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МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ ІМЕНІ В.Н. КАРАЗІНА

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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, взаємодію психотерапії та культури тощо.

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

В журнале представлено разнообразие психотерапевтических подходов, модальностей и методик, связанных с психологическим и медицинским пространством современной психотерапевтической и консультативной помощи. 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.

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TECHNIQUE OF DENOMINALIZATION IN CLIENT-CENTTRED PSYCHOTHERAPY

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The problem of the quality of the flow of the psychotherapeutic process at different levels of the client's mental organization is examined in this article. It is shown that the client's experiences with a low level of mental organization become incomprehensible to the psychotherapist, and the client becomes inaccessible. There is a tendency for the psychotherapist to avoid direct contact with the client's experiences, replacing emotional empathy with "knowledge" - "empathic knowledge", "knowledgeable understanding", and "sympathetic knowledge". Such intellectual representation of the psychotherapist in contact can be useful both for the psychotherapist and for the client. At the same time, it results in the avoidance of direct emotional contact, which leads away from understanding the psychotherapeutic contact by C. Rogers. The denomination technique allows to clear the experience from the intellectual "husk" and get a pure living experience. This can happen in "body-experience-memory" space. The place the denominalization should be started depends on the characteristics of the organization of the client's psyche. Activation of one component of the specified space eventually leads to activation of the other. These components are the elements of the "emotional scheme." Three variants of denomination are described: 1) instructing - carrying a client into depth of experiences; 2) focusing - helping a client to enter the closed experiences; 3) support. The latter option is more specific for lower organized structures of the psyche. An important condition for the work of the psychotherapist against client's protective function of intellectualization is actualization of the organismic tendency, otherwise the likelihood of retraumatization of the client is high.
KEY WORDS: psyche organization levels, client-centered therapy, empathy, focusing, contact in psychotherapy

ТЕХНІКА ДЕНОМІНАЛІЗАЦІЇ У КЛІЄНТ-ЦЕНТРОВАННОЇ ПСИХОТЕРАПІЇ

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У статті розглянута проблема якості протікання психотерапевтичного процесу при різних рівнях психічної організації клієнта. Показано, що переживання клієнта з низьким рівнем психічної організації стають незрозумілими для психотерапевта, а клієнт стає малодоступним. Існує тенденція психотерапевта відхилитися від прямого контакту з переживаннями клієнта, замінивши емоційну емпатію "знанням" - "емпатичним знанням", "знаючим розумінням", "співчутливим знанням". Така інтелектуальна представленість психотерапевта в контакті може бути корисною як для психотерапевта, так й для клієнта. В той же час, вона призводить до відходу від безпосереднього емоційного контакту, що не в повній мірі співпадає з розумінням психотерапевтичного контакту К. Роджерса. Техніка деномінализації дозволяє очистити переживання від інтелектуального "лушпиння" і отримати чисте живе переживання. Це може статися в просторі "тіло-переживання-спогад". Те, з якого місця слід починати деномінализацію залежить від особливостей організації психіки клієнта. Активізація одного компонента вказаного простору врешті-решт приводить до активізації іншого. Ці компоненти є елементами "емоційної схеми". Описано три варіанти деномінализації: 1) інструктаж - проведення клієнта у глибину переживань; 2) фокусування - допомога клієнтові у входженні у закриті переживання; 3) супровід. Останній варіант більше специфічний для низько організованих структур

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психіки. Важливою умовою роботи психотерапевта проти захисної функції інтелектуалізації у клієнта є актуалізація організмічної тенденції, інакше висока вірогідність ретравматизації клієнта.
КЛЮЧОВІ СЛОВА: рівні організації психіки, клиєнт-центрирована терапія, емпатія, фокусування, контакт у психотерапії

ТЕХНИКА ДЕНОМИНАЛИЗАЦИИ В КЛИЕНТ-ЦЕНТРИРОВАННОЙ ПСИХОТЕРАПИИ

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В статье рассмотрена проблема качества протекания психотерапевтического процесса при разных уровнях психической организации клиента. Показано, что переживания клиента с низким уровнем психической организации становятся непонятными для психотерапевта, а клиент становится малодоступным. Существует тенденция психотерапевта уклониться от прямого контакта с переживаниями клиента, заменив эмоциональную эмпатию «знанием» - «эмпатическим знанием», «знающим пониманием», «сочувственным знанием». Такая интеллектуальная представленность психотерапевта в контакте может быть полезной как для психотерапевта, так и для клиента. Вместе с тем, она приводит к отходу от непосредственного эмоционального контакта, что уводит от понимания психотерапевтического контакта К. Роджерсом. Техника деноминализации позволяет очистить переживание от интеллектуальной «шелухи» и получить чистое живое переживание. Это может случится в пространстве «тело-переживание-воспоминание». То, с какого места следует начинать деноминализацию зависит от особенностей организации психики клиента. Активизация одного компонента указанного пространства в конце концов приводит к активизации другого. Эти компоненты являются элементами «эмоциональной схемы». Описаны три варианта деноминализации: 1) инструктирование - проведение клиента в глубину переживаний; 2) фокусирование – помощь клиенту во вхождение в закрытые переживания; 3) сопровождение. Последний вариант более специфичен для более низко организованных структур психики. Важным условием работы психотерапевта против защитной функции интеллектуализации у клиента является актуализации организмической тенденции, иначе высока вероятность ретравматизации клиента.
КЛЮЧЕВЫЕ СЛОВА: уровни организации психики, клиент-центрированной терапии, эмпатия, фокусирование, контакт в психотерапии

In the article (Kocharyan, 2018) we discussed the issue of specific features of psyche organization, significantly determining the nature of the psychotherapeutic process and modifying the psychotherapeutic strategy itself. This does not negate Rogers hypothesis (“if ..., then ...), which means if you create the necessary and sufficient conditions for the client, the client will have a strong chance to change. In particular, this hypothesis was confirmed by the material of work with psychotics (patients with schizophrenia in the period of exacerbation) (Rogers, 1967), in whom the structural organization of the psyche is significantly impaired. However reflective technique alone does not guarantee success. As Eugene T. Jendlin (1988) noted, this technique was so simplified in teaching a large number of people that it became “to be a literal repetition of the client’s words, rather than emphathy in every moment”. As noted by the abovementioned author (Jendlin, 1988), as a result, "the credibility of the method was undermined". Understanding of “empathy” remains insufficiently articulated, especially since it is rather difficult to get into the spirit of a broken psyche. As O.R. Bondarenko noted (2012, p.102), "empathic understanding can be limited by the strangeness and obscureness of the forms of experience of customer behavior." Hence the transfer of emphasis by the psychotherapist from emotional (which is understandable when the client’s mind is normal) to cognitive structures, when the client is at a lower level of mental organization (borderline and psychotic) - “we will not get into the spirit, we will understand.” Various forms of understanding (cognitions) arise, replacing empathy itself: “empathic knowledge”, “knowing understanding”, “sympathetic knowledge” (W.W.Keil, B. Reisel, J. Eckert - quoted in (Bondarenko, 2012). As O.R. Bondarenko noted (2012, p.103), the goal of such understanding/knowledge is “the development of approaches to initially incomprehensible forms of experience” when “the world of client experiences is not sufficiently accessible to direct perception ...”. Ronald Laing (1995) wrote about the productivity of such an understanding of the client’s psyche, which is inaccessible to direct empathy. Schizophrenics should be approached with the standards of their other world. V.P. Rudnev (2006) provides with E. Kraepelin's description of a completely incomprehensible psychiatric patient, who is in constant aimless movement: she takes steps forward and back, braids and immediately unwinds her spit, while attempting to stop her, she dodges and continues meaningless movements, if she is

restrained she frantically cries, she strongly holds a piece of bread in her left hand, if someone sticks a needle into her forehead, she continues to move senselessly, as if the needle does not disturbs her." R. Laing (1995) commented on the patient's behavior from her phenomenological perspective, in which her behavior becomes reasonable and logical, and the psychiatrist becomes sick: it is obvious that if you stop the patient, pull out bread from her, stick a needle in her forehead, then she behaves logically as she does.

The inclusion of cognitive schemes of "correct" understanding of the client without direct perception can be useful, however, it complicates the process of direct perception by the psychotherapist of the client and being close to the client.

The inclusion of cognitive schemes of "correct" understanding of the client without direct empathy can be useful, however, it complicates the process of direct empathy by the psychotherapist of the client and the ability to be close to the client. This is to a certain extent a "crutch" that helps the therapist to understand the "incomprehensible" client and to be with him as a therapist (this is not face to face). K. Rogers (1986, p. 199) wrote (italics of the author A.K.): "I find that when I am *closest* to my inner, *intuitive self*, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which *I cannot justify rationally, which have nothing to do with my thought processes.* But these strange behaviors turn out to be right, in some odd way. At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present".

Therefore, the attraction of intellectual schemes for the empathic understanding of a client does not quite fit into the understanding of C. Rogers. At the same time, according to a number of authors, empathic understanding is a psychotherapist's resource to be close to the "destroyed" client (borderline and, above all, psychotic client). However, the psychotic experience is pre-symbolic, "pre-speech" (Bondarenko, 2012), and therefore it should be touched by direct empathy, which is uneasy. The use of cognitive structures can be useful for a psychotherapist, firstly, due to the fact that he or she will be able to avoid direct painful emotional contact (metaphor: to touch an electrical wire not directly, but through a braid), and, secondly, to get an access tool to pre-symbolic experiences (metaphor: to find a handle for a suitcase). The benefit for the client will be that he or she will have an opportunity to introduce the experience into a mature speech context (the verbal label of the experience suggested by the therapist and the experience itself will not necessarily coincide). In addition, it is an avoidance of direct non-intelligent contact.

The difficulty of a psychotherapist's emphathy in a client appears in: 1) the numerous phenomenology of the difficulties in the psychotherapeutic process development (Kocharyan, 2018): reduction of the "energy" flow, the formation of "traps", the loss of some components of the emotional scheme, the difficulty of a client's entering their traumatic zone and the subsequent difficulty of getting out of it, as well as in 2) distorted forms of customer experiences (Bondarenko, 2012, p.103-104), which impede psychotherapist's access to them (direct emphathy): psychotic or "pre-speech" experience, rigidity of emotional patterns, incomprehensibility of client motives and impulses, generalized (large-scale) negative emotional schemes, dysfunctional interaction patterns, fragile processes of experiences .

A solution to the empathy problem. Technically, the solution to the problem of empathy in a client is to use the *technique of denominalization*, to clear out a feeling from a word. When a psyche is neurotically organized, the client is invited to "leave" the word, see what lies beneath it - *what kind of experience, memory or body sensation*. The client is offered a metaphor of a candy in a wrapper: a candy may be wrapped in an inappropriate wrapper, for example, the "Red Poppy" candy is in the "Duchess pear" candy wrapper. An anecdote comes out – a man says: "I was in Kharkiv, I was swimming in the sea." He receives a reasonable response: "There is no sea in Kharkiv, isn't there?!". The man exclaims: "I am such an idiot – I did not know

and I did take a swim." We bathe not in reality, but in doubled verbal reality, in fantasy all the time. A word always "saves", however it does not always reflect the reality. Noam Chomsky suggested a phrase that has become a model of meaninglessness - "colorless green ideas are furiously sleeping." However, as the linguist Hilary Patnem writes, it turns out that it can also set a rather meaningful reality: ideas can be blank ("colorless"), immature ("green"), they can be ineffective ("sleep") (Rudnev, 2006 p. 101). Thus, the purpose of denominalization technique is to get rid of words. A neurotically organized person easily goes beyond words. This can happen in the "body-experience-memory" space. The place, from which the denominalization should be started depends on the specifics of psyche organization - for someone "entry" is easily carried out through the body, for someone - through emotions directly, for someone - through memories. Activation of one component of the specified space eventually leads to activation of the other. These components are the elements of the "emotional scheme", the concept of which was developed in emotionally focused therapy (Elliott, 2003; Greenberg, 1989). The scheme contains the following elements: experience; a system of early memories, the core of which is experience; bodily manifestations; cognitive interpretations; motivation. Client's experience in a pure form is rarely presented: either it is generally blocked for the client, who, as a result, cannot feel it, or it is distorted. One type of distortion is an intellectualization of an experience in which it is placed in an intellectual shell, like paper in a file. As a result, painful emotions become less traumatic: one thing is to have the concept of one's own loneliness and uselessness, and the other is to experience these feelings in a pure form. This variant of the denominalization is indicated as instruction.

The second variant of denomination is focusing by the psychotherapist of the client's hidden experiences, and the client's attention to them. There is a difference between empathy and focusing. Empathy is a verbalization by the psychotherapist of client's current experiences, there is no rushing ahead. Empathy reflects the therapeutic "half a step behind" strategy, the strategy of following. Focusing reflects the "half a step ahead" strategy, the leadership strategy (guiding), albeit within the client's process. The psychotherapist looks ahead, however within the framework of the client's movement. Focusing is a communication to the client of not actual emotions, but of those who are slightly away from him, within the framework of the "zone of proximal development".

The third variant of denomination is that the psychotherapist enters into the inner world of the client due to therapeutic resonance, and communicates with the client on the basis of these resonant experiences (accompaniment). What the client does not know and does not feel, is represented by the psychotherapist, being his dissociated part. In fact, the client meets his inner world through the psychotherapist. This is quite a difficult task for the psychotherapist who must "give up" thoughts about the client and gradually translate all types of resonance (physical, emotional) into purely emotional ones. At this level, there is a possibility of an emotional "breakthrough" in the relationship. If an emotional resonance is not reached, then very often the psychotherapist performs the purificatory role (releases the energy component of the client's experiences) - the client feels the release by reducing the "charge" of pathogenic emotions, but nothing happens psychotherapeutically.

An actualization of the organismic tendency is an important condition for the work of a psychotherapist against the protective function of a client, otherwise the probability of retraumatization is high.

CONCLUSIONS

1) low levels of mental organization lead to difficulties in the flow of the psychotherapeutic process, to the fact that client's experiences become incomprehensible to a psychotherapist, and the client becomes inaccessible;

2) there is a tendency of a psychotherapist to avoid direct contact with the client's experiences, replacing emotional empathy with "knowledge" - "empathic knowledge", "knowledgeable understanding", "sympathetic knowledge";

3) such intellectual representation of a psychotherapist in contact can be useful both for the

psychotherapist and for the client. However, it leads to a avoidance of direct emotional contact;

4) the technique of denominalization allows to clear the experience from the intellectual "husk" and get a pure living experience Three variants of this technique are described.

REFERENCES

Kocharyan, A.S. (2018). Протекание процесса в клиент-центрированной психотерапии [Process in the client-centered psychotherapy]. *Psychological counseling and psychotherapy*, 9, 16-22. (in Russian)

Rogers, C.R. (Ed.), Gendlin, E.T., Kiesler, D.J. & Truax, G.B. (1967). The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics. Madison, Wisc.: University of Wisconsin Press.

Gendlin, E.T. (1988). Obituary: Carl Rogers (1902–1987). *American Psychologist,* 43(2), 127-128. http://dx.doi.org/10.1037/h0091937

Bondarenko, O.R. (2012). Этиология психических нарушений в клиент-центрированной терапии [Etiology of mental disorders in client-centered therapy]. *Журнал практического психолога*. 1, 102 – 119. (in Russian)

Laing, R. (1995). *Расколотое Я [Splitted "I"].* Saint Petersburg: White Rabbit. (in Russian)

Rudnev, V.P., (2006). Миф психотерапии [The Myth of Psychotherapy]. *Psychology. Journal of the Higher School of Economics*, 3(1), 97-102. (in Russian)

Rogers, C. (1986). Client-centered/Person-centered Approach to Therapy. In Kutash I., & Wolf A. (Eds.). *Psychotherapist's Casebook.* (p. 197-208). San Francisco: Jossey-Bass Publishers.

Elliott, R. (2003). Emotion-focused therapy. In P. Sanders (ed.). *The tribes of the person-centred nation.* (103-130). N.Y.

Greenberg, L., Safran, J. (1989). Emotion in Psychotherapy. *American Psychologist*. 44(1), 19-29.

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EXPERIMENTAL STUDY OF PERSON-CENTERED PSYCHOTHERAPY IN SOMATOGENIC DISORDERS TREATMENT (A study of chronic gastrointestinal diseases)

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This article touches upon the problem of Person-centered psychotherapy in the treatment of specific psycho-emotional problems caused by chronic physical illnesses. The study involved the patients with chronic diseases of gastroenterological spectrum on the exacerbation stage. Total sample size was 144 people: 85 females (59.09%) and 59 males (40.01%) at the age from 24 to 59 y. The average duration of therapy ranged from 15 to 20 hours. A separate group of patients (15 people) were treated with medications prescribed by a psychiatrist in accordance with psychopathological report taking into account the basic diagnosis (anxiolytic, sedative, nootropic, anti-depressants).

