Pauli already considered Buber's references to the subject-object relationship to be a fundamentally important concept. According to Pauli, it is precisely this terminology of Buber's that contains the entire logical paradox of the world, all the difficulties of human conceptualization. Pauli sees Buber's concept of God as related to his idea of the objective-psychological. It is a pity that these very early connections of Martin Buber to physics must be regarded as lost to date. A resumption of these holistic considerations seems to me worth pursuing further.

In addition, it has been shown that although many approaches today try to incorporate quantum mechanical ideas, it has not been realised that physics itself has been in a theoretical crisis for several decades. This crisis is especially characterized by the fact that for almost 100 years no substantial progress has been made in how our reality is really created or can be understood.

The connection between psychology and life sciences is important. Due to the increasing complexity of physical theories as well as the lack of profound interpretation possibilities in quantum mechanics, for the moment it remains an attempt with few practical implications. It is too easy to be tempted to make hasty conclusions about human reality, and it is too easy to lose the insight of the current theoretical framework in physics.

There is no doubt that the two fields of science will cross-fertilise each other in the future. In the meantime, caution is needed until a supporting framework will be established on the understanding of how our reality is really created.

REFERENCES

- Giacomuzzi, S.M., Garber, K. (2008). Kurzer Abriss früher systemischer Denkansätze der Physik im Bereich der Sozial-, Human- und Biowissenschaften. *Ber. nat-med. Verein Innsbruck*, 94, 137-143.
- Giacomuzzi, Holzmüller, G., Huemer, G. (2002). Ettore Majorana (1906-1938) – Eine Bestandsaufnahme 64 Jahre nach seinem Verschwinden. *Berichte zur Wissenschaftsgeschichte*, 25, 137-148.
- Pauli W. (1955). *The influence of archetypal ideas on the scientific theories of Kepler. The Interpretation of nature and the psyche*. London: Routledge & Kegan Paul.
- Giacomuzzi S., Garber K. (2007). Kurzer Abriss früher systemischer Denkansätze der Physik im Bereich der

- Sozial-, Human- und Biowissenschaften. *Ber. nat.-med. Verein Innsbruck*. 94, 137 – 143.
- Bohr, N. (2012). Einheit des Wissens. In (Hrsg. HP Dürr): *Physik & Transzendenz*, Driediger. 2. Aufl. 2012.
- Giacomuzzi, S., Holzmüller, G., Huemer, G. (2002). Ettore Majorana (1906-1938) – Eine Bestandsaufnahme 64 Jahre nach seinem Verschwinden. *Berichte zur Wissenschaftsgeschichte*, 25, 137-148.
- Schrodinger, E. (1944). *Was ist Leben?* Cambridge: University Press.
- Ке́пи́нський, А. (1972). *Rhythm of life*. Kraków: Wydawnictwo Literackie. (in Polish)
- Struzik, T. (1987). "Ке́пи́нський's Information Metabolism, Carnot's Principle and Information Theory". *International Journal of Neuroscience*. 36(1-2), 105-111. <https://doi.org/10.3109/00207458709002144>.
- Hirsh, J.B., Mar, R.A., Peterson, J.B. (2012). "Psychological Entropy: A Framework for Understanding Uncertainty-Related Anxiety". *Psychological Review*. 119, 304-320. <https://doi.org/10.1037/a0026767>.
- Scrimali, T. (2006). *Entropia della mente ed entropia negativa. Nuove prospettive, cognitive e complesse, per la schizofrenia e la sua terapia*, FrancoAngeli. ISBN: 8846474961.
- Forster, H.V. (1948). *Das Gedächtnis: Eine quantenmechanische Untersuchung*. Wien: Franz Deuticke.
- Ludwiger, Illobrand von. Heim Burkhard. (2010). *Das Leben eines vergessenen Genies*. München: Scorpio. ISBN 978-3-942166-09-6.
- Resch, A., Heim, B. (2001). (1925 – 2001). *GW*. 50(1), 47-75.
- Hermann, A., v. Meyenn, K., Weisskopf, V.F. (1979). *Wolfgang Pauli – Wissenschaftlicher Briefwechsel*. New York: Springer-Verlag. ISBN 3540089624
- Hermann, A., v. Meyenn, K., Weisskopf, V.F. (1979). *Wolfgang Pauli - scientific correspondence*. New York: Springer-Verlag. ISBN 354008962, Vol. 1, Insb. The year 1919 - Discussion of the general theory of relativity.
- Hermann, A., v. Meyenn, K., Weisskopf, V.F. (1979). *Wolfgang Pauli - scientific correspondence*. New York: Springer-Verlag. ISBN 354008962, Vol. 1 Insb. The year 1919 - Discussion of general relativity. S 3ff WEYL to Pauli [1].
- Atmanspacher, H., Primas, H., Wertenschlag-Birkhäuser E. (Eds.). (1995). *The Pauli-Jung-Dialogue and its Significance for Modern Science*. Berlin Heidelberg: Springer-Verlag. There are indications that Pauli behaved in the therapy with Erna Rosenbaum and had to be motivated by C.G. Jung to continue. See also Jayawardhana, Ray. (2013). *Neutrino Hunters: The Thrilling Chase for a Ghostly Particle to Unlock the Secrets of the Universe Scientific American*. Farrar: Straus and Giroux.
- Jung, C.G. (1952). *Natureerklärung und Psyche*, Zürich: Rascher Verlag.
- Jung C.G. (1944). *Psychologie und Alchemie*, Zürich: Rascher Verlag.
- Giacomuzzi, S. (2016). Dialogphilosophie und Physik – nur ein komplementäres Paar?. In: *Buber begegnen – Interdisziplinäre Zugänge zu Martin Bubers Dialogphilosophie*. Hrsg.: Krobath, Shakir, Stöger. Arco Wissenschaft, Band 28, Paperback, ca.400 Seiten ISBN 978--3-938375-67-9
- Atmanspacher, Harald/Primas, Hans/Wertenschlag-Birkhäuser, Eva. (1995). *Der Pauli- Jung-Dialog und seine Bedeutung für die moderne Wissenschaft*, Berlin: Springer.
- Meier, C.A. Hrsg. (1992). Letter from 15.10.1938 to C.G. Jung. In: *Wolfgang Paul i und C.G. Jung*. Berlin, Heidelberg/New York/Tokyo: Springer.
- Meyenn, Karl (1985). *Scientific Correspondence with Bohr, Einstein, Heisenberg and others, Vol. 2: 1930-1939/Scientific Correspondence with Bohr, Einstein, Heisenberg a. o., Vol. II: 1930-1939*, Berlin, Heidelberg/New York/Tokyo: Springer.
- Schwartz J.M, Stapp H.P., Beauregard, M. (2005). Quantum physics in neuroscience and psychology: a neurophysical model of mind-brain interaction. *Philos Trans R Soc Lond B Biol Sci*. 2005 Jun 29; 360(1458): 1309-1327. Published nline 2005 Jun 29. <https://doi.org/10.1098/rstb.2004.1598>.
- Toga, A.W, Mazziotta, J.C. (2000). *Brain mapping the systems*. San Diego: Academic Press.
- Neumann, von J. (1955). *Mathematical foundations of quantum theory*. Princeton: Princeton University Press.
- Schwartz, J.M., Stapp, H.P., Beauregard, M. (2005). Quantum physics in neuroscience and psychology: a neurophysical model of mind-brain interaction. *Philos Trans R Soc Lond B Biol Sci*. 2005 Jun 29; 360(1458): 1309-1327. Published online 2005 Jun 29. <https://doi.org/10.1098/rstb.2004.1598>.
- Dürr, H.P. (2012). *Physik & Transzendenz*. Driediger. 2. Aufl.
- Stöger, P. (2003). *Martin Buber. Eine Einführung in Leben und Werk*, Innsbruck: Tyrolia; Stöger, Peter.
- Dürr, H.P. (2007). *Interview*, in: P.M. Magazin (Mai).
- Dürr, H.P. (2011). *Das Lebendige lebendiger werden lassen. Wie uns neues Denken aus der Krise führt*, München: oekom.
- Meiner, C. (1992). *Wolfgang Pauli an C.G. Jung*, Berlin/Heidelberg: Springer.

КВАНТОВА МЕХАНІКА (КМ) І ПСИХОЛОГІЯ: НОВЕ ПОЛІЕ ДЛЯ СПІВРОБІТНИЦТВА?

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Ми спробуємо представити критично опубліковані роботи з квантової механіки (QM) та психології (можливо, загалом щодо так званих соціальних наук), частково ми самі (Giacomuzzi, 2008, 2002), в огляді. Тут, звичайно, неможливо дати повне резюме, але слід підкреслити критичні моменти, які, можливо, залишають більш диференційований погляд на проблеми "психологічної реальності". На сьогодні QM є «хіп» у науковій літературі. Але загальні підходи не враховують, що фізики ще 80 років тому намагалися встановити зв'язок між науками про життя та фізикою. Але чи справді нейронаукові підтверджують основні психологічні основні припущення? Чи справді вони відкривають нові, міждисциплінарні перспективи дослідження? Сама фізика сьогодні бореться зі своїми теоріями, і ми великі розриви між тим, що ми переживаємо, і тим, що насправді

розуміємо. Можливо, цей розрив у розумінні власної реальності набагато більший, ніж 120 років тому, коли КМ народився роботою Макса Планка.

КЛЮЧОВІ СЛОВА: квантова механіка, психологія, психологічна реальність

КВАНТОВАЯ МЕХАНИКА (КМ) И ПСИХОЛОГИЯ: НОВОЕ ПОЛЕ ДЛЯ СОТРУДНИЧЕСТВА?

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Мы попытаемся представить критически опубликованные работы по квантовой механике (QM) и психологии (возможно, в более общем плане относительно так называемых социальных наук), частично нами (Giacomuzzi, 2008, 2002), в обзоре. Конечно, здесь невозможно дать полное резюме, но следует подчеркнуть критические моменты, которые, возможно, оставляют более дифференцированный взгляд на проблемы «психологической реальности». В настоящее время КМ является «модным» в научной литературе. Но общие подходы не учитывают того, что физики уже 80 лет назад пытались установить связь между науками о жизни и физикой. Но действительно ли нейробиологические результаты подтверждают основные психологические основные предположения? Действительно ли они открывают новые, междисциплинарные перспективы исследований? Сама физика сегодня борется со своими теориями, и у нас большой разрыв между тем, что мы переживаем, и тем, что мы действительно понимаем. Возможно, этот разрыв в понимании нашей собственной реальности намного больше, чем 120 лет назад, когда КМ был рожден работой Макса Планка.

КЛЮЧЕВЫЕ СЛОВА: квантовая механика, психология, психологическая реальность

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THE PRALOGICAL ESSENCE OF THE IMPLICIT ORDER**Tamara S. Yatsenko***Doctor of psychological sciences, Professor, Academician of the National Academy of the Pedagogical Sciences of Ukraine, The head of the chair of psychology, Bohdan Khmelnytsky national university of Cherkasy, Cherkasy, Ukraine**E-mail: yacenkots@gmail.com, <https://orcid.org/0000-0002-1996-66IX>*

The article presents the research results of the archaic genesis of the implicit order. This term has been implemented into scientific use for more than a decade, however, it has so far been little described and lacked scientific substantiation. The article draws our attention to the fact that the implicit order of the psyche unites diametrically opposed tendencies that primarily correspond to the basic conflict “life ↔ death”. The sequence (order) of psychoanalytical analysis of art reproductions (selected for self-presentation) is set by a respondent, which proves the existence of blind hand skill. The implicit order proves the power of the basic law of pralogical thinking - involvement - which governs the pralogical thinking integrated with a modern person’s reflexive, social and perceptive thinking. The article presents the results based on the stenographic material analysis of deep cognition of the psyche: audio and video of ASPC processes using thematic psycho-drawings “Fault tattoo” and “Own tattoo”. The main argument of the pralogical essence of the implicit order is based on its main characteristic – neutrality *to the discrepancy of its components which is exactly its pralogical essence*. The ASPC participants arrange the visualized self-presenters ignoring (not noticing) their contradiction (conflict). The research gives an opportunity to state the connection of the “order” with the basic psyche conflict: “life” ↔ “death”. The diagnostic-corrective process ASPC can actualize the self-preservation instinct by expanding the borders of subject’s self-awareness with the increase of the behavior rationality, i.e. *logical thinking efficiency*.

KEYWORDS: active social-psychological cognition (ASPC), deep cognition, implicit order, tendency “to life” ↔ “to death”; “implicit order”; logical thinking, pralogical (archaic, archetypal) thinking.

Introduction. The article for the first time describes the scientific generalization of long-term study of the fundamental nature of the psychic via the substantiation of the important structural component of the psyche - “the implicit order”. This category represents a central chain in the “Psyche internal dynamics model” (Fig. 1), which expresses the unity and the interaction of two sphere of the psyche (conscious/unconscious) taking into account their functional asymmetry.

The latter stipulates the alogism (and thus discrepancy) under the law of involvement, which proves the existence of the implicit order of the psyche. This fact was studied by the ASPC participants selecting the self-representation means. The next step, offered by the psychologist, envisaged the arrangement of subjectified representations by their emotive value for the respondent. It is worth mentioning that all ASPC participants coped with the visualized self-representations “arrangement” task, the essence of

which was disclosed during the dialogue psychoanalysis carried out according to the images arrangement sequence determined by the respondent, by objectification of the hidden (invisible) interrelation between them.

Research method: active social-psychological cognition (hereinafter - ASPC) is represented in the literature from the point of view of its techniques and practical tool set development dynamics (Yatsenko, 2006, 2008, 2010). ASPC is based on diagnostic and corrective interaction of the psychologist and the respondent, provided the latter uses the visualized self-representations. The ASPC procedure in its entirety is subject to the basic mechanisms: “positive disintegration of the psyche and its secondary integration at the higher level of the psychological development”.

The problem is in the binominal nature of the psyche organization system in its phenomenologic expression, which requires disclosure of the essence of the integration and distance interrelation between

conscious and unconscious in their sequence, which gives grounds to speak about the existence of the **psyche integrity**. The inherence of the existence of two spheres of the psyche in the form of a unified system requires the disclosure of the nature of interrelations between the conscious and unconscious, which is supported by the category of the **implicit order of the psyche** (hereinafter - the order). The order represents the interests of both conscious and unconscious, integrating the force field of both spheres, which explains its **overdetermination**, i.e. specific autonomation from the both spheres. The introduction of this category (implicit order of the psyche) into the scientific use promotes the completeness of the psycho-dynamic paradigm from the point of view of the psyche structure which reflects the “Model of the internal dynamics of the psyche” (hereinafter - the Model, Fig. 1).

Purpose. To investigate the archaic (pralogical) nature of the implicit order of the psyche, which is explained by the neutrality of the order to the inconsistencies. **Hypothesis:** development of the psyche envisages the integration with the archaic heritage of the humanity in the midst of which Oedipus occupies the leading position, which affects the specific formation of pralogical thinking. The study was carried out with socially adaptive ASPC participants, mostly - future psychologists.

Results of the study. The results presented in an article are based on the analysis of verbatim material of deep cognition of the psyche using the ASPC method.

The main principles are inherence of the conscious and the unconscious combined with the duality of their relations. The duality of the human psyche structure (conscious/unconscious) is still the problem that has been underexplored. The following is obvious: neither of these spheres can functionally replace the other, and cannot be explored without the consideration of the “other side”. The latter prompted the introduction of the “complementarity principle” (Yatsenko, 2017). The conscious and the unconscious are functionally asymmetric and at the same time these **spheres of the psyche preserve the inherence within the unified system of the psyche integrity, outside**

which they stop existing. The conscious together with the unconscious fills the spontaneous action of the subject with content not due to the removal of contradictions, but through the process of their actualization, cognition and correction, which is what happens in ASPC groups. For a long time, the scientists have wondered why the psyche is characterized by the invisible contradiction, not represented in the consciousness, which is stabilized in the absorption of energy through the “freezing” process by camouflage and defense mechanisms.

A. Sheroziya point out that “*the binominal system of relations* can be the fundamental principle of the connection between the conscious and the unconscious” [Sheroziya, 1978, p. 355]. In the psychodynamic paradigm, the notion of *the implicit order* is comparable with the “binominal system”, which outlines “the border” (*horizon*) of *the conscious and the unconscious combination processes*. The empirical material shows that the “implicit order” phenomenon is generated by non-experience entities catalyzed by defenses in their contradictory trends - “to force” and “to weakness” (see “Model”, arrows 3 and 4). The peculiarities of the “implicit order” lie in its archaic determination and pralogical unity of the contradictory components, which *receive the opportunities for the research clarification only subject to the spontaneity of the subject’s behaviour, the essence of which is revealed in the dialogue interaction in the system «Psychologist – Respondent»* (hereinafter – “P ↔ R”).

Here we present the “Model of the internal dynamics of the psyche” (Fig. 1).

As the “implicit order” expresses the “averaging” chain between the spheres of the psyche (the conscious/ the unconscious), it is consistent with two directions “strength ↔ weakness”. The **“implicit order”** in the “model of the internal dynamics of the psyche” is shown in dots: the conscious (“visible dot”) and the unconscious (“invisible” (space between dots)). It should be noted that the “implicit order” itself, in which the conscious and the unconscious are represented *does not show the nature of the interrelation between the two spheres*: the subjects ranks the reproductions, selected by them, (or

prepared psychological drawings) according to the emotional significance that has long been the mystery for us. The subjectification of their own

self-representation by the ASPC participants contributes to the objectivity of the psyche cognition in its entirety.

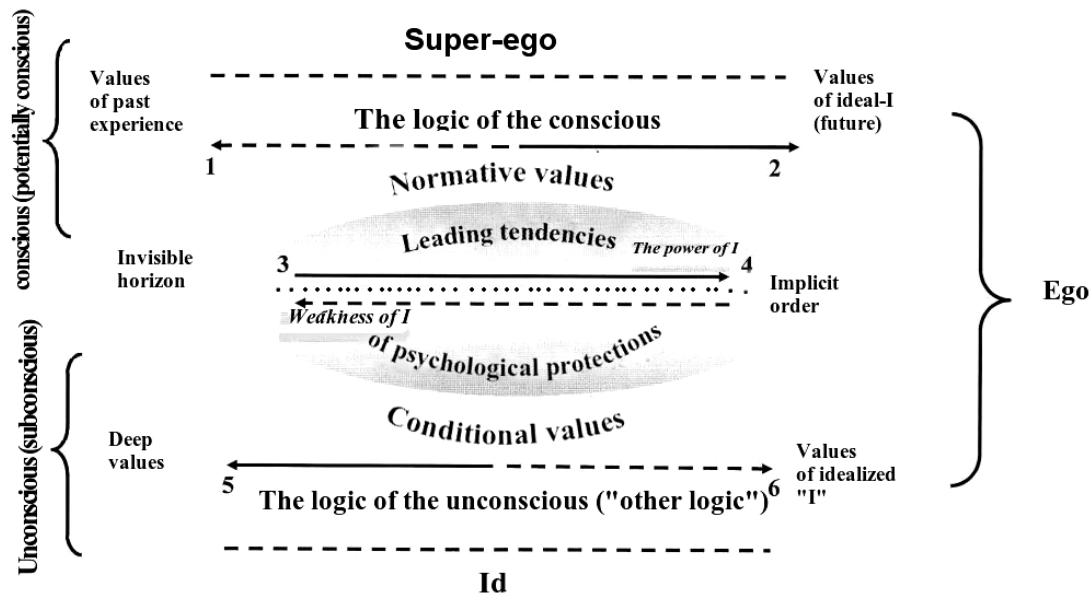


Fig. 1. Model of the internal dynamics of the psyche

The implicit order appears secondary and promotes spontaneous ranking (by emotional significance) of the visualized representations. As long as we have not clarified the problem of the archaisms (Yatsenko, 2019), the implicit order in ASPC was a practical catalyst for direct diagnostic and correction work rather than a scientific category. The revelation of the archaic motivational sources of the subject's spontaneous initiatives in combination with the "primary thinking" category (pralogical thinking)¹ made it possible to find the pralogical substantiation of the "implicit order".

The foregoing allowed to understand the pralogical essence of the implicit (hidden, invisible) order, preserving the irrecoznizability of the contradiction of the constituents, which does not interfere with the effectiveness of (but only contributes to) the ASPC process.

We can find the explanation in the fact that the pralogical thinking is neutral to contradictions, it sterilizes them, ignores, which is the characteristic feature of the implicit order of the psyche. This

points to its archaic origin and the pralogical nature. The freedom (spontaneity) of the hand action has the prime role (when ranking the representations) in the objectification of the implicit order². According to L. Levy-Bruhl, the "blind hand skill" exists archaically, which is subject to the **basic law of the pralogical thinking** – "involvement". The "competence of the hand initiative" of the respondent demonstrates the archaic nature of such skill, the context of which indicates the pralogical origin of the "implicit order".

Our forty years of research conclusively confirm the fact that "**the psyche knows it all**". This is what we rely on when complying with the conditions of the respondent's spontaneous activity.

That said, the important professional skill for a psychologist (in dialogue interaction with the respondent) is the ability to read **meanings**, hidden behind the specifics of the behavioural "pas". Based on the meanings (invisible to the respondent), the psychologist asks a question that contains the potential to control the diagnostic and correction

¹ L. Levy-Bruhl has been studying the problem of the pralogical thinking for thirty years [1].

² The researcher sets the paradigm: "rely on the will of the hand".

process. The psychologist's question is his or her main instrument, which creates a problematic tension for a respondent who finds relaxation in the answer. This is how the deep cognition chain is built: in portions and multi levels; the psychologist's questions by themselves create the respondent's activity impulse. The amount of the auxiliary material selected by the respondent and the duration of the session allow to reach the unconscious constituent of the internal contradictions of the psyche.

It is safe to state that the ASPC process is based on the respondent's pralogical ability to determine the order of consideration of the visualized material. Every time a dialogue demonstrates that the sequence of images consideration optimizes and corresponds to the temporality of the diagnostic development of the subject's personal problem.

To sum up, we would like to note that the diagnostic and correction dialogue is based on the existing interrelations between the conscious and unconscious spheres (regardless of their functional asymmetry). The questions to the respondent are the major catalyst stimulus of the spontaneous impulses (energy that is displaced and fixed). It is the dialogue interaction that gives the research potency to the ASPC process, which explains the introduction of the zone - the "invisible horizon" (Hawking, 2014) and "implicit order" to the "Model", which contains in itself the symbol "Yin and Yang". The latter points to the need of dialogue interaction to achieve the diagnostic and correction result in the consideration sequence of art reproductions (or psychological drawings) selected by the respondent.

Speaking about personal attempts of the internal psyche cognition, C. Leclerc states that "this world is *broken and illogical*, sometimes masks itself, sometimes represents itself in the fog of its own imagination» (Leclerc, 1978, p. 262]. Thus, the archotypical inclination of a human being to *symbolization of the own psychological essence is evident*. The image (as well as a symbol) represents the psychological contradiction and ambiguity that can gain symbolic integrity.

The world of the "displaced" experiences, which S. Freud connected to the stimulation of the

symbolization of the unconscious activity, exists on the "other side of the consciousness". This is consistent with C. Leclerc's view, whom we have mentioned earlier, who believes that the unconscious is the "werewolf-conscious" (Leclerc, 1978, p. 357]. Inter alia, he states that "if this property of the unconscious psyche did not represent itself in the form of *symbolic images of the conscious* (long ago alienated by itself), we would not know anything about it" [ibid.].

The consciousness produces its attitude to such creations of the psyche through mental attitude of the person to themselves and all that surrounds them. The latter is used in the psychodynamic paradigm to construct the dialogue interaction in the "P ↔ R" system. The consciousness depends **on the peripheral defense system of the psyche, which masks its contradictory essence**, and we see it as the **subordination of the defense system to the pralogical tendencies**. The conscious, due to symbolic images (desires, art, religion, dreams, "day-dreams"), invisibly to itself causes the manifestations of the secret desires, while trying to hide their **meanings** by resistance to any penetration into the latent aspects of the psyche. For example, when under hypnosis, a person does something unconsciously, but then is able to *rationalize* why they did it. The person usually gives a defensive response without noticing the deviations from the reality.

In psychodynamic paradigm, which we have been developing for over forty years, the bank of empirical data proves that the adequate cognition of the psyche requires the introduction of the *complementarity principle*, which is fundamental, starting "postulate", a precondition for revealing the essence of the psyche in its entirety (Yatsenko, 2017). *The complementarity principle* was in its time introduced in the quantum physics by Niels Bohr. Taking into account the **subjectivity of the psyche** we take this principle in two capacities: "**principle of the inherence of the conscious and unconscious spheres**" and "**principle from the other**" (hereinafter - "from the other"). The latter is outlined by a number of postulates which the psychologist must respect during the the diagnostic and corrective interaction

with the respondent, which we have presented in the corresponding article (Yatsenko, 2017).

The language of the conscious creates the hidden dialectics of the relations, established by the **“different logic”**, in which the categories of time, space, sex and causality function differently, than in the sphere of the conscious (at which S. Freud has pointed). An important part in this aspect is occupied by the *mnemonic traces*, created by displacement, synthesized with archaisms, and are the embodiment of the **generations socialization drama**. The psyche uses a set of world images (animate and inanimate nature) for this process, which can by means of the symbolization mechanisms (concentration, shifting, hint, spatial location dynamics, colour etc.) **transmit the information equivalents in the “other body”, in other visual variations**. C. Leclerc writes that “it would be naive to localize these imprints of the human history only in the brain, they are inscribed everywhere in the world” (Leclerc, 1978, p. 264). It is impossible to create a catalogue (or a hierarchy), because they are archaically motivated and fused with the **basic forms of defense**, the interests of which are expressed by the **archetype nature of the symbols**. It is important to take into account that the **basic forms of defense**, associated with the “wisdom of generations” cannot be announced independently **outside the situational defenses**. The spontaneous activity of the subject involves the **horizontal** (basic) and **vertical** (situational defenses) intersection. Thus, the expression of the archaic inheritance is always integrated and agreed with the individualized emotional content of the subject’s psyche.

We have already mentioned that the dialogue (“P ↔ R”) is of ultimate importance for the problem of reaching the individual uniqueness of the psyche. Under such circumstances, **the words are “instruments of labor” for the psychologist** whose effectiveness depends on the ability to read **meanings**. It the **meaning** that combines in itself **the visible and invisible, emotive and rational**. **The words of the psychologist**, without the diagnostic precision, **will be the dead sounds**.

The logic of the unconscious sphere is *paradoxical* (beyond time, space, sex etc.).

However, the problem of its cognition through the language of the conscious is solved in it. Each of the “conscious / unconscious” logic systems is in contact with one another in some way, although it can never be reduced to any of them. Their contact is even harder to “catch” than the contact of the sound waves in space. And this contact (involvement) is the essence of the existence of the common uniting chain, which confirms the interaction of the conscious and the unconscious, exactly what the **implicit order** is, which expresses the archaic mindset and subordination to the **involvement law!**

The sequence of expression of the implicit order and the need for its consideration by the psychologist during work with the respondent is explained by the fact that it [the order] has formed by itself (beyond the control of the consciousness), and therefore promotes the holistic objectification of the psyche in the contemplation plane. **The order cannot be either erased or modified or deformed, as it is not written in advance and does not belong to any substrate; it is determined by the cross-section, intersection, interference of power networks, the background of which is represented by certain integration meta-meanings, related to both the conscious and the unconscious irrespective of the experience**. The “order”, as we have already mentioned, is related to the fact established in the psychodynamic paradigm that “the psyche knows everything”. Thus, the psychic is not reducible to the conscious. The “order” in its archaic predetermined nature has energy potential, the use of which is subject to the **dialogue interaction, which activates both spheres of the psyche** on the basis of the probabilistic forecasting. It is important, because the “order” exists **“above”** both spheres of the psyche and at the same time absorbs their essence, which is indirectly expressed via a representation.

We would like to emphasize that the practice of in-depth cognition of the psyche shows that the “order” is immanently (that is beyond the subject’s control) inherent to the psyche of every person.

Hypothesis: *the language of the unconscious is expressed not in the images, symbols, but rather in*

their meanings, which are the equivalent interrelations between the subjectified representations. It is the number of pictures that allows to determine the differences in the direction of the psychic activity vectors at the level of the conscious and the unconscious through longitudinal analysis.

The paradox is that the *implicit order* does not solve the problem of the psyche integrity, it only expresses the problem indirectly through the involvement of the visualized representations. That is why we observe the *semantic alogism*, for example, one drawing “to health” (Fig. 2), and the other (Fig. 3) “with a sorry sight”. The insensitivity to inconsistency proves the paralogical essence of the “order”, its predetermination. Here is an example.

We present a small fragment a long psychoanalytical work with the female student of the psychological department of Bohdan Khmelnytsky Cherkasy National University (2018)³.

N.: I chose Fig. 2 first, making accent on the “head” (*at the top of the statue*), i.e. development of the intellect – everything starts from the head (*points to the light near the statue*, Fig. 2).

P.: So, you focus on your own mind?

N.: Maybe, though this requires to weaken the “darkness” of the soul to have the light mind.

P.: This Fig. 2 can be considered as self-birth? Do you accept such hypothesis of self-birth now?

N.: I rather do, because I feel this inner need.

P.: So, self-birth for you is intellectual rebirth through rethinking your life experience to understand, how you harm yourself?

N.: Yes, without a doubt, because this is what keeps me in some internal “unwise” statics, emptiness, something like **a stop in the darkness of my own soul**.

P.: You are good at self-reflection, and there is hope for the release from the “darkness” you are talking about. Biologically we cannot be born twice, but we can help ourselves in rethinking of the situations we had and understand their consequences. Let’s move to the next picture from

the previous session (Fig. 3). What have you learned from this picture, what did it help you to understand?

N.: Most of all - the role of the “skeleton” (on the right) in my life.

P.: This skeleton is not just a mere symbol, is it a part of you?

N.: Yes, of course, this is my self-awareness, this alienation of the own flesh (body), the femininity in myself, life aspect. The skeleton has no sex. Now I understood why I ignore this girl in picture 3. It is defense – **I have no sex, it is easier for me, as if my body is absent**.

P.: It is a real mystery for me that you alienate this sensual, beautiful girl.

N.: I do not pay any attention to her - she does not exist for me. And now, too, I cannot look at her seductive look, it’s terrible.

P.: This is what strikes me. You are young, beautiful, and you have a lifetime ahead of you, but you ignore all of this? You could rather relate yourself to a girl than a skeleton, because you are young, tender and pretty. Perhaps you can address the “girl” and the “skeleton” with some text.

N.: No, I can’t, it’s too hard, especially to talk to the girl... The skeleton is the residue of my sufferings in my soul.

P.: So, you alienate your beauty, harmony, which is presented to the outside? As well as your femininity, attractiveness?

N.: Yes, I do alienate them. And I have a feeling that changing anything is beyond my strength!

P.: Then, obviously, the boys have trouble with you, they face resistance?

N.: Computer is OK with me.

P.: You kill intimate relationships or replace them with a computer? Or you refer the boys to the “mechanics” category?

N.: I just do not communicate with them. I feel better off myself, calmer, more comfortable. I do not bother other people, and I’d want to have the same attitude from them.

P.: But they may be showing some interest in you, because you are a feminine, pretty girl?

N.: “Good-bye!” - the ready shield for all occasions! If I am not interested or I don’t like something - that’s it! There’s no other option.

³ The full text of the verbatim with respondent N. is presented in the book [16].

P.: But you saying, that you do not like the person at the first glance. You are not ready to get acquainted, to know the person better. I can understand that with the boys, but why do you alienate this girl in Figure 3?

N.: I don't know what to say... I guess it's because I alienate myself, I do not accept my own



Fig. 2. Wojtek Siudmak – The Strongest

The respondent N. chose more than twenty pictures (which she arranged by importance). We present only two of them, and within a short period of time they helped to objectify a huge layer of N.'s hidden experience (drama of violence). This fragment of the psychoanalysis shows that the unconscious can be objectified by context and indirectly, which is greatly supported by visualized self-presentation. Given the unconscious predetermination of the implicit order, it always *preserves the energy potency, which stipulates the motivation nature of the respondent's spontaneous behaviour in the psychoanalytical interaction with the psychologist.* Conclusion: in the dialogue interaction of the psychologist with the respondent *the implicit order establishes the sequence of the psychologist and respondent dialogue interaction process temporality.* The diagnostics and correction dialogue is subject to the following principles: **non-mergence** of “P ↔ R” positions and their **integrity**.

The foregoing explains the significant difference between the process of deep cognition and the specifics of the academic experimental study in which the “order” of the study procedure is pre-

feminine aspect. It seems to me, that I will have only problems, I had that when I was a child. It was stepfather's violence. That is why, I would tell the girl: dress up.



Fig. 3. C. Verlinde – La Dechirure

determined and planned by the researcher. The lead (psychologist) of the in-depth cognition is a “slave” of the “following the ...” process in the wake of the respondent's internal activity continuum that defines the content of the “P ↔ R” interaction. The psychologist's questions are based on the probabilistic forecasting, that is why the psychocorrection dialogue is different from the dialogue in its usual sense (as the exchange of information). **In ASPC the “information” needs to be obtained in the process of interaction between a psychologist and a respondent,** which is based on the probabilistic forecasting, including the interpretation of the accumulated behavioral material. **The psychologist only sets the prerequisites for the objectification of the latent factors to the information field of the in-depth cognition. The dynamics of the dialogue interaction procedure in general is based on the cognition of meaning parameters,** the “implicit order” to a large extent performs the organizational role.

Summing up, we would like to note that in in-depth cognition, which envisages following the spontaneous activity of the respondent, the determining role still belongs to the **psychologist,**

their ability to perform the procedural diagnostics (by portions and at many levels), which is inseparably connected to the correction.

The dialogue cooperation of the psychologist with the respondent facilitates the accumulation of the behavioural material, semantically potent in the objectification of the hidden conceptual parameters of the psyche, understanding of which increases the consciousness of the subject. Under such conditions **the dialogues become the catalyst of the expansion of the subject's self-awareness**, which is the necessary condition for them to reconstruct the erroneous positions. Taking into account the functional incompatibility of the two spheres, the implicit order integrates the power fields: "conscious / unconscious". Therefore, the deployment of the individually unique initiative of the respondent offers the prospect of learning the alogism and irrationality in spontaneous self-presentation of the subject, subject to cognition, which extends the scope of self-awareness.

Temporality (spread in time) of the respondent's behavior depends on the diagnostic feasibility of the psychologist's questions that should be understood by the respondent, the criterion of such understanding being the energy boost of their behavior. **Figuratively the detection of the implicit order can be compared to the calendar, the pages of which are strictly organized and yet are filled with individualized diametrically opposite meaning. The semantic parameters of the implicit order are unique for each individual.**

The words of C. Leclerc come to mind: **"only in the field of psychoanalytical experience it became possible to determine the existence of the "different logic", logic of the unconscious. And those who profess for strict scientific research of the essence of the human psyche, must pay the utmost attention to this "different logic"** (Leclerc, 1978, p. 269). This "different logic" can not be given to the psychologist separately, as well as the implicit order. The "different logic" can be objectified by a longitudinal analysis of the respondent's spontaneous behaviour, the orientation on the identification of invariant characteristics in it.

The psychodynamic paradigm sets the direction of the in-depth cognition on the **"invisible horizon"** line (i.e. the neutral zone between the conscious and the unconscious), which is specified in the implicit order.

The latter stipulates our attention to the implicit order, which latently and masterly assimilates and objectifies the "worries" of both spheres. The psychodynamic paradigm takes into the fact that **the unconscious is programmed by the archaically exhaustless "over-determination", which points to the need of the psychologist's orientation on the fact that "the psyche knows everything, not only the conscious"**.

It is important to understand that any act of spontaneous behavior occurs at the intersection of "horizontal" and "vertical", which is the explanation to the interaction of defenses: basic (horizontal) and peripheral (vertical). The secretness of the implicit order I is ensured by its [order's] freedom from the influence of the "civilization logic", which in fact keeps I in informational captivity. **The implicit order is et latently according to the laws of the pralogical (archaic) thinking**, which explains its complete neutrality to the contradictory nature of its "constituents". The latter can point to the fact that the **involvement law**, which is central in the formation of the primitive men psyche, is unnoticeable for the psyche in the opposition of two logics: the logic of the conscious and the "different logic" (the unconscious). The reason for this may be the fact that **the pralogical predetermination in the psyche belongs to the basic form of defense, which have never been represented in the subject's consciousness.** Basic protection is the formation beyond experience that relates to the situational (peripheral) defenses only at the time of the external manifestation. They coexist on mutually beneficial terms: basic defenses have a preset archaic energy potential, and the peripheral pursue the purpose of adaptation to modern understandable forms of self-presentation. That is why **it is a good idea for every person to go through the course of the in-depth cognition, to rely on the objectivity of the self-presentation**

forms and determine the problem of existence of the internal conflict, which while being invisible (masked), absorbs the energy like the “black hole”. S. Hawking said that the motto of those falling in the Black hole is “you think it wrong” (Hawking, 2014, p. 112]. Thus, he pointed out that an important proactive aspect of personal problems is their cognitive rethinking (reconstruction) and resolving the contradictory trends in the psyche.