Methods. At the sample selection and the final stages the MMPI, M. Luscher Colour Test and L. Szondi Test were applied. Before and after each therapeutic session express-diagnostics via SAM- techniques (self-esteem, activity, mood), in form of personal semantic differential was applied.

Results and conclusions. The most significant results in terms of clinical features (health, strengthening, stress reduction, reduction of scales' peaks, indicating the severity of the reactive state, positive dynamics of the lab tests, etc.) have been observed in the group of patients receiving concomitant (psychological, pharmacological and nosology-oriented) therapy. It may be assumed that various psychotherapeutic approaches should be considered as subsidiary, rather than principal, means of chronic illness treatment. Psychological methods proper would be useful for emotional abreaction, switching attention from the dominant physical suffering to the patient's personal resources, as well as self-presentation processes.

KEY WORDS: psychotherapy, somatogenic disorder, chronic gastrointestinal diseases, psychoemotional condition, therapy

ЕКСПЕРИМЕНТАЛЬНЕ ДОСЛІДЖЕННЯ ПЕРСОНО-ЦЕНТРОВАНОЇ ПСИХОТЕРАПІЇ У ЛІКУВАННІ СОМАТОГЕННИХ РОЗЛАДІВ (Вивчення хронічних захворювань шлунково-кишкового тракту)

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У статті розглянуто проблему особистісно-орієнтованої психотерапії при лікуванні специфічних психоемоційних проблем, викликаних хронічними фізичними захворюваннями. У дослідженні брали участь пацієнти з хронічними захворюваннями гастроентерологічного спектра на стадії загострення. Загальний обсяг вибірки становив 144 особи: 85 жінок (59,09%) та 59 чоловіків (40,01%) у віці від 24 до 59 років. Середня тривалість терапії становила від 15 до 20 годин. Окрему групу пацієнтів (15 осіб) лікували медикаментами, призначеними психіатром відповідно до психопатологічного звіту з урахуванням основного діагнозу (анксіолітичні, седативні, ноотропні, антидепресанти).

Методи. При відборі зразків і завершальних стадіях застосовувалися MMPI, M. Luscher Colour Test та L. Szondi Test. До і після кожного терапевтичного сеансу застосовувалася експрес-діагностика за допомогою SAM-техніки (самооцінка, активність, настрій) у вигляді особистого семантичного диференціала.

Результати та висновки. Найбільш значні результати з точки зору клінічних особливостей (здоров'я, зміцнення, зниження стресу, зниження піків шкал, що свідчить про тяжкість реактивного стану, позитивну динаміку лабораторних тестів тощо) спостерігалися в групі хворих, які отримували супутня (психологічна, фармакологічна та нозологічна) терапія. Можна припустити, що різні психотерапевтичні підходи слід розглядати як допоміжні, а не принципові засоби лікування хронічних захворювань. Власне психологічні методи були б корисні для емоційної реакції, переключення уваги з домінуючих фізичних страждань на особисті ресурси пацієнта, а також процеси самопрезентації.

КЛЮЧОВІ СЛОВА: психотерапія, соматогенні розлади, хронічні шлунково-кишкові захворювання, психоемоційний стан, терапія

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ЭКСПЕРИМЕНТАЛЬНОЕ ИССЛЕДОВАНИЕ ПЕРСОНО-ЦЕНТРИРОВАННОЙ ПСИХОТЕРАПИИ В ЛЕЧЕНИИ СОМАТОГЕННОГО РАССТРОЙСТВ
(Изучение хронических заболеваний желудочно-кишечного тракта)

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В статье рассмотрена проблема личностно-ориентированной психотерапии при лечении специфических психоэмоциональных проблем, вызванных хроническими физическими заболеваниями. В исследовании принимали участие пациенты с хроническими заболеваниями гастроэнтерологического спектра в стадии обострения. Общий объем выборки составил 144 человека: 85 женщин (59,09%) и 59 мужчин (40,01%) в возрасте от 24 до 59 лет. Средняя продолжительность терапии составляла от 15 до 20 часов. Отдельную группу пациентов (15 человек) лечили медикаментами, предназначенными психиатром в соответствии с психопатологического отчета с учетом основного диагноза (анксиолитические, седативные, ноотропные, антидепрессанты).
Методы. При отборе образцов и завершающих стадиях применялись MMPI, M. Luscher Colour Test и L. Szondi Test. До и после каждого терапевтического сеанса применялась экспресс-диагностика с помощью SAM-техники (самооценка, активность, настроение) в виде личного семантического дифференциала.
Результаты и выводы. Наиболее значительные результаты с точки зрения клинических особенностей (здоровья, укрепление, снижение стресса, снижения пиков шкал, свидетельствует о тяжести реактивного состояния, положительную динамику лабораторных тестов и т.п.) наблюдались в группе больных, получавших сопутствующая (психологическая, фармакологическая и нозологическая) терапия. Можно предположить, что различные психотерапевтические подходы следует рассматривать как вспомогательные, а не принципиальные средства лечения хронических заболеваний. Собственно психологические методы были бы полезны для эмоциональной реакции, переключение внимания с доминирующих физических страданий на личные ресурсы пациента, а также процессы самопрезентации.
КЛЮЧЕВЫЕ СЛОВА: психотерапия, соматогеные расстройства, хронические желудочно-кишечные заболевания, психоэмоциональное состояние, терапия

PROBLEM STATEMENT

Modern psychotherapy in a broad sense is considered to be a most important part of present-day medical and paramedical activities. It gained now a considerable importance in solving a wide range of issues related to providing a psychotherapeutic care for patients. This mainly concerns the patients, whose diagnoses belong to the so-called “small psychiatry” and specifically to those who suffer from emotional problems caused by chronic somatic illnesses. The latter may not only negatively affect the patient’s mental state, but also cause permanent personality disorder (which, according to the International Classification of Diseases (ICD-10), belong to V-Class and are designated by the code from F 60.0 to F 60.09). A great number of researchers are trying to answer the question, which models of psychotherapy (traditional and new ones) and in what way may be considered as the most effective in coping with the psychological problems of a person who suffers from chronic somatic and psychosomatic diseases (Amosova, Samar, Vinnikov et al., 1995; Babich, 2008; Bulyubash et al., 2011; Stormy, 2006; Vorobiev, 2009; Raven, 2004; Greenwald, 2010; Kabanov, 1983; Karvasarsky, 2011; Scab, 2009; Korolenko, 2000; Korjagin, 1996; Kocharyan, 2002, 2010; Kulakov, 2007; Maksimenko, 2015; Markov, 2015; Mendelevich, 2005; Mikhailov et al., 2002; Moroz, 2010; Butts, 1997; Prostomolotov, 2007; Roslyakova, 2012; Samushiya, 2009; Thostov, 2006; Bittonetal, 2003; Von Wietersheim, Kessler, 2006.; Garcia-Vega, Fernandez-Rodriguez, 2004; Maksymenko, 2015, etc.). Thus, the actual experience indicates the urgent need for studying the real possibilities of modern psychotherapy in application topsycho- and somatogenic disorders, which were caused by chronic painful physical conditions.

SUBJECTS, METHODS AND PROCEDURES

The study involved patients in the acute stage of the following chronic diseases of gastroenterological spectrum: various types of chronic gastritis with normal and increased gastric secretory function; those with secretory insufficiency: simple, catarrhal, hemorrhagic gastritis; those with chronic cholecystitisand angiocholitis (cholangitis) both with patients after cholecystectomy; also patients withgastric and duodenal

ulcers, with gastroesophageal reflux disease, with chronic ulcerative colitis, including chronic colitis of various localization (sigmoiditis, proctitis, proctosigmoiditis), as well as irritable bowel syndrome.

Total sample size comprised 144 patients: 85 females (59.09%) and 59 males (40.01%) at the age from 24 to 59.

The initial psychodiagnostic examination of patients was performed using a short version of the MMPI test and LuscherColor Test**.** Officially the procedure was called the “current state assessment”. At the end of the psychodiagnostic procedure, a psychologist briefly discussed the results with the patient, asking if he or she would be interested to work on “stress reduction” in individual or group form.

Those patients whose test psychograms were of the research interest and those who were willing to work with a psychologist had additional interviews with a “psychoneurologist” (as officially a psychiatrist was named). At a separate closed meeting with the project supervisor, a chief psychologist and a psychiatrist, the final decision was made whether to include this or that patient to a target cohort for providing a psychotherapeutic treatment. As a result, in the group of patients with a range from the hypochondriac type of response to the disease to the hypochondritic disorder, there were 12 people (6 men and 6 women); in the range from the disturbing type of response to anxiety disorder - 16 people (2 men and 14 women); in the range from the egocentric type of response to the hysterical (conversion disorder) - 5 people (1 woman and 4 men). In addition, for the 15 patients, certain findings were made that fit into the symptoms of somatic-autonomic disorder, or, more precisely, consistent with the pathosichological description of "general stress" (the traditional abbreviation - VSD). In the course of work, four patients from the target group were excluded from the causes of the researchers. Thus, out of 144 patients with somatic care, 59 patients with nonpsychotic personality disorders were selected. Subsequently, all subjects were randomly assigned to 4 psychotherapeutic groups, for which KBT was used, existential-humanistic approaches and combined psychotherapy. Each patient, who expressed the desire to participate in the psychotherapeutic work, passed L. Szondi diagnostic test (version adapted by Sobchik L.M.) and received a printout of a psychological conclusion that created a natural occasion for the beginning of a person-oriented therapy. Additionally, each participant filled out the express-diagnostics scales on the basis of SAM-test (self-esteem, activity, mood), in form of personal semantic differential. In this way the research team carried out a constant monitoring of the patient current state, which increased the interest of the participants to psychotherapeutic sessions and at the same time provided certain feedback to the team of psychologists. Due to the specifics of the research project the psychologists have not been informed with the super task of this study. Thus, we complied with conditions relating to the requirements of the double-blind method.

The psychotherapeutic session was conducted daily from 16.00 to 17.30 six times per week (daily except Sunday). The average duration of psychotherapy for patients ranged from 15 to 20 hours. Some people (9) expressed the desire to continue individual psychotherapy after discharging from hospital, and received from 6 to 10 hours of additional psychotherapy. The certain difficulties were imposed by the norms of the bed-hours, actually allocated per patient in modern hospitals (e.g. no more than 14 bed-days per patient in the gastroenterological department). During our project, the actual length of patient hospital stays rarely reached three working weeks. It may be argued that such psychotherapeutic treatment actually corresponds to the life style of modern megalopolis inhabitant, and fits into the canons of short-term psychotherapy. Psychotherapy included: existential-humanistic approaches, cognitive-behavior techniques (in both group and individual forms) and combined (psychopharmacological) therapy. Special attention had to be paid to that part of the cohort of targeted patients (15 people) who took special medications prescribed by psychiatrists in accordance with the psychopathological diagnosis as it was agreed with the attending physician, taking into account the main diagnosis. In general, a prescription drug list included anti-anxiety drugs (Afobazol, Strezam, Xanax, etc.); sedative (Glycine, Glycide, etc.); nootropicdrugs (Noophen, Pantogam, Nootropil, Glycine, etc.), as well as a group of antidepressants of both plant origin (Life-900, Gelarium-Hypericum, Deprim), and of the SSRIs-group (Ciprolex, Citalopram, Fluoxetine) and SOSSN (Venlafaxine , Duloxetine), and in case of secondary

insomnia – Sonovan (Zopiclone), Vita-melatonin or, if necessary, Agomelatine (Melitor).The main research aspect was that this part of the patients' cohort was divided into two groups. The first group (7 patients) has some limitations in taking the above mentioned drugs, and the second one (8 patients) took part in psychotherapeutic sessions in addition to the prescribed medications. The difficulty lied in the fact that, as a rule, most of these drugs are appointed for a period much longer than the timing of the psychotherapy itself. Moreover, the effects of many of them begin to manifest themselves in 10-12 days, so the objective mismatch between psychotherapeutic interventions and pharmacodynamics, taking into account the "respondent-non-respondent" criterion, was another important nuance of this research project. In order to ensure effective treatment, special attention was paid to feedback issues, including delayed feedback via e-mail, and the possibility, if necessary, to contact the project supervisor, and then –the psychiatrist for a prescription, etc (in order to save space, the article will present only two rows of indicators: SAM and MMPI).

RESULTS AND ANALYSIS

I. The dynamics of patients' psycho-emotional and physical condition after the Existential-Humanistic psychotherapy.

At the first stage of the psycho-emotional condition assessment, the presence of changes in the subjective assessment of the patient's emotional state was analyzed with the use of the semantic differential technique. Since the values of the scales of the modified version of the semantic differential, proved to be sufficiently homogeneous, the average values for the whole group of each scale had been analyzed. As it is seen from the graph of Figure 1, the dynamics of the indicators for each of the scales is sufficiently explicit. The most obvious improvement of well-being observed on the scale of "bad – good". The patients felt more relaxed and comfortable after a group therapy.

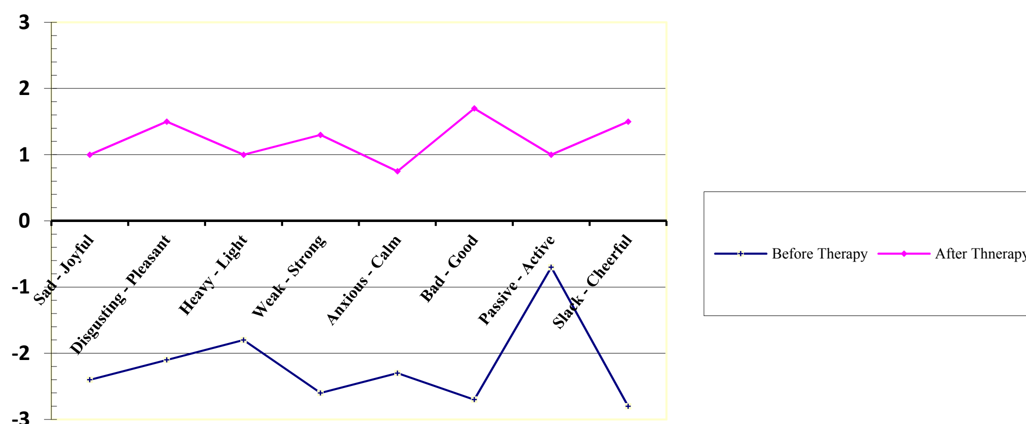

Figure 1. Dynamics of subjective assessment of patient's emotional state (mean values on the scales in the group) before and after the group therapy course in existential-humanistic paradigm (based on semantic differential).

It should be noted that the indicators for all scales in the diagnosis after a course of psychotherapy vary within no higher than the average level of severity (1.5 points on the scales of SD). High rates, showing the positive subjective assessment of the patients are not available. That gives us the ground for the assumption that psychotherapeutic measures exclusively are insufficient to improve the psycho-emotional state of patients.

The dynamics of the subjective assessment of the patient's physical condition is also positive and sufficiently expressed (Figure 2). The indicators for all scales tended to a positive pole, but also within the framework of the average level.

It should be noted that after the course of existential-humanistic group psychotherapy the patients continued to complain of headaches, mood swings, fatigue and lack of motivation for professional activity.

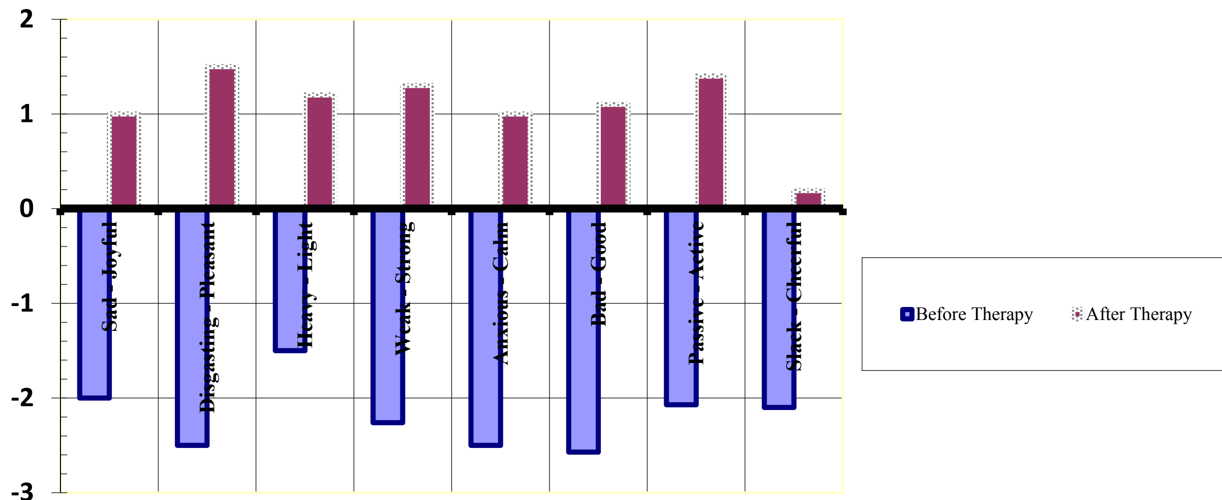

Figure 2. Changes in the subjective assessment of the physical condition of the patients (mean values on the scales in the group) before and after the Existential-Humanistic group psychotherapy (based on a modified version of the semantic differential).

II. Analysis of the results obtained by using the Mini-Mult Test at the beginning and at the end of Existential-Humanistic psychotherapy.

A nonparametric criterion of signs was chosen for 35 patients. The Wilcoxon signed-rank test served as an auxiliary method of statistics.

The differences were estimated among the indicators for each scale of the Mini-Mult Test. Since the nonparametric criteria allow us to estimate only one pair of variables characterizing the dependent groups for one analytical stage, the tables of analysis results describe each pair separately. At the end of the group Existential-Humanistic psychotherapy, the average scores on the scales of Reliability and Hypochondria decreased. This fact indicates positive dynamics of the psycho-emotional state of patients.

Statistically significant differences between the scores in the group of patients before and after the course of psychotherapy were identified on two scales: Reliability (Aggravation) and Hypochondria. The changes in the Reliability scale among patients were manifested in the reduction of the tendency to hyperbolize the symptomatic characteristic of their physical state. Moreover, the desire to emphasize the severity of the physical state was leveled as a result of psychotherapy (Fig. 3).

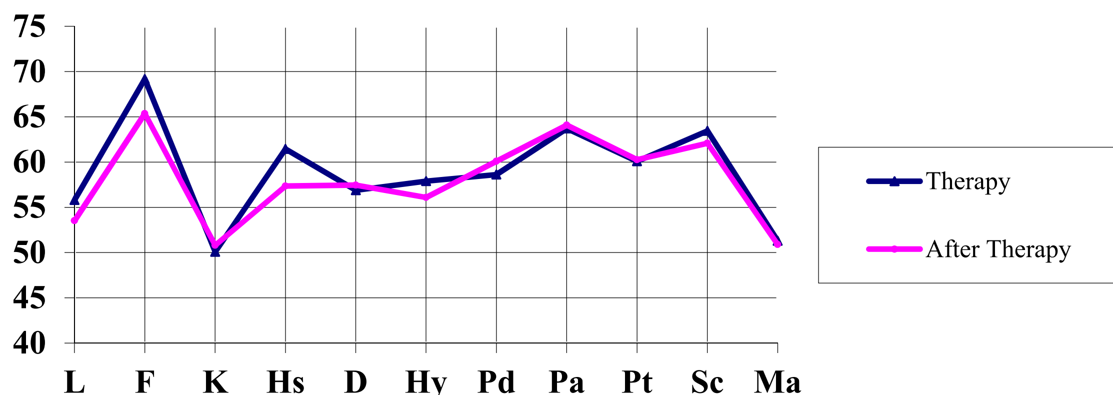

Figure 3. Dynamics of indicators on the Mini-Mult scales before and after the Existential-Humanistic psychotherapy.

A predominance of the passive personal position, a high level of awareness of the existing problems through the prism of frustration and a pessimistic assessment of its prospects, the tendency to a negative perception of the world due to illness, inertness in a decision-making were noticed at the beginning of group

psychotherapy. But at the end of the group Existential-Humanistic psychotherapy the focus shifted towards positive understanding of the future prospects, new meanings of life, further actions aimed at restoring health and lifestyle changes.

III. The dynamics of patients' psycho-emotional and physical condition after the Cognitive-Behavioral psychotherapy.

At the first stage of the psycho-emotional state assessment, the presence of changes in the subjective assessment of the patient's emotional state was analyzed using the semantic differential technique. Since the values of the scales of the modified version of the semantic differential, proved to be sufficiently homogeneous, we analyzed the average values for the whole group of each scale.

As it is seen from the graph on Fig. 4, the dynamics of the indicators for each of the scales is quite explicit. The most obvious improvement of well-being observed on the "Weak – Strong" scale. The patients feel more confident, balanced and "nice" after the course of group therapy.

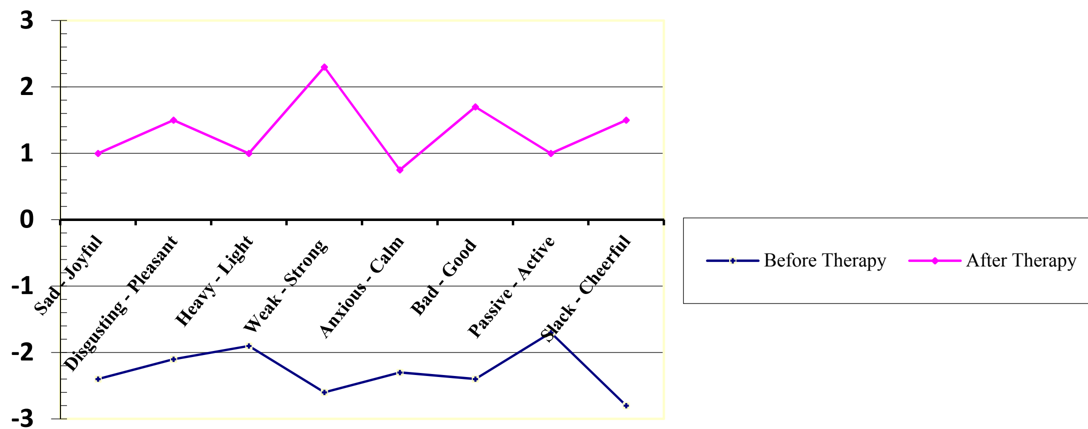

Figure 4. *Dynamics of subjective assessment of patient's emotional state (mean values) before and after a course of Cognitive-Behavioral group therapy (based on semantic differential*).

But it is worth noting that the figures for all the scales in the diagnosis after the psychotherapeutic course vary within no more than the average level of expression (1.5 points on the SD scales). The high rates, reflecting the positive subjective assessment of the patients are not available, that gives us the ground for the assumption that psychotherapeutic measures alone are insufficient to improve the psycho-emotional condition of patients.

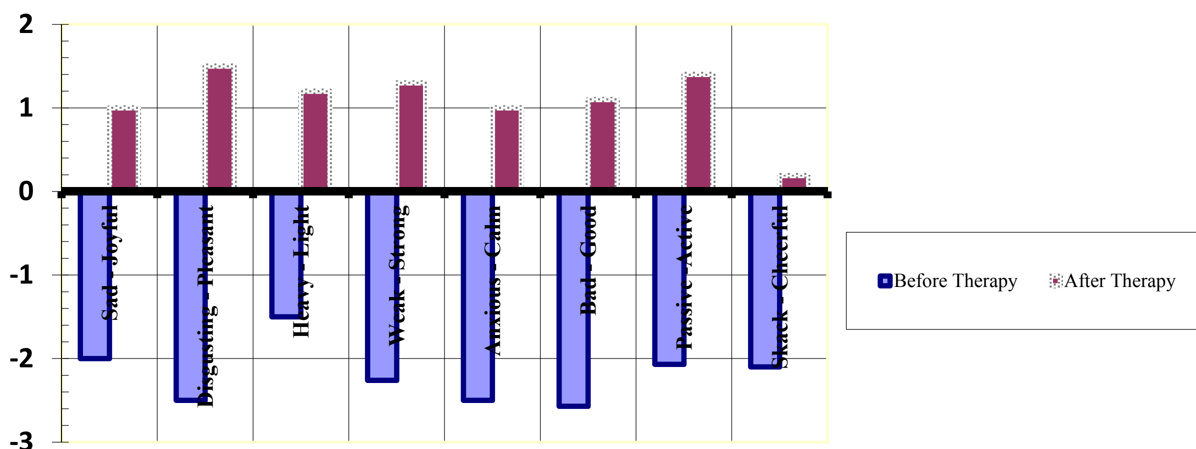

Figure 5. *Dynamics of subjective assessment of the patient's physical condition (mean values) before and after a course of Cognitive-Behavioral therapy (based on a modified version of the semantic differential*).

The dynamics of the subjective assessment of the patient's physical condition is also positive and quite persuasive (Figure 5). The indicators for all scales tended to a positive pole, but also within the framework of the average level. The most obvious improvement of mental well-being can be observed on the "Weak – Strong" scale. The patients felt the increase of strength and self-confidence, the readiness for the change of behavior after the course of Cognitive-Behavioral group psychotherapy.

But in general, after a course of Cognitive-Behavioral group therapy, the patients continued to complain of apathy, lethargy, lack of motivation for professional activity.

IY. The dynamics of patients' psycho-emotional and physical condition at the end of Combined Psychotherapy Cource

Table.

The mean values of indicators of the Mini-Mult scales in the group of patients at the end of combined therapy course

	L_a	F_a	K_a	Hs_a	D_a	Hy_a	Pd_a	Pa_a	Pt_a	Sc_a	Ma_a
Valid N	8	8	8	8	8	8	8	8	8	8	8
Missing	0	0	0	0	0	0	0	0	0	0	0
Mean	53.54	65.36	50.81	56.36	54.45	55.09	57.09	61.09	60.27	63.09	50.9
Std. Deviation	3.8043	6.91	6.32	4.80	6.36	6.56	5.82	6.59	7.49	8.51	7.942
Minimum	48.00	54.0	40.0	50.0	47.0	44.0	45.0	55.0	48.0	52.0	40.00
Maximum	65.00	69.0	55.0	61.0	64.0	61.0	62.0	70.0	63.0	72.0	59.00

After the combined therapy course the average indexes on **eight scales** have decreased: Lie (L), Hypochondria (Hs), Hysteria (Hy), Depression (D), Psychopathy (Pd), Paranoid (Pa), Psychasthenia (Pt).

The changes in the Aggravation scale were manifested in the reduction of the tendency to hyperbolize the symptomatic characteristic of patients' physical state. Moreover, the desire to emphasize the importance of the physical state was leveled as a result of psychotherapy.

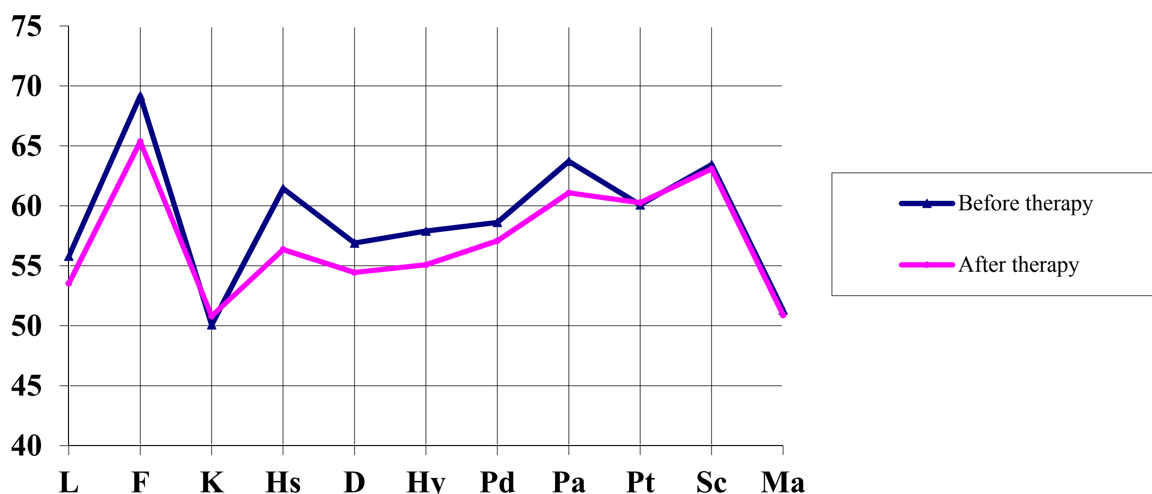

Figure 6. Dynamics of indicators on the Mini-Mult scales before and after the group psychotherapy combined with psychotropic medications treatment.

As seen from Fig. 6, the positive dynamics of the psychoemotional state in the group of patients after the course of a combined psychopharmacotherapy is evident (in comparison with patients after the course of purely group psychotherapy).A predominance of a passive personal position, a high level of awareness of the existing problems through the prism of frustration and a pessimistic assessment of its prospects, the tendency to a negative perception of the world due to illness, inertness in a decision-making, sharpness of feelings were noticed at the beginning of group psychotherapy combined with psychotropic medications treatment. But at the end of a combined therapy course the focus shifted towards positive understanding of the future prospects, new meanings of life, further actions aimed at restoring health and lifestyle changes.

CONCLUSION

The study provides grounds for the conclusions about the possibilities of modern personality-oriented psychotherapy in somatogenic treatment. It was taken into account that the content of complaints, the objectification of psychoemotional condition indicators, as well as its own subjective assessment among patients with gastroenterological diseases in the five experimental groups had some common features at the beginning of psychotherapeutic and pharmacological treatment: high level of anxiety due to deep unconscious fears of uncertainty about prospects which creates a constant feeling of danger and insecurity; decreased activity aimed to restore the former way of life; conversion of psychological problems into physical symptoms; low frustration tolerance, passive life position, increased level of alexithymia and blocked need for affiliation with increased interpsychic activity.

At the end of psychotherapeutic treatment, the most significant positive dynamics of psychoemotional condition was observed in the group of patients after psychopharmacotherapy. Significant positive changes were detected within Lie, Hypochondria, Hysteroid, Depression, Psychopathy, Paranoia and Psychasthenia scales of Mini-Mult Test. Such protection mechanism as "flight into illness" when the disease serves as a screen that disguises the desire to shift responsibility for existing problems to others, has also been reduced in this group of patients. The hyposthenic indices decreased. After a combined therapy, the patients rated their health condition as "good", they were able to identify the prospect of treatment. The tolerance to stress and frequency of social contacts increased which positively affected their emotional sphere and allowed them to receive satisfaction in their personal lives and professional activities. The state of disadaptation significantly decreased, as it was showed in Mini-Mult profile by increasing the 7-th scale.

The resultsof this study might beinterpreted as follows: the most significant results in the clinical sense, related to the improvement of well-being, reduction of general stress, decrease of "aggravation of state", reduction of scales indicating the degree of severity of reactive state of patients, as well as the improvement of laboratory tests, were observed in groups of patients after a combined (psychological, pharmacological and nosological oriented) therapy.

Thus, it follows that at present time there is no evidentiary reason to make categorical judgments about the sufficiency of psychotherapy itself, especially about its pathogenetic mission in all those situations when it is not exclusively about processes related to psychogeny. At the same time, it is worth noting that various psychotherapeutic approaches somehow perform additional helpful functions related to processes of emotional reaction, switching attention from dominant somatic suffering to patient's personal resources, and also influencing the image of self as well as processes of self-presentation. In other words– expanding the patient's consciousness, which deprives the experience associated with disease. The latter circumstance, we believe, contributes to the release of the patient's resources both at the level of organism (nervous, endocrine, immune systems) and at the level of personal "Self" and opens up additional opportunities for ensuring the effectiveness of healing process and restoring health in all senses of this complex phenomenon.

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REFERENCES

Amosova, K.M., Samar, S.A., Vinnikov, D.M. et al. (1995). Використання психотерапії в комплексному лікуванні та реабілітації ревматологічних хворих [Use of psychotherapy in complex treatment and rehabilitation of rheumatologic patients]. In *Питання діагностики та лікування: збірник наукових праць [Problems of diagnosis and treatment: collection of scientific works]* (p.83). Kiev. (in Ukrainian)

Babich, V.V. (2008). *Психотерапія у комплексному лікуванні розладів адаптпції у хворих з гострим інфарктом міокарду (Psychotherapy in the complex treatment of adaptation disorders in patients with acute myocardial infarction).* (Ph.D. Thesis). Retrieved from http://www.irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?C21COM=2&I21DBN=ARD&P21DBN=ARD&Z21ID=&IMAGE_FILE_DOWNLOAD=1&Image_file_name=DOC/2008/08bvvgim.zip. (in Ukrainian)

Bitton, A., Sewitch, M.J., Peppercorn, M.A. et al. (2003). Psychosocial determinants of relapse in ulcerative colitis: a longitudinal study. *Am. J. Gastroenterol*. 98(10), 2203–2208.