In other words, the in-depth correction process means **finding the errors in the cognitive construct of self-identity and self-awareness of the person, which determines the understanding of the oneself and other people. To avoid the situation when not only the “conscious is not the master in its own house” (S. Freud), but the thinking of the modern person can turn out not being the master of its own self-perception, as well the perception of other people.** And the person has to pay for this with their social success, career, health, because it stipulates the tendency to “psychological death” (Yatsenko, 2008), self-deprivation (Yatsenko, 2016) or aggression (Yatsenko, 2010). The feeling of a loser, being pathetic and unneeded can accompany the above.

Summary. The in-depth psychocorrection can give people the joy of self-discovery, which reduces emotional tension. Attendance of the ASPC group allows to gain a sense of inner peace, harmony and homeostasis. The in-depth self-analysis during ASPC promotes the social and perceptual intelligence; a person step by step, in portions and at many levels discovers their own personal potential, energy of which creates the prospects of self-fulfillment.

The significance of the article is not only the novelty (the problem of the pralological (archaic) nature of the implicit (hidden, invisible) order is described for the first time), but also in the existing predetermined nature of the hidden motivation dynamics.

It is important to understand that every person is **the closest person to themselves and that is why it is important to learn to give joy to yourself (through self-awareness) by actions and throughout life! In general, every person should**

be necessary for themselves, and then others will be in the sphere of the attention. The foregoing problems at the same time determine the **perspective for further research.**

REFERENCES

- Levy-Bruhl, L. (1930). *Primitive Mentality*. Oxford: Clarendon Press.
- Leclerc, C. (1978). *The Unconscious: Other Logic*. Tbilisi: Metsniereba.
- Shevchenko, L.I. (Ed.). (2008). *New Dictionary of Foreign Words: about 40 000 words and phrases*. Kyiv: ARIY.
- Prigozhyn, I. (1986). *Order from the Chaos: New Dialogue of a Man with Nature*. Arshynov V.I., Klimontovich Yu.L., Sachkov Yu.V. (Ed.). Moscow: Progress.
- Hawking, S. (2014). *The Universe. Three Books about Space and Time*. St. Petersburg: Amfora, Petroglif.
- Galperin P.Ya., Zhdan, A.N. (Ed.). (1980). *Anthology of History of Psychology*. Moscow: Publishing House of the Moscow University.
- Sheroziya, A.Ye. (1978). *Consciousness, Unconscious, the Psychic and the System of the Fundamental Relations of the Personality: Prerequisites of the Common Theory* / Tbilisi: Metsniereba.
- Yatsenko, T.S. (2006). *Fundamentals of In-Depth Psychocorrection: Phenomenology, Theory and Practice: Acad. guide*. Kyiv: Vyshecha shkola.
- Yatsenko, T.S. Gluzman, O.V., Kalashnik, I.V. (2008). *Depth Psychology: Diagnosis and Correction of the Tendency to Psychological Death. Acad. guide*. Yalta: RVV KSU.
- Yatsenko, T.S., (Ed.). (2010). *Aggression: Psychological Theory and Phenomenology*. Kyiv: Vyshecha shkola.
- Yatsenko, T.S. (2015). *Dynamics of the Depth Psychocorrection Development: Theory and Practice*. Denpropetrovsk: Innovatsiya.
- Yatsenko, T.S., Gluzman, A.V. (2015). *Methodology of the Depth-Correction Preparation of the Psychologist*. Denpropetrovsk: Innovatsiya.
- Yatsenko, T.S. Bondar, V.I. (2016). *In-Depth Cognition of the Self-Deprivation of the Future Psychologist's Psyche*. Kyiv: National Pedagogical Dragomanov University.
- Yatsenko, T.S. (2017). Categories of “Complementarity Principle” and “Implicit Order” in In-Depth Cognition of the Psyche. *Personality Psychology*. 1(8). 15-23.
- Yatsenko, T.S. (2018). The Relationship of Conscious and Unconscious Psychodynamic Approach. In *Fundamental and applied researches in practice of leading scientific schools*. 26(2). pp. 335-353. Kyiv.
- Yatsenko, T.S., Bondar, V., Halushko, L., Kaminska, A., Pedchenko, O. (2018). *Psychoanalysis of the Art Reproductions in the Preparation of Psychologists: Academic Guide*. Dnipro-Kyiv: Innovatsiya.
- Yatsenko T.S. (2019). *The Archaic Inheritance of the Psyche: Psychoanalysis of the Problem Phenomenology*. Dnipro: Innovatsiya.

ІМПЛІЦИТНИЙ ПОРЯДОК У ЙОГО ПРАЛОГІЧНІЙ СУТНОСТІ**Т. С. Яценко**

Доктор психологічних наук, професор, академік НАПН України, завідувач кафедри психології, глибинної корекції та реабілітації, Черкаський національний університет імені Богдана Хмельницького, м. Черкаси, Україна

У статті вперше презентується результати дослідження архаїчного генезису імпліцитного порядку. Цей термін введено нами у науковий обіг уже понад десятиріччя, проте він залишався досі малорозкритим та недостатньо науково обґрунтованим. Зміст статті звертає увагу на те, що імпліцитний порядок психіки єднає діаметрально протилежні тенденції психіки, які відповідають базальному конфлікту «життя ↔ смерть». Послідовність (порядок) психоаналітичного розгляду репродукцій художніх полотен (обраних суб'єктом для самопрезентації) задається самим респондентом, що засвідчує наявність «сліпої навички» руки. Імпліцитний порядок є доказом дієвості провідного закону пралогічного мислення – «співпричетності», якому підкорене пралогічне мислення, що інтегрується з рефлексивним, соціально-перцептивним мисленням сучасної людини. Результати статті вибудовані на аналізі стенографічного матеріалу глибинного пізнання психіки: аудіо- та відеозаписах процесу АСПП із використанням тематичних психомалюнків «Тату вини» та «Власного тату». Основний аргумент пралогічності імпліцитного порядку ґрунтується на провідній характеристиці – нейтральності *до суперечливості його складових, у чому й криється його пралогічна сутність*. Візуалізовані самопрезентанти впорядковуються учасниками АСПП ігноруючи (не помічаючи) їхню суперечливість (конфліктність). Дослідження дає змогу констатувати зв'язок «порядку» з базальним конфліктом психіки: «життя» ↔ «смерть». Діагностико-корекційний процес АСПП спроможний актуалізувати інстинкт самозбереження шляхом розширення у психіці суб'єкта меж самоусвідомлення з посиленням раціональності поведінки, тобто *дієвості логічного мислення*.

КЛЮЧОВІ СЛОВА: активне соціально-психологічне пізнання (АСПП); глибинне пізнання; тенденція «до життя» ↔ «до смерті»; «імпліцитний порядок»; логічне мислення; пралогічне мислення.

ИМПЛИЦИТНЫЙ ПОРЯДОК В ЕГО ПРАЛОГИЧЕСКОЙ СУЩНОСТИ**Т. С. Яценко**

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В статье впервые представлены результаты исследования архаического генезиса имплицитного порядка. Этот термин введен нами в научный обиход уже более десяти лет, однако он оставался до сих пор научно малораскрытым. Содержание статьи обращает внимание на то, что имплицитный порядок психики объединяет диаметрально противоположные тенденции, прежде всего, те, что соответствуют базальному конфликту «жизнь» ↔ «смерть». Последовательность (порядок) психоаналитического рассмотрения репродукций художественных полотен (подобранных субъектом для самопрезентации) задается респондентом, что свидетельствует о наличии у него пралогического навыка («слепой навик» руки). Имплицитный порядок является доказательством действенности закона «сопричастности», которому подчинено пралогическое мышление, интегрирующееся с рефлексивными формами мышления современного человека. Результаты статьи базируются на анализе стенографического материала глубинного познания психики: аудио- и видеозаписей процесса АСПП с использованием тематических психорисунков «Тату вины» и «Собственное тату». Основной аргумент пралогичности имплицитного порядка основывается на ведущей характеристике – нейтральности к противоречивости его составляющих. Визуализированные самопрезентанты упорядочиваются участником АСПП игнорируя (не замечая) их противоречивости (конфликтности). Исследование позволяет констатировать связь имплицитного порядка с базальным конфликтом психики: «жизнь» ↔ «смерть». Диагностико-коррекционный процесс АСПП способен актуализировать инстинкт самосохранения путем расширения у субъекта границ самоосознания, что предполагает усиление рациональности поведения, т. е. *действенность логического мышления*.

КЛЮЧЕВЫЕ СЛОВА: активное социально-психологическое познание (АСПП); глубинное познание; тенденция «к жизни» ↔ «к смерти»; «имплицитный порядок»; логическое мышление; пралогическое мышление.

SECTION: PSYCHOTHERAPEUTIC MODALITIES, METHODS AND METHODOLOGIES**РОЗДІЛ: ПСИХОТЕРАПЕВТИЧНІ МОДАЛЬНОСТІ, МЕТОДИ ТА МЕТОДИКИ**

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TYPES OF PROCESSES IN THE CLIENT-CENTERED THERAPY**Alexander Kocharian***V.N. Karazin Kharkiv National University
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The basic theoretical principals of the process theory in client-centered psychotherapy - its stages, the purpose, the basic properties - are discussed in the article. It has been concluded that the process represented by C. Rogers hardly describes the psychotherapy itself; it reflects the process of personal growth. The model of the process motion as liberation from "blocking" emotional experiences is presented. The "block" structure and the model of a "capillary blocked with plaques" as well as clinical examples of "organismic flow" liberation are described. These 'blocking' emotions have specific qualities: 1) they are "stuck together" – there are no stand-alone offence, anger, helplessness etc.; they form an integral conglomerate; 2) they are resistant to an influence; 3) they do not disappear completely – they only abate and hide, forming a potential emotionality, which can become actual on the most insignificant occasion; 4) they are somatized; 5) they are not flowing. "Blocking" emotions have a complex structure: they are based on unconscious primary "blocking" emotional experience (for example, the feeling of second-ratedness) and "secondary" emotional experiences are overlaying on it. Only when the primary components are removed from the structure of "blocking" emotional experience, the conglomerate of "blocking" feelings falls apart into separate emotions, that are ready to move. If any part of psychic becomes "dead", for example, love and sexuality, then the quality "sort of" emerges in the functionality of an individual. Two clinical examples of work with "blocking" experiences are presented.

KEYWORDS: client-centered psychotherapy, process, organismic tendency, emotional-focused therapy, stuck emotion

Process theory constitutes the whole formation of C. Rogers's client-centered psychotherapy – open yourself and become yourself is "to be a process rather than product" (Rogers, 1961, p. 122). Even the ultimate goal of psychotherapy can be formulated in terms of process - it is a move of client "from a static, fixed, unfeeling, impersonal feelings of person functioning" toward "fluid, changing, acceptant experiencing of differentiated personal functioning" (Rogers, 1961, p. 66).

In the client-centered and experiential approaches, there are different traditions of understanding the process (Broadley, 1990; Gendlin, 2000; Rennie, 1998; Rice, 1974; Worsley, 2009, etc.).

Literature Review and Discussion

C. Rogers, who is an "organismic theorist" (Hall, Lindsey, 1970), relies on rationality of natural (organismic) process, which is described as "sensory and visceral", and which is reflected in the conceptual aspects of the experience – in self-concept and symbolizations of consciousness. It is significant, that personality development is adjacent (interrelated) to organismic actualization: "self" is a flexible changeable structure, which is moving along the trajectory of the process and is staying in it ("individual-in-process" or "continually changing individual"). In practice, actualization of an individual is an approaching of

'self' to organismic experience, to something valuable and truthful inside – it is approaching self to self. In this sense "self" is constantly changing, and the key of such change is transformation of consciousness function – "consciousness, instead of being the watchman over dangerous and unpredictable lot of impulses ... becomes the comfortable inhabitant of society of impulses and feelings and thoughts, which are discovered to be very satisfactorily self-governing when not fearfully guarded" (Rogers, 1961, p. 119).

The process final point is achievement of "fully functioning person". It is not the ideal condition of "clarification" and "enlightenment", but it is a condition of liberation from internal "blocks" and unobstructed flow (progression through capillaries) of emotions and energy. Rogers (1961, p. 195) noted, that "clients, who have moved significantly in therapy, live more intimately with their feelings of pain, but also more vividly with their feeling of ecstasy; that anger is more clearly felt, but so also is love; that fear is an experience they know more deeply, but so is courage. And the reason they can thus live fully in a wider range is that they have this underlying confidence in themselves as trustworthy instruments for encountering life".

The internal "block" is a squeezed or fixed affect, which is "stuck" in an emotional 'capillary', blocking up the circulation of emotional flow as a plaque. "Blocking" emotions have a complex structure: they are based on unconscious primary "blocking" emotional experience (for example the feeling of second-ratedness) and "secondary" emotional experiences are overlaying on it. Only when the primary components are removed from the structure of "blocking" emotional experience, the conglomerate of "blocking" feelings falls apart into separate emotions, that are ready to flow. Low consciousness of primary emotional experience is expressed either in negation of existence of some underlying emotional experience (it does not exist), or in failure (difficulty) to name this experience in words. At the same time the organismic tendency is ended by itself. If it is alive the individual says, for example: "I want love"; if it is blocked, the expression will be different: "There is a wish of love", and further from this wish: "I want to have a wish of love". The further from organismic

flow the larger are the conventions – "want", "wish of", "want to have a wish of", "wanted" (this one refers to the past).

These "blocking" "secondary" emotions have specific qualities:

1) they are "stuck together" – there are no stand-alone offence, anger, helplessness etc.; they form an integral conglomerate;

2) they are resistant to an influence;

3) they do not disappear completely – only abate and hide, forming a potential emotionality, which can actualize (but does not occur) on the most insignificant occasion "wish of", "wanted" (this one refer to the past);

4) they are somatized – they exist as "stuffed body" (Ermoshyn, 1999), as "a lump in the throat", "squeezed temples", "a bag on the shoulders", "groggy legs" etc.;

5) they are not flowing - they cannot move, change: the offence can be either "dried up" by means of rationalization, or eased by cathartic techniques, or it is possible to shift the offense energy to other zones of psychic functioning, however it is difficult to get rid of it ultimately; the only form of "blocking" emotion circulation is a vicious circle: offence – anger – helplessness – offence.

If any part of psychic becomes "dead", for example, love and sexuality, then the quality "sort of" emerges in the functionality of an individual. A "sort of" life (love, sex, anger etc.) becomes full of existential of Void, or Meaninglessness, or Needlessness, or Inferiority etc., primary "stuck" emotions (experiences)". The more the flow is overlapped in the "capillary" the bigger is the necessity to compensate reality with imagination, and wishes are substituted by its surrogate – not "want", but "wish to want", and then "wish to want to have a wish to" etc. At a certain stage, when imagination is unable to cope with the function of reality replacement, it "collapses as a bubble" and the Void emerges (subdepressive and actual depressive states).

Freud indicates to the fact that the issue is neither in the expansion of consciousness nor in the intellectual insights - it is a mean (method) of emotions liberation. Freud (as cited by Nitzschke, 1998) pointed out, that it is significant to "increase

the intensity of emotional and affective process". The mechanism of "emotional mingle and balance" (Rogers, 1961, p. 129) is actually aimed at this. Joyce McDougall's metaphor (McDougall, 2007) – "seduction to live", (not understanding) is a good metaphor of psychotherapy.

The "stuck" feelings (at the beginning secondary and then primary) "hit" clients (Rogers, 1961, p. 129). Initially they do not have any name, title, it is only a feeling, which should be studied thoroughly before it can be named (symbolized) somehow. These feelings should be brought "to the maximum" ("feelings all the way to the limit", (Rogers, 1961, p. 113). Without this maximum, without the depth of emotional experience the emotion is not liberated. In addition, the issue is not in catharsis, not in discharge of feelings, but it is peculiarly in liberation, when it starts to "flow" without obstacles. Then it brings other emotions (another emotion) to life. For instance, liberated laughter, which takes Homeric form, liberates weeping and etc. Liberation of one emotional experience brings another one to life. They begin to balance mutually each other (mechanism of emotional mingle and balance). The client says that he feels anger. What is underneath the anger? The Offence. What is underneath it? A fear of being useless, off-cast. What is underneath it? A strong desire to be loved etc. One emotion overlaying on another creates a situation, when true (**organismic**) feelings and emotional experiences (desire to love) "sank" under the influence of "stuck" emotions (primary and second), that are in fact are "blocking" and overlap the stream of "true desire". The client is focused not on implementation of true ("live") desire and liberation of a true feeling, but on protective patterns, preventing Ego from personal injury.

Strategies of Therapy

We suggest that there are two possible therapy strategies:

- 1) actualization of balance mechanism - amplification of primal "stuck" experiences;
- 2) amplification of weakened organismic tendency.

Here is an example of the 1st strategy - breaking a vicious circle break of "blocking" emotional experiences:

During the series of therapy sessions, a client, woman A., age 22, described her problem as the one she cannot cope with. The core of the problem is in the following: she works at a dancing club, leads the groups. The administration has recruited a new coach, "who does not have proper qualification, education and tact – he is a boor!". He took the groups from her, "he behaves defiantly, glaringly, he does not except friendly advices". The client was outraged by injustice of the management team and boorishness of her new coach. Within the framework of the habitual pattern of emotional experiences, the high-minded anger is reproduced on the situation, that nobody considers her. And, while staying in the mentioned habitual pattern, she has no way out. Moreover, her emotions become righteous – she is fighting injustice. To solve this situation, it is necessary to get out of the habitual pattern of responsivity. The client went according to the following vector of emotional experience: anger per a new coach → feeling of a bruised ego → low inherent value → feeling of unnecessariness → emotional stress connected to the feeling that in order to be together with somebody it is necessary to be an important person of importance, a person of interest → fear of losing power, governance → emotional stress of inability to be yourself etc. Such deepening of emotional experience and getting out of the habitual pattern of emotional reacting allow the client to transform the situation, in which she is offended to the situation, in which it is impossible for her to be herself, she experiences of own irrelevance (primal "stuck" experience).

Here is an example of the 2nd strategy - amplification of weakened organismic tendency (when it is too traumatic, and the organismic tendency is weakened significantly), but at the direct hold of organismic tendency.

Client Zh., age 27, is complaining that nothing works out with men – "They don't need me". She overreacts on any demonstration of inattention to her. She is "stuck" at the age of adolescence, she has a marked component of infantile (incestuous) sexuality, but she is distanced from her father, and is

“sent” to study and then to work abroad. The place next to her father was taken not by her mother, but by her elder sister. The vector of the organismic tendency in the particular case is in separation from her father. However, a fear of going away from him both psychologically and materially (the father fully supports her financially) and a feeling of man unreliability, who can't be trusted, fix her strictly in the infantile position. The primary “blocking” emotional experience (a feeling of inferiority, and therefore also unnecessariness) is rather tough and stressful for her. Consequently, emotional balancing mechanism actualization, connected to primary “blocking” emotional experience potentiation, is not possible in practice. She is not able to accept the feelings of love and warmth, addressed to a man (such organismic tendency is weakened); “and men are not the ones intended, and they don't need me”. In order to find sense of client's organismic tendency of the client, it should be intensified (it is necessary to “find” and achieve satisfaction of it). I ask the client: “What should we start with?” And I answer: “With a stove. It is the most important in house. One sleeps on it, cooks in it and warms themselves using it. A stove is a woman's belly – soft, elastic and warm”. It can be also work with the thematic tale “Princess and a stove”. Then it is working with belly, aimed at awakening of “feeling of the belly”, of warmth in it. The feeling of “filled” (not “empty”) warm belly, thighs and buttocks is achieved. As if something is “awaking” in the abovementioned zones, waking life in them. New embodied emotional experiences arise – the Feminine is “brazed” in the body, it is not just a mind composition. Such emotional experience, while arising, becomes desirable **for her**, “attracting”.

The Stages of Therapy or Personal Growth?

The client's motion in psychotherapeutic process is performed according to the vector from “static” pole to “fluctuating” pole. In order to determine the place of a client in process continuum it is necessary to “collect data about the quality of his or her emotional experiences and their expression” (Rogers, 1961).

Rogers outlined seven stages (rather conditionally), that a client goes through in

psychotherapy. He wrote (1961, p.131): “Although I would stress that it is a continuum, and that whether one discriminated three stages or fifty, there would still be all the intermediate points”. Each stage is determined by client's disposition in the dichotomous pairs mentioned below (the motion is performed from the left pole to the right), which we outlined basing on C. Rogers's texts:

- 1) closeness – openness to your inner experience;
- 2) feelings unawareness – feelings awareness;
- 3) feelings don't belong to you – feelings belong to you;
- 4) undifferentiated feelings – differentiated feelings;
- 5) it takes some time to accept emotional experiences by a client – emotional experiences are accepted by a client at once;
- 6) feelings are an object, they are external regarding "Self" – feelings are a part of 'Self', they are subjective;
- 7) feelings refer to the past – feelings refer to the present;
- 8) an individual is not oriented to his or her feelings – an individual is fully oriented to his or her feelings;
- 9) stability – dynamics of personal constructs;
- 10) client does not take responsibility – internal attribution of responsibility;
- 11) unwillingness to change – willingness to change;
- 12) self-communication is blocked – self-communication is not blocked;
- 13) unwillingness to openness – willingness to openness;
- 14) insensibility to inner conflict – sensibility to inner conflict;
- 15) emotions interfere with living normally – willingness of client to consider his or her emotional experiences as valuable and which happen to be.

To identify the stages of the process Rogers used “*the method of naturalistic observation and description*”, which is based on unbiased observation, untroubled by preliminary assumptions. He “used himself” as a “tool” – for a year he was listening to the records of psychotherapeutic conversations in an unbiased manner. It was an innovation in psychotherapeutic process research. Rogers formulated the hypothesis: “the qualities of the client's expression might indicate where he stood in the process of change” (Rogers, 1961, p. 131).

The process itself is complicated, not congeneric internally – in some fields and personal meanings the process can be at a lower level, rather than at the basic level. Rogers (1961, p. 143) considers

Shlien's report, where "the quality of self-expression in the interviews has been at approximately points three and four on our continuum process. Then when she turns to the area of sexual problem, the process takes up at a lower level on the continuum".

The stages, formulated by Rogers, are difficult to imagine as stages of psychotherapeutic process itself. In the same article Rogers writes differently:

1) "a number of clients, who voluntarily come for help are in this (the second – O.K.) stage, but we (and probably therapist in general) have a very modest degree of success in working with them" (Rogers, 1961, p. 134);

2) "Many people, who seek psychological help, are at approximately the point of stage three" (Rogers, 1961, p. 136);

3) "There is no doubt that this (the third – A.K.) stage and the following one constitute much of psychotherapy..." (Rogers, 1961, p. 139);

4) "Client might start with therapy at about stage two and end at about stage four..." (Rogers, 1961, p. 155).

Therefore, coordination of the four references leads to the conclusion that psychotherapy itself covers the third and the fourth stages of the process out of seven! So what does characterizes the stages, outlined by Rogers? Apparently, the question is not about the stages of the psychotherapy process, but about the stages of personal development. In addition, it makes sense to facilitate the latter only when an individual is at the third stage. Practically the process of therapy is known about itself little. At the same time, it indicates that "Perhaps there are several types of process by which personality changes... Therapeutic approaches which place great stress on the cognitive and little on the emotional aspects of experience may set in motion an entirely different process of change" (Rogers, 1961, p. 155). Thus, Rogers refers to psychotherapeutic process rather than process of personal development.

In fact, a seven-stage process of psychotherapy, described by Rogers, is not a process of therapy in the strict sense, because the first and second stages and even the third one in a certain sense do not form the essence of psychotherapy. The therapy does not

even starts with them – an occasional address with a request to help from a person, who is at the abovementioned stages, would unlikely lead to a full-scale psychotherapeutic process development. Apparently the characteristic of the first stages is the characteristic not of the process, but of person's development level (feelings and personal meanings are not recognized, personal constructs are static, problems are not recognized, there is no willingness to change, self-communication is blocked etc.).

It is rather difficult to determine the meanings of each stage characteristics and, besides, the abovementioned characteristics are not independent, which makes the stage estimation by a complex of meanings of separate characteristics complicated. That is why psychotherapy process scale, suggested by Rogers, in our opinion, is unconvincing and unlikely to be used for particular psychotherapeutic purposes. Perhaps it can be useful for research and educational purposes.

If process dimensions are unique and basic for psychotherapy determination then the process itself turns into meta category, which captures all other possibilities of understanding and gets special numinous qualities. Rogers's process concept spreads to understanding the nature of a human being ("... person is a fluid process, not a fixed and static entity..." (Rogers, 1961, p. 155), "a living, breathing, feeling, fluctuating process" (Rogers, 1961, p. 114); as well as psychotherapy, which is considered as a process, in which "man becomes his organism....." (Rogers, 1961, p. 103). The essence of an individual is not structural in the meaning it is processual.

A.B. Orlov (2007, 2010) traces the essence of client-centered therapy in its essentiality (self-fulfillment of "authentic Self", "inner Self", "inner core of personality"), combining the approaches of C. Jung, R. Assagioli, A. Meneghetti and C. Rogers into the group of essential therapy. However, identifying the course, that he worked on, Rogers (1961, p. IX) noted "...in my mind there are associated with it adjectives such as phenomenologic, existential, person-centered; individuals...such ... as Gordon Allport, Abraham Maslow, Rollo May". In practice it does not correspond with A.B. Orlov's idea neither on

denotations, nor on personalities of Rogers description.

Contraposition of existential and essential therapy in theoretical terms is attractive, however, in practice it seems shifting and not enough articulated, particularly as the essential in Rogers's works is "fluctuating", "processual", but not "structural". Open yourself and become yourself is "the existence in the form of process, ... but not a frozen entity". Apparently, it is most likely structure, which has status of essential. On the other hand, the essential is loaded with a connotation of goodness, depth and trueness in contrast with existential, which is more superficial and phenomenal.

The Qualities of Therapeutic Process

There are several process qualities (characteristics):

1) *holy reliance on infallibility of the process*, on the fact that it is always true. According to Rogers the psychotherapeutic process, that takes place in conditions of acceptance (and, what is important, in conditions, when client feels himself or herself acceptable by psychotherapist) has one direction – toward growth and development. That is why the definitions of such process are also extremely various, as well as the qualities of the development itself: "positive", "constructive", "realistic", "trustworthy" (Rogers, 1961, p. 178), "enriching", "exciting", "rewarding", "challenging", "meaningful" (Rogers, 1961, p. 196). This process is difficult, "not for faint-hearted" – "in order to immense completely into the stream of life, courage is "required"" (Rogers, 1961, p. 178).

2) *client's motion along the process is accompanied by "a feels right"*, that "proves to be a competent and trustworthy guide to behavior with is truly... satisfying" (Rogers, 1961, p. 189). As a rule, such "feeling of righteousness" has the moral nature – "Truly the righteous attain life, but whoever pursues evil finds death" (Proverbs 11:19) (Bible, 2007, p. 594). In Rogers's works I was trying to find this moral sense as that, which underlies the "feels right". Instead of it, I recognized a computer metaphor of an individual or an "analogy with ECM" as Rogers writes (Rogers, 1961, p. 190). The main point of the "feels right" is in the fact that an individual open to experience receives all signals and

is always in the "process of adjustment", and while he or she "is more able to permit his total organism to function freely in all its complexity in selecting, from the multitude of possibilities, that behavior which in this moment of time will be most generally and genuinely satisfying" (Rogers, 1961, p. 191). And the point is not in the "correctness" of organism functioning, but in "openness" to the consequences of misbehavior and willingness to correct it. Sanford (1995, p. 268) writes that "perhaps there will be a time when trusting the process does not work but I have not yet seen it".

On the one hand the organismic process is correct, functional etc. only because it is going in a body (and the nature is wise), however on the other hand the correctness of the process is determined by the right decisions, that an individual takes, based on the openness to experience. Such process is achieved with a help of necessary and sufficient conditions of psychotherapy. Rogers guides the client in order so he or she can "find" their own process, which goes in the body and has sensory and visceral symptoms. When this organismic process is reflected in a self-concept, it becomes conscious, it goes in phenomenological field of an individual under his or her regulatory influence.

Such process is so "correct" that it goes in the right direction without "knowing cognitively where it will lead" (Rogers, 1961, p. 185). Therefore, the duality of process "accuracy" is observed: on the one hand it is "correct" at the body level (as organismic process itself is correct simply by definition, as smart natural powers arise in it), but on the other hand – at the level of consciousness it cannot be determined as correct. Among the whole variety of developments, which are going in a human, psychotherapist must select and maintain that one, which is organismic by itself. That is why at the level of consciousness this refers to individual's openness and sensibility to minimal manifestations of what is goes inside. This can occur in emotions, thoughts, walk, illnesses, car driving behavior etc. Besides, the "correct" processes usually are rather "calm", barely noticeable, and require observation. Indeed, they can break through outside, but this would be an exception to the rule rather than the rule itself.

Thus, during consultation a client can keep track of dozens of thoughts, wishes and emotions, and also feelings in the body (he thinks about the fact that he did not want to come to the consultation, that the consultation has been lasting for a long time, that he has problems at work, that he has got into tangle with the wife, that he wants another woman, that he cannot handle anxiety while meeting new people although he is in his 40's, that he is not self-confident and is of no interest to women, that he fears any changes, that he does not know who he should stay with – his wife or his lover, that he does not know whether he should be on friendly terms with the psychotherapist or he should maintain only working relationships etc.; he is aggressive, feels guilty and shy, feels as if he were a bad student, who did not fulfill his homework assignment given by the psychotherapist, he seeks to freedom and is afraid of it, he brake up with the lover, but feels helpless without her, he is afraid of doing something resolute in his life, he wants to understand and analyze deeper; he “stands on his own feet badly”, has puffed chest, crawls on the floor with pleasure as a baby (during the exercises) and once he stands on his feet, he feels that he is watched, that he must satisfy expectations, that he is onstage and feels as if he is a bad actor etc.). From all this complex of emotional experiences, thoughts and feelings he must chose those, which are the elements of organismic process and have sensory and visceral components. Only in this case he gets in his “own” process, which has both sanogenic and developing functions.

Therefore, the process is obviously functional in the body, when it is organismic, however at the consciousness level – it is not a question of process reliance, but it is a question of hyper-sensitiveness and openness to experience. This conscious process cannot be automatically determined as functional and the one, which deserves absolute trust. Failure of trust to the process can be reflected in different conceptual means. For instance, N. Schwartz-Salant (1982) writes, that to follow the will of Selfhood is necessary, but is not enough;

3) *process predictability* – a therapist performs only the catalytic function, he or she does not bring the client to clearly stated goals, but the process,

nevertheless, is going according to the determined vector and has certain characteristics of its each stage (Rogers, 1946). There are no process goals. B. T. Brodley (1987) writes: “... I never have specific goals in mind for my client not at the beginning nor at any point in the therapy. ... I do have specific goals for myself ... I try to provide the interpersonal conditions which I believe are ... productive of growth, change, health and relief from pain”. Such reliance of the psychotherapist on implicit focus of the process itself, and on the fact that the process would go in the desired direction, in our opinion, transforms the process into the Process, which thinks, feels and guides on its own. If a conscious motion can counterpoise to organismic one, and if a conscious motion is achieved by openness and hyper-sensitiveness to different aspects of experience, then, perhaps, the process goal should be not far-fetched, but organismically reasoned. It means lightning what is going inside by the ray of consciousness. Such goal is close to *conscious breathing, conscious motion* and represents *conscious emotional experience*”.

Consequently, process of liberation and its facilitation is a goal of psychotherapeutic “performance”, that as an “scientific art” (Burno, 2000) actualizes sanogenesis – the ‘healing powers’ of a human.

Experiential understanding of the process

The idea that the process is correct and flows in the right direction does not always find understanding and support from client-centered therapists. Apparently, it happens due to the lack of an explanatory scheme that binds the client's success in psychotherapy to the fact that he “suffered” in life, that the pain from psychotherapy is less for him than the pain of life. M. Warner (2013) notes that a number of clients have serious problems with moderation (self-regulation) of the intensity of their own emotions (primarily related to shame, criticism and control of destructive impulses), which is connected with the peculiarities of the organization of their psyche and, accordingly, causes their movements (move) in the psychotherapeutic process. The author described the following types of processes: optimal, fragile,

dissociative and psychotic, which corresponds to the levels of organization of the psyche in psychoanalytic theory — neurotic, borderline and psychotic. It is, therefore, about different forms of mental organization of clients, which affect the features of the flow of the psychotherapeutic process.

Kocharian (2018, p. 18) notes that “... the development of client-centered therapy has resulted in the 'blind' belief that providing the necessary and sufficient conditions for facilitation in therapy will always lead the process in the right direction, has exhausted itself”. R. Elliott (2003) explicitly states that, on the one hand, following without a guide leads to “getting stuck” and the clients walking in a circle, but, on the other, guidance without following is ineffective and counterproductive. Therefore, the “following” strategy (“half a step behind the client”) strategy was complemented by the “guidance” strategy, which also changed the “technical” process support: along with reflexive and empathic techniques, the focusing technique was used in various versions¹. Moreover, the idea of blocking the movement of the organism through the “capillaries”² has changed.

The concept of “emotional scheme” was proposed, which includes five components: 1) the basic experience itself; 2) a system of early memories supporting the experience; 3) body manifestation system; 4) a system of cognitive representations (interpretations); 5) motivation system. These five components of the emotional scheme are like five nails that hold the slab, under which the organismic, actualizing tendency is constrained. In order to release the organismic tendency, to release it from captivity, it is necessary to remove the slab, and, therefore, to remove all five nails with which it is held. Another metaphor: if the riverbed, in which the body flux flows, is “blocked”, and blocked by all the “bricks” of the emotional scheme, then it is necessary to remove all these “bricks”. And they do not lie separately, but

are interconnected in a single network - one such “brick” holds the other. In the cognitive tradition (J.E. Young 2003, 2015), 18 early maladaptive schemes are described, but there are two problems: 1) they do not correlate with ontogenetic periods and corresponding injuries; 2) they mix “primary” and “secondary” mash experiences. The management strategy (guidance), the concept of the emotional scheme and the focusing technique complicate the understanding and maintenance of the therapeutic process.

Conclusions and Future Study

The therapeutic process can be provided not only by being included the therapist in the client's process, but also by living his experience, which is the resonates with the client. It means that the therapist is represented in the session in the fullness of his experiences and thoughts - he does not only follows evolves of client's from moment to moment, but he also actively guidance the therapeutic process. This follows from the experience of therapist, not from technology. Technique is not independent, but is subordinated to the feeling. Being a good person is not a profession. Important techniques are various versions of focusing for revealing by the client of “stuck” experiences and their amplification for actualization of the mechanism of “balancing emotions”. In some cases, the organismic process itself should be strengthened. In the presence of “stuck” experiences and the formation of “dead” zones in the functioning of the personality, a diverse psychopathological symptomatology and “like” life are arises, and reality, a living life stream gives way to fantasy. Reduction of emotional “block” is sanogenic.

The further prospect of the study consists in revealing the specific characteristics of the “block” experiences and creation of the tools that promote the “emotional” congestion and amplification of an organismic flow.

¹ Such change was not simple: J. Shlien, when meeting face-to-face with R. Elliott (July 1994), told him: “... it's better for the PCA to “die a noble death” than to be influenced by “people like you” (Elliott, 2003).

² The metaphor of the “blood movement” for understanding the therapeutic process was proposed by C. Rogers himself (1961, p.

127): “But our understanding of the ongoing movement - ... it be the process of the circulation of the blood ...-is generally provided by a theoretical formulation, often supplemented, where feasible, with a clinical observation of the process”.