Buljubash, I.D., Morozov, I.N., Prihod'ko, M.S. (2011). *Психологічна реабілітація пацієнтів з останніми спинальною травмою (Psychological rehabilitation of patients with the last spinal trauma)*. Samara: Izdatel'skij Dom «Bahrah-M». (in Ukrainian)

Burno, M.E. *Клиническая психотерапия [Clinical psychotherapy]*. 2-editon (2006). Moscow: Akademicheskijproekt.

Voronov, M. (2004). *Психосоматика: практическое руководство [Psychosomatics: A Practical Guide]*. Kiev: Nika-Centr. (in Russian)

Garcia-Vega, E., Fernandez-Rodriguez, C. (2004). A stress management programme for Crohn's disease. *Behav Res Ther*. 42(4), 367–383.

Gas'kov, V.S. (1995). Психотерапия у больных гипертонической болезнью с учетом ведущих репрезентативных каналов [Psychotherapy in patients with hypertensive disease, taking into account the leading representative channels]. *Український вісник психоневрології [Ukrainian Herald of Psychoneurology]*. 3(1), 166–167. (in Ukrainian)

Grojsman, A.L. (1997). *Медицинская психология: Лекции для врачей - слушателей курсов последипломного образования [Medical psychology: Lectures for doctors - students of postgraduate education courses]*. Moscow: Izdatel'stvo Magistr. (in Russian)

Kabanov, M.M., Lichko, A.E., Smirnov, V.M. (1983). *Методы психологической диагностики и коррекции в клинике [Methods of psychological diagnosis and correction in the clinic]*. Leningrad: Medicina. (in Russian)

Kaplan, H.I., Sadock, B.J. (1994). *Клиническая психиатрия [Clinical psychiatry]*, Vol.1. Moscow: Medicina. (in Russian)

Karvasarskij, B.D. (2011). *Клиническая психология [Clinical psychology]* (4th ed.), Moscow: Piter. (in Russian)

Korostij, V.I. (2009). Место психотерапии в комплексном лечении непсихотических психических расстройств у больных с психосоматическими заболеваниями [The place of psychotherapy in the complex treatment of non-psychotic mental disorders in patients with psychosomatic diseases]. *Медицинская психология: науч. мед. журнал [Medical psychology: scientific medical journal]*. 4(2–3), 139–141. (in Russian)

Korolenko, C.P., Dmitrieva, N.V. (2000). *Социодинамическая психиатрия [Sociodynamic psychiatry]*. Moscow: Akademicheskij Proekt; Ekaterinburg: Delovajakniga. (in Russian)

Koryagin, Yu.A., Rashevskii, A.I. (1996). The Work of a Psychotherapist in Rehabilitation Department for Cardiological Patients. In *The Issues of Clinical and Social Psychology and Psychiatry. Abstracts* (pp. 93–94). Dnepropetrovsk. (in Russian)

Kocharjan, A.S., Saprykina, E.V., Saprykin, A.V. et al. (2002). The personality of patients with neurotic disorders: sex role. *Mezhdunarodnyj medicinskij zhurnal*, 2, 67–70.

Kocharjan, A.S. (2010). Эффективность методики психодиагностики сложных многоуровневых психологических образований (на примере симптомокомплекса маскулинности/фемининности) [Effectiveness of psychodiagnostics methods of complex multi-level psychological formations (on the example of the masculinity/feminine symptom complex)]. *Журнал практического психолога [Journal of practical psychologist]*. 17, 163–174. (in Russian)

Kulakov, S.A. (2007). *Практикум по психотерапии психосоматических расстройств [Workshop on psychotherapy psychosomatic disorders]*. SanktPetersrurg: Rech'. (in Russian)

Kutova, N.V., Markova, M.V. (2015, May). Хронічний панкреатит – як модель моделі соматичної хвороби з психотравматичними наслідками [Chronic pancreatitis - as a model of a somatic disease model with psychotraumatic consequences]. In *Український вісник психоневрології: Тези науково-практичної конференції з міжнародної діяльності «Сучасні підходи до діагностики, терапії та реабілітації посттравматичних стресів [Ukrainian Journal of Psychoneurology: Abstracts of the Scientific and Practical Conference on International Activity "Modern Approaches to the Diagnosis, Therapy and Rehabilitation of Post-Traumatic Stress"]*, 23(2), (pp. 111–112). Harkiv, Ukraine. (in Ukrainian)

Maksimenko, K. (2015). Mental Conditions. In S.D. Maksimenko *Genesis of Personality Existence*. (pp. 271–293). Montreal: Accent Graphics Communication.

Maksimenko, K.S. (2015). *Личностно-ориентированная терапия эмоциональных расств при соматогениях [Person-Oriented Therapy for Emotional Disorders with Somatogens]*. Kiev: Izdatel'skij Dom "Slovo".(in Russian)

Mihajlov B.V. (Ed.) (2002). *Психотерапия в общесоматической медицине: Клиническое руководство [Psychotherapy in General Medicine: A Clinical Guide]*. Harkov, Ukraine: Prapor. (in Russian)

Mendelevich, V.D. (2005). *Клиническая и медицинская психология: учебное пособие [Clinical and medical psychology: study guide]* (5th ed.). Moscow: MEDpress-inform. (in Russian)

Moroz, S.M. (2010). *Психопатологія і патопсихологія інвалідності внаслідок соматичних хвороб (феноменологія, механізми формування, принципи соціальної реабілітації) [Psychopathology and pathophysiology of disability due to somatic diseases (phenomenology, mechanisms of formation, principles of social rehabilitation]*. (Doct. Thesis). Retieved from: http://www.irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?C21COM=2&I21DBN=ARD&P21DBN=ARD&Z21ID=&IMAGE_FILE_DOWNLOAD=1&Image_file_name=DOC/2010/10MSMPPR.zip. (in Ukrainian)

Obuhov, Ja.L. (1997). *Глубинно-психологический подход в психотерапии психосоматических заболеваний [Deep psychological approach in psychotherapy of psychosomatic diseases]*. Moscow: RMAPO. (in Russian)

Prostomolotov, V.F. (2007). *Психосоматичні розлади (клініка, терапія, профілактика): керівництво для психологів і лікарів [Psychosomatic disorders (clinic, therapy, prevention): a guide for psychologists and doctors]*. Odessa, Ukraine: KP OGT. (in Ukrainian)

Rosljakova, V.A. (2012). Клинико-психопатологическая характеристика депрессивных расстроек непсихотического уровня у больших с опухолями челюстно-лицевой области [Clinical and psychopathological characteristics of depressive disorders of the non-psychotic level in large patients with maxillofacial tumors]. *Медицинская психология: науч. мед. журнал [Medical psychology: scientific medical journal]*. 7(1), 85-88. (in Russian)

Samushija, M.A., Zubova, I.V. (2009). Нозогении (психогенные реакции) при раке молочной железы [Nosogenic (psychogenic reactions) with breast rake]. *Психические расстройства в общей медицине [Mental disorders in general medicine]*. 1, 24–29. (in Russian)

Shheglov, L.M. (2006). Психология соматического больного [Psychology of the somatic patient]. *Медицинская психология: науч.-мед. журн. [Medical psychology: scientific med. Journ.]*, 1(3), 22–28. (in Russian)

Thostov, A.Sh. (2006). Психотерапевты его магия [Psychotherapist and his magic]. *Psihologija,* 3(1), 103-109. (in Russian)

Von Wietersheim, J., Kessler, H. (2006). Psychotherapy with chronic inflammatory bowel disease patients: A Review. *Inflamm Bowel Dis*. 12(12), 1175–1184.

Vorobjov, V.V. (2009). *Психологічні й сексуальні чинники в генезі мастопатії та їх психокорекція [Psychological and sexual factors in the genesis of mastopathy and their psychocorrection]* (Doct. Thesis). Retieved from: http://www.irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?C21COM=2&I21DBN=ARD&P21DBN=ARD&Z21ID=&IMAGE_FILE_DOWNLOAD=1&Image_file_name=DOC/2009/09vvvgmp.zip. (in Ukrainian)

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PSYCHOTHERAPEUTIC CHARACTERISTICS OF SCHIZOID PERSONALITY

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The article describes the features of psychotherapeutic work with schizoid topic. An understanding of the schizoid psyche in the practical phenomenological direction is considered exclusively under the psychological norm. The main internal conflict of schizoid is described.It shows the strong need for close relationships and the inability to feel comfortably in this proximity. The characteristics of emotional, behavioral, and rational spheres of schizoid individuals are briefly examined. Attention is drawn to features and strategies of psychotherapeutic work with such clients. The first strategy of psychotherapy for a schizoid personality is to create the necessary atmosphere of trust and support, a sense of security in contact with a psychotherapist. The next strategy is to satisfy the demand of a schizoid client to be unconditionally accepted with his unique subjective experience. It is investigated the need for openness and congruence on the part of a therapist. A client in trustful contact with a psychotherapist can recognize his emotional experiences that are unconscious and discarded. Confirmation and reflection of personal feelings in contact with a psychotherapist is sanogenic for a schizoid client. A body-oriented strategy of schizoid-type psychotherapy is considered. The features of the schizoid bodily organization are to block the energy impulses in the muscles. Emotional experiences are disabled due to muscle expression, significant limitation of vital energy in the body. The task of a therapist is to maximally ecologically and fundamentally expand the consciousness of the client to accept personal emotions, needs, experiences and impulses of the body. Client must be ready for a therapist to apply body-oriented techniques. The variants of psychotherapeutic mistakes in work with schizoid dynamics are noted.
KEY WORDS: psychotherapy, schizoid character, personality.

ОСОБЕННОСТИ ПСИХОТЕРАПИИ ЛИЧНОСТИ С ШИЗОИДНЫМ ХАРАКТЕРОМ

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В статье представлены особенности психотерапевтической работы с шизоидной проблематикой. Рассмотрено понимание шизоидной организации психики в практически феноменологической направленности, исключительно в рамках психической нормы. Описан основной внутренний конфликт шизоида, который заключается в крайней необходимости близких отношений и неспособности комфортно чувствовать себя в этой близости. Кратко рассмотрена характеристика эмоциональной, поведенческой и рациональной сфер шизоидно организованных личностей. Выделены особенности и стратегии психотерапевтической работы с такими клиентами. Первая стратегия психотерапии шизоидной личности заключается в создании необходимой атмосферы доверия и поддержки, ощущении безопасности в контакте с психотерапевтом. Следующая стратегия выражается в том, чтобы удовлетворить потребность шизоидного клиента в безусловном принятии его уникального субъективного опыта. Аргументирована необходимость открытости и конгруэнтности со стороны психотерапевта. Клиент в доверительном контакте с психотерапевтом может узнать свои эмоциональные переживания, которые являются неосознанными и отвергнутыми. Подтверждение и отражение собственных чувств в контакте с психотерапевтом является саногенным для шизоидного клиента. Рассмотрена телесноориентованная стратегия психотерапии шизоидного характера. Особенности телесной организации шизоида заключаются в блокировании энергетических импульсов в мышцах. Эмоциональные переживания блокируются через экспрессию мышц, значительная ограниченность жизненной энергии в теле. Задача психотерапевта максимально экологически и фундаментально расширить сознание клиента по принятию собственных эмоций, потребностей, переживаний и импульсов тела. Применяя телесно-ориентированные техники, психотерапевт должен чувствовать готовность клиента к этому. Рассмотрены возможные варианты психотерапевтических ошибок в работе с шизоидной динамикой.
КЛЮЧЕВЫЕ СЛОВА: психотерапия, шизоидный характер, личность

ОСОБЛИВОСТІ ПСИХОТЕРАПІЇ ОСОБИСТОСТІ З ШИЗОЇДНИМ ХАРАКТЕРОМ

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У статті представлено особливості психотерапевтичної роботи з шизоїдною проблематикою. Розглянуто розуміння шизоїдної організації психіки у практично феноменологічній направленості, виключно в рамках психічної норми. Описано основний внутрішній конфлікт шизоїда, який полягає у гострій потребі близьких стосунків та нездатності комфортно відчувати себе у

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цій близькості. Стисло розглянуто характеристику емоційної, біхевіоральної та раціональної сфер шизоїдно організованих особистостей. Виділено особливості та стратегії психотерапевтичної роботи з такими клієнтами. Перша стратегія психотерапії шизоїдної особистості полягає у створенні необхідної атмосфери довіри та підтримки, відчутті безпеки у контакті з психотерапевтом. Наступна стратегія виражається у тому, щоб задовольнити потребу шизоїдного клієнта у безумовному прийнятті його унікального суб'єктивного досвіду. Необхідність відвертості та конгруентності з боку психотерапевта. Клієнт у довірливому контакті з психотерапевтом може упізнати свої емоційні переживання, які є неусвідомлені та відкинуті. Підтвердження та віддзеркалення власних почуттів у контакті з психотерапевтом є саногенним для шизоїдного клієнта. Розглянуто тілесно-орієнтовану стратегію психотерапії шизоїдного характеру. Особливості тілесної організації шизоїда полягають у блокуванні енергетичних імпульсів у м'язах. Емоційні переживання блокуються через експресію м'язів, значна обмеженість життєвої енергії у тілі. Завдання психотерапевта максимально екологічно й фундаментально розширити свідомість клієнта щодо прийняття власних емоцій, потреб, переживань та імпульсів тіла. Застосовуючи тілесно-орієнтовані техніки психотерапевт повинен відчувати готовність клієнта до цього. Розглянуто можливі варіанти психотерапевтичних помилок у роботі з шизоїдною динамікою.
КЛЮЧОВІ СЛОВА: психотерапія, шизоїдний характер, особистість

The topic of schizoid personality can be considered from two positions in psychotherapeutic practice. The first variant to understand the radical of schizoid personality incorporates the method of the Diagnostic Statistic Manual (DSM-IV) used by the American Psychiatric Association. It is the baseline for the diagnosis and classification of characters and the narrative psychiatric taxonomy. Another approach to understand the schizoid organization of mindhas practically phenomenological direction exclusively within the framework of the psychological norm. This conceptis presented in the work of Nancy McWilliams, who defines schizoid as "complexity of inner mental lifein personality" (McWilliams, 2006).

According to DSM-IV, a schizoid identity is indifferent to the proximity (McWilliams, 2004) interprets schizoid using the theory of object relations. The conflict of desire for intimacy and avoidance is specific for such a person. The use of the term "schizoid" in psychoanalysis originates from observations of the disjuncture between the inner and outer life of an individual. The antisocial behavior of schizoid personality is a protective strategy to avoid hyperstimulation and traumatic experience of close relationships. Such people keep the distance in contact, while they have an inner thirst for affinity and vivid imaginations of psychological intimacy.

People with schizoid mental dynamics are common in psychotherapeutic practice (McWilliams, 2006). At the same time, such clients are represented by a wide variety of standardsin mental and emotional health: from the borderline level with single psychotic episodes to a stable psyche with non-adaptive behavior strategies. According to N. McWilliams, even against the background of serious problems of psychological intimacy and proximity, the majority of highly effective schizoid individuals are characterized by positive aspects of the mental functioning (life satisfaction, feeling of self, constant ego and object, creativity). The main internal conflict of schizoid is the critical need for close relationships and the inability to feel comfortably in this proximity. A person of this kind feels safe with a very small number of people. Any threat or real loss of such relationships is destructivefor integrity and power of schizoid. Since the schizoid personality is characterized by a complex and long-lasting precontact, like a verification of trust, the loss of an already established close relationship with another is tragic and devastating to them (Guntrip, 1969).

A schizoid type of personality usually reaches out for psychotherapeutic assistance in the case of loss of meaningful close relationships or for a specific purpose – to develop certain communicative skills, to engage in romantic relationships, etc. In the first case, we are talking about the exhausted Ego which is not able to cope with the reduction of anxiety and internal pain from desolation and loneliness. In the second case, on the contrary, the question is in a more adaptive state of the psyche and a greater ability to form a therapeutic alliance with a psychotherapist.