REFERENCES

- Brodley, B. T. (1987). *Client-centered psychotherapy practice. Third International Forum on the Person-Centered Approach meeting*. La Jolla, California.
- Brodley, B.T. (1990). Client-Centered and Experiential: Two Different Therapies. G., Lietaer, J., Rombauts. In R. Van Balen (Ed.). *Client-Centered and Experiential Therapy in the Nineties* (p. 87-108). Belgium: Leuven University Press.
- Burno, M.E. (2006). *Клиническая психотерапия [Clinical psychotherapy]*. Moscow: Akademicheskii proekt, Delovaya kniga. (in Russian)
- Gendlin, J. (2000). *Фокусирование: Новый психотерапевтический метод работы с переживаниями [Focusing: A New Psychotherapeutic Method for Working with Experiences]*. Moscow: Nezavisimaya firma "Klass". (in Russian)
- Elliott, R. Emotion-focused therapy In P. Sanders (Ed.). *The tribes of the person-centred nation*. (pp. 103 – 130). N.Y., 2003.
- Yermoshyn, A.F. (1999). *Вещи в теле: Психотерапевтический метод работы с ощущениями [Things in the Body: The Psychotherapeutic Method for Working with Sensations]*. Moscow: Nezavisimaya firma "Klass". (in Russian)
- Hall, C.S., Lindzey, G. (1970). *Theories of Personality*. New York: Willey and Sons.
- Kocharian, A.S. (2019). Process in the client-psychotherapy. *Psychological counseling and psychotherapy. ISSU 9*, 16-22.
- Mac Dougall, J. (2007). In Rossohin (Ed.) *Театры тела. Психоаналитический подход к психосоматическим расстройствам [Body theaters. Psychoanalytic approach to psychosomatic disorders]*. Moscow: Kogito-Centr. (in Russian)
- Nitschke, V. (1998). Значение сексуальности в трудах Зигмунда Фрейда [The importance of sexuality in the writings of Sigmund Freud]. In *Энциклопедия глубинной психологии. 3. Фрейд. Жизнь, работа, наследие*. Т.1. [Encyclopedia of Depth Psychology. Z. Freud. Life, work, legacy. Vol. 1.] (p. 365-406). Moscow: Sterna, Menedgment. (in Russian)
- Orlov, A.B. (2010). Человеко-центрированный подход как вариант эссенциальной психотерапии. *Тез. Докладов XI Международного Форума по Человеко-центрированному подходу* [A person-centered approach as a variant of essential psychotherapy. Abstracts. Reports of the XI International Forum on Human-Centered Approach]. Zvenigorod. (in Russian)
- Orlov, A.B., Lenge, A., Shumskiy, V.B. (2007). Экзистенциальный анализ и клиентоцентрированная психотерапия: сходство и различие [Existential Analysis and Client-Centered Psychotherapy: Similarities and Differences]. *Voprosy psikhologii*, 6, 21-36. (in Russian)
- Rennie, D. (1998). *Person-Centered Counselling: An experiential approach*. London: Sage Publication Inc.
- Rice, L.N. (1974). The Evocative Function of the Therapist. In R.F. Wexler & L.N. Rice (Eds.). *Innovation in Client-Centered Therapy* (pp. 289-311). New York, Wiley.
- Rogers, C. (1946). Significant aspects of client-centered therapy. *American Psychologist*, 1, 415-422.
- Rogers, C.R. (1961). *On becoming a Person. A Therapist's View of Psychotherapy*. Boston: Houghton Mifflin Company.
- Sanford, R. (2005). From Rogers to Gleick and again. In D. Brazier (Ed.). *Beyond Carl Rogers*. (pp. 253- 273). Constable, London: St. Edmundsbury Press Limited.
- Schwartz-Salant N. (1982). *Narcissism and Character Transformation: The Psychology of Narcissistic Character*. Toronto: University of Toronto Press Incorporated.
- Warner M.S. (2013). Person-centred therapy at the difficult edge: a developmentally based model of fragile and dissociated process. In D. Meams and B. Thorne (Eds.). *Person-centred therapy today*. (pp. 144-171). London: Sage.
- Yong J.E., Klosko J.S., Weishaar M. (2003). *Schema Therapy: A Practitioner's Guide*. New York, Guilford Publications.
- Yong J.E. (2015). *Schema Therapy Inventories & Related Materials*. New York, Schema Therapy Institute.
- Worsley R. (2009). *Process Work in Person-Centred Therapy*. London: Palgrave Macmillan.

ВИДИ ПРОЦЕСІВ В КЛІЄНТ-ЦЕНТРОВАНІЙ ТЕРАПІЇ

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У статті розглядаються основні теоретичні засади теорії процесу клієнт-центрованої психотерапії - її етапи, мета, основні властивості. Зроблено висновок про те, що процес, представлений К. Роджерсом, не описує саму психотерапію; він відбиває процес особистісного зростання. Представлена модель процесу як звільнення від «блокуючих» емоційних переживань. Описані «заблокована» структура і модель «капіляра, що заблокований бляшками», а також приведені клінічні приклади звільнення «організмичного» потоку. Ці «блокуючі» емоції мають особливі якості: 1) вони «склеєні» - не існує окремо образи, гніву, безпорадності тощо. - вони утворюють єдиний конгломерат травматичного досвіду; 2) вони резистентні до впливу; 3) вони не зникають повністю - тільки стихають і ховаються, формуючи потенційну емоційність, яка може актуалізуватися в самому незначному випадку; 4) вони соматизовані; 5) вони не течуть. «Блокуючі» емоції мають складну структуру: вони

засновані на несвідомому первинному «блокуючому» емоційному досвіді (наприклад, почутті меншовартості), а «вторинні» емоційні переживання нашаровуються на нього. Тільки коли основні компоненти видаляються зі структури «блокуючого» емоційного досвіду, сам конгломерат «блокуючих» почуттів розпадається на окремі емоції, які готові рухатися. Якщо якась частина психіки стає «мертвою», наприклад, любов або сексуальність, то в функціонуванні особистості з'являється якість «як би». Наведено два клінічних прикладу роботи з «блокованими» переживаннями.

КЛЮЧОВІ СЛОВА: клієнт-центрована психотерапія, процес, організмична тенденція, емоційно-сфокусована терапія, блокована емоція.

ВИДЫ ПРОЦЕССОВ В КЛИЕНТ-ЦЕНТРИРОВАННОЙ ТЕРАПИИ

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В статье рассматриваются основные теоретические положения, касающиеся теории процесса в клиент-центрированной - ее этапы, цель, основные свойства. Сделан вывод о том, что процесс, представленный К. Роджерсом, едва ли описывает саму психотерапию; он отражает процесс личностного роста. Представлена модель движения процесса как освобождения от «блокирующих» эмоциональных переживаний. Описаны «заблокированная» структура и модель «капилляра, заблокированного бляшками», а также приведены клинические примеры освобождения «организмического» потока. Эти «блокирующие» эмоции обладают особыми качествами: 1) они «склеены» - не существует отдельно обиды, гнева, беспомощности и т. п. - они образуют единый конгломерат травматического опыта; 2) они резистентны к воздействию; 3) они не исчезают полностью - они только стихают и прячутся, формируя потенциальную эмоциональность, которая может актуализироваться в самом незначительном случае; 4) они соматизированы; 5) они не текут. «Блокирующие» эмоции имеют сложную структуру: они основаны на бессознательном первичном «блокирующем» эмоциональном опыте (например, чувстве второсортности), а «вторичные» эмоциональные переживания накладываются на него. Только когда основные компоненты удаляются из структуры «блокирующего» эмоционального опыта, сам конгломерат «блокирующих» чувств распадается на отдельные эмоции, которые готовы двигаться. Если какая-то часть психики становится «мёртвой», например, любовь или сексуальность, то в функциональности индивида появляется качество «как бы». Приведены два клинических примера работы с «блокированными» переживаниями.

КЛЮЧЕВЫЕ СЛОВА: клиент-центрированная психотерапия, процесс, организмическая тенденция, эмоционально - сфокусированная терапия, заблокированная эмоция.

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CBT OF ANXIETY AND DEPRESSIVE DISORDERS IN FOREIGN MEDICAL STUDENTS**Vadym Sinaiko***MD, Doctor of science, professor, department of Psychiatry, Narcology, Medical Psychology and Social Work, Kharkiv National Medical university
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The article discusses the use of cognitive-behavioral therapy in foreign medical students. It is well known that depression is the second most common disease in the world. The causes of depression are diverse. Different psychological schools see this disorder from different perspectives. Recently, we are increasingly seeing mixed anxiety-depressive episodes. Learning a medicine in a foreign language is an additional stress factor. Thus, the selected contingent needs a psychotherapeutic effect for adaptation. The article provides information on cognitive-behavioral therapy taking into account the gender characteristics of the contingent. In our opinion, cognitive-behavioral therapy is an optimal and short-term method of psychotherapeutic influence. Thus, a differentiated approach to the preparation of therapeutic programs based on the gender characteristics of anxiety-depressive disorder is effective and can be recommended for use with medical students.

KEY WORDS: depression, anxiety, cognitive-behavior therapy, foreign medical students, gender.

Introduction. Depression is not only one of the most common forms of mental illness. This pathology is ahead of the spread of many human diseases and second only to arterial hypertension. According to WHO, the prevalence of depressive disorders is about 15% and is constantly increasing (Napriyenko, 2013; Diagnostic and statistical, 2013).

Mood disorders associated have a multifactorial etiology and pathogenesis. These include genetic factors, metabolic disorders of neurotransmitters, neuroendocrine disorders, psychosocial factors. Among a large group of psychosocial factors, acute and chronic factors of stress, mental trauma, childhood injuries (including those displaced into the unconscious), frustrations, existential crises, and nativistic thinking are distinguished (Kozhyna, 2016; Mishyev, 2004; Napriyenko, 2013; Chisholm, 2016).

In the modern world, we often talk about the comorbidity of mental pathology. Classical, described in the first half of the twentieth century, mental disorders are almost not found today. If we

are talking about depressive disorders, then in recent years they are mainly represented by anxiety-depressive disorders. Nowadays, there are often cases when it is quite difficult to differentiate anxiety and depression. Diagnostic criteria such as impaired attention span, insomnia, and fatigue can occur in both conditions (Kozhyna, 2016; Mishyev, 2004; Kholmogorova, 2011; Chisholm, 2016; Diagnostic and statistical, 2013].

Different psychological schools have different points of view on the problem of depression. From the perspective of psychoanalysis, I believe that the loss of self-esteem resources is important for the development of depression. That is, numerous stresses hit precisely on the mechanisms that support self-esteem. At the same time, many psychoanalysts, including Z. Freud, considered depression to be characteristic of an adult, as life is filled with a large number of situations of the loss of an object. And the situation of experiencing premature loss of the object is the main factor in the development of depression according to Abraham (Vestbruk, 2014;

Kholmogorova, 2011; Cuijpers, 2016; Rasing, 2017).

From the point of view of the existential approach, depression can be considered as a special crisis of experiencing the values of life, fundamental relationships with life, the values of the world and oneself (mental, somatic, personological components) (Vestbruk, 2014; Cuijpers, 2016).

We can see that people with some variant of depression have some abnormalities of components of cognitive function. They can have selectivity in memory processes. From the standpoint of cognitive theory, depression can be represented by negative self-perception, negative perception of the world, expectation of trouble. That is, at the level of oneself, the world and the future, there is negative thinking, which determines the mental state of a person. If we will try to explain depression from cognitive theory study, we will see a lot of different point of view inside it. Here they are information-Processing-Based Models, Social-Cognitive Models, Behavior-Cognitive Models etc (Vestbruk, 2014; Napriyenko, 2013; Ingram, 1998).

In our opinion, it is cognitive-behavioral therapy that allows us to understand the mechanisms of development of depression, including anxiety-depressive states, and correct them. This method allows you to search and solve a problem in a person, and not in the surrounding world. Cognitive patterns, cognitive distortions, automatic thoughts that cause the predominance of negative thoughts, they determine negative thinking. CBT allows the client to see, as if from the outside, their beliefs, evaluate them and adjust them. This method allows you to work with thoughts and feelings in a complex, and to form an adaptive model of behavior. (Vestbruk, 2014; Ingram, 1998; Morrison, 2001; Rasing, 2017).

Aim of the study. The aim of this study was to develop a short-term cognitive-behavioral (CBT) psychotherapeutic correction for students of foreigners of the English-language form of study at a medical university.

Contingent and methods of the research. Our study involved 40 students of both sexes. Of these, 21 are women and 19 are men. All students studied

at the Kharkov National Medical University in 4-5 courses. The training was in English. The age of the study population is from 20 to 25 years. The criteria for inclusion in the study were: the presence of complaints and a subjectively conscious decrease in mood and activity, the presence of anxiety; foreign citizens studying at the English-language faculty. Exclusion criteria: age more than 30 years, the presence of one's own family, the intake of any psychotropic medications, the presence of severe somatic or neurological diseases, the presence of comorbid mental pathology.

The study was carried out in the middle of the semester, when students had already returned from vacation and fully engaged in the educational rhythm. At the same time, they were not exposed to additional stress associated with the need to receive final semester grades or pass tests and exams.

We used clinical, psychopathological, clinical and medical history, psychodiagnostic methods (hospital scale of anxiety and depression, HADS).

The results of the study. The conducted study revealed the manifestations of clinically expressed depression and anxiety in the examined students. According to the anxiety subscale (HADS), the result averaged 12.4 ± 0.7 points. At the same time, there were no significant differences by gender. In men, this indicator corresponded to 12.26 ± 0.6 points, and in women 12.52 ± 0.3 points. According to the subscale of depression, the result was 13.6 ± 0.9 points. Moreover, in men it was 13.7 ± 0.6 points, and in women 13.5 ± 0.3 points.

All examined students had complaints of early insomnia. That is, they could not fall asleep for a long time, but fell asleep after 2-3 a.m. At the same time, 18 women (85.7%) noted that they could not fall asleep due to "fear or anxiety". 5 women of them (23.8%) noted anxiety of varying severity, and 13 women (61.9%) - fears, which were mainly represented by fear of the dark, mystical experiences (fear of ghosts), fear of dying. 3 female students (14.3%) could not indicate the cause of insomnia. In men, insomnia was associated with anxiety in only 4 people (21.1%). Fears (darkness, death) were experienced by 3 (15.8%) examined. The remaining 12 male students (63.1%) could not clearly indicate the reason for prolonged falling asleep.

A distinctive feature of English-speaking foreign students is their desire to study and live with representatives of their countries and even regions. This is largely due to the desire to speak native languages or dialects even if the official language of instruction was all English. To maintain the optimal level of psychological and social adaptation of students, this feature had to be taken into account both in the formation of academic groups at the beginning of each academic year, and in regular work with students.

Almost all the students examined during the previous years of study at the university tried to change the academic group into which they were distributed. 33 students (16 women and 17 men), changing their place of residence, tried to move in with their friends or move closer to their relatives in Kharkov. They explained this activity by the desire to defend themselves, but did not get the effect. 29 students (16 women and 13 men) considered these changes a mistake and experienced a strong negative affect in this regard. In 19 students of them (12 women and 9 men), it was accompanied by the dominance of the idea of their own insignificance due to incorrect forecasting of the situation.

All examined students were offered therapeutic correction. It included individual sessions of short-term CBT. This work included three stages. At the first stage, a therapeutic alliance was established, and a request was formed. This stage lasted an average of 2-3 sessions. At the second stage, work was carried out with negative cognitive distortions, inadequate social interaction, and the formation of an active life position. This stage lasted 20 sessions. At the third stage, they sought the development of new attitudes, completed the therapy. This stage lasted 2 sessions.

At the very beginning of the therapeutic work, a strong separation of the contingent was revealed. In a detailed analysis of the available information, it turned out that the contingent is not homogeneous in some respects depending on the gender factor. All female students noted a tendency to over eating due to a stress. That is, they reported that over the past 1-2 years they began to eat significantly more. The menu was dominated by fast carbohydrates, fast food. At the same time, none of the students noted

that they began to cook more. On the contrary, they noted that most of the food was bought ready-made. 12 female students (57.1%) noted that they began to cook at home no more than 1 time per week. All students noted an increase in body weight. At the same time, 8 of them (38.1%) added 15 or more kg over the past year.

All female patients significantly limited their exits from home. They went out only if necessary: visiting a supermarket and university. 7 (33,3 %) of them reported fear of leaving one house and dependence on the activity of their friends. At the same time, 16 students (76,2 %) reported that they came to classes, only because they did not want to work of missed classes in the future.

Male students reported that they spent more time outside the home. At the same time, they either walked aimlessly around the city or visited places / acquaintances where they used psychoactive substances. All of them had a large number of missed classes, and 16 of them had significant academic debt, conflicts in the university and with other students. All mail contingent tended to drink alcohol and nicotine daily. 15 (78,9 %) of them reported that they do this because they understand that psychoactive substances destroy the body.

Most male students noted a feeling of loneliness, but there was not such a brightly subjectively painful manifestation of it as in women. Men filled their time with computer games and being on social networks. Women experienced it subjectively very hard.

The second stage of therapeutic work significantly differed among the male and female contingents. Strategies for improving adaptation have been developed for men, taking into account trends in addictive behaviors and aggression. These were mainly behavioral experiments and methods of adoption, planning, problem solving.

Strategists were proposed for the female students, based on the specifics of their condition. That is, they had negative automatic thoughts and distortions due to a significant immersion in negative affect. They were offered techniques aimed at breaking the cycles of negative affect. All women studied had successful social skills trainings.

Regardless of the strategies chosen, the suicide risk was monitored for the entire study continent.

The third stage of therapy did not significantly differ in the examined individuals. It included completion of therapy, enrichment of knowledge to prevent a possible relapse of the condition, optimization of previously mastered techniques and exercises.

After these therapeutic sessions, the all contingent of the study noticed much better feeling. 38 students (92.5%) had a good, quality night's sleep. The entire study contingent reported a significant increase in daily activity. 32 students (80%) reported of activation of out of class activity (sports, outdoor activities, hobbies) 4-5 times a week.

The entire study population was re-examined using the HADS scale. According to the subscale of anxiety, the result in all examined patients averaged 6.5 ± 0.7 points. At the same time, there was no significant gender difference. In men, this indicator corresponded to 6.8 ± 0.4 points, and in women 6.1 ± 0.4 points. According to the subscale of depression, the result was 6.6 ± 0.7 points. Moreover, in men it was 6.6 ± 0.5 points, and in women 6.5 ± 0.3 points.

Conclusions. Thus, we can say that the proposed psychotherapeutic correction has shown its effectiveness. It should be noted that when conducting CBT, even in a group that is homogeneous in nosological form, it is necessary to take into account the existing gender differences. Additional studies of the contingent can make CBT more differentiated and significantly improve the result of therapy.

КПТ ТРИВОЖНИХ ТА ДЕПРЕСИВНИХ РОЛАДІВ МОВИ У ІНОЗЕМНИХ МЕДИЧНИХ СТУДЕНТІВ

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У статті обговорюється використання когнітивно-поведінкової терапії у іноземних студентів-медиків. Добре відомо, що депресія є другим за поширеністю захворюванням у світі. Причини депресії різноманітні. Різні психологічні школи бачать цей розлад з різних точок зору. Останнім часом ми все частіше спостерігаємо змішані тривожно-депресивні епізоди. Вивчення ліків іноземною мовою є додатковим стресовим фактором. Таким чином, вибраний контингент потребує

REFERENCES

- Vestbruk, D., Kennerli, G., Kirk J. (2014). *Вступ у когнітивно-поведінкову терапію [Introduction to cognitive-behavioral therapy]*. Lviv: Svichado.
- Kozhyna, G.M., Markova, M.V., Marakushyn, D.I., Zelenska, K.O. et al. (2016). Комплексна система психопрофілактики розвитку станів дезадаптації у студентів перших років навчання [Complex system of psychoprophylaxis of development of maladaptation states in students of the first years of study]. *Archiv Psichiatrii*. 22(4), 51-55.
- Mishyev, V.D. (2004). *Сучасні депресивні розлади: Керівництво для лікарів [Сучасні депресивні розлади: Керівництво для лікарів]*. Lviv: Ms.
- Napriyenko, O.L., Loganovskiy, K.M., Syropyatov, O.G. (2013). *Нециркулярні депресії: монографія [Non-circular depressions: a monograph]*. Napriyenko O.K. (Ed.). Kyiv: Софія-А.
- Kholmogorova, A.B. (2011). *Интегративная психотерапия расстройств аффективного спектра [Integrative psychotherapy for affective spectrum disorders]*. Moscow: Medpraktika-M.
- Chisholm, D., Sweeny, K., Sheehan, P. et al (2016). Scaling-up treatment of depression and anxiety: a global return on investment analysis. *Lancet Psychiatry*. 3(5), 415–424. [https://doi.org/10.1016/S2215-0366\(16\)30024-4](https://doi.org/10.1016/S2215-0366(16)30024-4).
- Cuijpers, P., Donker, T., Weissman, M.M. (2016). Interpersonal Psychotherapy for Mental Health Problems: A Comprehensive Meta-Analysis. *The American Journal of Psychiatry*. 173(7), 680–687. <https://doi.org/10.1176/appi.ajp.2015.15091141>.
- Diagnostic and statistical manual of mental disorders: DSM-5*. 5th ed., (2013).
- Ingram, R.E., Miranda, J., Segal, Z.V. Ingram, R.E. (1998). *Cognitive vulnerability to depression*. NY: The Guilford Press.
- Morrison, N. (2001). Group cognitive therapy: treatment of choice or suboptimal option. *Behav. Cogn. Psychother*. 29, 311-332.
- Rasing, S.P.A., Creemers, D.H.M., Janssens, J.M.A.M. et al. (2017). Depression and Anxiety Prevention Based on Cognitive Behavioral Therapy for At-Risk Adolescents: A Meta-Analytic Review. S.P.A. Rasing, *Frontiers in Psychology*. <https://doi.org/10.3389/fpsyg.2017.01066>.

психотерапевтичного ефекту для адаптації. У статті подано інформацію про когнітивно-поведінкову терапію з урахуванням гендерних особливостей контингенту. На нашу думку, когнітивно-поведінкова терапія є оптимальним та короткочасним методом психотерапевтичного впливу. Таким чином, диференційований підхід до підготовки терапевтичних програм на основі гендерних особливостей тривожно-депресивного розладу є ефективним і може бути рекомендований для використання студентам-медикам.

КЛЮЧОВІ СЛОВА: депресія, тривога, когнітивно-поведінкова терапія, іноземні студенти-медики, стаття.

КПТ ТРЕВОЖНЫХ И ДЕПРЕССИВНЫХ РАССТРОЙСТВ У ИНОСТРАННЫХ СТУДЕНТОВ-МЕДИКОВ

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В статье рассматривается использование когнитивно-поведенческой терапии у иностранных студентов-медиков. Хорошо известно, что депрессия является вторым наиболее распространенным заболеванием в мире. Причины депрессии разнообразны. Разные психологические школы видят это расстройство с разных точек зрения. В последнее время мы все чаще наблюдаем смешанные тревожно-депрессивные эпизоды. Изучение медицины на иностранном языке является дополнительным стрессовым фактором. Таким образом, выбранный контингент нуждается в психотерапевтическом эффекте для адаптации. В статье представлена информация о когнитивно-поведенческой терапии с учетом гендерных особенностей контингента. По нашему мнению, когнитивно-поведенческая терапия является оптимальным и кратковременным методом психотерапевтического воздействия. Таким образом, дифференцированный подход к составлению терапевтических программ, основанный на гендерных характеристиках тревожно-депрессивного расстройства, эффективен и может быть рекомендован для использования студентами-медиками.

КЛЮЧЕВЫЕ СЛОВА: депрессия, тревожность, когнитивно-поведенческая терапия, иностранные студенты-медики, пол

SECTION: MEDICAL PSYCHOLOGY

РОЗДІЛ: МЕДИЧНА ПСИХОЛОГІЯ

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ADAPTIVE POTENTIAL OF PATIENTS WITH MENTAL DISORDERS

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The work is devoted to studying the peculiarities of personal adaptive potential in mental disorders of different genesis. The analysis of the structure of adaptation potential, hierarchy of its elements, qualitative diversity of its internal and external relations can reflect the dynamics of adaptation process prognosis, be an effective component of psychological support programs in forming adaptive strategies of co-adaptive behavior, providing personalized psychological correction assistance. A total of 105 patients with mental disorders of various genesis aged 19 to 67 years participated in the study. Among them there were 35 patients with mental disorders of neurotic, 35 - endogenous, 35-with organic genesis. The comparison group consisted of 35 persons without signs of psychopathology. In case of mental disorders there is a decrease in personal adaptive potential. This reflects a reduction in the ability to respond adequately and productively to a complex of adverse factors under stressful loads, disproportionate use of functional reserves, which in turn affects the prevention of premorbid conditions. The structure of adaptation possibilities of patients with mental disorders testifies to the prevalence of neuropsychological stability as a leading adaptation mechanism in this category of patients, along with much less pronounced communication abilities and moral standards. Among patients with mental disorders of various genesis the highest adaptive potential was noted in the group of patients with organic disorders, which reflects their ability to adequately regulate the functional state of the organism in various living and activity conditions. Also this category of patients had the highest indices of neuropsychic resistance. Patients with neurotic disorders, as a leading way of adaptation, most often used communication skills, which prevailed in comparison with other nosological groups, and the lowest indicators for all components of coping behavior resources were observed in patients with endogenous disorders.

KEY WORDS: adaptation, mental disorders, neurotic disorders, endogenous disorders, organic mental disorders, psychological stability, communication ability, moral normativeness.

Problem statement. The urgency of studying mental disorders is caused not only by the prevalence of psychogenic factors and low mental adaptation of the population, but also by the prevalence of chronic recurrent, resistant forms in the structure of psychopathology, which significantly reduce social functioning and quality of life of the population. Under these conditions, the study of personalized mechanisms of disease genesis, which make it possible to identify a person's "vulnerability" to the development of

pathogenic influences, acquires not only theoretical but also important practical significance.

Problem analysis. The instability of modern life (social and political crises, terrorism, armed conflicts, migration) places increased demands on adaptive personal mechanisms and increases the risk of mental disorders, which is confirmed by the results of epidemiological studies. It has been shown that a characteristic feature of interaction in the 'human environment' system is that a person acts as its active side, modeling various adaptation

strategies, using both genetically fixed and acquired mechanisms of adaptive behavior (Lazareva, 2012, Soroko, 2012). It is possible to designate that adaptation is defined as a process of interaction between a person and the environment, as a result of which he or she has models and strategies of behavior that are adequate to the conditions changing in this environment (Bulan, 2008, Shestopalova, 2002).

The level of development of this property defines the interval of change of conditions and character of activity within which adaptation for a concrete individual is possible (Ng, Jeffery, 2003). Turning to the role of the individual in adaptation, it has been revealed that an individual's adaptive abilities largely depend on psychological features of the individual, which determine the possibility of adequate regulation of the functional state of the organism in various conditions of life and activity (Tolstyh, 2011). The more significant are adaptation abilities, the higher is the probability of normal functioning of the organism and effective activity at the increase of intensity of influence of psychogenic factors of external environment (Trifonova, 2013, Schroder, 2004).

The mental component of adaptive capacity is provided by latent and real human mental capabilities, which allow reflecting the objective reality in all its diversity and regulating various relationships with it and with oneself, preserving one's own integrity, self-realization and self-transformation (Romanov, 2012, Bogomolov, 2008).

By adaptation we mean the process of not only preservation of physiological, but also mental homeostasis; optimal constant interaction of a person with the environment and establishment of the most effective correspondence between physiological and psychological factors, as a result of formation of relatively stable psychophysiological relations (Chikhachev M.V. 2016, Nikolaev, 2013).

The adaptive potential of the individual is inextricably linked to the social and psychological well-being of the individual and productivity in life activities (Maruta, Fedchenko, 2019). Destructive mechanisms of desadaptation lead to the formation of various forms of deviations. Therefore, our task

is to respond to the problem in a timely manner, correctly diagnose the adaptive potential and provide professional assistance (Ovcharenko, 2020).

The aim of this research was to investigate the peculiarities of adaptive potential in patients with mental disorders of different etiologies, as well as its structural differences depending on the genesis of the disease.

Configuration and research methods.

Psychological research was conducted at the Department of Medical Psychology of the National Academy of Medical Sciences of Ukraine. A total of 105 patients with mental disorders of various genesis aged 19 to 67 years (mean age 32.57 ± 9.84 years), including 33 (31.41%) men and 72 (68.58%) women, participated in the study. Among them there were 35 patients with mental disorders of neurotic (F41, F43, F44, F48), 35 - endogenous (F34.0, F34.1, F33), 35 - with organic genesis (F06.4, F06.5, F06.6). The comparison group consisted of 35 persons without signs of psychopathology. In general, the main socio-demographic features of the main group and the control group were identical.

In order to realize the set goal, the method of the "Adaptivity" personal questionnaire was used (Raygorodsky 2001). Statistical processing of empirical data was carried out with the help of the method of establishing the reliability of sample differences (by t - Student's criterion, ϕ - Fisher's criterion of reliability of differences).

Statement of the main material. The analysis of the research results showed that a decrease in personal adaptive potential (PAP) is observed at mental disorders ($4,89 \pm 0,14$ standart ten). This reflects a reduction in the ability to respond adequately and productively to a complex of adverse factors under stressful loads, disproportionately involve functional reserves, which in turn negatively affects the prevention of pre-morbid conditions. The study of the structure of adaptation possibilities of patients with mental disorders testifies to the prevalence of neuropsychological stability (NPS) as a leading adaptation mechanism ($5,35 \pm 0,26$ standart ten), along with much less expressed communicative abilities (CA) and moral normality (MN)

($4,79 \pm 0,09$ standart ten and $4,89 \pm 0,14$ standart ten, $p < 0,05$). This reflects the relative productivity of the specificity of the motivational and consumer sphere, which determines the vector and intensity of individual activity, the mechanisms through which the processes of goal setting and choice of means to achieve the goals.

In patients with neurotic disorders a satisfactory level of adaptation was noted ($4,97 \pm 0,04$ standart ten), in the structure of which the prevalence of communicative ways of coincidence was expressed ($6,71 \pm 0,16$ standart ten). Thus, high and average levels of CA were observed in 45,71% and 40% of patients respectively, and low - in 14,29% (Fig.1).

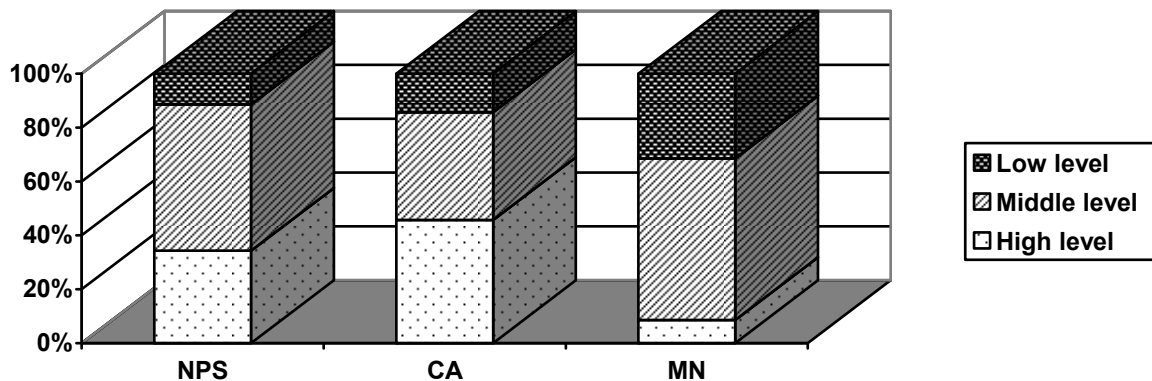


Figure 1. The structure of personality adaptive potential in patients with neurotic disorders.

The indices of neuropsychological resistance in patients with neurotic disorders were satisfactory ($5,11 \pm 0,29$ standart ten). At the same time the majority of subjects had average level of NPS (54,28%), high resistance indices were 34,29%, and low - 11,43%.

In the case of neurotic disorders, there was a significant decrease in moral normality as an adaptation resource of the individual ($4,97 \pm 0,04$ standart ten, $p < 0,05$). In this group only 8,57% of subjects had a high level of observance of generally accepted norms and rules of behaviour, 60%

adhered to the rules irregularly, depending on external environment conditions, and 31,43% had a low level of MN.

In the group of patients with mental disorders of endogenous genesis the level of personal adaptive potential was rather low ($3,88 \pm 0,08$). The most significant in the structure of the co-operative resource was NPS ($4,6 \pm 0,17$ standart ten, $p < 0,05$), which high and medium level was in 37,4% and 34,29% of the subjects respectively (Fig.2). Low level of behavioral regulation and lack of adequate self-esteem were demonstrated by 28,57% of patients.

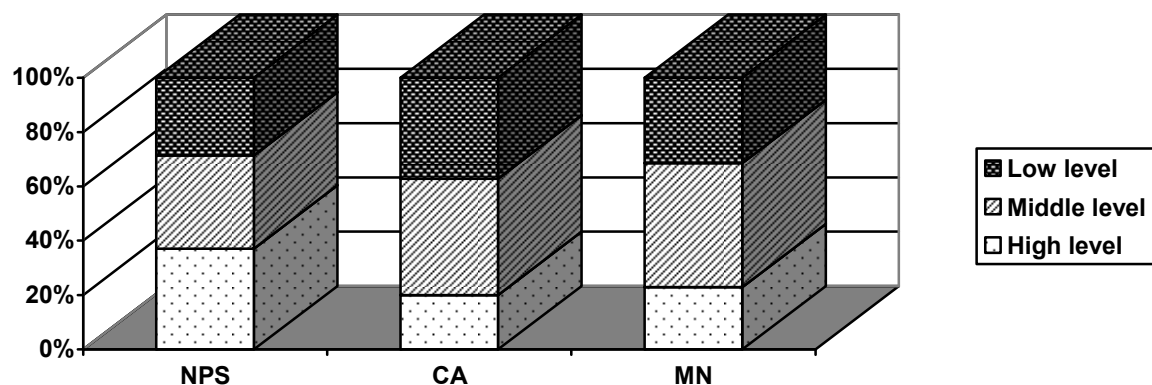


Figure 2. The structure of personality adaptive potential in patients with endogenous disorders.

In endogenous mental disorders, CA were observed at a low level (3.31 ± 0.03 standart ten). Patients of this group had difficulties in building productive communications, interaction with others, and were inclined to use an inflexible system of interpersonal relations: the average and low CA indices were recorded in 42.86% and 37.14% of the subjects, respectively, while the ease of contact and nonconflictiveness was shown only in 20% of cases.

Also in patients with endogenous disorders in the structure of adaptation mechanisms a decrease in MN was observed (3.74 ± 0.05 standart ten). Only

22,86% of subjects adhered to behavioral norms and regular evaluation of moral and ethical principles, while average and low MN levels were observed in 45,71% and 31,43% of patients respectively. In case of organic mental disorders, relatively high PAP indices (5.83 ± 0.17 standart ten) were registered. In the structure of resource potential the MN reliably prevailed ($6,8 \pm 0,12$ standart ten), high and medium level of adherence to moral and social norms were demonstrated by 54,29% and 37,14% of the subjects, respectively, while intolerance to moral aspects was observed only in 8,57% of patients with this pathology (Fig.3).

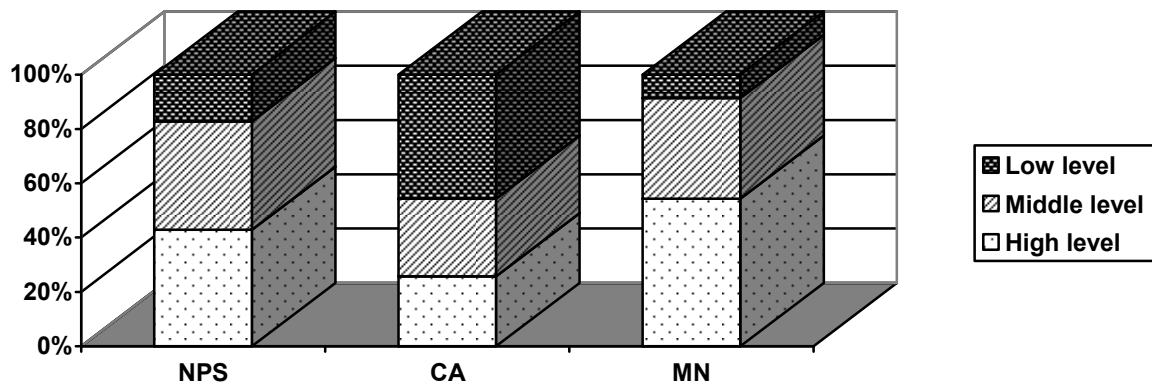


Figure 3. The structure of personality adaptive potential in patients with organic mental disorders

In patients with mental disorders of organic genesis the adaptive component of NPS was also expressed (6.34 ± 0.32 standart ten, $p < 0.05$). A high and average level of resistance to stress was noted in 42.86% and 40% of respondents respectively. Low level of behavioral regulation was registered in 17,14% of subjects.

The lowest indices in the group of patients with organic pathology were observed for CA factor ($4,37 \pm 0,08$ standart ten, $p < 0,05$). It was shown that 45,72% of patients had difficulties in communication, establishing contacts with others and deep emotional connections. In this group, only 25.71% of the respondents had adaptive communication skills, while 28.57% had the average structural indicator of the CA.

Comparative analysis of the study data of patients with mental disorders showed that a significantly higher adaptive potential was observed in the group of patients with organic

disorders ($p < 0,005$), which reflects their ability to adequately regulate the functional state of the body in a variety of living and activity conditions (Fig. 4). Also, this category of patients had the highest rates of NPS.

Patients with neurotic disorders were more likely to use communication skills as a leading way of adaptation than other nosological groups ($p < 0.005$). This indicates a propensity of this category of patients to use interpersonal interaction as a way of avoiding in difficult life circumstances, reluctance to accept responsibility by transferring negative emotions to external objects and a desire to replace the process of cognitive experience processing.

A study of the structure of adaptive capacity in patients with mental disorders showed that the lowest rates for all components of coping resources were observed in patients with endogenous disorders ($p < 0.05$). Such distribution is characterized by low level of behavioral regulation,

certain propensity for neuropsychiatric breakdowns, lack of adequate self-esteem and real perception of reality, low level of development of communicative abilities, difficulties in building contacts with others, manifestation of aggressiveness, increased conflict, inability to adequately evaluate one's place and role in the team, lack of aspiration to observe generally accepted norms of behavior.

To determine the significance of adaptation potential indicators by identifying and diagnosing criteria of mental disorders, the structure of resource potential in subjects without signs of psychopathology was analyzed (Fig. 5). The study showed that in the comparison group LAP was significantly higher than in the presence of mental disorders (7.36 ± 0.25 standart tens, $p < 0.005$).

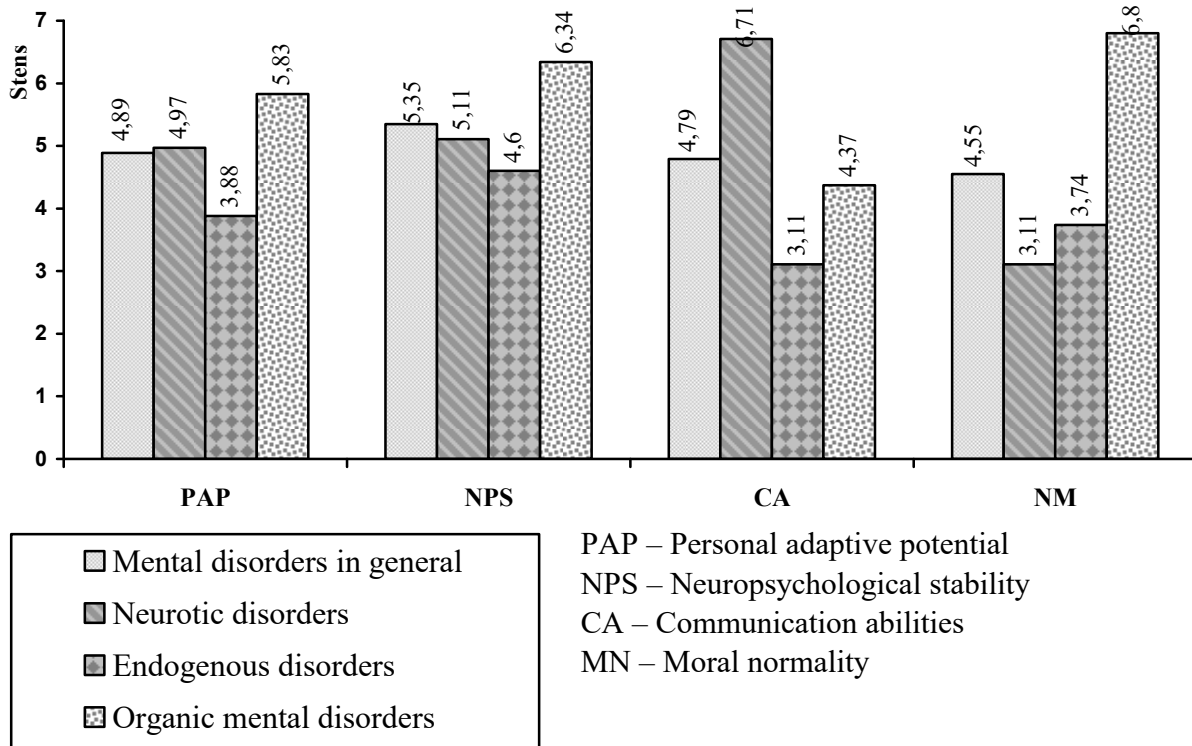


Figure 4. The structure and comparative rates of personality adaptive potential in patients with mental disorders in general and nosological groups.

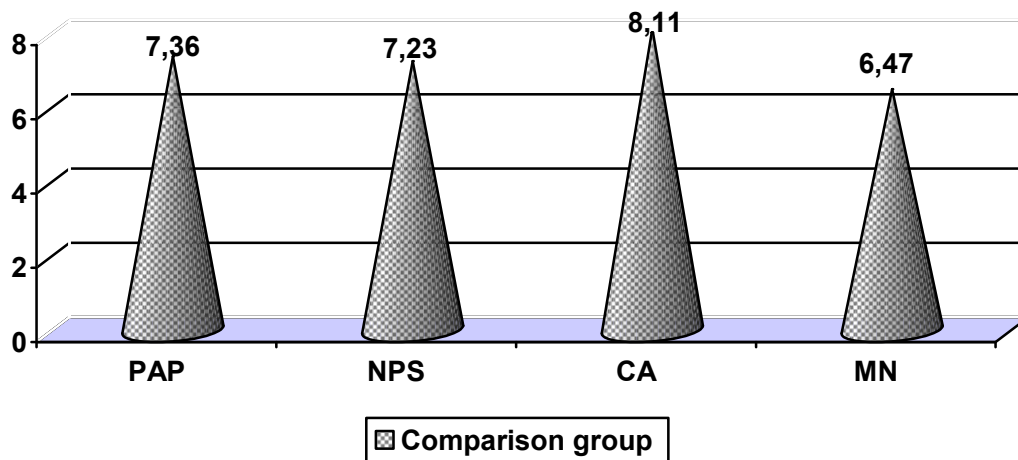


Figure 5. The structure of personality adaptive potential in comparison group

The leading adaptation mechanism was CA (8.11 ± 0.29 standart tens, $p < 0.05$), while NPS and MN were expressed less (7.23 ± 0.14 and 6.47 ± 0.31 standart tens, respectively), while being within the framework of high normative indicators. Thus, this group was distinguished by a high level of neuropsychological stability and behavioral regulation, high adequate self-esteem and real perception of reality, developed communication abilities, ease of establishing contacts with others, reduced conflict, a real assessment of its role in the team, orientation on compliance with generally accepted norms of behavior.

With the help of Fisher's exact method it was established that patients with mental disorders differed from the comparison group by PAP ($p < 0,001$, DC=9,62, IM=0,73), NPS ($p < 0,001$, DC=8,09, IM=0,71) and CA ($p < 0,001$, DC=10,93, IM=0,82).

Conclusions

1. In case of mental disorders there is a decrease in personal adaptive potential. This reflects a reduction in the ability to respond adequately and productively to a complex of adverse factors under stressful loads, disproportionate use of functional reserves, which in turn affects the prevention of premorbid conditions.

2. The structure of adaptation possibilities of patients with mental disorders testifies to the prevalence of neuropsychological stability as a leading adaptation mechanism in this category of patients, along with much less pronounced communication abilities and moral standards.

3. Among patients with mental disorders of various genesis the highest adaptive potential was noted in the group of patients with organic disorders, which reflects their ability to adequately regulate the functional state of the organism in various living and activity conditions. Also, this category of patients had the highest indices of neuropsychic resistance. Patients with neurotic disorders, as a leading way of adaptation, most often used communication skills, which prevailed in comparison with other nosological groups, and the lowest indicators for all components of coping behavior resources were observed in patients with endogenous disorders.

The prospect of further research on this issue is to study the extent to which adaptation resources influence the formation of pathopsychological symptomatology, variability, severity, duration and peculiarities of the course of mental disorders of different etiologies.

The analysis of the structure of adaptation potential, hierarchy of its elements, qualitative diversity of its internal and external relations can reflect the dynamics of adaptation process prognosis, be an effective component of psychological support programs in forming adaptive strategies of co-adaptive behavior, providing personalized psychological correction assistance.

REFERENCES

- Vogomolov, A.M. (2008). Личностный адаптационный потенциал в контексте системного анализа [Modern approaches to the category of "adaptive potential"], *Psychological Science and Education*. 13(1), 67–73. (in Russian)
- Bulan, A.A. (2008). Психоемоційні стани комбатантів в умовах бойових дій [The adaptive potential of personality and psychosomatic risk: the problem of coping competence], *Aktualni problemi sotsiologiyi, psihologiyi, pedagogiki*, 4(29), 9-12. (in Ukrainian)
- Lazareva, E.Y. (2012). Система многоуровневой адаптации личности при болезни [The system of multi-level adaptation of personality in the disease], *Bulletin of Psychiatry and Psychology of Chuvashia*, 8, 93-104. (in Russian).
- Maruta, N.A., Fedchenko, V.Y. (2019). Clinical-Psychopathological and Pathopsychological Prognostic Factors of Recurrent Depressive Disorders Course, *Psychiatry, psychotherapy and clinical psychology*. 1, 120-134. (in English)
- Ng, D.M., Jeffery, R.W. (2003). Relationships between perceived stress and health behaviors in a sample of working adults. *Health Psychology*. 22, 638–642.
- Nikolaev, E.L. (2013). Адаптация и адаптационный потенциал личности: соотношение современных исследовательских подходов [Adaptation and the adaptive potential of the individual: the ratio of modern research approaches], *Bulletin of Psychiatry and Psychology of Chuvashia*. 9, 18-32. (in Russian)
- Ovcharenko, A.G. (2020). Диагностика адаптационного потенциала человека [Diagnostics of the adaptation potential of the person], *Materials of the All-Russian Scientific and Practical Conference "Science and Society" No. XIII*. (in Russian)
- Raygorodsky, D.Y. (2001). Многоуровневый личностный опросник "Адаптивность" (МЛЮ-АМ) А.Г. Маклакова и С.В.Чермянина [Multilevel personal questionnaire

- "Adaptivity" (MLO-AM) by A.G.Maklakov and S.V.Chernyanin], *Practical psychodiagnostics. Methods and tests. Textbook*. Samara. (in Russian)
- Romanov, S.N. (2012). Сравнительное исследование адаптивных характеристик личности у студентов и врачей [Comparative study of adaptive personality characteristics in students and doctors], *Bulletin of the Chuvash University*. 3, 469-473. (in Russian)
- Schroder, K.E.E. (2004). Coping competence as predictor and moderator of depression among chronic disease patients, *Journal of Behavioral Medicine*, 27(2), 123-145.
- Shestopalova, L.F. (2002) Клинико-психологическое исследование факторов и условий формирования посттравматических стрессовых расстройств у лиц, переживших экстремальные события [Clinical and psychological study of factors and conditions for the formation of post-traumatic stress disorders in individuals who survived extreme events], *Ukrainian Newsletter of a neuropsychiatrist*. 10(2), 31. (in Russian)
- Soroko, S.I. (2012). Индивидуальные стратегии адаптации человека в экстремальных условиях [Individual strategies for human adaptation in extreme conditions], *Human physiology*. 38(6), 78-86. (in Russian)
- Tolstyh, Y.I. (2011). Современные подходы к категории "адаптационный потенциал" [Modern approaches to the category of "adaptive potential"], *Izvestiya TulGU. Humanity Sciences*. 1, 493-496. (in Russian)
- Trifonova, E.A. (2013). Адаптационный потенциал личности и психосоматический риск: проблема копинг-компетентности [The adaptive potential of personality and psychosomatic risk: the problem of coping competence], *A.I. Herzen Russian State Pedagogical University*, 155, 71-83. (in Russian)
- Chikhachev, M.V. (2016). Адаптивность личности как интегративная особенность адаптации курсантов к обучению в военных институтах внутренних войск МВД России [Personal adaptability as an integrative feature of cadets' adaptation to training in military institutions of internal troops of the MIA of Russia], *Professional education in the modern world*, 6(3), 497-503. (in Russian).

АДАПТАЦІЙНИЙ ПОТЕНЦІАЛ ПАЦІЄНТІВ З ПСИХІЧНИМИ РОЗЛАДАМИ

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Робота присвячена вивченню особливостей особистісного адаптаційного потенціалу при психічних розладах різного генезу. Аналіз особливостей адаптаційного потенціалу, його структури та елементів, дисперсії його внутрішніх і зовнішніх характеристик, здатних відображати динаміку прогнозування конструктивних стратегій розвитку, бути ефективним компонентом програм психокорекційних заходів при формуванні адаптивних стратегій копінг-поведінки, при проведенні персоналізованих програм психологічного супроводу. Всього в дослідженні взяли участь 105 пацієнтів з психічними розладами різного генезу у віці від 19 до 67 років. Серед них було 35 хворих з психічними розладами невротичного, 35 - ендогенного, 35 - органічного генезу. Група порівняння складалася з 35 осіб без ознак психопатології. При психічних розладах спостерігається зниження особистісного адаптаційного потенціалу. Це відображає редукцію здатності адекватно і продуктивно реагувати на комплекс несприятливих факторів при стресових навантаженнях, непропорційно використовувати функціональні резерви, що в свою чергу негативно позначається на запобігання розвитку преморбідних станів. Структура адаптаційних можливостей пацієнтів з психічними розладами свідчить про переважання у даній категорії випробовуваних психологічної стійкості як провідного адаптаційного механізму, поряд зі значно менш вираженими комунікативними здібностями і моральними нормативами. Серед пацієнтів з психічними розладами різного генезу більш високий адаптаційний потенціал відзначався в групі хворих на органічні психічні розлади, що відображає їх здатність адекватної регуляції функціонального стану організму в різноманітних умовах життя і діяльності. Також дана категорія пацієнтів мала найвищі показники психічної стійкості. Пацієнти з невротичними розладами в якості ведучого способу адаптації найчастіше використовували комунікативні навички, які у них переважали в порівнянні з іншими нозологічними групами, а найнижчі показники за всіма компонентами копінг-ресурсів спостерігалася у хворих на ендогенні розлади.

КЛЮЧОВІ СЛОВА: адаптація, психічні розлади, невротичні розлади, ендогенні розлади, органічні психічні розлади, психологічна стійкість, комунікативні здібності, моральна нормативність.

АДАПТАЦИОННЫЙ ПОТЕНЦИАЛ ПАЦИЕНТОВ С ПСИХИЧЕСКИМИ РАССТРОЙСТВАМИ

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Работа посвящена изучению особенностей личностного адаптационного потенциала при психических расстройствах различного генеза. Анализ особенностей адаптационного потенциала, его структуры и элементов, дисперсии его внутренних и внешних характеристик, способных отражать динамику прогнозирования конструктивных стратегий развития, быть эффективным компонентом программ психокоррекционных мероприятий при формировании адаптивных стратегий совладающего поведения, при проведении персонализированных программ психологического сопровождения. Всего в исследовании приняли участие 105 пациентов с психическими расстройствами различного генеза в возрасте от 19 до 67 лет.

Среди них было 35 больных с психическими расстройствами невротического, 35 - эндогенного, 35 - органического генеза. Группа сравнения состояла из 35 человек без признаков психопатологии. При психических расстройствах наблюдается снижение личностного адаптационного потенциала. Это отражает редукцию способности адекватно и продуктивно реагировать на комплекс неблагоприятных факторов при стрессовых нагрузках, непропорционально задействовать функциональные резервы, что в свою очередь негативно сказывается на предотвращении развития преморбидных состояний. Структура адаптационных возможностей пациентов с психическими расстройствами свидетельствует о преобладании у данной категории испытуемых психологической устойчивости как ведущего адаптационного механизма, наряду с значительно менее выраженными коммуникативными способностями и моральными нормативами. Среди пациентов с психическими расстройствами различного генеза более высокий адаптационный потенциал отмечался в группе больных с органическими расстройствами, что отражает их способность адекватной регуляции функционального состояния организма в разнообразных условиях жизни и деятельности. Также данная категория пациентов имела наивысшие показатели психической устойчивости. Пациенты с невротическими расстройствами в качестве ведущего способа адаптации чаще всего использовали коммуникативные навыки, которые у них преобладали по сравнению с остальными нозологическими группами, а самые низкие показатели по всем компонентам ресурсов совладающего поведения наблюдались у больных с эндогенными расстройствами.

КЛЮЧЕВЫЕ СЛОВА: адаптация, психические расстройства, невротические расстройства, эндогенные расстройства, органические психические расстройства, психологическая устойчивость, коммуникативные способности, моральная нормативность.

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THE TIME PERSPECTIVE OF PERSONS IN RESTRICTIVE CONDITIONS OF QUARANTINE: SEX AND AGE ANALYSIS

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The work depicted the theoretical and empirical research of sex and age characteristics of the content of time perspectives of persons who are staying in restrictive conditions of quarantine. The theoretical justification of the importance of forming a coherent time perspective of the person for its integration in the social system accommodates the analysis of structural and functional purpose and typological characteristics of time perspectives. The regulatory content of the time-space continuum of the person in the conditions of deprivation are emphasized and restrictive conditions of quarantine in the signs of polyfunctional deprivation that determine the content of the time perspectives of subjects of self-isolation are outlined. *The purpose* of the presented material is theoretical and empirical studying sex and age characteristics of the content of time perspectives of persons who are staying in restrictive conditions of quarantine and justification or signs of their balance. Basing in the analysis and theoretical generalization of the problem was created the program of the individual-oriented survey of persons who are in self-isolation due to the COVID-19 pandemic, that accommodates testing methods and a set of methods for mathematical processing of results. Sex and age differences in the time perspectives of persons in restrictive quarantine conditions were found: men of all age categories are defined by the dominance of the time perspective of the hedonistic-fatalistic present, strongly conspicuous among men from 25 till 50 years of age by the characteristics of the negative past and transcendent future; among men over 50 years of age by characteristics of transcendent future; women (age range up to 50 years) are determined by the dominance of the time perspective of the future direction, and women over 50 years - the dominance of the time perspective of the negative past. The absence of signs of life balance of the identified time perspective profiles is proved and the main vectors of formation of the optimal time perspective profile are outlined: *vector of actualization of the future* for men and *vector of actualization of the present* for studied women.

KEY WORDS: time organisation of the person, time perspectives, deprivation, self-isolation, life balance.

Formulation of a studied problem. The realities of today's life demonstrate the stressful tension related to the introduction of restrictive quarantine measures that cause feelings of anxiety, irritation or apathy and depression, and which potentially lead to maladaptational reactions, deeply distort the psyche and exacerbate neuropsychiatric disorders in behavior. Although psychologist say that during this period, a person has the opportunity and time to devote to themselves, their favourite activities, planning of the future and so on, the deprivation factors of self isolation inhibit full social self realization of the person, that primarily affect the content and even the loss of time competence. It is

being talked increasingly frequently about the distortion of the ability to use and plan the time rationally, to conduct an adequate assessment of time spent, to anticipate the plan of achievements in the future, etc. As a consequence, the time perspective of personality is violated, which is classically considered as the key factor of the life success, which Pittacus also spoke about as a conscious form of «personal time» and which he framed in the wise saying «Know your time!».

For modern psychological studies, it is important to establish the dependancy between the externally set objective duration of a particular time interval and its subjective assessment. According to the cause-

and-purpose approach, the unit of the psychological time is not the interval of physical time and not the event as itself, but inter-event connection like «cause-effect» or «goal-tool». The phenomenon of interrelation and conditionalities of the past, present and future in the individuals consciousness and behaviour described by the term «time perspective of personality». Herewith, an integral time perspective centered in the present is the important condition of self-isolation of personality. Time perspective violation occurs as a result of excessive immersion in memories or dreams, exclusion from current life events and social institutions, lose the feel of sense of belonging to the social group and a vision of one's place in it. Therefore, there is every reason to believe that it is the restrictive conditions of quarantine that contribute to the violation of the time perspective. Also, according to P. Zimbardo and J. Boyd the different variations of the time perspective depend on many personal, social and institutional factors, but the most optimal variant of its study is the personal disposition format (Zimbardo, 2010). That is why from this angle of the study of time perspective as a personal disposition in conditions of self-isolation, full of frustrating experiences, we offer a review of the presented material.

The analysis of the latest publications. The conceptual essence of the identified problem is showed in the causal concept of psychological time, which is based on a relational approach to the problem of time in general, where the activity, sequence, direction and other properties of time are derived from the structure of a particular process and the relationship between events that occur in it (Golovacha, 2015), and the position on the importance of forming a coherent time perspective of the person for its integration into the social system (Boniwell, 2004).

The causal concept was formed in the researches of the biographical scale of the psychological time of the person, where the life path is deployed in time and all life plans and ways of their implementation are ordered and realized together with organization and regulation of time. On that score S. Rubinstein notices that «the right time perspective in the relation to the past, present and future, to the life

and death, to the finiteness and infinity - all these are necessary prerequisites for a full life, the attitude of human to human» (Rubinshteyn, 1973, p. 372). In V. Kovalev's concept of comparative organization of psychological time there were dedicated levels of the human time (subjective-experienced, perceptual, personal (conscious), subjective and individual time) are characterized by distinct limits of the interaction, where the highest manifestation of psychological perfection of the individual is observed at the level of time of person, which is characterized by optimal integration of its emotional-sensory, intellectual and volitional processes that mediate the implementation of its own life in time. The folded «time organization of life» is defined by an individual as the duration and sequence of events and situations in their own life, giving them an arbitrary tempo and rhythm in the necessary or desired direction (Kovalev, 1988). Also, E. Golovaha and O. Kronik emphasize the position of formation of psychological time based on the person's experience of determinative links between the main events of the life. These determinative events are characterized by direction, sign, length, subjective probability, belonging to the past, present and future (Golovacha, 2015).

But the value of the person's life time determines by the density of her time perspective. Depending on how clearly and adequately correspond the certain life stages in the consciousness, its immediate and remote life events and phenomena, it is said about the structure, consistency of the time perspective, the main components of which are life plans, life goals and corresponding levels of claims and age expectations, value orientations of the person. In response to the openness of the experience the consciousness of the cause-effect relations among events of personal life increases, in consequence of what the images of the past, present and future blend into the integral picture of the life path of the person. The unit of the past is an implemented link between two events of the chronological past, the unit of the psychological past is the potential link between events of the chronological future, the unit of the psychological present - the current link between chronological past and future. The permanent link with the current experience keeps the time center of

personality in the present moment providing its coincidence with physical present time.

Nevertheless, this picture of the time perspective is the result of intense internal work of the person, awareness, and comparison of the meaning of various events in their own life. Therefore L. Antsyferova in the system-diachronic concept of the personal development emphasizes that the gradual passage of the person's life path accompanied by the formation of the configuration of properties and traits, that were formed as individual reactions on the own traits and forms of the behaviour, and identifies the complexes of protective, compensatory, complementary, reinforcing and other properties, that gradually become autonomous and begin to define the types and levels of the individual functionality of the person (Antsyferova, 1994).

Among the variety of the researches of the time perspective, there are works that stand out in a special way, that are related to developing and supplementing of the famous psychological theories and conceptions of personality, its structure, developmental growth and determinations at different stages of the life path. This refers to W. James's consideration of the concept of the «time perspective» as a knowledge of certain parts of the past and future, near and remote, that is always consolidated with the knowledge of the present (James, 1991). Ch. Bühler, describing the time structure of the person's life path, proceeded from the following fact that based on the practical activity and focused on the realization of the goals and challenges of the person the certain time conception is becoming formed, that constructs the link of the past, present and future (Loginova, 1980). P. Fress emphasizes that the human having studied to identified the time that is the law of the changes, to a certain extent learn to own and to master it - in thought or in action, and thus plan the future activities (Fress, 1978). P. Janet considers the psychological time of the person in connection with the social function of memory, therefore all events that cover the long chronological period, are generally always presented in the memory that performs the social function (Jane, 1981). J. Nyutten believes that «the future and previous events

influence the present behaviour in the way they are currently presented on the cognitive level of behavioral functioning» (Nyutten, 2004). L. Carstensen believes that the perception of time plays a fundamental role in the selection and search of social goals (Carstensen, 1999). A. Bandura says that self-effectivity of each person depends on the belief in one's own effectivity that bases on the previous experience of relevant estimates and reflection of future possibilities (Bandura, 1997). C. Lennings determines the time perspective as the cognitive operation that accommodates both emotional reaction to the imaginary time zones (past, present, future) and the advantage to place the activity in a specific temporal zone (Lennings, 1996).

The scientific position of F. Zimbardo and J. Boyd deserves the special attention - they considered the time perspective as an unconscious process that distributes the continuous stream of the personal and social experience into the time categories or frames that help to sort, coordinate and make sense of events (Zimbardo, 1999). These cognitive frames can reflect cyclical and repeated time patterns or the unique and non-repeatable linear moments from an individual's life. They are being used to code, save and reproduce of the experience, and to create expectations, goals, unpredictable circumstances and imaginary scenarios.

Studying of the time perspectives in the life cycle of the human development is of great interest to scientists as the functional purpose of the time perspectives involves regulation of time-space continuum of activity: psycho structures the activity into special time continuum, meanwhile person structures one's own life, placing in the time the certain events, which is assigned objectively and subjectively the required time, which works throughout life.

In this context, the question of the regulatory function of a person's time perspectives in deprivation conditions is logical. In modern psychology Ya. Gosovsky introduced the concept of «deprivational chronotype» which is interpreted by him as a restriction for children deprived of parental care, real opportunities for harmonious spatio-temporal self-realization (Gosovsky, 2010). Studying the presence of a person in a closed area of

existence generates the blocked limited topos (place) that is contentwise close to the conditions of the quarantine self-isolation. The scientist emphasizes that in such conditions of the children's deprivation regime there is an aggravation of ambiguous behavioral modalities: from autistic indifference to constant aggression, from passive conformism to permanent protest behavioral rebels. Herewith, the longer experience of deprivation, the more difficult it is to re-socialize. According to the time orientation, it is the diffuseness, chaotiness and discrepancy in the perception of deprivational persons the time of their own life finds the manifestation in the mix of the retrospective and perspective vectors of their own development strategy and in the disbalanced time parameters of the life potentials and tenets (Goshovsky, 2008). Similarly, V. Mukhina studying the development of the children in the deprived conditions (by the example of residential institutions), noticed that these children often form a personality without a responsible attitude to their own time of life (Mukhina, 1989).

Uniquely time perspective, carrying out the regulation of life activity, forms the mental fabric of human self-consciousness, which serves as the basis for the typology of personal organization of time. Thus, V. Kovalev identifies the following types: everyday, functional-effective, contemplative-reflective and contemplative-transformative (Kovalev, 1988). Later K. Abulkhanova-Slavskaya named this types by the synonymous names: passive-situational, active-situational, passive-prolonged and active-prolonged (Abulkhanova-Slavskaya, 1991). V. Chudnovskiy identifies three models of the person's idea of their own future: 1) the content-personal model that objectively and realistically assesses the current situation, its own advantages and disadvantages; self-improvement tasks are put forward during the planning of the future; 2) the content model with a picture of the future that is separated from the current situation, from available opportunities, advantages and disadvantages of the person; 3) the formal model in which a future appears as the complex of the formally objective moments, which are independent of the subject (Chudnovsky, 1980). C. Lennings considers three specific profiles of the time

perspective: atomistic, gestalt and actualizer profiles (Lennings, 1998).

The original typology of the individual life styles was put forward by O. Kronik - a person's lifestyle is considered as the realization of one's ideas about happiness and ways to achieve it (Kronik, 1982). Such ideas are immersed in the processes of self-regulation of a person's motivation for the world that is why the criterion of the selection of individual lifestyle's types is subject-object balance. If this balance shifts towards minimizing the needs of the subject - it talks about the manifestation of the ascetic style, if it shifts toward the maximization of the object's usefulness - it is the hedonistic style.

In this context, it is appropriate to recall the F. Vasilyuk's typology of «the life-world» where each type is characterized by different indicators of distance, duration, connectivity, and sequence of relationships, that are corresponded to hedonistic, realistic, value-based, and creative types of experiences, which conform to such critical situations as stress, frustration, conflict, and crisis (Vasilyuk, 1984). Also, T. Titarenko suggested the types of «the life-worlds» and corresponded to them types of time assimilation - «normal world», «egocentric world», «relative world» and «conform world» (Titarenko, 2003).

We will conclude the theoretical analysis of the problem of the time perspective with the arguments of F. Zimbardo and J. Boyd - in developing the method with the same name, they claim that the measured time perspective affects many important judgments, decisions and actions. Therefore, the past may make the dominative effect on the individual's behavior by mentioning similar previous situations, the ratio of costs and rewards of the previous decision. These memories can be nostalgic and positive or sad, traumatic, and negative, and they can be reproduced exactly or distorted. Such focus on the past can significantly influence the interpretation and response to the current life situation. For others taking decisions may depend on anticipations and expectations, constructed through imaginary elongation of the present to the future, and also the counting of the costs in the current situation and possible awards in the future. The individual tendency to emphasize one or another time limit

produces the persistent time inclination, as a result of which some individuals will be more oriented to the future, the other will be oriented to the present or past. But the combination of time orientations will be more adaptive and optimal for psychological and physiological health of the individual only in the case of flexible transitions from one time orientation to another, depending on the requirements of the situation, our needs and values (Zimbardo, 2010).

The theoretical conceptualization of this problem makes it possible to assert that it is the restrictive conditions of quarantine, such as multifunctional deprivation, that contribute to excessive affective charge and suppression of vital activity and determine the content of the time perspective of the subjects of self-isolation. That made us think about the advantages of conducting of individual-oriented questioning of persons, who are in self-isolation due to the COVID-19 pandemic.

Purpose - theoretical and empirical study of the sex and age characteristics of the content of person's time perspectives, who are in restrictive conditions of quarantine and justification of signs of their vital balance.

Presentation of the main material. For empirical confirmation of the theoretical propositions formulated by us about the specifics of the manifestation of time perspectives during the isolation conditions of the pandemic and identification of the legality of the use of introduced diagnostic tools, we conducted the research on the

random sample of 310 people aged 20 to 68 years, including men (n=123) and women (n=187). Demographic, educational and professional factors were not taken into account. The respondents were informed about the rules for conducting the research with the compliance of the basic principles of anonymities, feedback and volunteerism. During the forming of the sample, the rules for its pithiness and equivalences were conducted. Meeting the requirements of the content criterion of the sample was achieved by selecting a sample that corresponds to the subject of the study. Following the equivalence criterion was expressed in the normal distribution of empirical data obtained from the entire sample.

As the diagnostic tools were used Zimbardo Time Perspective Inventory (ZTPI) and The Transcendental-Future Time Perspective Inventory (TFTPI) (Zimbardo & Boyd, 2010). For the processing of the results of study we used Student's t-test for independent samples to establish statistically significant differences in the average values of groups differentiated by sex and age.

First of all, all the respondents were divided into 3 groups by age for statistical and mathematical processing of the obtained empirical data: group 1 - persons under 25 years of age (n=124); group 2 - persons from 26 till 50 years of age (n=104); group 3 - persons over 50 years of age (n=82). The percentage distribution of the sample by sex differentiation is shown in fig. 1.

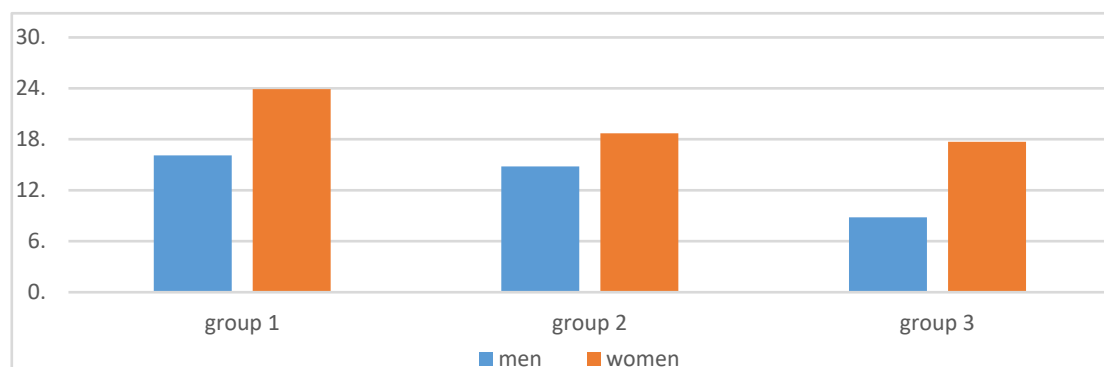


Fig. 1. The percentage distribution of the sample by sex and age differentiation

According to the purpose of the research the results we got were interpreted in each of the mentioned groups by basic scales of the proposed questionnaires, namely: «*negative past*» reflects the

general negative and repulsive perception of one's own past; due to the reconstructive nature of the past, such negative attitude may be caused by a true experience of unpleasant or traumatic moments, as

well as a negative reconstruction of not extremely difficult situations, or a combination of both variants; «*hedonistic present*» reflects the hedonistic and risky attitude to one's own lifetime and it involves enjoying the moment despite the further consequence of one's own behavior; «*future*» measures the overall future orientation and involves that the applying effort for the sake of goals and possible rewards in the future dominates in the behavior; «*positive past*» reflects the kind and sentimental attitude to the past, when the past experience and times seem pleasant, «through rose-colored glasses» and with a touch of nostalgia; «*fatalistic present*» reveals the fatalistic and helpless

attitude to life, the individuals with such time orientation believe in fate and they are sure that they can not affect neither the present nor the future events of their life. The scale of the questionnaire of the time perspective of the *transcendent future*, with the same name, reflects the belief of person in possibility of the presence of one's spiritual essence beyond the limits of possible experience and the physical body.

In group of persons under 25 years of age (group 1) the diagnostic cross-section showed an uneven mid-group distribution on the scales of the questionnaires (fig. 2).

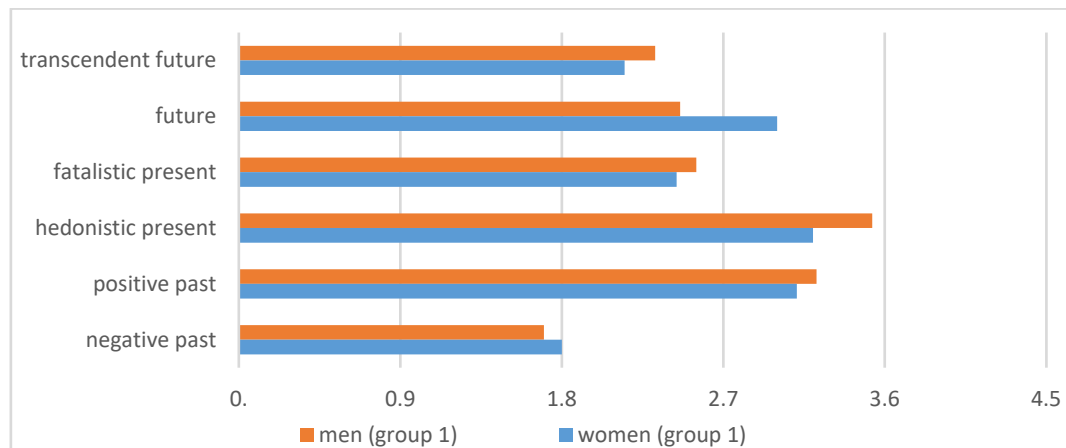


Fig. 2. Mid-group distribution of time perspective indicators in the group of persons under 25 years of age (group 1)

Statistically significant differences were recorded using the Student's *t*-test, we can note that *women* in this group have significantly conspicuous indicators of the «*future*», which is expressed in their willingness to plan their lives and every day; they are focused on the goal setting and determining the tools to achieve them; they can both plan time and create an implementation space; always continue working on the complex or even uninteresting tasks, if they are interested in moving towards the goal ($t=3,23$, $p \leq 0,001$); *men* in this group distinguished by the dominance of indicators of the «*hedonistic present*» that defines their current life as a «separated» from the past and future, with one goal of enjoying life; their impetuosity and riskiness are deprived from responsibility and care for other people ($t=2,65$, $p \leq 0,01$).

The mid-group distribution of the time perspective indicators in the group of persons from 26 till 50 years of age (group 2) showed a much wider range of differences in the scales of the questionnaires (fig. 3).

Men in this group have noticeable predominance of indicators of «*negative past*» in different variations of rejection of their own past, from the permanent thought that in life they could do everything differently to the accusations of people around them that allegedly negatively affect the unfolding of life events ($t=6,43$, $p \leq 0,001$); their advanced «*fatalistic present*» demonstrates the full conquest of fate as they think that fate determines a lot on the human life therefore, it is noticeable that they believe that luck brings a greater reward than hard work, also, the refusal to perform and plan any

activity is also aggravated, and the wish to waste the earned money for the pleasure of today is expressed too ($t=7,13$, $p\leq 0,001$); it may explain the indicators of the high level of «*transcendent future*» as expressed faith in the afterlife, they believe in miracles, spirits and the divine laws, delaying the achievements of science and technology ($t=4,64$, $p\leq 0,001$). As opposed to men, *women* in this group are marked by a conspicuous manifestation of the «*future*», what is shown in the readiness and

ability to manage time, keep promises and clearly fulfill their responsibilities, and in determining the target prospects for life realization ($t=4.68$, $p\leq 0.001$).

According to the results of the diagnostic cross-section, there were statistically significant differences in the scales of the questionnaires in the group of people over 50 years of age (group 3) (fig. 4).