Let's consider the characteristics of emotional, behavioral and rational spheres of schizoid-organized individuals (Johnson, 2001). Preverbal assimilation of traumatic experience leads to devastating tendencies of the personal integrity. General anxiety and stress inherent in schizoid individuals are associated with social

situations and intimacy. Subjectively, traumatic situations are triggers for activating the psychological defense of personality.

A person with schizoid problem is foreseeable and with a certain mechanical manner in the manifestation of emotions. There is an inability to experience anger and to perceive it from others. Usually the psyche of schizoid identitydisplaces its own anger and personality begins to idealize itself. Feelingsof sadness, mourning and depressed mood become the most common symptoms of schizoid personality. Those emotions are the least depressed, but at the same time they are inactive in the body. Such feelings are allegedly experienced in the form of long-term or chronic depressive states (characterized by escape from reality and facile self pity). In other words, schizoid does not fully understand or experiences no worry even in such negative emotional states. A schizoid person tends to dive into a certain particular activity and develop only in one sphere. For example, workaholism, success in a career, is characterized by isolation in intimate relationships. In interpersonal relationships, there is an escape from direct confrontation or psychological intimacy (Guntrip, 1969).

For schizoid, exposure in intellectual processes and external achievements serve as a safe support, protecting from unpredictability of life. Since such a person is not able to identify himself with body life and develop this stable feeling, he is forced to seek support beyond reality by running into intellectual space and imagination. The desire to obtain approval precisely according to intellectual achievements is in evidence for them. In close relationships, schizoids constantly regulate the breadth and depth of contacts in order to maintain a sense of their own security. Such behavior is compulsory because a schizoid person perceives it as a struggle for life.

The separation of intellectual processes and the senses keeps mental functions from unwanted emotional connotation. The result of schizoid trauma and early developmental constraints has the role of "freezing" the body. The unconscious purpose of this is to control the strong negative emotions. In a situation of social communication, a schizoid can look quite self-sufficient. However, such people are characterized by an extremely strong need for acceptance and understanding of their inner world. From the outside, they seem out of touch, experiencing a lack of emotional warmth. It feels as if schizoid is emotionallyretarted, but there is a terrible experience of flooding by the intense emotions inside him (Kuznetsov, 2010).

The general concept of the psycho-therapeutic work with schizoids is to create an atmosphere of trust and support (McWilliams, 2004). A client should form a stable sense of security in psychotherapeutic contact. A psychotherapist at the initial sessions must avoid invasion to the intimate space of a client's psyche, which is so strictly guarded by Ego. It is worthwhile to avoid the temptations of analyzing the client's protective mechanisms and interpretations, since such early interventions can be traumatic. The tempo of psychotherapy should be fully consistent with the schizoid dynamics of each individual client.

It is because of the necessary safety condition in contact for the disclosure of patient the client-centered psychotherapy is effective to deal with schizoid problems. The classic version of psychoanalysis in the method of free association is also widely used and considered effective, since it provides space for the development of client's reflectivity.

One of the global challenges in schizoid therapy is to establish the ability to distinguish, recognize and accept personalfeelings. Problem solving is an area for demonstration of creativity and gumption of therapist. It is needed to reach repressed emotions by using non-standard, individualized ways. These are the emotions that are threatening the integrity of client’s Ego. Let's consider several options. (McWilliams, 2006) gives an example from her own practice: "One of my clients, who mostlyhad to take a grip on herself to talk, once called me in tears. "I need you to know that I want to talk to you! - she said, - but it is very painful for me ... ". As a result, we achieved therapeutic progress in a rather non-standard way – I read aloudthe understandable and least humiliating psychoanalytic literature about schizoid psychology and asked if this description coincided with her subjective experience. "This example illustrates the emotional expression of passion

through intellectual means. That is, when the client is not able to recognize his own emotional experiences, the necessary auxiliary, alternative techniques are needed.

The effective way of work with the problem of identifying personal emotions by patient is the subverbal model of client-centered psychotherapy of (Kocharyan, 2014). The idea of this model shows that it is impossible to enter into the depth of experience only through conversation and words. The freedom from priority of a word in experimental psychotherapy consists of a discrepancy in the meaning of the word, as a wrapping, and emotion, asa candy. Kocharyan O.S. in his articles notes the importance of sensitivity of a therapist to subverbal bodily experience ofa client (experimental reflection). "Subverbal experience has the quality of fluidity, variability, while modalized verbal experiences that are associated with an injury, and in this context are "plug"experiences, on the contrary, do not have the quality of fluidity, they are "stuck", turned into "crystal"that rests in the body like a thing, they are conscious or close to awareness, they do not arise and do not disappear – they are always present, either in actual or in potential forms, they are resistant to psychotherapeutic influence." Such an approach to psycho-therapeutic work with schizoid issues allows us to go round the protective mechanism of intellectualization and help the client to focus on the emotional experiences.

The next important feature of the psychotherapy of schizoid personality is the strong need to accept and understand the uniqueness of client’s subjective experience (Johnson, 2001). The feelings of person who isunderstood and accepted arises from the discovery of the personal experience of a therapist. Self-realization, openness and appealing to personal emotional background– the strategy of a therapist which is necessary in such cases. A client in trustful contact with a psychotherapist can recognize his emotional experiences that are unconscious and discarded. Internal fear of confrontation with personal emotions and affects, which is typical for such clients, can be solved in this way.

Confirmation and mirroring of personal feelings in contact with a psychotherapist is sanogenic for a schizoid client. The experience of a client "One understands me and there is nothing to threaten me with" is the goal at this stage of the psychotherapeutic process. Schizoids are very afraid to be in the center of attention of others, especially because of their own extraordinary. For them, there is a strong fear that personal originality and high sensitivity will be perceived as abnormal, pathology. Fear that one will not accept and will not understand themmay causeunsociable demeanour. Even highly organized individuals with a schizoid radical are inherent in their own normality. (McWilliams, 2004) explains the schizoid’s fear to appear in the field of pathology by his projection of belief in the intolerance of internal experience. In other words, such an experience is unrecognizable neither by the person itself nor by others.

A body-oriented strategy in psychotherapy of schizoid nature (Kuznetsov, 2010) deserves particular attention. According to the ideas of A. Lowen, a certain muscular armor corresponds to the structure of the character. The features of the bodily organization of schizoid are to block the energy impulses in the muscles. Emotional experiences are closed due to muscle expression, significant limitation of vital energy in the body. The movements seem constrained, mechanical, deprived of spontaneity and expression. Schizoid personality has the following physical manifestations: chronic tension in the neck, caused by a disconnection in thinking and feelings; limitation and constrain of breathing in the upper part of the chest; spinal curvature as an illustration of escape and detachment from others, eye block, etc.

Integrative strategy of combining the body-oriented and psychoanalytic techniques is effective at the stage of establishing contact with the body and "enabling" the energy resources of the client's corpus. Body-oriented techniques, which are not accompanied by exercises for the realization of blocked emotional experiences, will bring short-term results. The task of a therapist is to expand consciousness of a client maximally ecologically and fundamentally to accept personal emotions, needs, experiences and impulses of the body. The prosperity of psychotherapy depends on how successful the schizoid seduction will be resolved.

Fear and desire for a contact – is a steady characteristic of such clients. The demonstrative distance in a contact involves a strong desire for closeness to others and fears at the same time. Therefore, when using a body-oriented technology, a therapist should feel client's readinessfor it.

From description of the practice in psychotherapy of schizoid, it is known that such clients are characterized by high sensitivity to the unconscious feelings of others and a therapist (McWilliams, 2004). A schizoid personality has a strong empathy, he feels others perfectly, but is not able to express it in contact. If a therapist is uncertain about his actions regarding a client and he is afraid to touch the body incorrectly, then a schizoid perceives it as his personal disadvantage. Thus, the bodily touch in schizoid psychotherapy is an extremely important and difficult moment. After all, such a client has a strong desire to be accepted (through a physical contact as well), and at the same time he has an overwhelming fear of being rejected (repetition of traumatic infantile experience) (Kuznetsov, 2010).

Psychotherapy of schizoid personality requires a great deal of consciousness and congruence of a psychotherapist himself. This can be compared to the walk above the steep– one false, unseasonable action and the trust in contact disappears. The biggest risk in psychotherapeutic work with such clients is the delayed intensification of emotions and their awareness. An extremely emotionally directed psychotherapist, who does not take into account the importance of the intellectual sphere when dealing with a schizoid person, risks to put the client in an immature, unconstructive experience of emotive experience and repeated traumatization of the psyche. The lowspeed psychotherapeutic process amongschizoidal clients requires patience from a therapist. Another version of the failurein psychotherapy is too emotionally restrained and rational therapist who goes into a field of solid intellectualization. Thereby he increasesthedistance witha client.

As a result, the peculiarities of psychotherapeutic work with schizoid personality are to create an atmosphere of trust and support in contact with a psychotherapist; satisfy the need of schizoid client toaccept unconditionally his unique subjective experience; the necessity for openness and congruence on the part of a therapist; expand the client's consciousness about accepting his own emotions, needs, experiences and impulses of the body in a maximally ecological and fundamental way.

REFERENCES

Dzhonson, S.M. (2001). *Психотерапия характера. Методическое пособие для слушателей курса «Психотерапия» [Psychotherapy character. Methodological guide for students of the course "Psychotherapy"]*. Moskva: Centr psihologicheskoj kul'tury. (in Russian)

Guntrip, H. (1969). *Schizoid phenomena, object relations and the self.* NewYork: International Universities Press.

Kocharyan, A.S. (2014). Переживание как мишень клиент-центрированной психотерапии. [Experiencing as the target of client-centered psychotherapy] *Psychological counseling and psychotherapy*, 1-2. 24–36. (in Russian)

Kuznetsov, S. (2010). *Теория и практика работы с шизоидной структурой личности в телесно-ориентированной психотерапии. [Theory and practice of working with the schizoid personality structurein body-oriented psychotherapy]* (inRussian). Retrieved from https://www.integratio.art/files/schizoid-book.pdf

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner'sguide.* NewYork: Guilford Press.

McWilliams, N. (2006). Some Thoughts about Schizoid Dynamics. *The Psychoanalytic Review*, 93(1). 1-24.

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DHARMA-BASED PERSON-CENTERED APPROACH*

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The Dharma-oriented personal approach is a growing approach that derives from a deep connection between Buddhism (especially Shin-Buddhism) and a person-centered approach. Professor Gisho Saiko called this approach "Dharma-based approach to a person based on Dharma (DPA)". His research was not only Buddhism, but also counseling (especially personality-oriented approach), social well-being and education (students). His teaching style is not only intellectual, but also experienced. Regarding Buddhism, he had a coup (the spiritual experience of Aha) when he was in the 20's, and in the person-oriented approach he continued to have group experience. I believe that his works can be called "practical Buddhism" or "living Buddhism". In his work he offers "Buddha Dharma" instead of "Buddhism". to modern society. Communicating with client-focused therapy / person-oriented approach to him was fundamentally important. This gave him a deep awareness of himself, as he usually looked at people from above and taught them. He found that when he tried to understand people from their point of view, wonderful things happened to people. And how Buddhism has a relationship with this approach. When he was a high school teacher, he created a counseling room and he tried to practice "student-centered education" in his classes. He then created a research group for Shin-shu (Shin-Buddhism). Counseling and continuing education that promotes community development. Later in his life he called his approach "D.P.A.; Dharma-based, human-oriented approach".
KEYWORDS: Person-Centered Approach, Buddhism, Gisho Saiko, Buddha Dharma

КЛІЄНТ-ОРІЄНТОВАНИЙ ПІДХІД ЗАСНОВАНИЙ НА ПРИНЦИПАХ ДХАРМА

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Персональний підхід, орієнтований на Дхарму, є підходом, що розвивається, який походить від глибокого зв'язку між буддизмом (особливо шин-буддизмом) і підходом, орієнтованим на людину. Професор Гішо Сайко назвав цей підхід «підходом до людини, заснованим на Дхармі (DPA)». Його дослідження поєднують у собі буддизм (в японському варіанті), і людино-центрований підхід у його практичному застосуванні (консультування, освіта і т.і.). Його стиль роботи не тільки інтелектуальний, але й експіріентальний. Він привніс ідею духовності, закладену в буддизмі, в практику клієнт-орієнтованої психотерапії в роботі групи зустрічей. Його роботу можна назвати «практичним буддизмом» або «живим буддизмом». Його феноменологічна перспектива Його феноменологична перспектива, в рамках якої вони розумів людей, їх точки зору, приводила до їх дивним змінам. Далі він наводить бібліографічні дані Гішо Сайко. Будучи вчителем середньої школи він організував кабінет для консультування, а також він намагався практикувати навчання орієнтованим на студентів. Потім він створив дослідницьку групу Шин-шу (Шин-буддизм). Клієнт-центрироване консультування, засноване на буддизмі і відповідна освіта несе дуже важливий гуманістичний потенціал і сприяє розвитку суспільства. Пізніше він назвав свій підхід «людино-центрованим підходом основаним на Дхармі».
КЛЮЧОВІ СЛОВА: особистісний підхід, буддизм, Гішо Сайко, Будда Дхарма

КЛИЕНТ-ОРИЕНТИРОВАННЫЙ ПОДХОД ОСНОВАННЫЙ НА ПРИНЦИПАХ ДХАРМЫ

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Персональный подход, ориентированный на Дхарму, является развивающимся подходом, который основан на глубокой связи между буддизмом (особенно шин-буддизмом) и подходом, ориентированным на человека. Профессор Гишо Сайко назвал этот подход «подходом к человеку, основанной на Дхарме (DPA)». Его исследования сочетают в себе буддизм (в японском варианте), и человеко-центрированный подход в его практическом применении (консультирование, образование и т.д.). Его стиль работы не только интеллектуальный, но и експириентальный. Он привнес идею духовности, заложенную в буддизме в практику клиент-центрированной психотерапии в работе группы встреч. Его работу можно назвать «практическим буддизмом» или «живым буддизмом». Его феноменологическая перспектива, в рамках которой они понимал людей, их точки зрения, приводила к их удивительным изменениям. Далее он приводит библиографические данные Гишо Сайко. Будучи

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учителем средней школы, он организовал кабинет для консультирования, а также он пытался практиковать обучение ориентированным на студентов. Затем он создал исследовательскую группу Шин-шу (Шин-буддизм). Клиент-центрированное консультирование, основанное на буддизме и соответственное образование, несет очень важный гуманистический потенциал и способствует развитию общества. Позднее он назвал свой подход «человеко-центрированным подходом, основанным на Дхарме».
КЛЮЧЕВЫЕ СЛОВА: личностный подход, буддизм, Гишо Сайко, Будда Дхарма

FOREWORD

Dharma-based Person-Centered Approach is a growing approach coming from the deep connection between Buddhism (especially Shin-Buddhism) and person-centered approach. Professor Gisho Saiko named this approach, “Dharma-based person-centered approach (DPA).” I will describe shortly who is Gisho Saiko and how my learning is living in myself.

1. About Gisho Saiko (1925-2004)

He was born in 1925 at a temple, Mangyo-ji in Nara, Japan. He became a Buddhist Priest. He also worked at Ryukoku University in Kyoto from 1970 to 1994.

His study was not only Buddhism, but also counseling (especially Person-Centered Approach), and social welfare, and education (Learner-centered education.) His style of studying is not only intellectual, but also experiential. On Buddhism he had a turnabout (spiritual Aha-experience) when he was in the 20’s, and on Person-Centered Approach he continued to have group experiences. I think his works could be called “practical Buddhism” or “living Buddhism.” In his paper, he proposes “Buddha Dharma” instead of “Buddhism.” He had been seeking the way what Buddhism could contribute to save our lives in suitable way to Modern Society.

He often said to me. Encountering Client-Centered Therapy /Person-Centered Approach was fundamentally important to him. It gave him a deep awareness of himself how he had tended to look persons from above and teaching them. He found that when he tried understanding persons in their viewpoints, wonderful things happened on persons. And how Buddhism has affinity with that approach. He set up a counseling room when he was a high school teacher and he tried to practice “learner-centered education” in his classes. Then he established the study group for Shin-shu (Shin-Buddhism) Counseling and continuing studying contributing to the society. In later on his life he named his approach, “D.P.A.; Dharma-based Person-Centered Approach.” He passed away in 2004.

He belonged many academic associations.