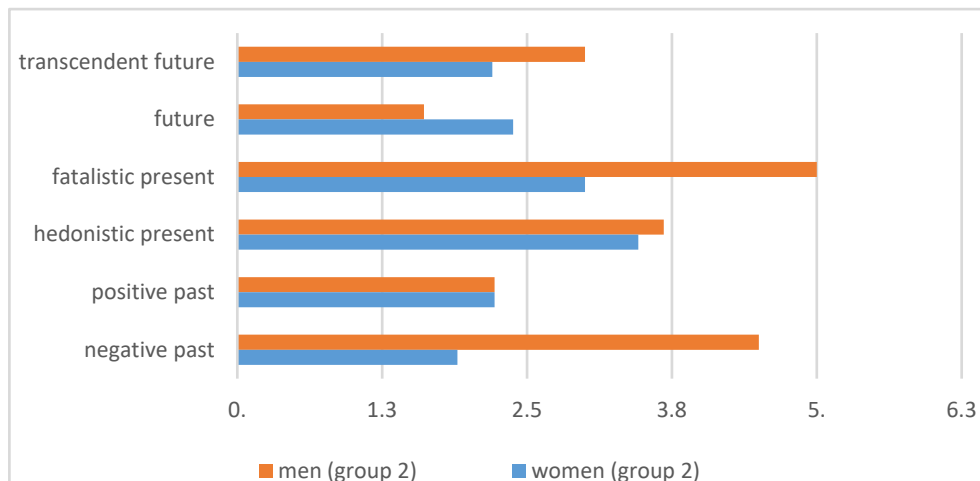


Fig. 3. Mid-group distribution of time perspective indicators in the group of persons under from 26 till 50 years of age (group 2)

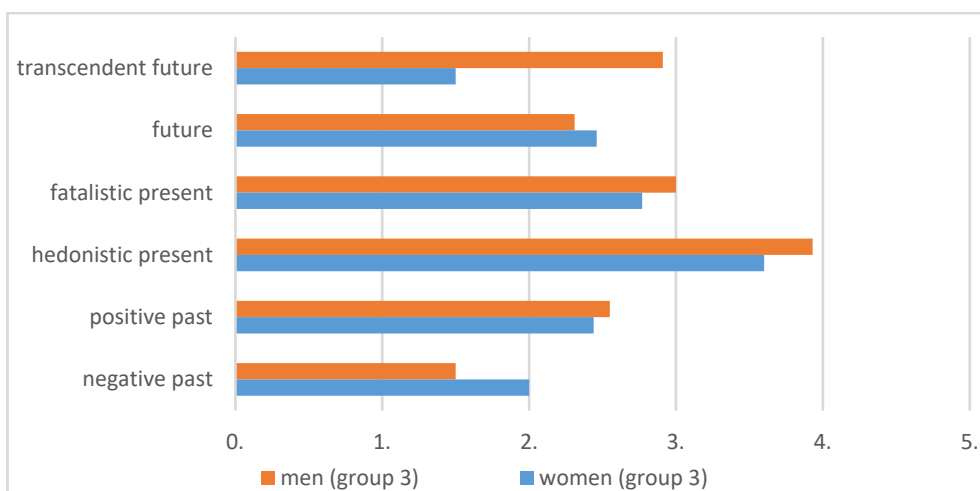


Fig. 4. Mid-group distribution of time perspective indicators in the group of people over 50 years of age (group 3)

Among men in this group we found such expressed indicators of time perspective as «*hedonistic present*» that characterizes by a readiness to experience the pleasure of every day and get the get pleasure from emotionally exciting moments of life, they are ready to risk to avoid the boredoms and enter into a close, passionate

relationship ($t=2,68$, $p\leq 0,05$); developed «*fatalistic present*» defines a complete conquest of fate and an unwillingness to think about goals, consequences and practical results; they believe that everything in this world is very volatile and in general, life path is controlled by powers that are impossible to be affected ($t=2,44$, $p\leq 0,05$); «*transcendent future*» it is

expressed in the belief in God and life after death ($t=5,61$, $p\leq 0,001$). Women over 50 years old demonstrated expressed «negative past» that is characterized by frequent consideration of questions; they are very vulnerable to memories of the past, it is difficult for them to let past grievances go and, as a result, are convinced that their decisions are influenced by people and circumstances ($t=3,15$, $p\leq 0,05$).

The demonstrated diagnostic cross-section makes it possible to look at options for deploying life prospects in restrictive conditions of quarantine in individuals of different age and sex categories: 1) men of all age groups have the highest percentage of dominant signs of time perspective: «hedonistic present» dominates among persons under 25 years old and men over 50 years old; the «fatalistic present» and «transcendent future» are equally common in men under 26 and over 50; 2) among women, we observe a profile of a more «optimistic» format for displaying time perspectives, because in the groups of girls under 25 and women from 26 to 50, their «future» occupies the dominant position; in contrast to the age category of women over 50, in which the «negative past» is expressed.

This is a rather interesting fact that in general there is a trend of orientation of men to the «present», while women are oriented to the «past» - it made possible for us to draw a parallel between the identified complexes of time perspectives in the research groups with the typology of time perspectives by C.Lennings (Lennings, 1998). Therefore, men are defined by belonging to the «atomistic» (hedonistic) profile that is oriented on present and the nearest future and mostly characterized by inability to postpone the satisfaction of the needs; women are defined by the profile of «actualizer», which is determined by a positive time orientation, a developed sense of time and temporal structure, a long-term perspective of the future, developed control over impulsivity and healthy ego defenses and a developed self-concept; and partly a «gestalt profile» (women over 50 years old), which is characterized by negative time settings and actualized by a negative past.

Such conclusions proposed the substantiation of the signs of life balance of persons in restrictive

conditions of quarantine. Using the «balanced time perspective» already defined by F. Zimbardo and his collaborators as a psychological construct that involves a the flexible switch between thinking about the past, present or future, depending on situational requirements, resource assessment, personal and social assessments of the behavior of people who have high scores on these constructs, is determined by a compromise or balancing between the content of representations of past experiences (worries), the desires of the present and adequate representations of future consequences. Therefore, this is the time orientation that is the most optimal time perspective from the point of view psychological and physical health, as well as the functioning of the individual in society (Bonniwell&Zimbardo, 2004).

Based on the optimal time perspective profile («positive past» (highest rate) + «future» (highest rate) + «hedonistic present» (average rate) + «negative past» (lowest rate) + «fatalistic present» (lowest rate)), we can state that selected profiles of the time perspectives in researched groups do not match the specified parameters. Therefore, we can only outline the vectors of its formation:

1 - *vector of actualization of the future* - applies to men of all age categories, who needs modification of «future» (with the obligatory consideration of expressed transcendental tendencies (this orientation affects the creating of one's own life and determining of the religious values) among men over 26 years old age and older): accommodates the development of achievement orientation and planning the future and getting the effective reward from this, in the form of actualization of emotional representations («attractiveness of the expected result» (Apter, 1982)); it is about ability to formulate goals through awareness of their own capabilities and abilities, sense of normality that reflects the objective parameters of reality, social requirements and regulated behavior of the subject; justification of judgments about the significance and achievability of the result by tools of selective attention, supportive intent, emotion control, and environment control;

2 - *vector of actualization of the present* - applies to women of all age categories, who needs modification of «present» (with the obligatory

actualization of the positive past (as the negative past usually is the result of the work of psychological defenses in the form of excessive observation, indecision, over-concentration of attention on the consequences, passivity, etc) women over 50 years of age): accommodates the development of pleasure orientation, worries, arousal and pleasure in the present life in the form of activation of sensory experiences («waiting for emotional pleasure» (Borgida, 1983); it is about identification of actual mental states aimed at emotional pleasure, without fixing on past or future experiences.

Conclusions. In the result of theoretical and empirical analysis of the problem, it was established: 1) specific sex and age differences of the time perspectives of persons, who are in the restrictive conditions of the quarantine: men of all age categories are being determined by dominance of the time perspective of the hedonistic-fatalistic present, strongly conspicuous among men from 25 till 50 years of age by the characteristics of the negative past and transcendent future; among men over 50 years of age by characteristics of transcendent future; women (age range up to 50 years) are determined by the dominance of the time perspective of the future, and women over 50 years - the dominance of the time perspective of the negative past; 2) the absence of signs of life balance of the identified time perspective profiles is proved and the main vectors of formation of the optimal time perspective profile are outlined: *vector of actualization of the future* for men and *vector of actualization of the present* for studied women.

In conclusion, we can say that the results obtained are logical and generally find supporting data in the field of psychology of time personality organization, as well as the psychology of deprivation. **The perspective** of the further research in the analysis of the diagnostic cross-section of the time perspectives of individuals in the conditions of removal the restrictive conditions of quarantine in the format of taking into account demographic, educational and professional factors.

REFERENCES

Abulkhanova-Slavskaya, K.A. (1991). *Стратегия жизни [Life strategy]*. Moscow: Myisl. (in Russian).

- Antsyferova, L.I. (1994). Личность в трудных жизненных условиях: переосмысливание, преобразование ситуации и психологическая защита [Personality in difficult living conditions: rethinking, transforming the situation and psychological defense]. *Psychological Journal*. 1. 3-18. (in Russian).
- Apter, M. J. (1982). *The experience of motivation: The theory of psychological reversals*. L.N.Y.: Academic Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. NY: Freeman.
- Boniwell, I., Zimbardo, P. (2004). *Balancing Time Perspective in Pursuit of Optimal Functioning. Positive psychology in practice*. New Jersey: John Wiley & Sons. 165-178.
- Borgida, E., Howard-Pitney, B. (1983). Personal involvement and the robustness of perceptual salience effects. *Personal and Social Psychology*, 45, 560-570.
- Carstensen, L.L., Isaacowitz, D.M., Charles, S.T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*. 54, 165-181.
- Chudnovsky, V.E. (1980). *О временном аспекте гармонического развития личности [On the temporal aspect of the harmonious development of personality]. Психолого-педагогические проблемы становления личности и индивидуальности в детском возрасте [Psychological and pedagogical problems of the formation of personality and individuality in childhood]* (Ed.). V.V. Davydov, I.V. Dubrovina. М. : Prosveschenie, 6067. (in Russian).
- Fress, P. (1978). *Восприятие и оценка времени [Perception and assessment of time]. Экспериментальная психология [Experimental psychology]* (Ed.) P. Fress, Zh. Piazhe. Moscow : Progress. 6. 88-130. (in Russian).
- Golovakha, E.I., Kronik, A.A. (2015). *Психологическое время личности [Psychological personality time]*. Moscow: Smyisl (in Russian).
- Goshovsky, Ya.O. (2008). *Ресоціалізація депривованої особистості [Resocialization of the deprived person]*. Droghobich : Kolo (in Ukrainian).
- Goshovsky, Ya.O. (2010). Депривований хронотоп як негативний чинник самореалізації особистості [Deprived chronotope as a negative factor of personal self-realization]. *Education of the region*. 1. 123-127. (in Ukrainian)
- James, W. (1991). *Психология : курс лекций [Psychology : Briefer Course]*. Moscow: Pedagogika. (in Russian).
- Jane, P. (1981). Эволюция памяти и понятие времени [Evolution of memory and the concept of time]. Хрестоматия по общей психологии: психология памяти [A textbook on general psychology: the psychology of memory] (Ed.) Yu.B. Gippenreiter, V.Ya. Romanova. М. : Izd-vo Mosk. un-ta (in Russian).
- Kovalev, V.I. (1988). *Категория времени в психологии (личностный аспект) [Category of time in psychology (personal aspect)]. Категории материалистической диалектики в психологии [Categories of materialist dialectics in psychology]* (Ed.) L.I. Antsyferova. М. : Nauka, 1988. 216-230. (in Russian).

- Kronik, A.A. (1982). *Психологические основания типологии индивидуальных стилей жизни [Psychological bases of typology of individual lifestyles]. Стиль жизни личности: теоретические и методологические проблемы [Lifestyle of the person: theoretical and methodological problems]* (Ed.) L.V. Sohan, V.A. Tihonovich. Kyiv: Naukova dumka, 165-200. (in Russian).
- Lenning, C.J. (1996). *Self-efficacy and temporal orientation as predictors of treatment outcome in severely dependent alcoholics. Alcoholism Treatment Quarterly, Vol. 14, 71-79.*
- Lenning, C.J. (1998). *Profiles of time perspective and personality: Developmental considerations. Journal of Psychology. 132, 629-641.*
- Loginova, N.A. (1980). *Шарлотта Бюлер – представитель гуманистической психологии. [Charlotte Buhler is a representative of humanistic psychology]. Psychology issues, 1, 154-158.* (in Russian).
- Mukhina, V.S. (1989). *Психологическая помощь детям, воспитываемым в учреждениях интернатного типа [Psychological assistance to children brought up in boarding schools]. Psychology 1, 32-39.* (in Russian).
- Nyutten, Zh. (2004). *Мотивация, действие и перспектива будущего [Motivation, action and perspective of the future].* Moscow: Smyisl (in Russian).
- Rubinshteyn, S.L. (1973). *Проблемы общей психологии [Problems of general psychology].* Moscow: Pedagogika. (in Russian).
- Titarenko T.M. (2003). *Життєвий світ особистості: у межах і за межами буденності [The life world of the individual: within and outside of everyday life].* К.: Lybid. (in Ukrainian).
- Vasilyuk, F.E. (1984). *Психология переживания. Анализ преодоления критических ситуаций [Psychology of experience. Analysis of overcoming critical situations].* М.: Izd-vo Mosk. un-ta (in Russian).
- Zimbardo, F., Boyd, J. (2010). *Парадокс времени. Новая психология времени, которая улучшит вашу жизнь [The paradox of time. A new psychology of time that will improve your life].* SPb.: Rech. (in Russian).
- Zimbardo, P.G., Boyd, J.N. (1999). *Putting Time in Perspective: A Valid, Reliable Individual-Differences Metric. Journal of Personality and Social Psychology, Vol. 77 (6), 1271-1288.*

ЧАСОВА ПЕРСПЕКТИВА ОСІБ В ОБМЕЖУВАЛЬНИХ УМОВАХ КАРАНТИНУ: СТАТЕВО-ВІКОВИЙ АНАЛІЗ

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У роботі представлено теоретико-емпіричне вивчення статево-вікових особливостей змісту часових перспектив осіб, які перебувають в обмежувальних умовах карантину. Теоретичне обґрунтування важливості формування узгодженої часової перспективи особистості для її інтеграції в соціальну систему, вміщує аналіз структурно-функціонального призначення та типологічні характеристики часових перспектив. Підкреслено регуляційний зміст часово-просторового континуума особистості в умовах депривації та окреслено обмежувальні умови карантину в ознаках поліфункціональної депривації, які визначають зміст часової перспективи суб'єктів самоізоляції. Метою презентованого матеріалу є теоретико-емпіричне вивчення статево-вікових особливостей змісту часових перспектив осіб, які перебувають в обмежувальних умовах карантину та обґрунтування ознак їх життєвої збалансованості. На основі аналізу і теоретичного узагальнення проблеми, розроблено програму індивідуально-орієнтованого опитування осіб, які перебувають у самоізоляції в зв'язку із пандемією COVID-19, яка вміщує методи тестування і комплекс методів математичної обробки результатів. Констатовано статево-вікові відмінності часових перспектив осіб, які перебувають в обмежувальних умовах карантину: чоловіки усіх вікових категорій визначаються домінуванням часової перспективи гедоністично-фаталістичного теперішнього, забарвленого у чоловіків від 25-ти до 50-ти років характеристиками негативного минулого і трансцендентного майбутнього; а у чоловіків старше 50-ти років – характеристиками трансцендентного майбутнього; жінки (віковий діапазон до 50-ти років) визначаються домінуванням часової перспективи майбутнього спрямування, а жінки старше 50-ти років – домінування часової перспективи негативного минулого. Доведено відсутність ознак життєвої збалансованості виявлених профілів часових перспектив та окреслено основні вектори формування оптимального профіля часової перспективи: вектор актуалізації майбутнього для представників чоловічої статі та вектор активізації теперішнього для досліджуваних жінок.

КЛЮЧОВІ СЛОВА: часова організація особистості, часові перспективи, депривація, самоізоляція, життєва збалансованість.

ВРЕМЕННАЯ ПЕРСПЕКТИВА ЛИЦ В УСЛОВИЯХ КАРАНТИНА: ПОЛОВОЗРАСТНОЙ АНАЛИЗ

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В работе представлены теоретико-эмпирическое изучение половозрастных особенностей содержания временных перспектив лиц, находящихся в ограничительных условиях карантина. Теоретическое обоснование важности формирования согласованной временной перспективы личности для ее интеграции в социальную систему, содержит анализ структурно-

функционального назначения и типологические характеристики временных перспектив. Подчеркнуто регуляционных содержание временно-пространственного континуума личности в условиях депривации и намечены ограничительные условия карантина в признаках полифункционального депривации, которые определяют содержание временной перспективы субъектов самоизоляции. Целью представленного материала является теоретико-эмпирическое изучение половозрастных особенностей содержания временных перспектив лиц, находящихся в ограничительных условиях карантина и обоснование признаков их жизненной сбалансированности. На основе анализа и теоретического обобщения проблемы, разработана программа индивидуально-ориентированного опроса лиц, находящихся в самоизоляции в связи с пандемией COVID-19, которая содержит методы тестирования и комплекс методов математической обработки результатов. Констатировано половозрастные различия временных перспектив лиц, находящихся в ограничительных условиях карантина: мужчины всех возрастов определяются доминированием временной перспективы гедонистически-фаталистического настоящего, окрашенного у мужчин от 25-ти до 50-ти лет характеристиками негативного прошлого и трансцендентного будущего; а у мужчин старше 50 лет - характеристиками трансцендентного будущего; женщины (возрастной диапазон до 50 лет) определяются доминированием временной перспективы будущего направления, а женщины старше 50 лет - доминирование временной перспективы негативного прошлого. Доказано отсутствие признаков жизненной сбалансированности выявленных профилей временных перспектив и обозначены основные векторы формирования оптимального профиля временной перспективы: вектор актуализации будущего для представителей мужского пола и вектор активизации настоящего для исследуемых женщин.

КЛЮЧЕВЫЕ СЛОВА: временная организация личности, временные перспективы, депривация, самоизоляция, жизненная сбалансированность.

COMPLEX OF SUGGESTIONS ON IMPROVING THE PSYCHOLOGICAL CORRECTION AND DIAGNOSTICS OF TRAUMATIC EMOTIONAL EXPERIENCE AMONG MILITARY SERVANTS WITH POST-STRESS PSYCHOLOGICAL DYSADAPTATION

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Problem statement: Resistance to the impact of psychocorrectional and psychotherapeutic work on the personality of servicemen in Ukraine with post-stress psychological maladaptation and experience of participation in combat operations with traumatic background and multiparametric approaches in this area, become significant reasons for more detailed analysis in psychological diagnostics of harmful knowledge among military members. *Analysis of the problem* There are many inventions in science on the conceptualization of personal traumatic experience at both clinical (PTSD) and nosological (PPD) levels. The idea of "emotional scheme" proposed by L. Greenberg and R. Elliott is successful for the latter, but the question of psychodiagnostics and psychocorrection for traumatic emotional experience among demobilized combatants in Ukraine with PPD remains open. *Object of study* – to develop a set of suggestions for psychocorrection and diagnostics of traumatic emotional experience among servicemen after demobilization in Ukraine with PPD. *Research methods* – Mathematical and statistical processing: Wilcoxon T-test. *Sample description* The sample consists of 12 servicemen after demobilization six months or a year later in Ukraine with PPD. They agreed to be tested and participate in psycho-correctional work on the issues of significant traumatic emotional experience. *Summary* A set of suggestions for psychocorrection and diagnostics of traumatic emotional experience among servicemen in Ukraine with post-stress psychological maladaptation has been developed.

KEY WORDS: servicemen, PPD, diagnostics, psychocorrection, traumatic emotional experience.

Problem statement: According to various data, from 20 to 90 percent of people who participated or witnessed stressful situations, further receive a subclinical level of maladaptation (post-stress psychological maladaptation - PPD). During the ATO-JFO in eastern Ukraine, more than 200,000 military men served in the Armed Forces, which gives new impetus to the study for the adaptive potential of these servicemen and the problems of traumatic experience, the occurrence or complication of which significantly impairs the ability to adapt and resocialize. The resistance deteriorates situation of the effectiveness in psycho-correctional and psychotherapeutic work on PTSD and PPD. A new vision in psycho-correctional and psychodiagnostic work with these issues can be provided by the use of "emotional scheme" (proposed in emotional-focused therapy) in the conceptualization of traumatic experience among servicemen.

Analysis of the problem: Peculiarities for manifestation of traumatic experience among

servicemen at the nosological level are often associated with such rubrications of the International Classification of Diseases 10 revision as: F43.0; F43.1, which provides a comprehensive description of their respective states. Aspects for manifestation of traumatic experience among servicemen, as different variations of the manifestation in post-traumatic stress disorder, were offered by the results in researches and works of many scientists: L.F. Shestopalova, V.S. Pidkoritova, D.M. Bolotova, I.V. Gurina, Y.A. Alexandrovsky, E.N. Zagoruyko, T.E. Marchuk, A.I. Bilim, B.S. Polozhog, B.D. Tsigankova, J. Bell Meisenhelder, R. Rosner, B.C. Frueh (Voloshyn, 2014).

B.D. Karvasarsky and A.N. Blair note that the subclinical level of personality maladaptation is accompanied by a number of psychological issues, which include: deterioration of autonomy in decision-making, the emotional sphere becomes less regulated, which is manifested by emotional instability and unpredictability; there is a skeptical

attitude to life and others; aggression, anxiety, irritability, tendency to solitude, deterioration of communicative competencies.

M.V. Markova and P.V. Kozyra point to the existence of multiple mental disorders at the subclinical level, which should be paid much more attention in today's science when addressing mental health issues. They also point to the necessity to organize and integrate these disorders into existing classifications, which will significantly improve the solution of the problem in psychological work with requests for maladaptation. In turn, they also proposed a list of signs that indicate a high probability of individual psychological maladaptation. These include: the impossibility of previous reactions of the individual, which previously carried resilience to adaptive nature; limited affective beliefs or attitudes, on which all the attention and most of the psychological activity is concentrated; rigidity; anxiety; deterioration of volitional processes and the emergence of destabilizing processes in the emotional sphere.

The most successful inefficiency of the psyche's response to stressful situations, according to Markova M.V. and Kozyra P.V., reflects the concept of "post-stress psychological maladaptation", which characterizes the deterioration of adaptation at the cognitive, behavioral and emotional levels (Kozyra, 2017). In the dissertation research, which was headed by O.S. Kocharyan we used theory of "emotional scheme" to conceptualize traumatic experience among servicemen, namely emotional, which was a very good option in the study of this psychological structure (the concept proposed by L. Greenberg and R. Elliott (2004) in procedural-experimental psychotherapy). Motivation, cognitive sphere, system of memories and bodily manifestations are united by emotions into a single structure. If in this structure, as a core component, emotions acquire a traumatic, "congestion" (this idea was proposed by Kocharyan O.S. (2014)) character, then the whole structure generally forms a single system of individual traumatic emotional experience. In studies led by Kocharyan O.S. there is the significant impact of emotional experience on the personal psychological health. The question of

effectiveness in psychodiagnostics and psychocorrection for these structures remains open, so developments in this direction can improve psychodiagnostic and psychocorrectional work with the structures of traumatic, namely, emotional experience of servicemen with PPD.

Object of study – to develop a set of suggestions for effective psychocorrection and diagnostics of traumatic experience (emotional) among servicemen with post-stress PD in Ukraine which have experience in military operation.

Sample description. The sample consisted of 12 servicemen who had experience of military participation in Ukraine. They agreed to be tested and take part in psycho-correctional work on issues of significant traumatic emotional experience. The severity of post-stress psychological maladaptation was determined by using the Mississippi scale, namely its military version. The evidence of traumatic emotional experience was determined by high scores on appropriate methods, which are listed in the general register of psychological research methods.

Methods: Mathematical and statistical processing: Wilcoxon T-test.

Results of research. Objectivation.

When testing servicemen in order to identify the structural features of their traumatic experience, namely, emotional, 12 men agreed to participate in psycho-correctional work on this topic and its more in-depth diagnostics. In Table lists all types of psycho-correctional work that has been done with servicemen on inquiries related to traumatic emotional experiences.

Grawe K. proposed certain general criteria for evaluating the effectiveness of psychocorrection, which formed the basis for determining the results of work carried out with these servicemen. These criteria include: 1) the level of global assessment of achievements; 2) the ability to identify personal psychological issues; 3) improvement in emotional sphere and a higher level of manifestation of abilities; 4) qualitative changes in implementation of communicative competencies; 5) gaining new experience in ability to manage free time; 6) professional success; 7) reduction of complaints in psychophysical manifestations (Itzhaky, 2017).

Table

Psycho-correctional work with demands in manifestations of traumatic experience among servicemen with PPD

Parameter	Detailed description	
Total number of military men	12 people	
Different forms of work	Combined: the work was carried out both personally and with inclusion in the therapeutic group	
	Individual	Group
Psycho-correctional basis of work	CCP approach by K.R. Rogers	
Methods of work	Method by A.F. Yermoshin, the technique of reflection and empathy, the technique of CBT, the approach by D. Berzelli, the method of systematic desensitization.	
Time for psychocorrection	hours	
	10	20
Duration of work	Two and a half months	
Frequency of meetings	Once a week	
Meeting duration	hours	
	one	two
Psychological complaints (%)	Inadaptive thoughts and emotional discomfort (100); dissatisfaction in communication with others (83.3); unwillingness to take personal opportunities seriously (75); low level of motivation (91.7); deterioration of physical condition due to psychological problems (66.6); problems of resocialization after service (100); complaints about the general psycho-emotional state (83.3); complaints of dreaming (58.3); ignorance of how to deal with memories (75).	
Amount of participants	12	12
Efficiency label	Proven	

Grawe K. proposed certain general criteria for evaluating the effectiveness of psychocorrection, which formed the basis for determining the results of work carried out with these servicemen. These criteria include: 1) the level of global assessment of achievements; 2) the ability to identify personal psychological issues; 3) improvement in emotional sphere and a higher level of manifestation of abilities; 4) qualitative changes in implementation of communicative competencies; 5) gaining new experience in ability to manage free time; 6) professional success; 7) reduction of complaints in psychophysical manifestations (Itzhaky, 2017).

To determine the effectiveness of psycho-correctional work with complaints related to the manifestation of traumatic experience, the

independent experts who used the above criteria according to Grawe K. were involved. Each serviceman received from the expert a score from 1 to 10 as an indicator of the criterion in a relevant indicator for his life. The evaluation was conducted at first and last meeting, the results were compared using the Wilcoxon test. For all criteria, the Wilcoxon test score indicated significant differences between the first and second testing scores, provided that they all were improved after appropriate psychocorrectional work.

Thus, the effectiveness of this work has been proven taking into account many parameters of military life that make these results more reliable compared to single-scale assessment options.

Psychological work with servicemen who mostly have complaints caused by the manifestation of traumatic experience, made it possible to develop a certain optimal system for diagnostics of these structures, taking into account the "emotional scheme" idea, which reveals each of its components. Below one can find a list of psychometric tools that have effectively proven themselves in identifying features of each component in this scheme, as ideas for conceptualizing the traumatic emotional experience among servicemen.

- Diagnostics of maladaptive schemes, the importance of which is indicated by Young J., was implemented using methodology developed by him;
- Diagnostics of components in emotional scheme was as follows:
 - Directly the experience itself, which has a traumatic component, was detected with the use of SDE by Izard K. and the questionnaire by Rabinovich L.A. to diagnose basic emotions. Results by the method of J. Young are compared with the relevant methods to identify the characteristics for manifestation of "congestion" experiences,
 - Early memories were detected using the appropriate technique proposed by W. R. Rule,
 - Manifestations of traumatic experience at the level of physicality were diagnosed using questionnaires SF – 36 and Assessment of neuropsychological stress, the author of which is Nemchin T.A.;
 - The structure of cognitive representation was diagnosed using a texturized interview;
 - Features of the motivation system were identified using TIM TSO (by Leontiev D.A.);
 - Early psychological traumas were identified through the Burbo L. test.
 - Additional in the diagnostics for traumatic experiences of servicemen were the Mississippi scale, as well as scales: Impact of Event Scale-R – IES-R and Symptom Check List-90-Revised – SCL-90-R,

For more detailed psychodiagnostic work in finding features of traumatic experience manifestation, the methods and techniques listed in Table 1 were used, for the application of which,

including in direct work with servicemen, there are certain developments (Kharchenko, 2019; Myers, 2019; Chen, 2018).

The result in psycho-correctional work with the complaints of servicemen caused by the manifestation of traumatic emotional experience was development of proposals for optimizing the relevant work:

1. When planning and implementing psycho-correctional work on the manifestations of traumatic experience among servicemen, it is important and effective to use a comprehensive approach that provides simultaneous or phased focus on all components of the emotional scheme, which include early memories, traumatic experiences, maladaptive cognitive representations of this experience, motivational-semantic sphere and manifestations at the bodily level.
2. The eventual result of psycho-correctional work includes replacement of the current scheme, that carries a traumatic component, with a new, more adaptive and constructive, which should apply to all its components.
3. An important aspect is the integration of updated components into the overall system, that will lead to the transformation of other components, which, in turn, will become cyclical with the gradual improvement of this scheme, i.e. traumatic experience will lose its traumatic nature and become more adaptive. Otherwise, there will be a possibility of returning to the destructive, previous variation of the structure in this experience and minimizing the sanogenicity of processes.
4. The level of sanogenicity in psychocorrectional work can be significantly improved by using such mechanisms as awareness, reflection and emotional equalization.
5. One of the most important recommendations in working with traumatic experiences is to avoid retraumatization among servicemen. This experience includes a whole conglomeration of infantile traumas that can be potentiated by current, rather complex experiences, so it is important to use techniques carefully, which minimizes the actualization of these traumas and will allow to preserve the adaptive potential of the individual.

6. Effective techniques in psycho-correctional work with the traumatic experience of the military men: the approach of A.F. Yermoshina, CCP techniques, CBT, Berzelli D. method and systemic dissensitization.

7. At the initial stage, it is important to establish a collaborative format of interaction, which is informative, regulatory and managing in nature, because this level of communication is more tuned by servicemen. Therefore, the immediate transition to techniques that involve working with emotions can cause anxiety and worry and, as a result, reluctance to continue working. Therefore, it is recommended to start with CBT, psychocatalysis or TRE.

8. The development of a more adaptive, functional scheme involves its consolidation, for which preventive work that should last about 3 months is recommended.

Summary

1. Diagnostics of structural features in traumatic emotional experience among servicemen who participated in combat actions, involves identifying the features of the manifestation for all components in the "emotional scheme", the idea of which is proposed as a conceptualization of traumatic experience. To identify the features of these components, namely: traumatic experiences, the structure of early memories, bodily manifestations, motivational semantic sphere and cognitive representations, there were selected using psychometric tools.

2. During the psychodiagnostic work with servicemen, the following were used to clarify the main range of complaints related to the manifestation of the components of the "emotional scheme": (military version) Mississippi scale for determining the level of post-traumatic reactions, SDE according to Izard K. (Scale of Differential Emotions); in the work with early memories there was used a questionnaire by W.R. Rule, questionnaire by Rabinovich L.A. for diagnostics of basic emotions, test by Burbo L. for diagnostics of five infantile psychological traumas, structured interview for the diagnostics of maladaptive cognitive structures, TIM – a test for diagnostics of individual motivation, test by Leontief D.A. to

identify meaningful life orientations, scale for rating the degree of impact from the traumatic event, a questionnaire for the diagnostics of psychopathological symptoms.

3. When carrying out psycho-correctional work, the methods by D. Berzelli and A.F. Yermoshina, CCP and CBT technicians have proved to be effective. A set of proposals for optimizing psycho-correctional work with complaints of servicemen due to the manifestation in traumatic emotional experience has been developed.

REFERENCES

- Chen, Jessica A.; Fortney, John C.; Bergman, Hannah E.; Browne, Kendall C.; Grubbs, Kathleen M.; Hudson, Teresa J.; & Raue, Patrick J. Darryl. (2018). Therapeutic alliance across trauma-focused and non-trauma-focused psychotherapies among veterans with PTSD. *Traumatology*, 25(4), 221-234.
- Elliot R., Watson J. C., Goldman R.N., Greenberg L.S. (2004). *Learning emotion-focused therapy: the process-experiential approach to change*. American Psychological Association.
- Itzhaky, Liat, Stein, Jacob Y., Levin, Yafit, Solomon, Zahava. (2017). Posttraumatic stress symptoms and marital adjustment among Israeli combat veterans: The role of loneliness and attachment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(6), 655-662.
- Kharchenko A.O. (2019). Психологічні особливості структури травматичного емоційного досвіду демобілізованих учасників бойових дій в Україні з постстресовою психологічною дезадаптацією [Psychological features of the structure of traumatic emotional experience of demobilized combatants in Ukraine with post-stress psychological maladaptation]. Kharkiv: V.N. Karazin Kharkiv national university.
- Kocharyan A.S. (2014). Переживання як мішень клієнт-центрированої психотерапії [Experience as a target of client-centered psychotherapy]. *Psychological counseling and psychotherapy*, 1-2, 24-36.
- Kozyra P.V. (2017). *Дезадаптивні стани та їх корекція у співробітників МВС - учасників бойових дій. Дисертація на здобуття учбового ступеня кандидата психологічних наук для спеціальності 19.00.04. - медична психологія [Disadaptive states and their correction in employees of the Ministry of Internal Affairs - participants in hostilities. The dissertation on competition of a scientific degree of the candidate of psychological sciences, for a specialty 19.00.04. - medical psychology]*. Kharkiv: Kharkivska medychna akademiya pislyadyplomnoyi osvity MOZ Ukrayiny.
- Myers, Ursula S., Haller, Moira, Angkaw, Abigail C., Harik, Juliette M., Norman, Sonya B. (2019). Evidence-based psychotherapy completion and symptom improvement

among returning combat veterans with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(2), 216-223.

Voloshyn P.V., Maruta N.O., Shestopalova N.F., Lins'kyi I.V., Pidkorytov V.S., Lipatov I.I., Buchok Yu.S.,

Zavorotnyy V.I. *Diahnostyka*, (2014). *Terapiya ta profilaktyka medyko-psykholohichnykh naslidkiv boyovykh diy v suchasnykh umovakh: metodychni rekomendatsiyi*. Kharkiv: DU «Instytut nevrolohiyi psykhiatriyi ta narkolohiyi NAMN Ukrainy».

КОМПЛЕКС ПРОПОЗИЦІЙ ЩОДО ВДОСКОНАЛЕННЯ ПСИХОЛОГІЧНОЇ КОРЕКЦІЇ ТА ДІАГНОСТИКИ ТРАВМАТИЧНОГО ЕМОЦІЙНОГО ДОСВІДУ СЕРЕД ВІЙСЬКОВОСЛУЖБОВЦІВ З ПІСЛЯСТРЕСОВОЮ ПСИХОЛОГІЧНОЮ ДЕЗАДАПТАЦІЄЮ

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Постановка проблеми. Резистентність щодо впливу психокорекційної та психотерапевтичної роботи на особистість військовослужбовців в Україні з постстрессовою психологічною дезадаптацією, які мають досвід участі в бойових діях в роботі з травматичним досвідом та поліпараметричність підходів у цій сфері, стають суттєвими причинами у виникненні необхідності більш детального розгляду питання психологічної діагностики та психокорекції травматичного досвіду військовослужбовців. *Аналіз проблеми.* В науці існує багато напрацювань щодо концептуалізації травматичного досвіду особистості як на клінічному (ПТСР) так і на донозологічному (ППД) рівнях. Вдалою для останнього є ідея «емоційної схеми», запропонованої Л. Грінбергом та Р. Елліоттом, проте залишається відкритим питання психодіагностики та психокорекції травматичного емоційного досвіду у демобілізованих учасників бойових дій в Україні з ППД. *Мета дослідження* - розробити комплекс пропозицій з психокорекції й діагностики травматичного емоційного досвіду у військовослужбовців після демобілізації в Україні з ППД. *Методи дослідження.* Математико-статистична обробка: Т - критерій Вілкоксона. *Опис вибірки.* Вибірку склали 12 військовослужбовців після демобілізації через півроку чи рік в Україні з ППД, які погодилися пройти тестування та прийняти участь у психокорекційній роботі з питань вираженого травматичного емоційного досвіду. *Висновки.* Розроблено комплекс пропозицій щодо психокорекції та діагностики травматичного емоційного досвіду військовослужбовців в Україні з постстрессовою психологічною дезадаптацією.

КЛЮЧОВІ СЛОВА: військовослужбовці, ППД, діагностика, психокорекція, травматичний емоційний досвід.

КОМПЛЕКС ПРЕДЛОЖЕНИЙ ПО СОВЕРШЕНСТВОВАНИЮ ПСИХОЛОГИЧЕСКОЙ КОРРЕКЦИИ И ДИАГНОСТИКИ ТРАВМАТИЧЕСКОГО ЭМОЦИОНАЛЬНОГО ОПЫТА СРЕДИ ВОЕННОСЛУЖАЩИХ С ПОСЛЕСТРЕССОВОЙ ПСИХОЛОГИЧЕСКОЙ ДЕЗАДАПТАЦИЕЙ

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Постановка проблемы. Резистентность касательно влияния психокоррекционной и психотерапевтической работы на личность военнослужащих в Украине с постстрессовой психологической дезадаптацией, которые имеют опыт участия в боевых действиях в работе с травматическим опытом и полипараметричность подходов в этой сфере, становятся существенной причиной в возникновении необходимости более детального рассмотрения вопроса психологической диагностики и психокоррекции травматического опыта военнослужащих. *Анализ проблемы.* В науке существует много наработок концептуализации травматического опыта личности как на клиническом (ПТСР) так и на донозологическом (ППД) уровнях. Удачной для последнего есть идея «эмоциональной схемы», предложенной Л. Гринбергом та Р. Эллиоттом, однако остаётся открытым вопрос психодиагностики и психокоррекции травматического эмоционального опыта у демобилизованных участников боевых действий в Украине с ППД. *Цель исследования* – разработать комплекс предложений для психокоррекции и диагностики травматического эмоционального опыта у военнослужащих после демобилизации в Украине с ППД. *Методы исследования.* Математико-статистическая обробка: Т – критерий Вилкоксона. *Описание выборки.* Выборку составили 12 военнослужащих после демобилизации (от полугода до года) в Украине с ППД, которые согласились пройти тестирование и принять участие в психокоррекционной работе по вопросам выраженного травматического эмоционального опыта. *Выводы* разработано предложения касательно психокоррекции и диагностики травматического эмоционального опыта военнослужащих в Украине с постстрессовой психологической дезадаптацией.