The Japanese Association of Indian and Buddhist Studies

The Japanese Association for Buddhist Social Welfare Studies

The Japanese Society for the Study of Social Welfare

The Japanese Association for Humanistic Psychology

Japan Transpersonal association

Japan Association for Transpersonal Psychology/Psychiatry

The Japanese Council for counseling

The Study Group for Shin-shu Counseling

2. My encountering with Gisho Saiko

I encountered him when I was a student of Ryoukoku University. It was 39 years ago. I took his class. I remember clearly at that experience. He was a marvelous Listener. His smile was so beautiful. I was deeply relieved by him. It was an unbelievable encounter. Later I discovered the secret. He was a living Shin-Buddhist (Pure land Buddhism) who deeply understood person-centered approach. I followed him.

Then I have been learning PCA in my life and entranced into Shin-Buddhism teaching. Now both are connected deeply within myself inseparably. I am deeply relieved and having rich moment with my clients, students, friends, family within this deep connection.

3. My way of being as a D-pca facilitator

Now I am awakening how important ***hearing*** is. It is sensing the sounds, sounds of nature, sounds of feeling, sounds of voices, sounds of person's nature. It has both ways. The first is hearing myself whatever is going on. When I listen to myself I find hope, joy, anger, sadness, despair, loneliness and so on. It is important for me to sense all aspects of myself unconditionally. It is rich moments to me. The second is hearing others whatever going on, sadness, despair, anger, joy, hope and so on. It is like sensing their inner worlds unconditionally. The third is trying to go into their inner world and communicate my understanding.

And the most fundamental thing is ***hearing*** Buddha's power; especially Amida Buddha's power by the Primal Vow is always directing the virtue to me. I am awaking the power is also directing the virtue to someone. Both are within this power.

It could be describe it in these terms, especially as a helping person,

1) Dharma-based congruence

I am deeply myself within the relationship. I am congruent with "awaking Buddha Dharma", "experience", "experiencing" and "expression"

2) Dharma-based unconditional positive regard

I am awaking that clients/persons are also with Buddha Dharma. Amida Buddha's Power by the Primal Vow is directing the virtue to them. Mostly they are not awaking it. I am awaking this reality. I am deeply with them as a mundane person who is directed the virtue by Amida Buddha's Vow.

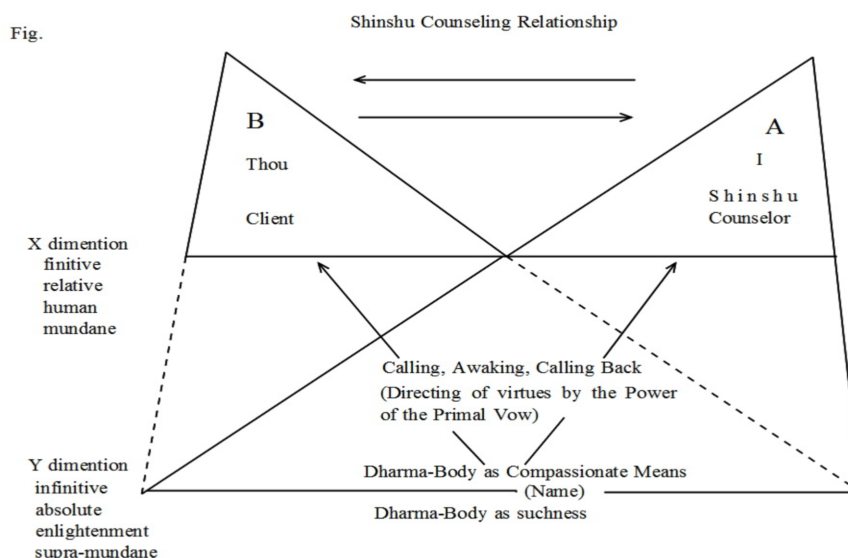
3) Understanding of the client's internal frame of reference, thoughts, feeling and their perception (Roku-Shiki, Six senses).

4) Dual relationship

Relationship between other and myself as mundane persons

Relationship between mundane persons and Buddha (supra-mundane existence.)

See **Figure** It describes so well how they are related. When I hear Buddha Dharma's wisdom I find myself that "I'm finite. There is no infinite in myself. I am blind and lost, came alone and departing alone. I am in ego-attachment. I am ego-oriented. I am in Evil Karma. I am in the ocean of death-and-birth. My self-power to go beyond this is useless. Even in this reality, no, because of this reality, Amida's Vow is directing me" It is infinitive. I am deeply relieved! I am fundamentally in the great Joy.



4. Practicing D-pca

I am awaking that I am a co-traveler with clients in our lives. Clients/persons are the only persons who know their directions. They do their thing. We are same persons with Buddha Dharma. We are co-travelers in our lives. Lives are not easy. I am being with them having sadness, heavy feeling, hardness. Sometimes I am

stuck, crying with them. Even this, Amida Buddha's Compassion is always directing the virtue to us. I am being with them in joy and relieving. I think this attitude is beyond "unconditional positive regards".

Note; Saiko abbreviated this approach, "D.P.A.", however, I name it "D-pca." Because "PCA" is more used as an abbreviation of "Person-Centered Approach."

REFERENCES

Jodo Shinshu Hongwanji-ha, Jodo Shinshu, A Guide 2002.

Rogers, C.R. (1980). *A Way of Being.* Boston, NY: Houghton Mifflin Company.

Suzuki, D.T. (1998). *Buddha of Infinite Light.* Shambhala Publications, Inc.

Ueda, Y., Hirota, D. (1989) *Shinran-An Introduction to his Thought.* Hongwanji International Center.

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DHARMA-BASED PERSON-CENTERED APPROACH IN JAPAN*

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My presentation is based on my personal experience of a psychology professor and a long-term leader of the "Shinchu Counseling" group. There are three reasons for this presentation. First, within themselves, Buddhism and PCs are inextricably linked with each other. Secondly, I would like to present at this international forum a Buddhist school to which I belong. In Japan, it is called Jodo Shinshu, or simply Shinshu. In English, it was introduced as Buddhism by Jodo Shinshu, Buddhism, Shin, or True Buddhism of Pure Land. Jodo Shinshu is the most influential Buddhist school in Japan; She has the largest following and more deeply rooted in the spiritual life of the Japanese than Zen Buddhism, which is more widely known outside of Japan. Thirdly, my sincere desire is to deepen the link between Shinshu and SPS at the levels of theory and practice so that the "counseling of Shinshu" helped create a new look at humanity and new human relationships for the 21st century. I believe that the term "Buddha Dharma" better reflects the religious system, which is commonly called Buddhism. The reason is that it is a way of life for all mankind, and not simply "ism", which is a system of thinking. Buddha Shakyamuni has achieved an ideal awakening to the truth and reality of human suffering, and this awakening is called "wisdom". From condolence to people, he decided to share his realization with them in order to free them from suffering. Since it came from the highest awakening of the Buddha and contains the dynamic power of human salvation based on its wisdom and compassion, I want to call Buddha's doctrine the "Dharma Buddha" in order to help people, solve their suffering and torture. I believe that the Dharma Buddha can be closely linked to psychotherapy, counseling and other activities aimed at helping people in a difficult position.
KEYWORDS: Dharma Buddha, PCA and Japanese culture, Dharma-based Approach, Shinshu Counseling

ДХАРМА-ОСОБИСТІСНИЙ ПІДХІД В ЯПОНІЇ

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Робота заснована на особистому досвіді професора психології і довгострокового керівника групи «Консультування Шиншу». Важливо, що буддизм нерозривно пов'язаний з людино-центрованим підходом Карла Роджерса. В Японії розвинена школа буддизму Джоді Шиншу, або просто Шиншу, яка найбільше вкоренилася в ментальності японців і э найбільш поширеною. У статті розглянуті три теми: 1) людино-центрований підхід і японська культура; 2) людино-центрований підхід заснований на Дхармі; 3) Шиншу консультування. Наводиться ідея того, що теорія Роджерса щодо людино-центрована підходу і теорія групи зустрічей була легко прийнята японським суспільством в області психології, освіти, релігії, соціального патронажу та ін., як ніяка інша теорія західної психології. Роджерс відвідував Японію, зустрічався з японськими психологами і терапевтами, що спричинило появу публікацій Карла Роджерса японською мовою. Важливо, що теорія Карла Роджерса проста і легко піддається перевірці, а також відповідає світогляду японців. Пояснюється основна ідея буддизму, яка була прийнята в культуру і структуру клієнт-центрованого знання. Позначаються особливості Шиншу консультування з точки зору гуманізму і людських відносин.
КЛЮЧОВІ СЛОВА: Дхарма Будда, людино-центрований підхід, японська культура, Шиншу-консультування.

ДХАРМА-ЛИЧНОСТНЫЙ ПОДХОД В ЯПОНИИ

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Работа основана на личном опыте профессора психологии и долгосрочного руководителя группы «Консультирование Шиншу». Важно, что буддизм неразрывно связан с человеко-центрированным подходом Карла Роджерса. В Японии развита школа буддизма Джоди Шиншу, или просто Шиншу, которая более всего укоренилась в ментальности японцев и более всего распространена. В статье рассмотрены три темы: 1) человеко-центрированный подход и японская культура; 2) человеко-центрированный подход основанный на Дхарме; 3) Шиншу консультирование. Приводится идея того, что теория Роджерса относительно человеко-центрированного подхода и теория группы встреч была легко принята японским обществом в области психологии, образования, религии, социального патронажа и др., как никакая другая теория западной психологии. Роджерс

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посещал Японию, встречался с японскими психологами и терапевтами, что способствовало появлению публикаций Карла Роджерса на японском языке. Важно, что теория Карла Роджерса проста и легко подвергается проверке, а также соответствует мировоззрению японцев. Объясняется основная идея буддизма, которая была принята в культуру и структуру клиент-центрированного знания. Обозначаются особенности Шиншу консультирования с точки зрения гуманизма и человеческих отношений.

КЛЮЧЕВЫЕ СЛОВА: Дхарма Будда, человеко-центрированный подход, японская культура, Шиншу-консультирование.

Before I begin my presentation, I would like to extend my heartfelt welcome to the members from abroad and also express my thanks to the organizers of this forum for giving me the opportunity to have this interactive session.

My presentation is based on my personal experiences as a professor of psychology and as a long-time leader of the “Shinshu counseling” group. There are three reasons for this presentation.

First, within myself, Buddhism and PC A are inseparably connected with each other.

Second, at this opportunity I wish to introduce to this international forum, the Buddhist school to which I belong. In Japan, it is called Jodo Shinshu, or simply Shinshu. In English, it has been introduced as Jodo Shinshu Buddhism, Shin Buddhism or True Pure Land Buddhism. Jodo Shinshu is the most influential Buddhist school in Japan; it has the largest following and it is more deeply rooted in the spiritual life of Japanese people than Zen Buddhism, which is more widely known outside Japan.

Third, my sincere wish is to deepen the connection between Shinshu and PCA on the levels of theory and practice so that the “Shinshu counseling” may help create a new perspective on humanity and a new human relationship for the 21st century.

I shall discuss the following topics:

1) PCA and Japanese culture
2) Dharma-based Approach
3) Shinshu Counseling

1. PCA and Japanese culture. It has been about a half century since C. R. Rogers’ theory on the client-centered therapy was introduced to Japan. Since then, his ideas, including those on the Person-Centered Approach and the Basic Encounter Groups that came afterwards, have been widely welcomed and accepted. Rogers’ theory has been studied and applied not only in psychology, but in the fields of education, religion, social welfare, and nursing among others. Perhaps no other Western theories of psychology have been as influential as Rogers’ in Japan.

There were many factors involved in this: Rogers’ energetic activities in research and teaching, his visit to Japan to meet and guide Japanese psychologists and therapists, young Japanese therapists and psychologists’ study with him in the U.S. and speedy publication of Japanese translations of his new writings.

However, a more important factor was that his theory on therapy was simple and clear, easy to understand to anyone, and easy to test and reexperience. In addition, Rogers’ viewpoint on humanity was “Oriental” and suited to the Japanese way of thinking. For example, it is often pointed out that he was influenced by the philosophy of Lao-zi and Zhung-zi. We have often felt it during our clinical application of his therapy.

2. Dharma-based Person-Centered Approach. Of various traditions in Japan, Buddhism has been the most influential to Japanese spiritual life. Buddhism is a universal religion that was founded by Sakyamuni Buddha in India about 2500 years ago. It was philosophically deepened in the form of Mahayana Buddhism and was transmitted through the Chinese continent and Korean Peninsula to Japan in the fifth and sixth century after the common era. It ultimately developed into what may be called “Japanese Buddhism.” The following are some of the well-known figures that contribute to this development: Prince Shoutoku (574-622), Kukai (774-835), Saicho (767-822), Honen (1133-1212), Shinran (1173-1262), Nichiren (1222-1282), Esai (1141-1215), Dogen (1200-1253), Ippen (1239-1289), Rennyo (1415-1499), and Ryokan (1178-1831).

An important development of Japanese Buddhism is that in Kamakura period (1192-1333), a new form of Buddhist schools called “Buddhism for the laity” came into existence. They all inherited Buddhist traditions from Sakyamuni Buddha but were different in form from traditional Buddhist schools. Among others, Honen first established the Japanese form of Pure Land Buddhism following the teaching of the Chinese Pure Land patriarch Shan-tao (613-682). Honen’s disciple Shinran further clarified and propagated his master’s teaching for saving every human being.

Shinran’s teaching was later organized into a new school called Jodo Shinshu (True Pure Land Buddhism or Shin Buddhism). In short, it is a path in which an “ordinary foolish person” can become a Buddha. Any person who believes in Amida Buddha’s Primal Vow and recites the Buddha’s Name (Namu Amida Butsu) attains birth in Amida’s Pure Land and becomes a Buddha.

By “Dharma-based” I mean an approach based on the spirit of Jodo Shinshu. If this is the first time you heard about Jodo Shinshu, what I am saying may not make much sense, but it is only natural. At the time of Honen and Shinran, even Buddhist monks who devote their lives to studies and practices did not understand them and severely criticized them for deviating from the orthodox Buddhist tradition. Some monks even influenced the imperial government in Kyoto to persecute their new Buddhist movement.

Even millions of words are not enough to explain the historical and doctrinal features of Buddhism, so I will focus on its essence from the psychological viewpoint. First I will explain the characteristic features of Buddhism.

I believe the term “Buddha Dharma” better represents the religious system that is commonly called Buddhism. The reason is it is a way of life for all the humanity, not just an “ism,” which is a system of thought. Sakyamuni Buddha attained perfect awaking to the truth and reality of human suffering, and this awaking is called “wisdom.” Out of compassion for people, he decided to share his realization with them to emancipate them from suffering. Because it has come from the Buddha’s supreme awaking and contains the dynamic power of saving people based on his wisdom and compassion, I wish to call the Buddha’s teaching “Buddha Dharma.” Following the sprit exhibited by the Buddha, the Dharma-based Approach is intended to help individuals resolve their distress and agony. This I believe that the Buddha Dharma can closely relate to psychotherapy, counseling and other activities that are meant to help people in difficulty.

The Buddha Dharma points to the reality if human existence characterized by the term “suffering.” At the same time, it is a practical way leading people to resolve their suffering and to enter a realm of true peace. I feel that Buddhism should be understand as a system of psychotherapy to be conducted in the spiritual realm rather than a doctrinal or philosophical system.

Now I shall briefly explain the basic teaching of Buddhism.

1) Human existence is filled with suffering. (For a human being to live as a human being is suffering.) Not being able to do what one wants to do is the true nature of suffering. Buddhism enumerates “four major forms of suffering and eight forms of suffering.”

2) The fundamental cause for human suffering is “ego-attachment” deeply rooted in human ego. Ego-attachment makes a person desire that the world acts according to his wishes.

3) Therefore, in order to acquire true joy and ease and peace, one must carry out certain “practices.”

The monks, who renounced the world to devote their entire lives to the learning and practicing of the Buddha’s teaching, formed the Buddhist Order (Sangha). The Sangha was revered and supported by lay followers of the Dharma. The Theravada Buddhism that still flourishes in Southeast Asia is closely observing this tradition.

However, in northern India about the first century ACE, a new Buddhist movement called Mahayana Buddhism emerged. They realized that it was the dynamic working of the Dharma (truth) itself that awakened Sakyamuni to the Dharma. They further became aware that it was of utmost important to wish and endeavor

to attain emancipation from suffering together with everyone else on an equal basis, just as a large ship (mahayana) can take many people from one shore of a river to the other. Their ultimate realization was that the true sprit of the Buddha was manifested as Bodhisattvas who vowed to remain in this world if suffering until all human beings were emancipated from suffering and attained Buddhahood. This is preached in many of the Mahayana scriptures.

Any approach based on the sprit of the Buddha's teaching, especially on that of Mahayana Buddhism, can be called a "Dharma-based Approach," but that still lacks a clear-cut focus. Therefore, I consider the Dharma-based Approach based on Jodo Shinshu Buddhism as the most suitable for the present time and have been practicing it under the title "Shinshu-Counseling."

3. Shinshu Counseling. I shall explain more about the Dharma-based Person-centered Approach (DPA), or Shinshu Counseling with the attached sheet with four figures. In these figures, normally complex human relations have been simplified into a direct and personal relationship in the counseling situation between A (helper, counselor, therapist) and B (helpee, client).

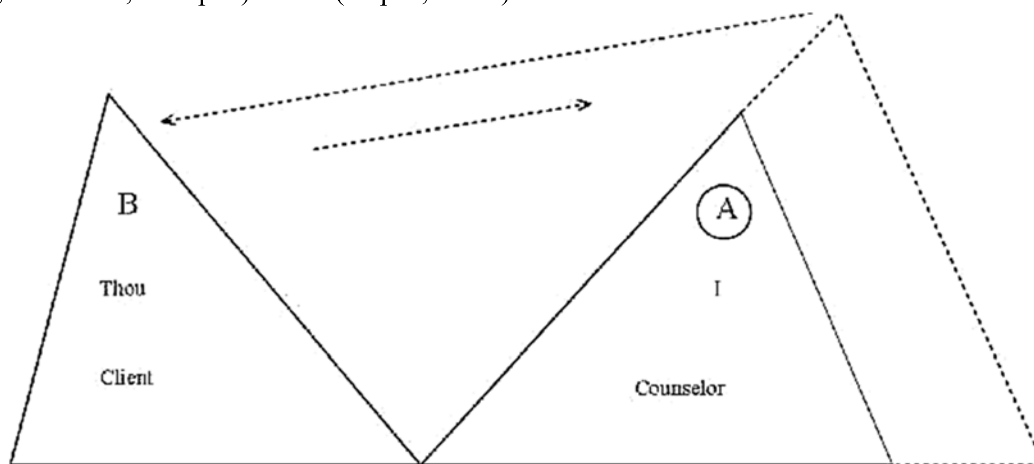

Figure 1. The levels of the relationship in psychotherapeutic process

Figure 1 is a simplified illustration of the counseling relationship which C. Rogers recommended. A and B are in a person-to- person relationship. They face each other as equals and establish a personal relationship. They have deeper interactions as they carry out their counseling activity. When A calls himself/herself "I", the client is "Thou," but not "It." Which would mean that the client had become objectified by the counselor's desire to posses or to manipulate. This was explained by Martin Buber. The arrows indicate freedom of expression and communication on both sides.

On the other hand, **Figure 2** shows a relationship in which consciously or unconsciously, A has come to take an authoritative and manipulative attitude toward B. B feels threatened and consciously or unconsciously has become defensive. In this situation, B is obstructed from developing congruent awareness and giving congruent expression.

Figure 3 shows a relationship which I call "Buddhist Counseling." In contrast with **Figure 1** and **Figure 2**, underneath the X dimension in which A and B stand as individual persons, there is the Y dimension where the Dharma or Buddha-Dharma operates, and A dimension.

Humans live in the finite and relative world, limited by time and space. Human relations, too, evolve within this limitation, but with Buddhist awareness, A finds himself sustained in the infinite and absolute world, or in the world of the Buddha, which surpass time and space. In other words, A is internally illumined and protected by the Light of the Buddha. I wish to hurriedly add - in such a two-dimensional illustration, the Y dimension (the world if the Buddha), might look as if it physically existed in a relative relationship with the X dimension (the human world), but that is not the case. The world of the Buddha is the realm of absolute spiritual awaking, or enlightenment. Even though Line X and Line Y are drawn parallel to each other, they differ in nature. The differences in nature between X and Y dimensions are shown as follows:

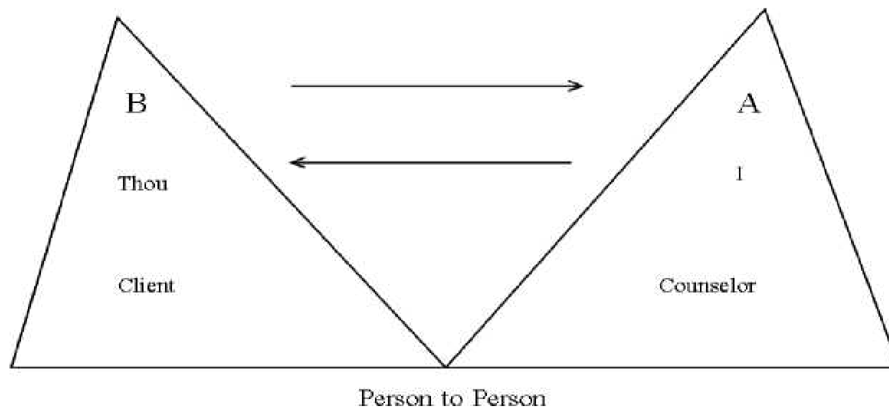

Figure 2. In apparance: person-to-person relationship in reality: authoritative counselor and defensive client

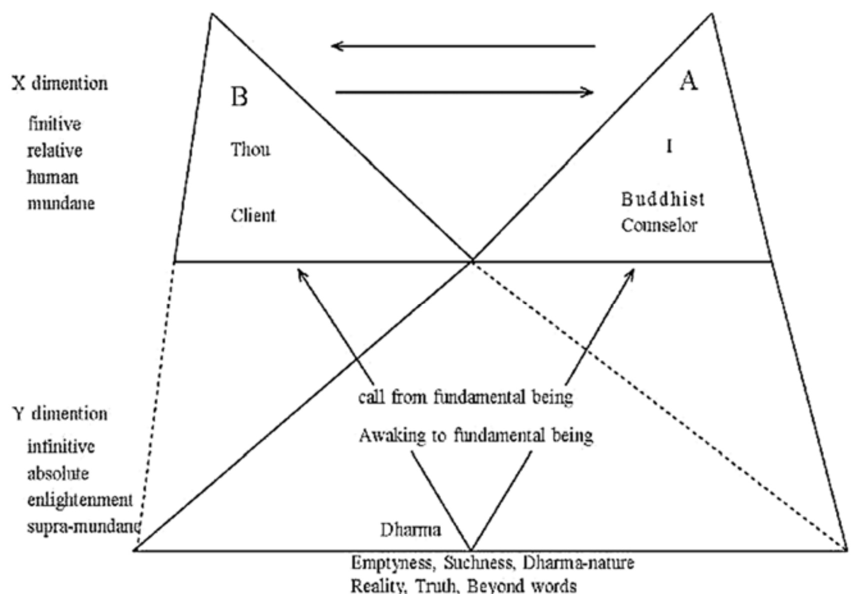

Figure 3. Buddhist Counseling Relationship

X dimension	Y dimension
human beings mundane relative finite birth-and-death, transmigration realm of thought and calculation realm of words lost and blind knowledge falsity existence	the Buddha (or Buddhas) supra-mundane, transcendent absolute infinite, limitless, eternal nirvana; non-birth, non-death realm beyond thought and calculation realm beyond words enlightened and awakened wisdom truth emptiness (beyond existence and non – existence.

The solid lines that extend from A to Line Y symbolize A's awareness that A is rooted in the realm of the Buddha. On the other hand, the dotted lines extending from B to Line Y indicate that B is not necessarily aware if or concerned with the Y dimension. In the eyes of A, both A and B are equally rooted in and sustained by the realm if the Buddha.

The fact that the Dharma-based Person-centered Approach (or Buddhist Counseling) operates on the basis of the "I and Thou" relationship for A and B and that DPA recognizes the importance of the "Core Conditions" laid down by C. Rogers makes it no different from the conventional way of counseling. The only difference is that in DPA, A conducts the counseling practice with the awareness of his being rooted in the realm if the Buddha and the Dharma.

4. Shinran's view on humanity and human relations --Its significance for the present world – **Figure 4** illustrates the kind of DPA which I have tentatively named "Shinshu Counseling" and have been developing for a number of years. As the naming indicates, this approach is based on Shinran's view on humanity and human relations.

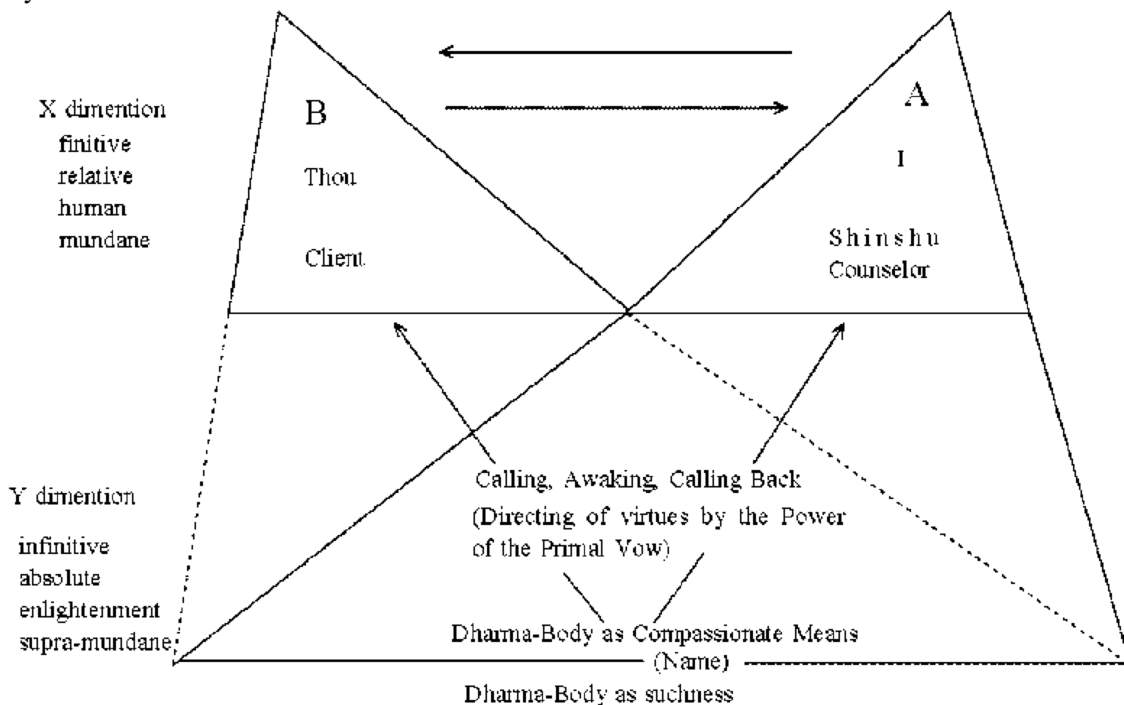

Figure 4. Shinshu Counseling Relationship

In my understanding, very few personalities in Japanese history, or even in world history, have observed human nature and human spirituality as closely as Shinran. From the viewpoint of PCA, he made an existential, experiential, self-awareness-based, and person-to-person approach on the basis of his complete trust in Amida Buddha's Primal Vow.

Throughout his life, Shinran always had the sense of joy and gratitude for being born as a human being, having met Amida Buddha's Primal Vow and being made to live by the Power of the Vow (Other Power). That is because he had such an inconceivable experience of being saved by Other Power when he was unable to save himself by traditional self-power practices. He had become aware of his own obstinate ego-attachment, ignorance of truth, foolishness, and inborn evilness. After twenty years' diligent endeavor to attain Buddhahood in the prestigious monastery on Mt. Hiei outside of Kyoto, Shinran had found himself totally incapable of attaining his goal. He was not able to attain enlightenment by keeping precepts, studying scriptures, and carrying out different types of meditation. That meant to him that he was unable to liberate himself from transmigration (birth-and-death) for eons to come and that he was doomed to hell.

However, through the despair, or simultaneously with this despair, he met the teaching of Amida's Primal Vow and was saved from despair by entrusting himself to the Primal Vow. His teacher Honen had advised him that he should be saved by Amida by only reciting the Buddha's Name (Namo Amida Butsu). Reciting the Name simultaneously meant entrusting himself to Amida's Primal Vow, or having faith in Amida. Shinran also realized that the Primal Vow was intended to save such a "wretched and hopeless" person as he. For him it was the working of the Primal Vow that made him realize his true state and rely on the Vow.

In short, Shinran's teaching amounts to this, that one is saved by faith in Amida's Primal Vow alone. The faith is twofold: that remote from the time of the historical Sakyamuni Buddha, no one can attain Buddhahood through the traditional self-power efforts and that the Primal Vow is to save such an "ordinary foolish person" who is incapable of carrying out religious practice and precepts, or performing any good acts to accumulate religious merit.

It seems to me that the spiritual world and the Buddha Dharma that Shinran opened up 800 years ago keeps casting new Light on the present age. Shinshu Counseling is an attempt to carry out the Person-centered Approach on this standpoint. Thank you for your kind attention.

Translated by
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29th August 2001 at Ako 8 th International
Person-Centered Approach Forum in Japan

REFERENCES

Kirshenbaum, H. & Henderson, V.L. (Eds.). *The Carl Rogers Reader.* Boston, NY: Houghton Mifflin Harcourt.
Rogers, C.R. (1995). *A Way of Being.* Boston, NY: Houghton Mifflin Harcourt.
Rogers, C.R. (1996). *On Becoming a Person: A Therapist's View of Psychotherapy.* Boston, NY: Houghton Mifflin Harcourt.

From the Editor-in-Chief

Client-centered psychotherapy has many origins, one of which is Zen Buddhism. The idea of a process, which takes place by itself, which is constructive, which should not be directed from the outside, and which, on the contrary, has its own immanent, goal is the “voice” of Buddhism. In addition, the idea of the “actualization (organismic) tendency” is denoted by the categories of “meaning” and “energy”. The meaning is not introduced from the outside, even the organismic food (as indeed any other) flow cannot be understood outside of its framework - questions as: “What is the meaning?” (“What is the meaning of having sex, or what is the meaning of getting married and to work, and eventually, to live?") can be reintroduced by giving external meanings - the child is stimulated to eat" for mother "," for mother "," to recover "," to be stronger ", etc. the meaning of "food" is replaced by the meaning of "love", "health", etc. In addition, the organismic flow is characterized by "energy". And here the concept of “information energy” proposed by V.N. Pushkin (1989) is reflected. To talk about the flow and to be in it are different issues. Emotions in their pure form occur not so commonly - they are covered with a protective film of “intellect”, structures of mind. It is rather difficult, and sometimes even impossible to enter the pure experience, uncluttered by the intellect or other protective formations. Two articles by client-centered psychotherapists in Japan - Gisho Saiko and Kazuo Jamashita, which are fully based on the ideas of Buddhism, are presented in the journal. The article by Gisho Saiko was already published in 2001, and the article by Kazuo Jamashita - in 2012. However, due to low availability and insufficient acquaintance of Ukrainian readers with the “Japanese” variety of client-centered psychotherapy, the editors of the journal, with the consent of the author, a member of the editorial board of the journal, decided to publish these articles..

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PROFESSIONAL SAFETY IN A CAREER CHOICE PERIOD: EMPIRICAL EXPLICATION OF PROFESSIONAL RESERVES OF A PERSONALITY

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The article represents theoretical grounding and empirical determination of psychological reserves of a personality's professional safety in its career choice period. The main aspects of the suggested research position of theoretical analysis and program development of empirical diagnostic research have been outlined. Theoretical conceptualization of the problem touches consideration of personality's professional safety aspects in a career choice period and specifics experience of social satisfaction of young people as a feature of personality's readiness to improve the quality of professional and personal life in future. The developed program of empirical research as well as the complex of used methods of mathematical processing of the research results allows to concretize the content of social frustrational determination of a career choice in senior school age: the increased sequence of social frustration level parameters is reflected in the change of its psychological features from the emancipated independence and rational responsibility to the intellectual estrangement.
KEYWORDS: professional safety, professional reserves, social frustration, self-determination, senior pupils.