КЛЮЧЕВЫЕ СЛОВА: военнослужащие, ППД, диагностика, психокоррекция, травматический эмоциональный опыт.

THE BLIND CHILD DURING EARLY CHILDHOOD (0-3 YEARS) AND THE EDUCATIONAL INTERVENTION

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This article aims at approaching the role of education in accompanying the growth of blind children from early childhood. Blindness has several impacts on the juridical, medical, social and educational plans, which concur in defining the blind person, together with the individual features and cultural contexts in which the person lives. Here we will focus on the first years of life, to understand the most crucial factors in the development of the blind child from an educational perspective. The article puts forward a multidisciplinary educational method, where an equipe should take care of the blind child and elaborate objectives together with the family. Communication among adults observing the child in different life contexts is particularly important, allowing timely compensation interventions. An attitude of continuous observation and mediation with the family allows an authentic child-centered approach.

KEYWORDS: visual impairment, blindness, visus diagnostics, early educational intervention, mediation, parents' education. family activation

1. The blind child and the early educational intervention orientation.

The early intervention is aimed to visually impaired children in pre-school age, involves subjects affected by very different eye pathologies, which can be resumed by the macro-categories that range from blindness to low vision. Visual pathologies can be associated to other disabilities, but we decided to focus the topic of the present work to the sole total blindness condition experienced by children between 0 and 3 years old.

The encounter with a blind child and his family with educators that work on early intervention develops around individual meeting moments during which specialized activities are applied in order to aim to reduce developmental delays, which are a secondary effects of the visual impairment, and also promote the very development of the blind child.

The main goal of the developmental diagnosis focused on the intervention resides on elicit indication from the course and from the peculiarities of the development, thus allowing to propose an intervention aimed to growth and a adequate advice for parents.

"To promote development means to give directions, adequate to the child's developments

times, that can be used by parents during everyday life; those indications, given for the early intervention, has to take into account the individual abilities and peculiarities of the child and has to integrate family's specific structure." (Brambring, 1999, p. 13).

About this, Brambring explains that the scientific foundation of early intervention by spotting the connection that has to be created, unavoidably, with the life context of the child; it is, indeed, necessary to build a bridge through which move, transfer and make available special knowledge in everybody's context.

"One cannot think to propose to every child a similar program or training since this would not reflect the concept of an early intervention based on the child development and psychology. The developmental psychology theory is based on the fact that development does not happen with the isolated acquisition of independent skills, but through complex relations connected to reality. The child's skills and social influences of the environment interact in a systemic interchange, mutually affecting one another," (Brambring, 1999, p. 13).

The educational act cannot be attributed only to a "philanthropic love" feeling", neither can be justified

with the strict practice of a special profession, neither, of course, terminate into the unconscious reiteration of personal models. In every intentional relationship, the underlying educational act must be explicit and conducted with responsibility. Referring to the function and roles of educators as *special profession* Andrea Canevaro, clearly states the difficulties of dialogues among the activities of special contest with those open to everyone.

In the educational activity aimed to the blind child, the dichotomy between different systems and the consequences that said dichotomy has on family, children and on the same educators, are in a certain manner evident.

The lack of dialogue and of unity of intents among different contexts gives a broken perception of the child to the family, which is living, since when the child was born, in an uncertain dimension in which every reference is under discussion. The medical and health indication in the first instance, the rehabilitative and typhological then, play the priority role of interest for the parents in that order of importance. The family investment is heavy as far as the need to reduce/solve the child problem. Educational aspects and of "normal" life of the child are perceived as less important, of secondary importance and understood as subordinate to any technical or specialized indication. Various systems, of intervention, are usually unable to integrate due to the lack of resources and dialogue tools. Jealousy forms among professional special staff in respect to *their own* practices and the lack of a far sighted standpoint make them think, often, that their way is exhaustive and sufficient. The results in these cases are ineffective and the consequent waste of resources is huge. Those intervention that potentially could generate a change towards the improvement of blind children and their families life quality, often loose consistency and fail.

Thus, the need of an organic reflection on the role of education as far as the interventions that aim to promote the blind child's growth since the very early childhood. The encounter with a blind child and his family with educators that work on early intervention develops around individual meeting moments during which specialized activities are applied in order to aim to reduce developmental delays, which are a

secondary effects of the visual impairment, and also promote the very development of the blind child..

Working with children always means to start with the family and involve it; the contribution of Andrea Canevaro is, in that sense, paramount:

«working with parents: one of the most important activity ... the challenge is also that: extract form one's personal professional organization the adequate tools, that may need adaptation, but also in some cases ready to use, as far as the interchange possibility and support to parental figures are concerned». (Canevaro, 2016, p. 113).

The early intervention is aimed to visually impaired children in pre-school age, involves subjects affected by very different eye pathologies, which can be resumed by the macro-categories that range from blindness to low vision. Visual pathologies can be associated to other disabilities, but we decided to focus the topic of the present work to the sole total blindness condition experienced by children between 0 and 3 years old.

The early intervention, for its own nature, look at the child from a standpoint of continuous observation and of mediation towards the family, as well written by Michael Brambring:

"The main goal of the developmental diagnosis focused on the intervention resides on elicit indication from the course and from the peculiarities of the development, thus allowing to propose an intervention aimed to growth and a adequate advice for parents. (Brambring, 1999, p. 13). To promote development means to give directions, adequate to the child's developments times, that can be used by parents during everyday life; those indications, given for the early intervention, has to take into account the individual abilities and peculiarities of the child and has to integrate family's specific structure."

The multidisciplinary structure of the educational work carried on by a team guide a shared taking care of the blind child and the clear individuation of goals together with the family. Moreover, the communication between adults, who observe the child in different life contexts, allows the early activation of possible compensation practices and of the involved services.

The multidisciplinary paths, specific to the special professional practice, should always necessarily involve the educators.

Consultancy requests arise from the need to solve the educational problem that educators, but also parents, encounter in referring to a blind child. Adults, who do not have specific training, encounter difficulties in adapting educational practices to the blind child since the lack of sight characterizes in a peculiar manner the way and the times in which the blind child realizes the learning. There is a need to individualize the proposals starting from considering the limits that blindness imposes without precluding the blind child from the possibility of achieving the same growth objectives as sighted peers.

About this, Brambring explains that the scientific foundation of early intervention by spotting the connection that has to be created, unavoidably, with the life context of the child; it is, indeed, necessary to build a bridge through which move, transfer and make available special knowledge in everybody's context:

"One cannot think to propose to every child a similar program or training since this would not reflect the concept of an early intervention based on the child development and psychology. The developmental psychology theory is based on the fact that development does not happen with the isolated acquisition of independent skills, but through complex relations connected to reality. The child's skills and social influences of the environment interact in a systemic interchange, mutually affecting one another" (Brambring, 1999, p. 13).

The actors involved in the early intervention come from different study background, health, educational, technical, with a specific preparation in the typhological field. The set of professions, experts, methods, theories and aids designed to reduce the impact of visual impairment on children's lives is infinite and is destined to grow and to undergo criticism and reinterpretations; the constant that unites each teacher and teaching is the means that they use, in other words, education (Gatty, 2010, p. 28). Any operator who carries out his professional activity with a child must be aware of his educational responsibility and consider it an

essential resource to be put in communication with the resources that are proper to other professions, including that of the educational sciences.

The multidisciplinary and multimodal approach to work is the result of a research tradition coming from the European Countries which dictate the inclusion of children with sensory disabilities in Special Schools. The distance that often separate the world of specialized work from that of the educational inclusive institution is not possible in our country, if one doesn't want to go against the application of the "integration bill".

On the opposite side from the dangerous specialized lost of track there is the, equally dangerous, inadequate educational practice which endanger the child development, the integration and the work of educators. Jean Gatty describes the ultimate aim of education as the child's conquer of one self free dominance (Gatty, 2010, p. 36) and that very goal resides at the base of every profession that aims to promote the person development and his autodetermination.

2. Definition and Laws

The visually impaired child is, first and foremost a child that characterizes in the specification of "visually impaired", but does not identify in it. Visual impairment is an important aspect due to the effects it has on the development of the child, as we will see in the rest of the work, but does not substantiate the being of the person. Each child is unique and is a complex (Greenspan, 1992, p. 21) being who, at the moment of his coming into the world, enters into a relationship with others and with objects. The sensory impairment is therefore to be understood as one of the elements of uniqueness among others that describes the child and that is shown in the ways and times in which his relationships with the world take place.

The terms of *childhood* and *disability* refer to opposing representations which, in the first instance, appear in conflict with each other. Pregnancy, birth and childhood bring to mind a moment in man's life characterized by potential, the newborn is conceived in the dimension of the possibilities in which everything can do, everything can become (Debray, 2009, p. 31). The life of the blind child

begins with a deficit, with a deficiency considered an *a priori* limit that operates indiscriminately with respect to the potential of his being born. The start to life of the newborn is disadvantaged and this idea permeates the thoughts of adults from the moment of the first diagnosis. The typhlogist Enrico Ceppi in 1981 described the emotional consequences that the new of blindness arises in the children's parents.

"The suffering and bewilderment that inevitably accompany the first manifestation of the minority, give way to a state of resigned prostration and are replaced by a frantic search for solutions sometimes impossible and miraculous" (Ceppi, 1981, p. 64).

Similar feelings can affect all adults who are confronted with a blind child, including educators and professionals (Tesio, 2000, p. 18). Awareness of the child's blindness creates a negative perception of loss that risks materializing in scenarios in which the reduction of the disadvantage appears almost impossible.

Tesio's contribution from an interesting volume on the psychological aspects experienced by parents of disabled children describes the state of mourning and disarmament that a mother and father live

"With the disabled child the expected child dies, but remains a body whose psychological growth is very difficult, because it cannot be represented in the parent's mind".

This experience does not belong to the professional and the internal conflict that he can experience between the positive image of childhood and the negative image of disability arises from personal representations, from stereotypes and any possible prejudices that guide his ideas and therefore actions. (Hoyuelos, 2014, p. 25). Any possible conflict must be addressed and solved so that it is possible to give the child a real and positive contribution to its development and adequate support to the family. The representation of the blind child based on his potential and not on his shortcomings is the fundamental prerequisite for preventing one of the most typical consequences of an education that focuses on the limits of the child and not on its potential and which Enrico Ceppi describes:

"The visual impairment is unconsciously rejected and the child is placed in a situation of dutiful acceptance: thus, the overprotective

attitudes are born which can organize themselves in exacerbated forms of physical protection of the little blind child. Physical protection inhibits any form of movement, truncates the child's residual possibilities of establishing sporadic contacts with the world around him, increasingly ties to early childhood life forms, mortifying his own need to grow, to know, to express himself towards the environment. The child's requests are met without giving the possibility of experimenting, without allowing him the emergence of an order and discipline indispensable for the healthy progress of the acquisition of physical and psychic control of his own organic life" (Ceppi, 1981, p. 65).

The author refers to parents, but an overprotective approach can also be implemented by adults who take care of the child in different educational contexts. The idea of the child with rights and a citizen of the world also applies to the blind child, he can and must be put in the conditions for self-determination. This objective can only be pursued on condition that the adults involved in the education of the child investigate the quality of the relationship they are capable of establishing. The prerequisite, and we particularly want to point it out, is explicitly to affirm that *"personal development is achieved only in the relationship with others"* (Sani, 2013, p. 44) and this relationship must be sized starting from the representations that the adult has of the child, of the disabled child and his family. To this end, it is useful to know the different aspects that concern the condition of visual impairment and that are necessary to develop a critical awareness of one's educational role in the life of the blind child. Giancarlo Accorsini's contribution exemplifies the importance of a conscious educational work, towards a blind child, in this passage: «The blind, it is clear, must live among the sighted and they can only do so through an assiduous, intelligent adaptation work which is essentially determined by the type of education they receive, which must be not casual and approximate, but intentional and specific» (Accorsini, 1988, p. 32).

A country's legislation encompasses the cultural and regulatory principles of society and the historical events experienced by the people who produced it.

The reference to the legislation in force in Italy makes it possible to univocally define the fundamental terms necessary to develop the present work.

Visual impairment is a condition of sensory impairment that the Italian State classifies and quantifies with the Law, n. 138 of April 3rd, 2001 "Classification and quantification of visual impairments and rules on eye examination" (Law April, 2001). The present work refers to the conditions of visual impairment defined by the law in the Art. 2.1 and called *total blind*. The classification is reported in its entirety for completeness and since it provides important indications regarding the intentions of the legislator and the socio-political orientations that led to this law.

Art. 1. (*Field of application*).

1. This law defines the various forms of visual impairment worthy of legal recognition, in order to adequately regulate the quantification of low vision and blindness according to the parameters accepted by international eye medicine. This classification, of a technical-scientific nature, does not change the current legislation on economic and social benefits in the care sector.

Art. 2. 1. For the purposes of this law, total blinds are defined as such:

a) those who are affected by total lack of vision in both eyes;

b) those who have the mere perception of shadow and light or of the motion of the hand in both eyes or in the best eye;

c) those whose binocular perimeter residue is less than 3 percent.

Art. 3. 1. Partial blinds are defined as such:

a) those who have a visual residue not exceeding 1/20 in both eyes or in the best eye, even with any possible correction;

b) those whose binocular perimeter residue is less than 10 percent.

Art. 4. 1. Serious visually impaired are defined as such:

a) those who have a visual residue not exceeding 1/10 in both eyes or in the best eye, even with any possible correction;

b) those whose binocular perimeter residue is less than 30 percent.

Art. 5. 1. For the purposes of the present law, the following are defined as medium - severe visually impaired:

a) those who have a visual residue not exceeding 2/10 in both eyes or in the best eye, even with any possible correction;

b) those whose binocular perimeter residue is less than 50 percent.

Art. 6. 1. Slightly impaired are defined as such:

a) those who have a visual residue not exceeding 3/10 in both eyes or in the best eye, even with any possible correction;

b) those whose binocular perimeter residue is less than 60 percent (Law April, 2001).

According to the World Health Organization (WHO) a subject is blind when the correct visual acuity in the best eye is less than 1/20, while he is partially sighted when it is comprised between 3/10 and 1/20. This distinction dates back to about twenty years ago, in the International Statistical Classification of Diseases and Related Health Problems (ICD -10) five categories have been defined (International Agency, 2010):

The first and second concern **the visually impaired**:

- 1° cat. = visus 3/10-1/10;
- 2° cat. = visus 1/10-1/20.

The other three categories concern, instead, the **blind subject**:

- 3° cat. = visus 1/20-1/100;
- 4° cat. = visus 1/100- For Far (F.F.);
- 5° cat. = visus off.

The *visus* corresponds to visual acuity, that is, to the level of definition with which the eye sees an image (International Agency, 2012) and also in Italy, up to the law 138 of 2001, the measurement of the *visus* was the only useful parameter to define the degree of visual impairment. Even today, therefore, there is no uniformity of classification at an international level and even within the same country it is not difficult to find different solutions in addressing the topic related to low vision. Its correct definition has an important weight in the rehabilitation, insurance and medico-legal fields (Cruciani, 2005, p. 14).

Visual acuity is one of the factors for establishing an individual's visual ability, but is to be considered

incomplete if taken individually; in fact, in looking at an image the eye also perceives what is around it through peripheral vision, also called visual field. The damage of the visual field is as disabling as the reduction of visual acuity, in fact while a reduction of the visus compromises the ability to recognize a face or to read, a damage to the peripheral vision can affect the ability of an individual to move and in some cases prevent him from even moving one step (Agenzia Internazionale, 2017).

The vision, and the mechanism of vision in its entirety, is a complex system whose realization requires the interrelation between different structures such as the eye, the central nervous system and the peripheral nervous system. [...] Defining, in fact, the vision as what allows you to *see* is extremely reductive, since the perfect correlation of all the structures involved in the mechanism of the vision allows both to achieve three-dimensionality and therefore to orientate in space, and to perceive the movement and therefore to modulate the movements of the body according to the needs (Società Oftalmologica, 2017).

The merit of the Law 138 of 2001 lies in expanding the scope of low vision and the application of the rights recognized to people with visual disabilities. The law 1138 suggests the attention that in our country the scientific community, the institutions and the trade associations give to people with vision impairments. The article published in 2006 on Social Ophthalmology journal "Classification of low vision" contains an interesting and authoritative comment on law no. 138/01 which the authors define:

"Undoubtedly a good law in that it fills a regulatory gap: visually impaired people obtain official recognition of existence" (Cruciani, 2005, p. 17).

The present work takes into account total blindness in both eyes in the young child, a condition in most cases congenital, i.e. present from birth, which can be caused by genetic pathologies, malformations or infections that occurred or matured during pregnancy or childbirth (Centofanti, 2017). In very rare cases they are of traumatic origin and therefore acquired. A further and important cause

that can determine total blindness in the baby is Retinopathy of prematurity (ROP). ROP is a retinal disease that occurs in premature babies and usually occurs in both eyes, although it can have different degrees of severity. Low body weight at birth is a risk factor: in fact, a baby born with a weight less than 1250 grams is more likely to develop a medium-severe form of ROP. Retinopathy of prematurity is caused by the abrupt hyperoxia condition in which the infant finds himself that compromises normal retinal vascularization (Rop Italia, 2017).

In obstetrics, a newborn child is defined as premature if born before completing the 37th week of pregnancy, that is, before days have passed since the last maternal menstruation (Agenzia Internazionale, 2007). The most serious cases of ROP generally correspond to a high prematurity (23rd week of pregnancy) and determine the total blindness of the newborn: «Based on the duration of the pregnancy, a birth is defined as: strongly premature (before the 32nd week), premature (between the 32nd and the 36th week), on term (between the 37th and the 42nd week), post-term after the 42nd week» (Glossario ISTAT, 2013).

The website of the Ministry of Health, on the occasion of the world day of sight in October 12th, 2007, reports a summary indication of childhood eye diseases that affect children today in very early childhood and in which the ROP is the first cause:

the main causes of severe visual impairment avoidable in developmental age are retinopathy of prematurity (ROP), congenital cataract and opacities of the cornea. In high-income countries such as Italy the most common causes are visual impairment due to brain disorders (CVI - Cerebral Visual Impairment), congenital malformations of the optic nerve and hereditary retinal diseases. In particular, CVI alone can occur in 2 out of 1000 children (Ministero della Salute, 2017).

CVI or Visual Disturbance of Central Origin represents one of the major causes of low vision in developmental age, in relation to the increased survival in the western world of severely premature subjects and / or with severe neonatal suffering. The anatomical structures involved in this type of damage are different and internal to the central nervous system (Bianchi, 2009, p. 9). Here we do

not enter into the merits of the individual pathologies given the amplitude of the subject and considering the specific medical competence that it would be necessary to possess to face them, also they are not of strict interest for the purpose of the thesis work. The International Agency for the Prevention of Blindness (IAPB) offers useful information sheets on the main eye diseases on its website (Agenzia Internazionale, 2017) which are easy to consult.

3. The concept of disability and visual impairment

The concept of disability has long been discussed by the national and international scientific community due to its medical, health, political and social implications, undergoing several revisions over time. The need for continuous terminological redefinition reflects the complexity of the concept of disability due to its implications in the various systems of social life. Words as *signs* are closely related to the conceptual thinking of people and underlie shared collective symbolic representations. The intentional character of words expresses the culture of a society and the attitude it takes towards specific situations (Tartabini, 2006, p. 123).

A path that allows us to recall the formal and substantial changes in the concept of disability is highlighted in the research conducted by the World Health Organization (WHO) in recent years. In 1980 WHO published the *International classification of impairments, disabilities and handicaps* (ICIDH) which, with the subsequent modifications added in the 1999 ICIDH, is proposed as an appendix to the *International Classification of Diseases* (ICD). The ICD is a classification system that incorporates diseases, disorders and injuries in a biomedical perspective, while the ICIDH tries to grasp what can happen in association to and as a consequence of a disease, using a biopsychosocial approach. ICIDH is the classification of the consequences of diseases that considers the deficit and the etiology of the disorders (Buono, 2003, p. 126). The term deficit means *lack* and a deficit-oriented approach has the direct focus on "what is not there" compared to an ideal canon on the negative aspects of the situation that an individual experiences. In this perspective,

in the ICIDH there are definitions of the terms Impairment, Disability and Handicap within the document:

Impairment Any loss or abnormality affecting a psychological, physiological or anatomical function is characterized by material losses or abnormalities that can be transient or permanent and include the existence or occurrence of anomalies, defects or losses affecting the limbs, tissues or other body structures, including the mental function system. The impairment represents the externalization of a pathological state and in principle, reflects the disorders shown at the organ level.

Disability means any limitation or loss (resulting from impairment) of the ability to perform an activity in the manner or extent considered normal for a human being. Disability is characterized by deviations, in excess or in defect, in the execution of tasks and in the expression of behaviors with respect to what would normally be expected. It can be transitory or permanent and be reversible or irreversible, progressive or regressive.

Handicap in the context of health-related events, is the condition of disadvantage resulting from an impairment or a disability that in a given person limits or prevents the fulfillment of his normal role in relation to age, gender and socio-cultural factors. The handicap concerns the meaning assumed by an individual situation or experience when it deviates from normality. It is characterized by the discrepancy between the efficiency or state of the subject and the expectations of efficiency and status of both the same subject and the particular group to which he belongs. It therefore represents the socialization of an impairment or a disability and as such reflects the - cultural, social, economic and environmental - consequences that derive from the presence of the impairment and disability. The disadvantage comes from the decrease or loss of the ability to comply with the expectations or rules specific to the context in which the person lives. The handicap therefore manifests itself in the presence of an impairment of the ability to support what can be called survival functions (Buono, 2003, p. 124).

The approach related to the affections determined by the disease proposed by ICIDH is represented by the sequence *disease or disturbance - impairment -*

disability - handicap and does not adequately underline the importance of the social and environmental context in the processes of compromise. The revision of the ICIDH led to the publication of the ICIDH-2 in 1997 in which the terms Impairment, Disability and Handicap were replaced respectively *with* the expressions of *Functions* and *Body Structure*; *Activities* that indicate whatever a person does at any level of complexity; *Participation* that concerns the interaction between impairments, activities and contextual factors. The ICDH-2 was revised and then approved by the WHO in May 2001 in the form of the *International Classification of Functioning, Disability and Health* (ICF). The classification proposed in the ICF detects the elements that mainly serve to prevent or identify the person's needs and not to detect a pathological state. This point of view allows the description of the functioning processes of health and disabilities. From the detection of deficits, that is, of the only negative aspects present in conditions of disability, we moved on to a detection system that uses neutral terms, in fact applicable to any individual. The ICF, since interested in the functioning, proposes a grid that considers the effects of disability and not its causes by identifying two main parameters: *Functions* and *Body Structures* that concern the components of health, *Activities* and *Participation*. The *Activity* consists in the execution of a task or an action by an individual, the *Participation* indicates the involvement in a life situation. Environmental factors become a fundamental element in the assessment of disability: in fact, the negative aspects, the deficits, are defined as *Activity Limitations* which result in the difficulties that an individual may encounter in carrying out activities (Buono, 2003, p. 126) and *Restrictions on Participation* that concern the problems that an individual can experiment in his involvement in life situations (Buono, 2003, p. 126). The ICF includes the Environmental and Personal Factors which, in relation to the health condition of an individual, determine its functioning. The classification does not deal with the diagnosis, but considers the *social context* as the element that determines the severity of the impairment or disability. In this sense, it is not the classification of individuals that is achieved, but the description of the situation that each individual can

experience within a series of domains of health and the states related to it:

"recognizes that disability does not concern a separate category of people, but can affect any person, since anyone can be in a health condition that in an unfavorable environmental context causes disability" (Menichini, 2003).

A significant contribution that explains the perspective of the concept of disability proposed by the ICF is that of Andrea Canevaro who writes

"Limitations (disabilities) are related to contexts. Disability as a permanent datum does not exist: there is a certain disability and it is a process. So the disadvantage could prove more relevant in one context, less or even disappear in another" (Canevaro, 2016, p. 19).

The ICF is complementary to the ICD in the sense that its application follows the specific diagnostic procedures that each individual case requires. The ICF is apt to be used by health agencies of social and educational policy services by providing a standardization of language that favors communication between the various users.

In Italy there has been a process of reinterpretation of the condition of disability experienced by individuals in terms of recognition of rights and socio-health and educational assistance. In the approval of some laws, important historical junctions can be identified that have led our country to integrate disabled people into *normal* life contexts. Starting from the Laws 180 (Normattiva, 1978) of 1978, which saw the closure of psychiatric hospitals, and 517 (Normattiva, 1977) of 1977 which opened schools for the disabled by closing special schools, promoting integration and creating the figure of the support teacher, we came to the law 104 (Gazzetta Ufficiale, 1992) of 1992 which is the State framework Law that supports the rights of disabled people throughout the life cycle, implementing the tools to encourage school, social and work integration.

In Art. 3.1 of the law 104 of 1992, which still shows the term handicap later removed in the WHO document of 2001 since became discriminatory in current use in different countries, already placed the social and integration aspect of the person's life as

central elements in the condition of disability (Canevaro, 2016, p. 121):

"A handicapped person is a person who has a stabilized or progressive physical, psychic or sensory impairment, which is the cause of learning, relationships or work integration difficulties and such as to determine a process of social disadvantage or marginalization" (Gazzetta ufficiale, 1992).

The article 1 defines the purposes of the Law 104 of 1992 which proposes an innovative approach compared to other countries and anticipates the international orientation: it, in fact, takes into consideration the functional aspects and family relationships related to disability:

The Republic:

a) guarantees full respect for human dignity and the rights of freedom and autonomy of the handicapped person and promotes their full integration into the family, school, work and society;

b) prevents and removes the invalidating conditions that prevent the development of the human person, the achievement of the maximum possible autonomy and the participation of the handicapped person in the life of the community, as well as the realization of civil, political and property rights;

c) pursues the functional and social recovery of the person affected by physical, mental and sensory impairments and ensures the services for the prevention, treatment and rehabilitation of the disabled, as well as the legal and economic protection of the disabled person;

d) arranges interventions aimed at overcoming states of exclusion and social exclusion of the disabled person (Gazzetta ufficiale, 1992).

The decree 66 (Gazzetta ufficiale, 1992) of April, 13th 2017, referring to the *Good School* (Gazzetta ufficiale, 2015) is the last provision regarding the *Rules for the promotion of school inclusion of students with disabilities*. The decree makes changes to the law 104 of 1992 explicitly including in Art. 5 (Gazzetta ufficiale, 2017) the ICF as regards the Individualized Educational Plan (IEP). This figure reflects the need for Italy to adapt to international provisions in order to comply with the parameters that allow the improvement of

communication and quality control of educational and training activities.

Visual impairment is the condition of blindness or low vision that cannot be reduced with surgery, drug treatments or with the use of conventional lenses (Unione Italiana, 2017). The development of the legislation and the difficulty of defining the medico-legal evaluation of low vision in particular, as described above, suggests the complexity of the topic. The pathologies that cause low vision are as many as the number of functional relapses that can affect an individual throughout the life cycle.

In this work, attention is paid to visual impairment as total blindness, so it is interesting to make a brief reflection on how the image of the blind person has evolved over time. Historically, the most common prejudices around the blind are basically two: the one who necessarily wants them unhappy and the one who attributes them exceptional and clairvoyant qualities (Accorsini, 1988, p. 30). They are two sides of the same coin that arise from the dismay that visual impairment generates in peoples. The Tiresias model of Homer's Iliad exorcises the drama of the sensory deficit through the blind man's conquest of superhuman abilities inaccessible to the sighted. The pietistic approach, for its part, has found space in the most varied philanthropic works that have nourished themselves with the image of the "poor blind man".

History can teach us to recognize the paths already taken to identify the mistakes made and avoid them with the aim achieve full integration by blind people.

4. The evolutionary implications related to visual impairment at an early age (characteristics and critical aspects of a child aged 0-3 years with blindness)

The blind child is totally deprived of the visual capacity intended as active brain function. Congenital blindness characterizes the development of the child and can lead to disabling side effects with respect to the psycho-sensorial, psycho-motor functions, the representation activity and the structuring of affective life (Ceppi, 1981, p. 63).

The studies conducted on the development of the blind child to which reference is made, which are

considered to be the most authoritative in both the typhological and psychological specialist fields, start from Piaget's theories which constitute a fundamental reference both scientifically and conceptually (Mazzeo, 1988, p. 24).

One of the most worrying aspects that characterizes the blind person is the *inertia to action* which is mainly caused by the narrowing of the field of perceptions. The small child is not induced to move to reach the silent objects that surround him because they simply do not exist for him (Accorsini, 1988, p. 32). A blind child is enticed to move on the thrust of mainly sonorous and tactile stimuli being the auditory and tactile perceptions those for him endowed with meaning. The eyes have the possibility of embracing in a single perceptual unit the whole of a space and of what it contains, objects and people through the specific syncretic quality of the sense of sight. Lack of sight requires the use of the other senses to decode, understand and enter into relationship with space, people and objects. The sense of hearing does not return complete information on the environment and that of touch has analytical - sequential characteristics that characterize the ways and times of the knowledge process. A more detailed discussion on the characteristics of the senses will be addressed in the second chapter of this work.

Knowledge is given by the interaction between the subject and the object of knowledge that is substantiated in the action, therefore the deprivation or reduction of the action can be considered the main cause of the developmental delays of the blind child (Mazzeo, 1988, p. 25). As observed by Piaget, there is a complementarity between perception and movement in that they are connected and found the distinction between simple perception and perceptual activity. Typhologist Mazzeo observed that

"It is the active experiences as a whole that inform the subject about the characteristics of the object" (Mazzeo, 1988, p. 27).

The interaction with the object by the blind child requires information that can refer to the sensory systems and perceptual modalities that the child has available. Their activation and the habit of their use is not spontaneous and even if it becomes necessary, in the first years of life and not only, it requires

mediation by the adult. Achieving an adequate organization of information and a satisfactory quality and quantity of the different aspects of knowledge requires time and a greater use of energy by the child than the sighted peers (Ceppi, 1981, p. 69).

If we consider *need* the engine of human action as described by Piaget (Piaget, 2000, p. 14), to encourage movement in the blind child, it is necessary to create a need in him. A need that does not exist in him and that when it is realized creates a state of imbalance. The stimulation by the adult towards the blind child must necessarily provide for the recovery of the balance and that it has to be more stable than that of the state in which it was previously. Starting from the earliest moments of the blind child's life, he must be supported in exploration and *invited* to movement because, through a continuous process, he will be able, like the sighted, to ensure the progressive conquest of his skills and understanding of the world as described by Piaget,

"[...] the mind therefore performs the same function, which is to incorporate the universe to itself, but the structure of this assimilation varies, that is, the subsequent forms of incorporation vary, from perception and movement to higher operations" (Piaget, 2000, p. 16).

Visual function is of enormous importance in the dyadic relationship between mother and baby and the lack of responsiveness on the part of the baby can cause a huge sense of frustration in the mother (Lanners, 2000, p. 20). The sighted child responds immediately to the visual stimulus (Greenspan, 1992, p. 33) deriving from the mother's face and from the first objects that are proposed to him at a distance of 30 centimeters from the eyes. The blind child appears more quiet in the first weeks of life and can show, even early, a *bright smile* (as defined by Giancarlo Accorsini) in response to the mother's voice and care practices. In the first year of life, the child's selective auditory ability will allow him to recognize his family and the strangers perfectly (Accorsini, 1988, p. 33). What explained above must be understood by parents, but also by anyone who wants to enter into a relationship with a blind child; the reciprocity of looks has a substantial meaning in communication between the sighted. The eyes *say a lot* and it is precisely in looking at each

other that peoples learn the mimic expressions that enrich with meaning what they say and listen with words. This competence in the congenital blind child is generally lacking or poor, but can be supported through verbal and affective references. In communication with a blind child we will often see him keep his head bowed; keeping your head up to pay attention to the interlocutor has no meaning for those who do not see and is basically a useless effort. The acquisition of this competence has a more social than functional value for the blind child because an erect head posture is explained in a dimension of the relationship assisted by sight, but not if attention is focused on hearing.

Lack of vision has an impact on the child's ability to self-regulate and manage frustration and these characteristics are strongly influenced by the characteristics of the context and the relational ones in which he lives. In fact, a context capable of adapting to the perceptual needs of the child takes on the role of facilitator in the various moments of the child's growth (Mazzeo, 1988, p. 60). The environmental information that may appear to him from time to time disordered, overabundant or too poor must be reordered through preventive work and a relational and dialogic process.

The view allows a control over the environment that the other senses do not have and its *anticipatory* power protects man from being passively affected by the effects deriving from the action of the external environment. These effects are very significant and often give rise to peculiar behaviors in blind children that must be interpreted correctly: for example, the barking of a dog can generate reactions in the blind child for head protection or abrupt halt in the walking that may appear to us disproportionate if considered in the perspective of a sighted person.

From the studies of the psychologist Yvette Hatwell published in the show that the deprivation of sight entails a disturbance on the notion of *space* which appears in the completed form in the blind children only towards the ten years, while in the sighted towards the four, five years, confirming the intuitions that the typhlogist Augusto Romagnoli had expressed in his works of the first half of '900 (Mazzeo, 1988, p. 61).

Language, on the other hand, and verbal performances appear for the blind and sighted at the same age and as described in the contribution of Yvette Hatwell play a fundamental role in the progress on the concrete sector and of classification (Mazzeo, 1988, p. 53). A very recent study, carried out with the use of multimodal magnetic resonance imaging, has linked these two aspects by showing how the brain of a person born blind or who became such prematurely, readjusts regardless of the lack of vision. The plastic qualities of the brain allow a modification of its structures to guarantee the organism the best possible adaptation to the environment. In essence, it appears that there is an increase in connectivity in blind people in the areas involved in language processing compared to sighted people, while there is less connectivity in the somatosensory-motor areas of blind people involved in research compared to the control group (Bawer, 2017).

Language for the blind child has enormous relational importance and is an instrument of knowledge therefore it must be the object of care by adults so that it is built around experience. The risk that the blind child runs is that of acquiring an extraordinary verbosity, but devoid of content, this phenomenon is called *verbalism*. The problem is semantic in nature and appears in blind children, since the correlation between word and meaning is not supported by visual experience (Brambring, 2004, p. 304). We should carefully study the peculiarities of language development in the blind child on the discourse on the substitute function of the senses.

A child with congenital blindness can report neurological damage, especially in cases of premature birth, not to be detected in the first periods of life. The circumstance of multiple disability can therefore be ascertained later and can occur throughout the life span from to years of age and beyond (Brambring, 2004, p. 51). Personal experience has shown that a timely intervention that takes place through the collaboration between specialists, educators and family in team work is even more important in such circumstances since it allows to:

- prevent the advancement of hypotheses not supported by diagnostic data and medical opinions;
-

- to underestimate significant elements that appear in the child's development observable in different contexts and that need to be subjected to the evaluation of an adequate team;
- avoid incorrect interpretations of behaviors that are part of the normal development of the child with congenital blindness, considering them pathological;
- contain feelings of unease, helplessness and professional inability;
- to enhance the different professional skills while respecting their area of intervention by building hypertext contexts that allow dialogue and discussion.

In conclusion, we can always consider the valid suggestion of Mario Mazzeo who already in the eighties urged in this sense:

"An adequate compensatory enhancement response initiated during the first year of the blind child's life could allow an even more coordinated and accommodated tactile - kinaesthetic - acoustic adaptation to the characteristics of the surrounding reality and thus favor a more differentiated and harmonious emotional experience" (Mazzeo, 1988, p. 67).

5. The role of the family

Meeting a child means meeting his family (Lanners, 2000, p. 13). The survival of the newborn depends on the adult figure that takes care of him, a figure that by convention we identify with the mother, but which can be covered by others, family and / or non-family members.

By nature, the infant is totally dependent on the reference adult with whom he establishes a fundamental link for his survival and development. The maternal-filial bond has been studied by many ethologists and psychologists and represents the evolutionary bond that par excellence allows humans to grow, to adapt to the environment and to deal with the world through the first social relationships (Tartabini, 2012, p. 67). John Bowlby provided the best-known study on the link between the mother-child dyad and the Attachment Theory which demonstrates the value that this link has in the emotional and affective health of the human being. The emotional roots of man are rooted in the bond with the mother and this bond serves as a model for

the individual's future relationships. The quality of attachment affects the emotional security of the individual and the construction of the self and determines the level of self-esteem and the perception of self-efficacy (Carbone, 2011, p. 142). A secure attachment allows the child to test himself, to engage in an ever wider exploration of the world and to experience natural detachment from the mother in a fluid and confident progression free of anxieties or fears.

The family, therefore, is the first context of socialization and guarantees the physical and psychological growth of the child. The role of parents is crucial because the parental style has a profound influence on the social development and the socialization path of the individual. The methods of care and the educational style are influenced by the beliefs and values of the parents, the characteristics of the child, as well as the parents, and the socio-cultural context. Systems theory (Carbone, 2011, p. 167) describes the family as a *dynamic entity by nature* given by the result of the characteristics of its components and the relationships that are established between them; but it is also the result of the relationships that each member of the family has in other social subsets and of the experiences that each member lives outside the family. So, the family is the first context in which the child learns about social reality. Charles Cooley defined the family *primary group* for its dual function in building deep emotional bonds and for the fundamental role it plays in the socialization of the child (Besozzi, 2016, p. 203).

The family is a group in itself, but it is also a social institution with a precise legal position recognized starting from the Italian Constitution in the Art. 29, 30 and 31 (Gazzetta Ufficiale, 1947). Therefore, the role of the family assumes multiple aspects that are articulate in the different areas of the child's life and are related to its internal functioning, but also deriving from the relationships that its members have with the external environment.

The notion of "ecological environment" proposed by Bronfenbrenner interprets human life immersed in different systems, distant and close, arranged in a concentric structure. Each system is influenced in a

continuous exchange that affects the individual and consequently the development of the child.

The path taken so far leads us to consider with greater attention the value of the first direct experiences of the child and his family with specialized operators and educators. The welcoming task that the educator, like the specialized operator, is required to carry out is delicate since it requires the ability to observe and respect (Moletto, 2013, p. 35). The birth of a disabled child has repercussions on the mother, the parental couple, the family and her extra-family relationships. The first studies on the families of the disabled date back to the fifties of the last century and many support the close connection between disability and family pathology; (Zanobini, 2016, p. 21) Parmenter's study is particularly interesting, showing how the result of these studies starts from an underlying prejudice connected to the concept of normality:

"The language of normality sends the implicit message that there is something wrong with these people." (Zanobini, 2016, p. 22).

What is not "normal" is "different", because it does not respect a stereotypically socially shared canon and therefore indistinctly both the child and the family are considered pathological. Anyone is confronted with the danger of looking at the family only and exclusively in these terms, an aspect that in the professions that take place in contact with a disabled person and his family, must be problematized with a critical attitude (Nobile, 2014, p. 11).

The indications of the WHO and the conceptual approach of the ICF are an example of the political will to take a social perspective towards disability and therefore also towards family contexts.

"Taking a different perspective means first of all thinking of disability as a concrete possibility in the life of each of us [...] it also means realizing that impairment and the consequent disability are only one aspect of the life of people and do not coincide with it, so the presence of a disabled member is only a part, however central in some moments, in the life of families" (Zanobini, 2006, p. 23).

When a disabled child is born, the mother, the father and the family find themselves in a situation they had not foreseen and had not desired. The

discussion conducted so far does not want to deny the condition of suffering to which a family is exposed in having a disabled child, nor the infinite internal psychological implications that can result from it. The properly psychological or psychopathological aspects concern other areas of study and involve competent specialists in other subjects.

We have chosen to focus attention on an ecological-relational and social perspective since it is the one in which the educator is called to exercise the skills he possesses.

The stereotyped representations of the families of a disabled child can be replaced if we start from an approach that considers parents:

"As knowledge-producing subjects, as a source of knowledge and as special experts for their children" (Moletto, 2013, p. 9).

The experiences of parents and family with their child are very useful to professionals who take care of the child as Ferrière wrote:

"Parents are the primary agents of their children's education. The teachers are the auxiliaries of this work." (Moletto, 2013, p. 17).

In conclusion, the awareness that the cultural roots of the child reside within his family and that his emotional stability deepens in the relationship with the mother figure, allows us to credit the parental figures as competent in order to build an alliance and a pact educational based on everyone's knowledge (Moletto, 2013, p. 39).

6. Educational contexts

The word *context* is found in the Latin term *contextus* which in the form of noun means *weaving, orderly bond*. *Contextus* derives from the term *contexo* which means *to weave together, to weave* (Castiglioni, 1994, p. 200) and is formed by the prefix *con-* and the word *text* which in turn means *fabric* (Castiglioni, 1994, p. 1058). Therefore, in the present work, it refers to spun weaving through a logical, but also practical process, that is, proper to *relational doing*, which holds several elements together in an orderly bond.

An educational context is interwoven with educational intentions that find their dimension in the very meaning of the term. The term *educating* etymologically means *bringing out*

(Castiglioni, 1994, p. 299) what translates, within an educational context, into educational practices aimed at leading the child towards his personal realization, as described by Sergio Tramma in his contribution:

"The term education refers to all practices that influence the way of being of the individual, whether intentional or not, considered in their material, technical, prescriptive, ideological, value and teleological implications, understood in their translation and implementation" (Tramma, 2010, p. 14).

The educational context is therefore built into a plot in which educational practices and people, actors of the educational event, are constantly evolving within a dialogic-relational exchange. In our sense, the context is the place of learning located in close connection with the material, human and symbolic resources used for the purpose of educating and developing relationships that involve, in a reciprocal way, educators and who is being educated. The first educational context in which a child relates, as mentioned, is the family and generally the nest represents the second educational context. The nursery is the first institution with a declared formal educational intention, with which the child generally comes across.

The birth of a disabled child leads parents to initially follow an itinerary that winds around the child's pathology. Parents spend themselves looking for the *reasons* and possible solutions to their child's disability, they are focused on the medical-health and rehabilitation aspects. These first attention of parents towards their child are understandable and must be respected, but at the same time considered by professionals who can support parents in finding a different relationship with their child. Parents risk forgetting

"The simple evidence that the disabled child is, above all, a child, who needs care, parental attention and educational approaches just the same as all other infants" (Caldin, 2006, p. 19).

The blind child arrives early in non-formal educational contexts (Tramma, 2010, p. 26), external to the family, and such experiences generally precede entry to the nursery. These contexts can be different, from the therapeutic cabinets to the *rooms of the activities* of special

professionals, the territorial rehabilitation services and / or the private rehabilitation services, where adults meet in virtue of the problems of the child. In interacting with the child, the special professional lives an experience of relationship and establishes the relationship of trust that makes intervention possible; moreover, over time the relationship grows and develops both with the child and with the parents. These relationships, rich in data of mutual knowledge, are resources within the separate special context, but also useful in contexts open to all. The experiences of special professionals with the child and his family, in fact, could have a resonance within the educational contexts open to all and carry out a mediating function between the new social experiences of the blind child and education professionals (Canevaro, 2000, p. 3).

The family, special professionals and education professionals together can cooperate to achieve what Edda Ducci says about educating: "helping the other to become that single individual who only he can be. To make the other discover that vocation that is his alone. Help him find and walk his own unique path. To find the meaning of one's own life, that sense that says its uniqueness" (Costa, 2014, p. 38).

The cooperation between the adults involved in the life of a blind child is aimed at the educational task of making the child capable of making choices, whatever the condition he is in. The different contexts can be intertwined again to become success generators, amplifying one's action and the child's own action, to create new contexts in which mutual growth takes place.

"Equal exchanges between parents and experts gain in quality and creativity, enriching themselves in the recognized reciprocity in connections and in the exchange of practical and theoretical knowledge. The climate of availability and humility allows us to undo prejudices and wrong representations" (Moletto, 2013, p. 47).

Technicality generates isolation and separation, it is sterile and an end in itself. The figure of Freire's oppressor finds life in contexts incapable of dialogue, between people who do not mutually recognize equal human and professional dignity.

"The objective situation of domination is in itself a separatist situation" (Freire, 2002, p. 171).

A primary objective in working with a blind child's family is to support parenting, transfer a perception of competence to parents and accompany them on their individual path so that they are not *new* oppressed, but recognize each other

"as beings transforming reality, which before was something mysterious to them; transformers through their creative work" (Freire, 2002, p. 174).

The dialogue and attention to the social implications that educational agencies play, in the role of professionals who are part of it, must also take into account their preventive value. Studies on child abuse include the presence of disabilities at the birth of the child among the risk factors for child maltreatment and, to this factor, others are associated, including social isolation, the quality of socialization and the quality of social support interventions. The risk factors listed are part of the reflection of this work and are an element to further support and validate the above (Caffo, 2004, p. 101).

In conclusion, what Frederic Jèsu wrote about co-education can represent a point of reflection for all professionals:

"... every professional is also a parent, or at least has parents, for this reason he discovered parenting by observing and experiencing, in the true sense of the term, his parents parenting and built his own, by experimenting with his responsibilities towards children. Every childhood or family professional necessarily has a personal experience and not just professional knowledge of parenting. This experience makes him aware that even though nobody is totally ignorant in this field, nobody is totally expert. Everyone, professional or parent who is, knows, can do, and can do something different and complementary to what the other knows, can do and is able to do" (Moletto, 2004, p. 47).

REFERENCES

Accorsini, G. (1988). *Il bambino cieco nella scuola dell'infanzia e dell'obbligo*, Collana MedicoPsicoPedagogica directed by G. Bollea, Armando Editore, Roma 1988, pp. 30 – 31.

Accorsini, G. (1988). *Il bambino cieco nella scuola dell'infanzia e dell'obbligo*, Collana MedicoPsicoPedagogica directed by G. Bollea, Armando Editore, Roma, p. 32.

Accorsini, G. (1988). *Il bambino cieco nella scuola dell'infanzia e dell'obbligo*, Collana MedicoPsicoPedagogica directed by da G. BOLLEA, Armando Editore, Roma 1988, p. 33.

Accorsini Giancarlo. (1988). *Il bambino cieco nella scuola dell'infanzia e dell'obbligo*, Collana MedicoPsicoPedagogica diretta da Giovanni Bollea, Armando Editore, Roma 1988, pp. 32-35.

Agenzia Internazionale per la Prevenzione della Cecità (International Agency for the Prevention of Blindness, IAPB Italia onlus). (2007). <http://www.iapb.it/retinopatia-del-prematuro-rop> Page published on December 3rd, 2007, last actualization: September 7th, 2016, last scientific revision October 25th, 2012, accessed 26.10.2017.

Agenzia Internazionale per la Prevenzione della Cecità (International Agency for the Prevention of Blindness, IAPB Italia onlus), (2017). <http://www.iapb.it/polonazionale/ipovisione-riabilitazione-visiva> page published on 11.12.2010, last actualization 24.10.2017, accessed 26.10.2017.

Agenzia Internazionale per la Prevenzione della Cecità (International Agency for the Prevention of Blindness IAPB Italia onlus), (2017). <http://www.iapb.it/malattie-oculari> accessed 01.11.2017.

Bawer, C.M., Hirsch, G.V., Zajac L., Koo B.B., Collignon. O., Merabet, L.B. (2017). *Come la cecità neonatale trasforma la corteccia cerebrale. L'imaging multimodale con risonanza magnetica rivela cambiamenti strutturali e funzionali della connettività neuronale nei ciechi assoluti precoci*. Oftalmologia Sociale. Rivista di Sanità Pubblica. Anno XL (2017), N. 3.

Besozzi, E. (2016). *Società, cultura, educazione*, Carocci Editore, Roma 2016, pp. 203-206.

Bianchi, P.E. (2009). *Il Cerebral Visual Impairment (CVI) in "CHILD DEVELOPMENT & DISABILITIES - SAGGI"* 1/2009, pp. 9-19.

Brambring, M. (2004). *Lo sviluppo nei bambini non vedenti. Osservazione e intervento precoce*, Franco Angeli, Milano 2004, p. 304-305.

Brambring, M. (2004). *Lo sviluppo nei bambini non vedenti. Osservazione e intervento precoce*, Franco Angeli, Milano 2004, p. 51.

Brambring, M. (1999). *Entwicklungsbeobachtung und-förderung blinder Klein – und Vorschulkinder*, Edition Bentheim, Würzburg; eng. translation The blind child development. Observation and early intervention. Franco Angeli, Milano 2004, p.13.

Brambring, M. (1999). *Entwicklungsbeobachtung und-förderung blinder Klein – und Vorschulkinder*, Edition Bentheim, Würzburg 1999; eng. translation The blind child development. Observation and early intervention. Franco Angeli, Milano 2004, p.13.

Canevaro, M.A. (2016). *Le logiche del confine e del sentiero. Una pedagogia dell'inclusione (per tutti, disabili inclusi)*. Erickson, Trento, p. 113.

Brambring, M. (1999). *Entwicklungsbeobachtung und-förderung blinder Klein – und Vorschulkinder*, Edition Bentheim, Würzburg; English translation The blind child

- development. Observation and early intervention. Franco Angeli, Milano 2004, p.13.
- Brambring, M. (1999). *Entwicklungsbeobachtung und-förderung blinder Klein – und Vorschulkinder*, Edition Bentheim, Würzburg; English translation The blind child development. Observation and early intervention. Franco Angeli, Milano 2004, p.13.
- Buono, S., Zagaria, T. (2003). *ICF - Classificazione internazionale del funzionamento, della disabilità e della salute*, Ciclo Evolutivo e Disabilità (Life Span and Disability), 6,(1), 2003, 126 – 127.
- Buono, S., Zagaria, T. (2003). *ICF - Classificazione internazionale del funzionamento, della disabilità e della salute*, Ciclo Evolutivo e Disabilità (Life Span and Disability), 6,(1), 2003, pp. 124-125.
- Buono, S., Zagaria, T. (2003). *ICF - Classificazione internazionale del funzionamento, della disabilità e della salute*, Ciclo Evolutivo e Disabilità (Life Span and Disability), 6,(1), 2003, 126 – 130.
- Buono, S., Zagaria, T. (2003). *ICF - Classificazione internazionale del funzionamento, della disabilità e della salute*, Ciclo Evolutivo e Disabilità (Life Span and Disability), 6,(1), 2003, 126 – 130.
- Caffo, E., Camerini, G.B., Florit, G. (2004). *Criteri di valutazione nell'abuso all'infanzia. Elementi clinici e forensi*. Mcgraw-hill, Milano 2004, p.101 – 112.
- Caldin. R. (Ed.). (2006). *Percorsi educativi nella disabilità visiva. Identità, famiglia e integrazione scolastica e sociale*, Erickson, Trento 2006, p. 19.
- Canevaro, A. (2016). *Le logiche del confine e del sentiero. Una pedagogia dell'inclusione (per tutti, disabili inclusi)*, Erickson, Trento 2016, p. 19.
- Canevaro, A. (2016). *Le logiche del confine e del sentiero. Una pedagogia dell'inclusione (per tutti, disabili inclusi)*, Erickson, Trento 2016, pp. 121 – 122.
- Canevaro, A. (2000). *Pedagogia speciale. La riduzione dell'handicap*. Bruno Mondadori, Milano 2000, pp. 3-10.
- Castiglioni, L., Mariotti, S. (1994). *IL Vocabolario della lingua latina*, Loescher Editore, Torino, Fotocomposizione: Elios – Trento, Stampa: OFSA – Casarile, Milano 1994, pp. 200.
- Castiglioni, L., Mariotti, S. (1994). *IL Vocabolario della lingua latina*, Loescher Editore, Torino, Fotocomposizione: Elios – Trento, Stampa: OFSA – Casarile, Milano 1994, pp. 1058.
- Castiglioni, L., Mariotti, S. (1994). *IL Vocabolario della lingua latina*, Loescher Editore, Torino, Fotocomposizione: Elios – Trento, Stampa: OFSA – Casarile, Milano 1994, pp. 299.
- Carbone, R. (2011). *Lezioni di psicologia dello sviluppo*, Uni Nova, Parma 2011, pp. 142-156.
- Carbone, R. (2011). *Lezioni di psicologia dello sviluppo*, Uni Nova, Parma 2011, pp 167.
- Ceppei, E. (1981). *I minorati della vista. Storia e metodi educativi*, Armando editore, Roma, p. 64.
- Ceppei E. (1981). *I minorati della vista. Storia e metodi educativi*. Armando editore, Roma, p. 65.
- Ceppei, E. (1981). *I minorati della vista. Storia e metodi educativi*. Armando editore, Roma 1981, pp. 63-65.
- Ceppei, E. (1981). *I minorati della vista. Storia e metodi educativi*. Armando editore, Roma 1981, pp. 69-72.
- Costa, C. (Ed.). (2014). *Per una filosofia dell'educazione. La riflessione di Edda Ducci attraverso i suoi scritti*. “Teoria e storia dell'educazione”, Collana diretta da Francesco Mattei, Anicia, Roma 2014, p. 38.
- Cruciani, F., Grasso, M.Lo, Esposito, M.C., Mazzeo, L. (2005). *Oftalmologia Sociale, Classificazione dell'ipovisione International, Symposium on Low Vision Rehabilitation and Visual Ability*, on 10th-12th March 2005, Year XXIX N. 2 April - June 2006, p. 14 – 16.
- Cruciani, F., Grasso, M.Lo, Esposito, M.C., Mazzeo, L. (2005). *Oftalmologia Sociale, Classificazione dell'ipovisione International, Symposium on Low Vision Rehabilitation and Visual Ability*, on 10th-12th March 2005, Year XXIX N. 2 April - June 2006, p. 17.
- Centofanti, M., Stirpe, M. (2017). *Cause di cecità e nuove strategie terapeutiche*, http://www.treccani.it/enciclopedia/cause-di-cecita-e-nuove-strategie-terapeutiche_%28XXI-Secolo%29/ 2010, accessed 25.10.2017.
- Debray, R., Belot, R.A. (2009). *Psicosomatica della prima infanzia*, Casa Editrice Astrolabio – Ubalдини Editore, Roma, p. 31.
- Freire, Figli di Paulo. (2002). *La pedagogia degli oppressi*, Edizione Italiana eds. L. Bimbi, EGA Edizioni, Torino 2002, p. 171.
- Freire, Figli di Paulo. (2002). *La pedagogia degli oppressi*, Edizione Italiana eds. L. Bimbi, EGA Edizioni, Torino 2002, p. 174.
- Gatty, J. (2010). *Quatre réflexions sur l'éducation*, Presses Universitaires de France, Paris 1993; Italian translation *Finalità dell'educazione. Educazione e libertà*, Anicia, Roma, pp. 28 - 32.
- Gatty, J. (2010). *Quatre réflexions sur l'éducation*, Presses Universitaires de France, Paris 1993; Italian translation *Finalità dell'educazione. Educazione e libertà*, Anicia, Roma, pp. 36 – 39.
- Gazzetta Ufficiale. (1947) 27.12.47, accessed il 27.10.2017. <http://www.gazzettaufficiale.it/dettaglio/codici/constituzione>
- Gazzetta Ufficiale. (1992). *Legge-quadro per l'assistenza, l'integrazione sociale e i diritti delle persone handicappate*. GU Serie Generale n.39 del 17-02-1992 - Suppl. Ordinario n. 30) Date of law enforcement: 18-2-1992 <http://www.gazzettaufficiale.it/eli/id/1992/02/17/092G0108/sg>, accessed 01.11.17.
- Gazzetta ufficiale. (1992). Law February 5th, 1992, n. 104, Legge-quadro per l'assistenza, l'integrazione sociale e i diritti delle persone handicappate. (Framework law for the assistance, social integration and rights of handicapped persons)(GU Serie Generale n.39 del 17-02-1992 - Suppl. Ordinario n. 30), Date of law enforcement: 18-2-1992, <http://www.gazzettaufficiale.it/eli/id/1992/02/17/092G0108/sg>, accessed 26.10.2017.
- Gazzetta Ufficiale. (1992). Art. 1, Law February 5th, 1992, n. 104 *Legge-quadro per l'assistenza, l'integrazione sociale e i diritti delle persone handicappate*. (Framework law for

- the assistance, social integration and rights of handicapped persons, GU Serie Generale n.39 del 17-02-1992 - Suppl. Ordinario n. 30) Date of law enforcement: 18-2-1992, accessed 26.10.2017. <http://www.gazzettaufficiale.it/eli/id/1992/02/17/092G0108/sg>
- Gazzetta Ufficiale. (2017). Decreto legislativo 13 aprile 2017, n. 66 *Norme per la promozione dell'inclusione scolastica degli studenti con disabilità*, following art. 1, paragraph 180 e 181, letter c), of the law July 3rd, 2015, n. 107. (17G00074) GU General Series n.112, of 16-05-2017 - Suppl. Ordinario n. 23 Date of law enforcement: 31.05.2017, accessed 27.11.17. <http://www.gazzettaufficiale.it/eli/id/2017/05/16/17G00074/sg>
- Gazzetta Ufficiale Legge. (2015). July 13th, 2015, n. 107 *Riforma del sistema nazionale di istruzione e formazione e delega per il riordino delle disposizioni legislative vigenti*, (15G00122) (GU Serie Generale n.162 del 15-07-2015), Date of law enforcement: 16/07/2015, accessed 27.11.17. <http://www.gazzettaufficiale.it/eli/id/2015/07/15/15G00122/sg>.
- Gazzetta Ufficiale. (2017). Art. 5, law decree April 13th, 2017, n. 66 *Norme per la promozione dell'inclusione scolastica degli studenti con disabilità*, following art. 1, paragraphs 180 and 181, letter c), from law July 13th, 2015, n. 107. (17G00074) GU General Series n.112, del 16-05-2017 - Suppl. Ordinario n. 23, Date of law enforcement: 31.05.2017, accessed 27.11.17. <http://www.gazzettaufficiale.it/eli/id/2017/05/16/17G00074/sg>.
- Glossario ISTAT. (2013). *Condizioni di salute e ricorso ai servizi sanitari*, http://www.istat.it/it/files/2014/12/Glossario_salute-2.pdf?title=La+salute+e+il+ricorso+ai+servizi+sanitari+-+29%2Fdic%2F2014+-+Glossario.pdf 2013, accessed 27.10.2017.
- Greenspan, S., Thorndike, N. (1992). *Le prime sensazioni. Come pianificare la crescita emozionale del bambino dalla nascita fino ai quattro anni*, Sovera Multimedia S.r.l., Roma, pp. 21-24.
- Greenspan, S., Greenspan, T.N. (1992). *Le prime sensazioni. Come pianificare la crescita emozionale del bambino dalla nascita fino ai quattro anni*, Sovera multimedia S.r.l., Roma 1992, p. 33.
- Hoyuelos A. (2014). *Il soggetto Bambino. l'etica pedagogica di Loris Malaguzzi*, Edizioni Junior – Spaggiari Edizioni S.r.l., Parma, pp. 25 – 26
- International Agency for the Prevention of Blindness (IAPB Italia onlus). (2010). <http://www.iapb.it/polonazionale/ipovisione-e-riabilitazione-visiva> page published 11.12.2010, last actualization 24.10.2017, accessed 26.10.2017.
- International Agency for the Prevention of Blindness (IAPB Italia onlus) (2012). <http://www.iapb.it/acuita-visiva> page published on December, 12th, 2012, last actualization: September 7th, 2016, last scientific revision: 12th December 2012, accessed 26.10.2017.
- Lanners, J., Salvo, R. (2000). *Un bambino da incontrare. Per mamma e papà... quando nasce un bambino con problemi visivi*. Fondazione Robert Hollmann, Cannero Riviera (VB) 2000, pp.20-21.
- Lanners, J., Salvo, R. (2000). *Un bambino da incontrare – Per mamma e papà... quando nasce un bambino con problemi visivi*. Fondazione Robert Hollmann, Cannero Riviera 2000, pp. 13-21.
- Law April 3rd, (2001). n. 138 published in the *Gazzetta Ufficiale (Official Gazette)* n. 93 of April 21st, 2001 http://www.gazzettaufficiale.it/atto/serie_generale/caricaDetttaglioAtto/originario;jsessionid=X+7JDJWa0+KP7aVcX2uiRA_.ntc-as3-guri2a?atto.dataPubblicazioneGazzetta=2001-04-21&atto.codiceRedazionale=001G0193&elenco30giorni=false 21.04.2001, accessed 27.10.2017.
- Law, Aprile 3rd, (2001). n. 138 published in the *Gazzetta Ufficiale (Official Gazette)* n. 93 of Aprile 21st, 2001 http://www.gazzettaufficiale.it/atto/serie_generale/caricaDetttaglioAtto/originario;jsessionid=X+7JDJWa0+KP7aVcX2uiRA_.ntc-as3-guri2a?atto.dataPubblicazioneGazzetta=2001-04-21&atto.codiceRedazionale=001G0193&elenco30giorni=false 21.04.2001, accessed 27.10.2017.
- Mazzeo, M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*. Anicia, Roma 1988, p 24 – 29
- Mazzeo, M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*, Anicia, Roma 1988, pp. 25-27.
- Mazzeo, M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*, Anicia, Roma 1988, p.27.
- Mazzeo, M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*. Anicia, Roma 1988, pp. 60-61.
- Mazzeo, M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*, Anicia, Roma 1988, p. 61.
- Mazzeo, M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*, Anicia, Roma 1988, p. 53.
- Mazzeo M. (1988). *Il bambino cieco. Introduzione allo sviluppo cognitivo*, Anicia, Roma 1988, p. 67.
- Menichini, I., Treccani. (2003). http://www.treccani.it/enciclopedia/disabilita_%28Il-Libro-dell%27Anno%29/ 2003, accessed 27.10.2017.
- Ministero della Salute (Minsitry of Health). (2017). Giornata mondiale della vista 2017 (World sight day), http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=3113 date of publication and last actualization 12.10.2017, accessed 27.10.2017.
- Moletto, A., Zucchi, R. (2004). *La metodologia pedagogia dei genitori*. Maggioli Ed., Rimini 2013, cite by Frederic Jèsu 2004 at p. 47.
- Moletto, A., Zucchi, R. (2013). *La metodologia pedagogia dei genitori*, Maggioli Editore, Rimini 2013, p. 35-36.
- Moletto, A., Zucchi, R. (2013). *La metodologia pedagogia dei genitori*. Maggioli Ed., Rimini 2013, p.9.

- Moletto, A., Zucchi, R. (2013). *La metodologia pedagogia dei genitori*. Maggioli Ed., Rimini 2013, p.17.
- Moletto, A., Zucchi, R. (2013). *La metodologia pedagogia dei genitori*. Maggioli Ed., Rimini 2013, pp. 39-47.
- Moletto, A., Zucchi, R. (2013). *La metodologia pedagogia dei genitori*. Maggioli Ed., Rimini 2013, p. 47.
- Nobile, A. (2014). *Il pregiudizio. Natura, fonti, modalità di risoluzione*, Ed. La scuola, Brescia 2014, pp. 11-19.
- Normattiva, portale della legge vigente. (1978). (Actual in force law portal) *Accertamenti e trattamenti sanitari volontari e obbligatori*. GU n.133 del 16-5-1978, Date of law enforcement: 17.05.1978. Disposition in the art 1, 2, 3, 4, 5, 6, 7, 8, e 9 of the present law are enforced until the enforcement of the institutve law of the national health service. <http://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:legge:1978-05-13;180>, accessed 01.11.17; also see http://www.salute.gov.it/imgs/C_17_normativa_888_allegato.pdf. accessed 01.11.17.
- Normattiva, portale della legge vigente. (1977). (Actual in force law portal) *Norme sulla valutazione degli alunni e sull'abolizione degli esami di riparazione nonche' altre norme di modifica dell'ordinamento scolastico*. GU n.224 on 18-8-1977 <http://www.normattiva.it/uri-res/N2Ls?urn:nir:stato:legge:1977-05-13;517> Art. 10, accessed 01.11.17.
- Piaget J. (2000). *Lo sviluppo mentale del bambino e altri studi di psicologia*. Piccola Biblioteca Einaudi, Torino 2000, pp.14-15.
- Piaget, J. (2000). *Lo sviluppo mentale del bambino e altri studi di psicologia*. Piccola Biblioteca Einaudi, Torino 2000, p.16.
- Rop Italia, Associazione gruppo di studio per la retinopatia del pretermine (Association study group on the Rethynopaty of prematurity). (2017). *Relazione stata presentata in occasione del Convegno: "ROP DALLA A ALLA Z"*, Bari, 25th - 26th June 2010, dr.ssa Daniela Dolcino, Direttore S.C. di Oculistica - Azienda Ospedaliera di Alessandria, accessed 25.10.17. <http://www.ropitalia.it/wwwropitaliait.html>
- Sani F., Pandolfi L. (Eds.). (2013). *Modelli e percorsi di tirocinio per l'Università*. Conference Proceedings "Università, Tirocinio, Territorio". Pensa Multimedia Editore s.r.l., Lecce, p. 44.
- Società Oftalmologica Italiana (Italian Ophthalmological Society, SOI). (2017). <http://www.soiweb.com/occhio-vista.php> accessed 01.11.2017.
- Tesio, E. (2000). (Eds.). *L'uovo fuori dal cesto. Dinamiche affettive con i disabili e le loro famiglia*. UTET Università, pp. 18 – 20.
- Tartabini, A., Giusti, F. (2006). *Origine ed evoluzione del linguaggio*. Scimpanzé, ominidi e uomini moderni. Liguori Editori, Napoli 2006, pp. 123-127.
- Tartabini, A. (2012). *Fondamenti di psicologia evoluzionistica*, Liguori Editore, Napoli 2012, pp. 67-68.
- Tramma, S. (2010). *Pedagogia sociale. Processi Formativi e Scienze dell'Educazione*, Guerini scientifica, Milano 2010, p. 14.
- Tramma, S. (2010). *Pedagogia sociale. Processi Formativi e Scienze dell'Educazione*, Guerini scientifica, Milano 2010, p. 26.
- Unione Italiana dei Ciechi e degli Ipovedenti onlus. (2017). *Linee guida per la riabilitazione funzionale e visiva dell'ipovedente* <https://www.uiciechi.it/documentazione/paginetematiche/ipoisione.asp> accessed 01.11.17.
- Zanobini, M., Manetti, M., Usai, M.C. (2016). *La famiglia di fronte alla disabilità. Stress, risorse e sostegni*, Erickson, Gardolo (TN) 2006, pp. 21-26.
- Zanobini, M., Manetti, M., Usai, M.C. (2016). *La famiglia di fronte alla disabilità. Stress, risorse e sostegni*, Erickson, Gardolo (TN) 2006, pp.22.
- Zanobini, M., Manetti, M., Usai, M.C. (2006). *La famiglia di fronte alla disabilità. Stress, risorse e sostegni*, Erickson, Gardolo (TN) 2006, p. 23.

СЛІПА ДИТИНА У РАНЬОМУ ВІСІ (0-3 РОКИ) І НАВЧАЛЬНА ІНТЕРВЕНЦІЯ

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Дана робота стикається з необхідністю початкових органічних роздумів щодо ролі виховання, щодо втручання, спрямованого на сприяння при зростанні сліпої дитини з ранніх років. Зорове відхилення має з'єднання в таких сферах як юридична, система охорони, соціальна і виховна, які спільно беруть участь при визначенні незрячої людини разом з індивідуальними і культурними характеристиками контекстів, в яких він знаходиться. Також, робота намагається уточнити теми, які вважаються основними для перших роздумів щодо розвитку незрячої дитини в перші роки життя. Прикметники сліпий і незрячий використовуються для визначення дитини з вродженим, повною відсутнім зором. Ці два терміни слушно змальовують характеристики дитини, що підлягають дослідженню, і будуть використовуватися як синоніми. Чоловічий рід був обраний довільно, щоб полегшити читання, але відноситься до обох статей, як до хлопчиків, так і до дівчаток.

КЛЮЧОВІ СЛОВА: Інвалідність зору, діагностика "visus", освітні втручання, сімейний і освітній контекст, активація сім'ї

СЛЕПОЙ РЕБЕНОК В РАННЕМ ДЕТСТВЕ (0-3 ЛЕТ) И ОБРАЗОВАТЕЛЬНОЕ ВМЕШАТЕЛЬСТВО

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Данная работа сталкивается с необходимостью начального органического размышления касательно роли воспитания, относительно вмешательств, направленных на содействие при росте слепого ребенка с самых ранних лет. Зрительное отклонение имеет соединения в таких сферах как юридическая, здравоохранительная, социальная и воспитательная, которые

совместно участвуют при определении незрячего человека вместе с индивидуальными и культурными характеристиками контекстов, в которых он находится. Также, работа пытается уточнить темы, считающиеся основными для первого размышления относительно развития незрячего ребенка в первые годы жизни. Прилагательные *слепой* и *незрячий* используются для определения ребенка с врожденным, полным отсутствием зрения. Эти два термина подходяще описывают характеристики ребенка, подлежащие исследованию, и будут использоваться как синонимы. Мужской род был выбран произвольно, чтобы облегчить чтение, но относится к обоим полам, как к мальчикам, так и к девочкам.

КЛЮЧЕВЫЕ СЛОВА: Инвалидность зрения, диагностика "visus", образовательные вмешательства, семейный и образовательный контекст, активация семьи

SECTION: SEXOLOGY AND GENDER PSYCHOLOGY**РОЗДІЛ: СЕКСОЛОГІЯ ТА ГЕНДЕРНА ПСИХОЛОГІЯ**

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HYPERSEXUALITY: A CLINICAL OBSERVATION**Garnik S. Kocharyan***Kharkiv Medical Academy of Postgraduate Education**Amosov street, 58, Kharkov, 61176, Ukraine**E-mail: kochargs@rambler.ru; <https://orcid.org/0000-0003-3797-5007>*

A case history is presented, where hypersexuality could be conceptualized as a manifestation of persistent genital arousal disorder / restless genital syndrome [PGAD/ReGS]. Female patient Sh., 75, who sought our medical advice on April 16, 2015, presented complaints about a feeling of a “sexual drive in my pubic region”, burning in her legs (along the inner surface of her thighs), in her pubis and on her abdomen over the pubis in a small area. “I need intimacy, but I understand with my head that it is not necessary for me”. The above burning and sexual desire were felt, but not always. The appearance of the desire coincided with the appearance of the burning. At first, the burning developed and was followed by the desire, or on the contrary. The burning and desire could begin in the morning and trouble her all day long, but when she was engaged into some activity, she changed over and forgot about it. The appearance of the disorder was preceded with the death of her elder brother, who some time before was actually a substitute for her father. He always supported her both morally and financially. He was a rather valued personality for her, she loved him very much. Therefore, she took his death, which happened in the beginning of December in 2013, very hard. The disorder, concerning which the patient consulted me, appeared on February 14, 2014. She woke up in the night because of her heavy jittering, she felt a terrible sexual drive and a bad burning in her lower abdomen over the pubis and on the inner surface of her thighs. She could not sleep any more. The arousal, which appeared in the night, did not leave her till the morning and remained during the whole day, but then became weakening. She was treated by different medical specialists. Though some weakening of her symptoms was achieved, she failed to get rid of the disorder, which developed in her. As a result of our analysis we supposed its cerebrovascular genesis, which impacted on functions of the brain. As a weighty contributing factor we regarded her long-term distress caused by a manifested psychological trauma (the death of the person who was extremely significant for the patient). Our treatment (hypnosuggestive therapy, Sonapax, Hydazepam, irrigation of the pubis with 10% Lidocaine aerosol), where hypnosis was the main component (its 10 sessions were performed), resulted in complete disappearance of the symptoms. The interview performed 5 years after the end of the treatment demonstrated persistence and duration of the obtained results. The presented clinical case is not very bright, but this fact can be explained to a great extent by the patient’s age that excluded appearance of a number of phenomena typical for PGAD/ReGS.

KEY WORDS: hypersexuality, clinical observation, woman, hypnosis, biological therapy.

At present, there are 4 conceptualizations of pathologic hypersexuality. Thus, it is conceptualized as a type of obsessive-compulsive disorder (OCD), sexual addiction (SA), a disorder of impulsivity, disorder in the form of persistent genital arousal (persistent genital arousal disorder [PGAD]) / restless genital syndrome [ReGS]) (Kocharyan G.S., 2019, 2020; Bancroft J., Vukadinovic Z., 2004; Carnes P., 1983; Irons R., Schneider Jennifer P., 1996; Orford J., 1985; Weiss Douglas, 1998).

Though each of the above conceptualizations (models) of hypersexuality in some cases explains its development and clinical manifestations better than others, only Code 6C92 “Compulsive sexual behaviour disorder” (CSBD), characterized by persistent inability to control intense and repetitive sexual impulses or sexual urges with resultant repetitive sexual behaviour, was included into the International Classification of Diseases, 11th Revision (ICD-11). Its symptoms can include

repetitive sexual actions, which become the chief centre of the person's life, up to neglect of one's own health and self-care or other interests, actions and duties. It has been reported that this disorder is also characterized by numerous unsuccessful attempts to make the repetitive sexual behaviour significantly rarer despite its unpleasant consequences and little or no satisfaction from it. It has been demonstrated that the pattern of inability to control intense sexual urges with resultant repetitive sexual behaviour manifests during a long period of time (for example. 6 months or more) and causes pronounced stress or significant disorders in one's personal, family, social, educational and professional spheres or other important fields of functioning (World Health Organization's. ICD-11, 2019).

In order to treat hypersexuality both biological treatment (Kocharyan G.S., 2019, 2020) and psychotherapy (Kocharyan G.S., 2019, 2020), particularly hypnosuggestive therapy, are used. Here we would like to present a case history from our clinical practice, where the existing pathology can be conceptualized as a manifestation of PGAD/ReGS. The key role in the treatment of the above case, which proved to be effective, was played by hypnosuggestive therapy.

Female patient Sh., 75, with a higher humanitarian education, had retired and did not work at that time. She sought medical advice on April 16, 2015. She had got one son, who lived in Russia and had got two children. She had been living with the man, who was older by 4 years than she was, for about 14 years. She was in a "common-law marriage" with him. This man graduated from military academy, held the rank of colonel (the same was held by her husband) and at that time was a retiree. She lived with him at her two-room flat.

Complaints and history. She presented complaints about a feeling of a "sexual drive in my pubic region", burning in her legs (along the inner surface of her thighs), in her pubis and on her abdomen over the pubis in a small area. "I need intimacy, but I understand with my head that it is not necessary for me". The above burning and sexual desire were felt, but not always. The appearance of the desire coincided with the appearance of the burning. At first, the burning developed and was

followed by the desire, or on the contrary. In this case, no engorgement of her genital and mammary glands occurred, but before, when the disorder was more severe, the nipples of her mammary glands engorged. Now the sexual drive was expressed less than earlier. During arousal her vagina was not moistened. The burning and desire could begin in the morning and trouble her all day long, but when she was engaged into some activity, "I change over and forget about it".

Many years ago, a physician at a health resort taught her how to perform autogenic training (relaxation). In order to get rid of the symptoms that troubled her, she would relax and they disappeared. "When I'm lying or sitting, they trouble me to a far lesser degree. If I lie or sit down, my symptoms abate at once. Now, if I am engaged in something, I don't think about it at all". Before the beginning of her treatment in December of 2015 it did not help at all. Also, the patient said the following: "Well, I get up in the morning, and this man is sleeping in another bed in underpants. This arouses me, but I don't want him, because in order to make sex with man you should love him or he should "envelope" a woman". She asked her common-law husband not to walk near her semi-naked (in underpants).

At the age from 58 to 60 she lived a sex life with him. Then he underwent an operation on his prostate because of its adenoma, after that their sexual relationship discontinued for some time. "After its resumption I didn't reach orgasm in sexual intercourses during intimacy with my common-law husband because of his poor penile tension and other sexual disorders; I was irritable, quick-tempered and felt heaviness in my lower abdomen. Having tormented myself in this way for 2 years I urged that our sexual relationship should be broken off." Even more, the patient told her common-law husband that if he did not agree to her demand then they would have to part with each other. In general, the patient characterized the quality of their sexual relationship as "let's call it a sex life", because it paled into significance by the side of sexual contacts with her late husband, whom she married when she was 18 ("both the anatomy was another and the relations were of another kind"). At the moment of presentation, she lived with her common-law

husband like a brother and a sister. During all her life she had two men: her lost husband and her common-law husband.

Her desire was not induced by any nonsexual stimuli. Travelling by car or train, vibration from mobile phones or visiting the toilet did not result in aggravation of the symptoms. Any spontaneous orgasms and preorgasmic states were absent. She regarded the present symptoms as inappropriate, obsessive and undesirable.

She did not masturbate, and masturbation was not admissible for her. "I won't do it; I don't need it; these symptoms should be eliminated. I believe that even if I achieve orgasm it won't help me." Her last orgasm was during an erotic dream 5 years after the death of her husband (at the age of 53).

The relations with her husband were "beautiful" and their sex life was "excellent". When she was 48, her husband and their 20-year-old son perished in a car accident (they crashed in their own car). Then her menses ceased at once. She lived 10 years without man, because she "couldn't betray my husband". Later she was "coupled" with the man, with whom at the moment of presentation she lived together.

The appearance of the disorder was preceded with the death of her elder brother; he actually was a substitute for her father who fell during the Great Patriotic War. Whenever it was necessary he supported her both morally and financially. He was a rather valued personality for her, she loved him very much. Therefore she took his death, which happened in the beginning of December in 2013, very hard. For this reason ambulances visited her many times.

Before the above symptoms appeared, she did not fall down and did not have any injuries of her vertebral column.

The disorder, concerning which the patient consulted me, appeared on February 14, 2014. "I woke up in the night, because of my heavy jittering, I felt a terrible sexual drive and a bad burning in my lower abdomen over the pubis and on the inner surface of my thighs". And then I couldn't sleep any more, but rolled myself in a travelling rug and was sitting till the morning". Then there was not even a thought in her head to suggest the man, with whom she lived, engaging in sexual intercourse. "But he couldn't have done anything. At that moment I

needed man, but he was not nearby". The arousal, which appeared in the night, did not leave her till the morning and remained during the whole day, but then became weakening. "On February 18, I visited a private gynaecology office. After his examination the physician prescribed me Omnadren 250 or Sustanon 250, Methyltestosterone [pay attention to the total inadequacy of administration of the male sex hormone in this case], fytor suppositories with sea buckthorn. Using all these medicines, I didn't feel any improvement. Then I had to visit a urologist, Candidate of Medical Science. After a bladder ultrasound (little inflammation was diagnosed in its cervix) the doctor prescribed me lavage of my bladder with hydrocortisone in combination with Dioxydine and suppositories with Gravadin into my vagina. I followed all prescriptions of my doctors, but didn't feel any improvement, the sexual drive and burning over my pubis and on the inner surface of my thighs didn't reduce. I became overstrung and irritable. Later I was treated by a professor of gynaecology, whom I found on my way of struggle for health. She took me with understanding and paid much attention to me. After a regular examination she prescribed me Climakterin, Deprivox, Bromvamphor, Persen, Hypothiazid, dried apricots, raisins, belladonna, St. John's wort and licorice. But this course of treatment didn't help me either. Being in despair, I went on looking for help. On April 4, I visited another professor of gynaecology at a medical institution. I was treated to August 3, 2014. I took Kleverol, Aphobazol, Climakterin and Deprivox. Also, Femoston hormone was included, but it caused haemorrhage in me. And again I turned out to be in the process of search. During my treatment I underwent MRI of my brain, spinal radiography, computed tomography of my urinary system, ultrasound of my thyroid gland, pelvic and visceral organs; I constantly took blood tests including those for different hormones. All the gynaecologists, who examined me, haven't revealed any pathology." In December of 2014 the patient was treated in one of cardiology centres of the city. She shared the problem with her physician in charge, who recommended her to take Buspirone (an anxiolytic), which she was taking during 4 months, and

Finlepsin (an antiepileptic agent). After that she consulted a neurologist, who prescribed her Lyrica (an antiepileptic and anticonvulsive agent) and later neogambin (a Ukrainian analogue of Lyrica). Later another neurologist prescribed her Cerebrolysin (it produces nootropic and neurometabolic actions), Ceraxon (a nootropic agent) intravenously and lysine (an essential amino acid), and then Ceraxon in sachets that she had been taking by now. Her state started to improve since December of 2014, that is after she began taking the above medicines at the cardiology department. After all this multi-staged treatment her symptoms reduced but did not disappear. Like before, she was constantly troubled by appearance of an undesirable and tormenting sexual desire as well as burning in her suprapubic region and along the inner surface of her thighs. Having not received the expected results, the patient decided to consult a psychotherapist, and in this way she came to us.

Platonic (romantic) libido. Its appearance failed to be revealed by the age of 17. She did not fall in love with anybody before she met her future husband. She fell in love with him when she was 17, but before she “didn’t care a bean about the male sex at all”. After that they dated for a year. He periodically came to the village, where she lived. At first they kissed each other’s cheeks, went to the cinema. She married at 18. On the day, when they got married at a registry office, no sexual intercourse occurred because her husband left her for a week to take part in a military exercise. The intercourse took place one week later. Soon sexual libido appeared, orgasm developed in 3 months after the beginning of their sex life, and in this period of time she also got pregnant.

Menses. These started at the age of 17 (when she was growing and did not fast). Her menses were regular and accompanied with abdominal pains. The latter discontinued at 19 after she bore her first son. The menstruations lasted 3 days after 28 days without any disorders. Up to the age of 48 they were regular, but at 48 ceased at once after the tragedy with her husband and son.

At the moment of presentation the patient was diagnosed to have coronary heart disease and angina pectoris. She pointed out that she had

attacks of paroxysmal tachycardia, bradycardia and extrasystole. A node was found in her thyroid gland, but its function was not affected. Four years before she survived a concussion (she hit her head in the flat). She said that she had a very good memory.

Abstract from case history dated September 10, 2012. Clinical diagnosis: cervicocranialgia, a mixed type; moderate pain syndrome; vertebral artery syndrome; cervical osteochondrosis, an unstable form; discirculatory atherosclerotic and hypertensive encephalopathy, stage 2, with intracranial hypertension, vestibulo-atactic syndrome and asthenic state.

Objectively: height = 164 cm, body mass = 80 kg; bra size = 4 (but she began from 1); no hypertrichoses and hair stream from her pubis to her navel were observed.

The following data of paraclinical methods of examination were presented.

Thyroid ultrasound (October 27, 2014). Conclusion: multinodular goiter, stage 1.

Hormonal investigations [progesterone, total testosterone, follicle-stimulating hormone (FSH), estradiol (E2)] (March 19, 2014). Total testosterone = 4.47 nmol/l (the norm for women over 50 = 0.101-1.42). As for the rest, no abnormalities were detected.

Hormonal investigations [prolactin, total testosterone, estradiol (E2)] (May 12, 2014). No abnormalities were detected.

Hormonal investigations (August 29, 2014). Prolactin = 11.69 ng/ml (the norm for nonpregnant women = 4.79-23.3 ng/ml).

Hormonal investigations (October 17, 2014). Thyroid stimulating hormone (TSH) = 3.36 mIU/ml (the norm for adults = 0.27-4.2 mIU/ml); free thyroxin (FT4) = 2.08 ng/dL (the norm for adults = 0.93-1.7 ng/dL).

Transvaginal ultrasound of pelvic organs (May 13, 2014). Conclusion: no voluminous pathology is detected.

Magnetic resonance imaging of the brain (March 18, 2015). Conclusion: focal changes in the white matter of the frontal lobes – probably, manifestations of cerebral microangiopathy. The “empty” Turkish saddle is forming. Secondary dilation of the subarachnoid space of the ventricles

against a background of a reduced volume of the substance in the hemispheres. Moderate manifestations of catarrhal polysinusitis. MRI signs of previous left-sided otitis.

Ultrasound examination [liver, gallbladder, pancreas, spleen, kidneys, urinary bladder] (March 17, 2014). Conclusion: no organic pathology is detected.

Heart ultrasound (January 22, 2015). Conclusion: sclerotic changes in the aorta, left ventricular hypertrophy, left atrial enlargement.

Multislice computed tomography of the urologic region (May 13, 2014). Conclusion: CT signs of renal cysts, liver cyst.

Administrations:

1. Sonapax (25 mg tab.) at an ascending dose: day 1 – ½ tab. 2 times, day 2 – ½ tab. 2 times, day 3 – ½ tab. 3 times, later 1 tab. 2 times a day, and after that 1 tab. 3 times a day.

2. Hypnosuggestive therapy.

April 20, 2015. She noted that at that time she felt burning in the whole abdomen over her pubis (it involved the whole abdomen over the pubis with a wide expansion of that feeling upwards, to the right and left) as well as on the inner surface of her thighs and in her back. Also, some “partial sexual desire” existed. The appearance of burning in her back and spreading of the region of burning over her pubis versus the complaints on presentation could be attributed to the fact that the taking of Finlepsin and Buspirone by the patient was cancelled, but the dose of Sonapax (I prescribed with a gradual increase) was still small.

April 20, 2015. The first session of hypnosuggestive therapy was given. The following suggestions were made: the apprehension and anxiety leave her; her organism is filled with rest; she is calm and even-tempered always and everywhere; her brain structures, responsible for sexual drive, calm down, get inhibited and fall asleep, therefore the above sexual drive leaves her, goes away and dissipates; the burning in her abdomen, on the inner side of her thighs and in her back leaves, goes away and dissipates.

The patient pointed out that immediately after the given session all unpleasant feelings and sexual arousal smoothed down.

April 22, 2015. Her state improved, the sexual arousal troubled less, the unpleasant feeling (burning) was present only in the suprapubic region (a small area), and there was no burning in other places. If compared with the state in the beginning of the treatment, the severity of her disorder reduced by 30%.

April 22, 2015. The second session of hypnosuggestive therapy was given. By the content of therapeutic suggestions it completely corresponded to the first session, but additionally (the patient complained about disturbance of her sleep) a suggestion towards its normalization was made.

Immediately after the given session all the symptoms disappeared. It was recommended to supplement Sonapax treatment with application of Menovazine on her pubis. Besides, in order to alleviate the burning, it was recommended to use irrigation of the pubis with 10% Lidocaine aerosol on the pubic region 2-3 times a day.

April 24, 2015. She noted that during 2 days after the 2nd session of hypnosis she did not feel any sexual arousal or burning at all, but in the morning the burning appeared just over her pubis with the desire. She pointed out that those two symptoms manifested themselves by 4 points (of the 10 points, which took place before the beginning of the treatment).

April 24, 2015. The third session of hypnosuggestive therapy was given. By the content of therapeutic suggestions it was the same as the second one, but it ended with additional suggestions towards reduction of sensitivity of nerve endings in the region of pubis and its anaesthesia as well as reduction of sensitivity of the nerves supplying the pubis and its adjacent regions.

Immediately after the end of the hypnotic session all her symptoms (burning, sexual drive) disappeared. Answering numerous questions the patient stated that even in case of some light pressure on her pubis the sexual arousal increased. It was recommended to substitute Phenazepam for Sonapax.

April 27, 2015. She failed to get Phenazepam, because it belongs to narcotic substances. Her neurologist and therapist did not want to prescribe it for her. At that time the patient took Sonapax by 25

mg thrice a day. "There is some vague, slight and non-exerting desire" and some burning in her suprapubic region on a small area. A day before nothing troubled her at all. Two days before she felt a very light desire and burning over her pubis, and the same was on that day. The severity of her disorders by the 10-point system was 3 points. She had already begun using Lidocaine spray. A day before she sat with the man, with whom she lived together, on a sofa and, unlike before, did not respond to him at all. "With my head I recognize that I don't need it. When I touch my genital organs during intimate washing, I don't have any desire, though it is caused by pressing on my pubis; but yesterday, however, after a pressure on my pubis the desire was practically absent." She noted that Sonapax caused dryness in her mouth and the feeling of instability when walking. Last three days she took only 1 tab. (25 mg) of Sonapax a day.

April 27, 2015. The fourth session of hypnosuggestive therapy was given, which by its scenario fully corresponded to the third one.

It was recommended to take Hydazepam (1 tab. = 0.02 g) by 2 tab. 2-3 times a day as well as to irrigate the pubic region using an aerosol with Lidocaine. The taking of Sonapax was cancelled.

April 30, 2015. She took Hydazepam (2 tab. by 0.02 g in the morning and in the evening). I suggested taking the medicine in the morning and in the daytime, because the above symptoms did not trouble her in the evening. On the day after the fourth session (on Monday) nothing troubled her at all, the same happened both on Tuesday and Wednesday. But that morning (on Thursday) she felt a slight burning, but then even a very deep pressure on her pubis did not cause any desire. The patient pointed out that when on that day she acted on her clitoris it produced pleasant sensations (some bliss, some minimum desire, which passed away very rapidly). I explained to her that the appearance of such sensations in case of the above action should be regarded as normal.

The patient informed: "When all this began with me I was ready to have everything excised [she meant her genital organs], only not to be troubled with it. Now I can live with it after I began being treated by you, while before I would agree to run my

head into the snare (not completely, i.e. not to commit suicide, I'm speaking in images)."

After she discontinued taking Sonapax there was no dryness in her mouth and imbalance. All the time she slept well (I made proper suggestions for her). There was not any suprapubic burning in the morning. She was afraid that the pleasant sensations in the region of her clitoris, which she had felt on that day, might result in relapse of her symptoms again.

The fifth session of hypnosis was given. Its scenario was the same as during the fourth session. The following suggestions were made as special: "Your brain structures, responsible for sexual drive and sexual arousal, calm down... They calm down, get inhibited and fall asleep... Therefore the sexual drive and sexual arousal become weaker, leave you, go away, dissipate and remain in the past... The nerves, which are in the vicinity of the pubis and supply it, calm down, the sensitivity of nerve endings located in the pubis and suprapubic region reduces... Anaesthesia develops in the pubis region, sensitivity in the suprapubic region decreases... Your burning leaves the suprapubic region, goes away, dissipates and remains in the past..."

Every time during hypnosis the patient dropped minimally into its second stage.

May 4, 2015. She said that Hydazepam, which she then took by 0.05 g twice a day, made her reel. Before she took it at smaller doses and everything was normal. It was recommended not to take Hydazepam on that day any more (before her visit to me she had already taken 0.05 g of Hydazepam) and beginning from next day take ½ tab. of Hydazepam (1 tab. = 0.05 g) plus Antistress by 1 capsule twice a day. Last time she visited me on Thursday. After the hypnosis session on Thursday nothing troubled her, the same was on Friday and Saturday, but on Sunday evening the sexual desire appeared and rapidly disappeared after distraction of attention. On that day the above desire (**without her desire!**) appeared in the morning. Then those were transitory desires, which rapidly disappeared after distraction of attention. During all 5 days after the 5th session of hypnosis she did not feel any burning in her suprapubic region and on the inner surface of her thighs. Then a pressure on her pubis did not cause any sexual desire/arousal.

May 4, 2015. The sixth session of hypnosuggestive therapy was given. The suggestions were targeted at fixation of disappearance of sexual drive and burning in the suprapubic region that “went away, dissipated, were forgotten”. An emphasis was made on the fact that it had happened before. No suggestion towards reduction of sensitivity in the region of her pubis, its nerve receptors and development of anaesthesia in it was made.

May 8, 2015. In the morning of May 5, 2015 her sexual desire appeared, but rapidly (about 10 minutes later) disappeared. It was concentrated in her suprapubic region. She characterized it as a “pleasant obsession, but undesirable for me.” No burning was present. She pressed on per pubis, but it did not cause any sexual desire. At that time she did not respond sexually to her common-law husband, shower and genital hygiene and did not use an aerosol with Lidocaine. Earlier (before she consulted me) her drive was constant and undesirable. “I feel well, I’ve become an absolutely another person”. She said that already the first session of hypnosis exerted a very strong positive effect on her. At that time she took Hydazepam by 0.025 g twice a day and Antistress by 1 capsule 2 times a day.

May 8, 2015. The seventh session of hypnosuggestive therapy was given. The same suggestions as during the previous session were made.

May 15, 2015. During one week after the given session no sexual drive appeared. It appeared on that day in the morning, but it was minimum and transitory (during 5 minutes). Immediately after its appearance she took Hydazepam. No burning was present. Any pressure on her pubis and intimate washing did not cause the desire. Her common-law husband did not trigger any sexual emotions either.

May 15, 2015. The eighth session of hypnosuggestive therapy was given. The same suggestions as during the previous session were made.

May 22, 2015. A day after the session she developed some slight desire, which lasted 15 minutes. It disappeared at once as soon as she sprayed an aerosol with Lidocaine on her pubis. Three days later the desire appeared again. It was

controlled with Hydazepam and Antistress. In the morning the desire appeared again, but smoothed down by itself after 10 minutes. Its intensity by the 10-point scale was 0.5-0.6 points. Within that whole period no burning occurred.

May 22, 2015. The ninth session of hypnosuggestive therapy was given. The same suggestions as during the previous session were made.

May 29, 2015. She noted that a day after the session and 3 days after it as well as that morning she had the sexual drive, which lasted 15 minutes and went away after her pubis was sprayed with Lidocaine aerosol. The severity of the sexual drive was the same as she mentioned during her previous visit. The sexual desire appeared over her pubis. *That was not any general desire, but the one, which appeared just in that region, “I believe that it is directly inside my pubis”*. The patient informed that she was reeling very much and suffered from excessive sleepiness. She sprayed her pubis with Lidocaine aerosol. I cancelled taking of Antistress capsules.

May 29, 2015. The tenth session of hypnosuggestive therapy was given. As for special suggestions, the following ones were made: “The structures and cellules of your brain, which are responsible for severity of the sexual drive, calm down... They calm down, get inhibited and fall asleep... Therefore the sexual drive and sexual arousal go away, dissipate; leave your organism and remain in the past... Unpleasant sensations in your suprapubic region and in the region of the inner surface of your thighs have become things of the past... This burning has left your organism, gone away, dissipated and remained in the past...”

The patient called me 2 days later and said that she felt very well (she did not have any drive, any burning, any sleepiness, any reeling). She was recommended to spray her pubis with Lidocaine aerosol 2 times a day (in the morning and in the evening) during 10 consecutive days.

In conclusion it should be noted that in view of the acute onset of the analysed disorder we may *suppose (!)* its cerebrovascular genesis, which impacted on functions of the brain. As a weighty contributing factor we should name long-term

distress caused by a manifested psychological trauma (the death of the person who was extremely significant for her).

Positive shifts in the dynamics of the above disorder began appearing in the process of her treatment at a cardiology inpatient department, when she was administered an anxiolytic and an antiepileptic agent. Nevertheless the complete normalization of her state (this refers to the characterized pathology) was achieved only after the treatment provided by us (hypnosuggestive therapy, a mild neuroleptic agent, a tranquillizer, anaesthesia of the pubic region).

The presented clinical case is not very bright, but this fact can be explained to a great extent by the patient's age that excluded appearance of a number of phenomena typical for the above pathology. The interview performed on **April 10, 2020**, i.e. 5 years after the end of the treatment, demonstrated persistence and duration of the obtained results.

REFERENCES

- Kocharyan G. S. (2019). Биологическая терапия больных с гиперсексуальностью [Biological therapy of patients with hypersexuality], *Zdorov'ye muzhchiny*, No 3 (70), 43–46. DOI: <https://doi.org/10.30841/2307-5090.3.2019.185357> (in Russian).
- Kocharyan G. S. (2020). Гиперсексуальность [hypersexuality]. Kharkov: ООО «DISA PLYuS», 263 s. (in Russian).
- Kocharyan G. S. (2019). Гиперсексуальность: термины, диагностические подходы, концептуализация, распространенность [Hypersexuality: terms, diagnostic approaches, conceptualization, prevalence], *Zdorov'ye muzhchiny*, No 2 (69), 61–68. DOI: <https://doi.org/10.30841/2307-5090.2.2019.179977> (in Russian).
- Kocharyan G. S. (2019) Психотерапия больных с гиперсексуальностью [Psychotherapy of patients with hypersexuality], *Zdorov'ye muzhchiny*, No 4 (71), 44–51. DOI: <https://doi.org/10.30841/2307-5090.4.2019.195262> (in Russian).
- Bancroft J., Vukadinovic Z. (2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model, *J Sex Res*, 41 (3), 225–234.
- Carnes P. (1983). Out of the shadows: Understanding sexual addiction. Minneapolis, MN: CompCare.
- Irons R., Schneider Jennifer P. (1996). Differential Diagnosis of Addictive Sexual Disorders Using the DSM-IV, *Sexual Addiction & Compulsivity*, 3, 7–21.
- Orford J. (1985). Excessive appetites: A psychological view of the addictions. Chichester, England: John Wiley & Sons, 1985.
- Weiss Douglas. (1998) The Final Freedom: Pioneering Sexual Addiction Recovery. Fort Worth, Tex.: Discovery Press.
- World Health Organization's. ICD-11: Compulsive Sexual Behavior Disorder. URL: <https://www.yourbrainonporn.com/miscellaneous-resources/world-health-organizations-icd-11-compulsive-sexual-behavior-disorder/> (the date of the reference: 25.03.2019).

ГИПЕРСЕКСУАЛЬНІСТЬ: КЛІНІЧНЕ СПОСТЕРЕЖЕННЯ

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Наводиться історія хвороби, де гіперсексуальність можна було концептуалізувати як прояв розладу в формі постійного генітального збудження (persistent genital arousal disorder) / синдрому роздратованих статевих органів (restless genital syndrome) [PGAD / ReGS]. Хвора Ш., 75 років, яка звернулася до нас за лікувальною допомогою 16.04.2015 р., пред'явила скарги на відчуття «статевого потягу в області лобка», печіння в ногах (по внутрішній поверхні стегон), в лобку і на животі вище лобка на невеликій площі. «Мені потрібна близькість, але головою розумію, що мені це не треба». Печіння і сексуальне бажання бувають не завжди. Поява бажання збігається з виникненням печіння. Спочатку з'являється печіння, а потім бажання, або навпаки. Печіння і бажання можуть початися з ранку і турбують протягом всього дня, але коли чимось зайнята, то перемикається і забуває про це. Появі розладу передувала смерть старшого брата, який свого часу практично замінив їй батька. Він завжди допомагав їй і морально, і матеріально. Для неї він був дуже значущою особистістю, вона його дуже любила. Тому його смерть, яка трапилася на початку грудня 2013 року, вона дуже важко переживала. Розлад, з приводу якого пацієнтка звернулася до мене, виник 14 лютого 2014 р. Вночі прокинулася, її сильно трясло, відчула сильний сексуальний потяг і сильне печіння внизу живота над лобком та на внутрішній стороні стегон. Не могла спати. Збудження, що виникло вночі, не відпускало її до ранку і зберігалось на наступний день, але потім почало слабшати. Лікувалася у різних лікарів. Хоча було досягнуто деяке ослаблення симптоматики, але позбутися від розладу, який розвинувся у неї, вона не змогла. В результаті проведеного аналізу ми припустили його цереброваскулярний генез, що відбилося на функціонуванні головного мозку. В якості вагомому сприяючого фактора розглядали тривалий дистрес, обумовлений вираженою психотравмою (смерть надзвичайно значущою для пацієнтки людини). Проведене нами лікування (гіпносугестивна терапія, соннапакс, тідазепам, зрошення лобка 10% аерозолем лідокаїну), головним компонентом якої був гіпноз (проведено 10 його сеансів), призвело до повного зникнення симптоматики. Опитування, проведене через 5 років після закінчення лікування, свідчить про стійкість і

тривалість отриманих результатів. Наведений клінічний випадок не є дуже яскравим, проте це в значній мірі можна пояснити віком пацієнтки, що виключало можливість появи низки феноменів, характерних для PGAD / ReGS.

КЛЮЧОВІ СЛОВА: гіперсексуальність, клінічне спостереження, жінка, гіпноз, біологічна терапія.

ГИПЕРСЕСУАЛЬНОСТЬ: КЛИНИЧЕСКОЕ НАБЛЮДЕНИЕ

Г. С. Кочарян

Харьковская медицинская академия последипломного образования

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Приводится история болезни, где гиперсексуальность можно было концептуализировать как проявление persistent genital arousal disorder) / restless genital syndrome) [PGAD / ReGS]. Больная Ш., 75 лет, которая обратилась к нам за лечебной помощью 16.04.2015 г., предъявила жалобы на ощущение «полового влечения в области лобка», жжение в ногах (по внутренней поверхности бедер), в лобке и на животе выше лобка на небольшой площади. «Мне нужна близость, но головой понимаю, что мне это не надо». Жжение и сексуальное желание бывают не всегда. Появление желания совпадает с возникновением жжения. Вначале появляется жжение, а потом желание, или наоборот. Жжение и желание могут начаться с утра и беспокоят в течение всего дня, но когда чем-то занята, то переключается и забывает об этом. Появлению расстройства предшествовала смерть старшего брата, который в свое время практически заменил ей отца. Он всегда помогал ей и морально, и материально. Для нее он был весьма значимой личностью, она его очень любила. Поэтому его смерть, которая случилась в начале декабря 2013 г., она очень тяжело переживала. Расстройство, по поводу которого пациентка обратилась ко мне, возникло 14 февраля 2014 г. Ночью проснулась, ее сильно трясло, почувствовала сильное половое влечение и сильное жжение внизу живота над лобком и на внутренней стороне бедер. Не могла спать. Возникшее ночью возбуждение не отпускало ее до утра и сохранялось на следующий день, но потом начало ослабевать. Лечилась у различных врачей. Хотя было достигнуто некоторое ослабление симптоматики, но избавиться от развившегося у нее расстройства она не смогла. В результате проведенного анализа мы предположили его цереброваскулярный генез, отразившийся на функционировании головного мозга. В качестве весомого способствующего фактора рассматривали длительный дистресс, обусловленный выраженной психотравмой (смерть чрезвычайно значимого для пациентки человека). Проведенное нами лечение (гипносуггестивная терапия, соннапакс, гдазапам, орошение лобка 10% аэрозолем лидокаина), главным компонентом которой был гипноз (проведено 10 его сеансов), привело к полному исчезновению симптоматики. Опрос, проведенный спустя 5 лет после окончания лечения, свидетельствовал о стойкости и длительности полученных результатов. Приведенный клинический случай не является очень ярким, однако это в значительной степени можно объяснить возрастом пациентки, что исключало возможность появления ряда феноменов, характерных для PGAD / ReGS.

КЛЮЧЕВЫЕ СЛОВА: гиперсексуальность, клиническое наблюдение, женщина, гипноз, биологическая терапия.

ПРАВИЛА ОФОРМЛЕННЯ СТАТЕЙ ДЛЯ ЗБІРНИКА

«Психологічне консультування і психотерапія»

Відповідно до постанови Президії ВАК України №7-05/1 від 15 січня 2003 р. «Про підвищення вимог до фахових видань. Внесених до переліків ВАК України» при підготовці статей до фахового збірника слід дотримуватися таких вимог:

- постановка проблеми у загальному вигляді та її зв'язок з важливими науковими та практичними завданнями;
- аналіз останніх досліджень і публікацій, в яких започатковано розв'язання даної проблеми, на які спирається автор;
- виділення невирішених раніше частин загальної проблеми, котрим присвячується означена стаття;
- формування цілей статті (постановка завдання);
- виклад основного матеріалу дослідження з повним обґрунтуванням отриманих наукових результатів;
- висновки з цього дослідження і перспективи подальших розвідок у цьому напрямі;
- список використаних джерел у транслітерації (література оформляється відповідно до вимог ДАК МОН

України

До редакції подаються паперова та електронна версії статті. Обсяг статті – 8–12 сторінок.

Електронна версія подається до редакції у форматі *.doc, яку необхідно надіслати на адресу: psrjournal@karazin.ua.

Шрифт Times New Roman, 11 кегль, через 1,2 інтервали.

Поля: зверху – 2,5 см; низу – 2 см; ліворуч – 2 см; праворуч – 2 см. Папір – А4. Шрифт Times New Roman, 11 кегль, через 1,2 інтервали. Кольори на зображеннях повинні розрізнятися при чорно-білому друку. Усі малюнки мають бути у форматі jpg.

Перед статтю подаються: ORCID усіх авторів статті, УДК, назва статті, прізвище та ініціали – українською та англійською мовами; анотації та ключові слова – російською, українською та англійською мовами. Викладення матеріалу в анотації повинно бути стислим і точним (від 1800 знаків і більше). Належить використовувати синтаксичні конструкції, притаманні мові ділових документів, уникати складних граматичних зворотів, необхідно використовувати стандартизовану термінологію, уникати маловідомих термінів та символів. Використовувати для перекладу комп'ютерні програми заборонено. Список літератури подається у стандарті APA (Американської психологічної асоціації): <https://guides.lib.monash.edu/citing-referencing/apa>.

Для назв з використання кирилических символів застосовуються наступні правила: прізвища авторів подаються у транслітерації, назва статті (книги, доповіді і т.п.) – мовою оригіналу, та у квадратних дужках надається переклад англійською мовою. Назва видавництва подається у транслітерації (якщо немає англійського варіанту назви), назва міста розташування видавництва – повністю без скорочень. Наприкінці у круглих дужках зазначається мова видання.

Наприклад:

1. Yung, K.G. (1991). *Архетипы и символы [Archetypes and Symbols]*. Moscow: Renaissance. (in Russian)
2. Bondarenko, A.F. (2014). *Этический персонализм. Методическое пособие по психологическому консультированию, сообразному русской культуре. [Ethical personalism. Methodological manual on psychological counseling, in accordance with Russian culture]*. Kyiv: Alfa Reclama. (in Russian)
3. Bulan, A.A. (2015). Психоемоційні стани комбатантів в умовах бойових дій [Psychoemotional states of combatants in combat situations], *Aktualni problemi sotsiologiyi, psihologiyi, pedagogiki*, 4(29), 9-12. (in Ukrainian)

Всеукраинская общественная организация «Институт клиент-центрированной и экспириентальной психотерапии» (сокращенно – ИКЭП www.pca.kh.ua) была создана в 2012 году. До этого времени функционировала с 2000 г. Мастер-школа клиент-центрированной психотерапии, созданная доктором психологических наук, профессором Кочаряном Александром Суреновичем, который получил профессиональную подготовку в области клиент-центрированной психотерапии и консультирования в рамках обучающей программы интернационального института клиент-центрированного подхода (Лугано, Швейцария) и Центра кросс-культурной коммуникации (Дублин, Ирландия) для психологов и психиатров стран Центральной и Восточной Европы (Братислава, Прага) в 1990–1994 гг.

В том же 2012 г. ИКЭП получил статус коллективного члена Всемирной ассоциации человеко-центрированной и экспириентальной психотерапии и консультирования (World Association for Person Centered & Experiential Psychotherapy & Counselling <http://www.pce-world.org/>).

ИКЭП имеет учебные филиалы в Харькове, Киеве, Хмельницком, Луцке.

Основные формы деятельности ИКЭП:

Научная деятельность: выявление пределов и возможностей клиент-центрированной психотерапии (по нозологии и характерологии), разработка идей процессуальности в психотерапевтическом контакте. Защищены кандидатские и докторские диссертации по проблемам клиент-центрированной психотерапии, созависимых отношений, нарушений ответственного поведения, невротических расстройств, сексуальных и полоролевых нарушений. Изданы монографии: 1) Психотерапия: психологические модели – СПб.: Питер, 2003 – 1 изд., 2007 – 2 изд., 2009 – 3 изд. 2) Основы психотерапии – М.: Алетейя, 1999. 3) Основы психотерапии – К.: Ника-центр, 2001. 4) Психотерапия в особых состояниях сознания. – М.: АСТ, 2000. 5) Психотерапия сексуальных расстройств и супружеских конфликтов. – М.: Медицина, 1994. 6) Личность и половая роль – Х.: Основа, 1996. 7) Психотерапия как невербальная практика – Х.: ХНУ, 2014.; 8) Полоролевая психология – Х.: ХНУ, 2015.

Практическая деятельность (психологическая и психотерапевтическая работа): индивидуальное психологическое консультирование, групповая работа, проведение тематических тренингов.

Формы работы института: краткосрочные и долгосрочные программы, клиентские группы, группы встреч (личностного роста), профессиональное обучение, курсы обучения решению личностных проблем.

Преподавательский и тренерский состав ИКЭП: 1) Кочарян Александр Суренович - профессор, д. психол. н. (член единого профессионального реестра психотерапевтов Европы); 2) Кочарян Гарник Суренович - профессор, д. мед. н.; 3) Жидко Максим Евгеньевич - доцент, к. психол. н. (член единого профессионального реестра психотерапевтов Европы); 3) Кочарян Игорь Александрович - к. психол. н. (член единого профессионального реестра психотерапевтов Европы); 4) Терещенко Надежда Николаевна - доцент, к. психол. н. (официальный преподаватель межрегионального уровня); 5) Долгополова Елена Викторовна (официальный преподаватель межрегионального уровня); 6) Харченко Андрей Александрович (официальный преподаватель межрегионального уровня); 7) Цихоня Валерия Сергеевна - к. психол. н.

В настоящее ИКЭП реализует следующие проекты:

Профессиональная образовательная программа по клиент-центрированной психотерапии (адаптированная к требованиям Европейской Ассоциации Психотерапии). Программа включает в себя три модуля: 1) рефлексия личного опыта; 2) профессиональные знания и навыки; 3) поддержка и сопровождение профессионального опыта. Общее количество часов – 3215. Обучение проводится в закрытой группе (до 20 человек) с меняющимся составом сертифицированных лекторов и тренеров.

Подготовка включает в себя лекции, тематические семинары, работу в эмпатической лаборатории и лаборатории терапевтических ответов. Дополнительно обучающиеся проходят дидактическую индивидуальную психотерапию и участвуют в супервизионных семинарах. Завершение обучения предполагает позитивную рекомендацию тренеров, зачеты по всем тематическим семинарам и практическим занятиям, защиту практического случая (при условии вынесения его на супервизию), а также публичную защиту письменной дипломной работы.

Образовательная программа «Базовый курс психотерапии» («Психотерапевтическая пропедевтика»). Общее количество часов – 216 (из них 96 часов теории и 120 часов – практики). Включает в себя два модуля: 1) опыт самопознания (личный опыт); 2) основные направления психотерапии.

Супервизионная программа в области полимодальной и клиент-центрированной супервизии.

Мастер-класс профессора А. С. Кочаряна – «Кухня клиент-центрированной психотерапии» (постоянно действующая открытая группа).

Группа встреч (клиентская группа) профессора А.С. Кочаряна (полоуоткрытая группа).

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Клиентская программа «Мастерская психологического преобразования и телесности» – участники обучаются навыкам оптимизации эмоциональных, когнитивных, коммуникативных, телесных и волевых процессов для наиболее эффективной самореализации в различных аспектах жизни: работе, взаимоотношениях, здоровье, отдыхе и т.д. Включает четыре модуля.

Клиентская программа по семейной и детской психологии – программа предназначена для студентов, практикующих психологов, родителей и супругов, настоящих и будущих. Состоит из трех ступеней, включает в себя лекции, тренинги, практические занятия, современные теоретические представления и личный опыт. По окончании каждой ступени выдается сертификат. Веб-адрес: www.facebook.com/FamilyKidsKh. Тел. +38(050)6032919

Институт заинтересован в сотрудничестве и организации проведения программ института. Контакт: +38(050)3001257, *E-mail: kocharian55@gmail.com* (проф. Кочарян А.С.)

Наукове видання

**Психологічне консультування
і психотерапія**

Випуск 13

Збірник наукових праць

українською, англійською та російською мовами

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