ПРОФЕСІЙНА БЕЗПЕКА В ПЕРІОД ВИБОРУ ПРОФЕСІЇ: ЕМПІРИЧНА ЕКСПЛІКАЦІЯ ПРОФЕСІЙНИХ РЕЗЕРВІВ ОСОБИСТОСТІ

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У статті представлено теоретичне обґрунтування та емпіричне визначення психологічних резервів професійної безпеки особистості в період вибору нею професії. Окреслено основні аспекти запропонованої дослідницької позиції теоретичного аналізу і розробки програми емпірико-діагностичного вивчення. Теоретична концептуалізація проблеми торкається розгляду аспектів професійної безпеки особистості в період вибору професії та специфіки переживання соціальної задоволеності юнаків як ознаки особистісної готовності підвищення якості професійного та особистого життя в майбутньому. Розроблена програма емпіричного дослідження, а також комплекс використаних методів математичної обробки результатів дослідження дає змогу конкретизувати зміст соціально-фрустраційної детермінації вибору професії в старшому шкільному віці: послідовність збільшення показників рівня соціальної фрустрованості відображена у зміні її психологічних ознак від емансипованої самостійності, раціональної відповідальності до інтелектуального відчуження.
КЛЮЧОВІ СЛОВА: професійна безпека, професійні резерви, соціальна фрустрованість, професійне самовизначення, старшокласник.

ПРОФЕССИОНАЛЬНАЯ БЕЗОПАСТНОСТЬ В ПЕРИОД ВЫБОРА ПРОФЕССИИ: ЭМПИРИЧЕСКАЯ ЭКСПЛИКАЦИЯ ПРОФЕССИОНАЛЬНЫХ РЕЗЕРВОВ ЛИЧНОСТИ

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В статье представлено теоретическое обоснование и эмпирическое определение психологических резервов профессиональной безопасности личности в период выбора профессии. Определено основные аспекты предложенной исследовательской позиции теоретического анализа и разработки программы эмпирико-диагностического изучения. Теоретическая концептуализация проблемы касается рассмотрения аспектов профессиональной безопасности личности в период выбора профессии и специфики переживания социальной удовлетворенности юношей как признака личностной готовности повышения качества профессиональной и личностной жизни в будущем. Разработанная программа эмпирического исследования, а также комплекс использованных методов математической обработки результатов исследования позволяет конкретизировать содержание социально-фрустрационной детерминации выбора профессии в старшем школьном возрасте: последовательность увеличения показателей уровня социальной фрустрированности

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отображена в изменении ее психологических признаков от эмансипированной самостоятельности, рациональной ответственности до интеллектуального отчуждения.
КЛЮЧЕВЫЕ СЛОВА: профессиональная безопасность, профессиональные резервы, социальная фрустрованность, профессиональное самоопределение, старшеклассник.

Introduction Process of professional self-determination permeates an entire human life way, due to acquiring professional experience and realizing it in a particular professional activity, a personality continuously comprehends its real capabilities and ways to improve itself in a process of professional realization.

Such formulation undoubtedly raises the issue of its professional safety, which is still actualized during the studying period, more precisely, in the period of primary professionalization, the career choice and mastering it by means of acquirement of particular professional knowledge, abilities and skills takes place.

Scientific works that highlight different aspects of life and professional development of a personality are of great importance for our research, among them are achievements of K. Abulkhanova-Slavska, B. Ananiev, V. Bodrov, Zh. Virna, Yu. Zabrodin, S. Karpenko, I. Kon, N. Lohinova, I. Manokha, V. Morhun and others; the problem of semantic formations becoming of senior pupils in the theory of professional orientation is highlighted in elaborations of Ye. Klymov, V. Kolynko, D. Leontiev, M. Priazhnikov, A. Fonariov, who determined the conceptual principles and preparation conditions of young people to the lifeway and professional self-determination.

Aim and Tasks of the proposed material is theoretical grounding and empirical determination of psychological reserves of professional safety of a personality in a period of its career choice.

Research methods Beginning with theoretical and methodological excursus into the problem of personality’s professional safety, therewith we define the understanding of professional safety, which is reduced to the combination of current status and factors, that characterize stability and sustainability of a professional level of human development and enables to keep up a decent standard of living. Also professional safety may be regarded as a system of providing measures aimed at human protection from internal and external threats in the sphere of professionalization, concerning questions of survival in crisis conditions, protection of vitally important professional interests, creation of internal immunity and external protection from destabilizing influences and possibility to provide decent living conditions and sustainable development of a personality (Lazorko, 2015).

With such interpretation of this psychological phenomenon it becomes clear that the central figure in the psychology of professional safety is human, who becomes the subject of professional realization only in the process of socialization, which significant importance corresponds to the senior school age. Significant changes take place during this period, which characterize the transition of self-consciousness to the qualitatively new level.

In early adolescence, the most favorable conditions for the social realization necessity formation are created in unity of three components (Feldstein, 1980). The basis of cognitive component - is scientific world outlook, which is actively formed in adolescence. Motivational component of social realizability includes qualitative leap into the development of self-consciousness - in the foreground stand the issues related to the awareness of the own place in the society, responsibility for own behavior, that goes some kind of "fitting" oneself to the society. On the basis of the formed scientific world outlook and developed self-consciousness, occurs the choice and implementation of a certain behavior line by young people, which represents the behavioral component of social realizability.

Thus, emphasizing the diversity of self-determination of a senior pupil, we distinguish in it the subject's intention to identify oneself in the world as the main feature, that is to understand oneself and own capabilities, along with the understanding of own Self and own destination in life (Kon, 1989). Another important thing which we use in our research: self-determination formation does not presuppose any unified general line of

development, but the existence of a number of options for its manifestation. This is led us to the idea of well-known advantage of carrying out the individually-oriented research in order to study professional reserves of a young person. In our opinion, particularly mental states manifested in psychic activity, are those central features of expressed effective and qualitative characteristics of activity that human performs.

Theoretical conceptualization of this problem is impossible without consideration of experience aspects of social satisfaction of young people, what in our opinion, not only outline more clearly the image of future professional realization, but also is the central feature of the intention to improve the quality of professional and personal life in future. Therefore, the logical is the consideration of social frustration of a personality, which is expressed in the dissatisfaction with the social achievements in the main aspects of life activity, namely, is complete opposite to the social satisfaction. In senior school age when the "sense of adulthood" forces young people to show autonomy in solving life problems, exactly the social frustration tends the sharpened manifestation due to the peculiarities of the youthful desire "to own the world" and to demonstrate active reaction to the different events of surrounding life (Erikson, 1996).

For empirical confirmation of the formulated by us theoretical positions concerning the empirical explication of psychological reserves of a personality's professional safety in a career choice period and justification determination of the use of the proposed diagnostic facilities, the research on the sample of graduation classes' pupils, which consisted of 180 people, have been made. The research work has been carried out on the basis of Lutsk comprehensive schools (No. 10, 20, 22, 24). During the formation of the sample totality, the requirements to its content and equivalence were observed. Following the equivalence criterion was expressed in normal distribution of empirical data obtained from the total sample.

Among diagnostic techniques have been used the following methods: Diagnostics of social frustration level of a personality by L. Vaserman (modified version); Determination of professional orientation by J. Holland; Determination of professional settings of teenagers by I. Kondakov; "Health attitudes index" developed by S. Deriabo and V. Yasvin; Determination of mental states of schoolchildren by A. Prokhorov; Determination of professional orientation by J. Holland; Social competence scale by A. Prykhozhan; High School Personality Questionnaire (HSPQ) by R. Cattel, R. Cowan; State-Trait Anxiety Inventory (STPI) adapted by A. Andreyeva; Personality questionnaire by H. Eysenck; Self-Concept Scale (PHCSCS) by E. Piers, D. Harris, adapted and standardized by A. Prykhozhan. In data processing have been used such methods of mathematical statistics: analysis of variance (ANOVA) and factor analysis. Statistical data processing has been made by using computer software SPSS for Windows, version 13.0 (Buhl, 2005).

For statistical and mathematical empirical data processing, primarily, all understudied have been distributed into 3 groups by the manifestation level of their social frustration indicators: Group 1 – senior pupils with high level of social frustration (41.1% of the total sample), group 2 – medium level (35.6%), group 3 – low level of social frustration (23.3%). Analysis of variance (ANOVA) has been used to determinate statistically significant differences in diagnostic scales indicators of the proposed methods.

Research results The results have demonstrated the absence of statistically significant differences between three groups in the following diagnostic indicators as: realistic type of professional orientation, artistic type of professional orientation, positive volitional states, positive emotional states, Q4 factor, popularity among peers in Self-concept structure, external and physical attractiveness in Self-concept structure, extra / introversion. That is, social frustration level does not make the determining influence on the manifestation formation and specificity of the above mentioned personality characteristics and psychological peculiarities of senior pupils during the career choice. At the same time, most diagnostic scales statistically significantly differentiate the understudied groups according to social frustration on the level from $p \leq 0.05$ to $p \leq 0.001$.

The next stage of the obtained empirical results analysis was carrying out of factorization that took place using the method of Principal Components with their following next Varimax rotation. R. Cattel's Scree test has been used for the determination of the number of factors. Justification of implementation of the factor

analysis method of accumulated empirical data has been verified with the help of Kaiser-Meyer-Olkin criterion: correlation values between factor and variables less than 0.5 within its structure have been not taken into account during the factorization results analysis.

Factor structure of psychological peculiarities of professional reserves of senior pupils with low social frustration level is given in the Table 1:

Table 1

Factor structure of psychological peculiarities of professional competence of senior pupils with low social frustration level

Diagnostic scales	**Component**						
	1	2	3	4	5	6	7
Behavior	.834						
Positive psychophysiological states	.614						
Anxiety	-.556						
Business type of professional orientation		-.686					
Realism-optimism		.659					
Autonomy		.630					
Factor E (conformality – dominance)		-.593					
Independence – dependence			.753				
Social type of professional orientation			-.730				
Decisiveness – indecisiveness				-.790			
Factor O (confidence – anxiety)				.563			
Underestimated – overestimated self-assessment				.517			
Negative intellectual states					.853		
Factor C («Self» weakness – «Self» power)						-.736	
Factor F (self-restraint – expressiveness)						.647	
Communication development							.812
Negative communication states							-.774

By the factor analysis results, seven basic components have been identified, that determine the psychological peculiarities of professional competence of senior pupils with low social frustration level. Concretized factors describe almost 70% of data set variance, testifying about the high reliability of the obtained results by applying the factor approach per determined variables.

The first factor *"Positive behavior"* (13% of variance) contains behavior correctness and adequacy features of senior pupils, their self-confidence shows responsible attitude to own capabilities; expressed manifestation of positive psychophysiological states blocks the anxiety, and therefore confirms the positive feeling of satisfaction with real life. The second factor *"Real enthusiasm"*, explaining the 11.7% of features variance, is determined by such characteristics as lack of intention to leadership, recognition and personal status in future professional realization; these senior pupils single out the sphere of real realizability due to the formed attentiveness, friendliness, ability to make independent decisions; subordination features are manifested in compliance, uncertainty, lack of initiative and shyness. The third factor *"Independence"*, explaining 9.6% of features variance, displays characteristics of independence, which is manifested in self-sufficiency, self-confidence and practicality of respondents of this group; their intellectual straightness blocks

social skills in the sphere of professional realization. The fourth factor *"Resolution"* explains 9.4% of features variance and combines the features of independence, operational ability to make decisions, self-confidence and faith in own strength and abilities, expressed feeling of own dignity and practicality of ideas and concrete actions. The fifth factor *"Intellectual nihilism"* (8.7% of variance) is determined by the dominant background of negative intellectual states that contribute to manifestations of thinking categorism, conservatism and critical assessment of reality. The sixth factor *"Expressiveness"* (8.5% of variance), brings together such personality and behavioral features as cheerfulness, vigorousness and impulsiveness that are often accompanied by inability to manage emotions; gesticulation and facial expressions are accompanied by undisguised bad mood and negative emotions. The seventh factor *"Sociability"* (8.4% of variance) has the strongest connection with such psychological characteristics as abilities; considerable reserve of communicative skills determines the general positive background of soundness.

Further application of factor analysis to the data, obtained in the course of constating experiment, was intended to establish the psychological peculiarities of professional competence of senior pupils with medium level of social frustration (Table 2):

Table 2

Factor structure of psychological peculiarities of professional competence of senior pupils with medium social frustration level

Diagnostic scales	**Component**				
	1	2	3	4	5
Attitude to own responsibilities	.859				
Self-confidence	.826				
Factor E (subordination – domination)		.797			
Cognitive attitude to health		-.552			
Autonomy			.790		
Emotional attitude to health			-.603		
Anxiety			-.515		
Family status				-.810	
Conventional type of professional orientation				.717	
Factor F (self-restraint – expressiveness)					.796
Negative intellectual states					.634

The determined factors describe more than 67% of data set variance. In particular, the first factor *"Responsibility"* (15% of variance) contains characteristics of a senior pupil as conscientious, executive, responsible and self-confident person; the formed purposefulness finds its expression in social activity and personality self-assertion. To the second factor *"Domination"* (14.8% of variance) were included such features as developed sense of ownership, obstinacy, self-confidence and self-sufficiency, that is reflected in their scornful attitude to own health. The third factor *"Autonomy"* (13.7% of variance) generalizes the main features of social competence of a senior pupil, characterizing its personality demand to oneself and to the other people, and also the formed skills of motivated certainty, which contributes to the subject's realizability. The fourth factor *"Conventional type"* (12.4% of variance) accompanies the expressed conventional type of professional orientation of these senior pupils by the features of conservatism and dependence, about what confirms the unformed block of Self-concept in the scope of satisfaction status of these senior pupils in the families. The fifth factor *"Self-restraint"* (11% of variance) is characterized by the formed caution, and also by such features

of purposeful behavior, where stress resistance and expressed confidence concerning own actions and deeds are manifested. Factor structure of the measured parameters of professional competence peculiarities of senior pupils with high social frustration level is represented in the Table. 3:

Table 3

Factor structure of psychological peculiarities of professional competence of senior pupils with high social frustration level

Diagnostic scales	Component						
	1	2	3	4	5	6	7
Positive communication states	.834						
Positive motivation states	.769						
Positive psychophysiological states	.764						
Factor Q2 (conformism - non-conformism)		.818					
Positive intellectual states		.694					
Anxiety			-.732				
Factor A (isolation-communicability)			.709				
Anxiety				.878			
Negative volitional states					.841		
Social type of professional orientation					.610		
Factor F (self-restraint – expressiveness)						.924	
Intelligence							.940

The determined factors describe more than 76% of data set variance, indicating the high results reliability. The first factor *"Emotional comfort"* (16.3% of variance) has taken to its content the openness features of feelings and emotions expression of senior pupils, since their main characteristic is desire to be socially useful and unselfishly help all people; their motivational balance reflects the steady dominance of positive motivation and communication, which is manifested in behavioral prudence and attentiveness. The second factor *"Conformity"*, explaining 11.7% of features variance, outlines the compliance signs and willingness of senior pupils to obey other people; while the intelligence level helps to be concentrated and maximally express emotional thinking orderliness, frankness and naturalness of thoughts. The third factor *"Prudence"* (11% of variance) by its psychological content integrates features of mistrust, skepticism and aggressive straightness of senior pupils of this group. The fourth factor *"Anxiety"* (10.5% of variance) took shape of eponymous indicator and confirmed blocking of confidence, balance and emotional stability of these senior pupils. The fifth factor *"Social type"* (about 9% of variance) is formed by expressed professional orientation with using social skills in communication and establishing contacts, that is expressed in activity, humanity, empathy of these senior pupils; negative volitional states declare about themselves on the background of increased emotional reaction. The sixth factor *"Expressiveness"* (8.9% of variance) is characterized by the expressed emotional dynamics of these respondents; their frankness in relations, optimism

and high spirits are easily transformed into relations with other people. As to the seventh factor *"Intellectual development"* (8.6% of variance), it consists of the eponymous indicator, which confirms the high intellectual status of the respondents.

Psychological content of singled out factors in the senior pupils' group with low social frustration level shows that general manifestation of professional competence of these respondents is localized in expressed characterization of "emancipated autonomy", where on the background of positive perception of reality and real self-assessment of own capabilities, we can mark some kind of demonstrativeness and optimistic orientation in professional choice. Besides, the dominant position is occupied by "social" and "artistic" types of professional orientation.

Senior pupils with medium level of social frustration demonstrate concentration of psychological factors in the sphere of social responsibility and autonomy, that is why their general psychological profile may be characterized by the dominant features of "rational responsibility": their open dominant position in assessments of the surrounding world contributes to experience of excellence and excessive desire to success and endorsement, that can be considered as regularity in this age period and stage of professional becoming. In professional orientation the dominant position is occupied by "social" and "intellectual" types.

Psychological content of factor loadings in the group of senior pupils with high social frustration level declares features of expressiveness that is shown by such indicators as skepticism, intellectual grounding in decision-making and prudence, while high indices of emotional comfort is incentive for effective professional realization in future. Revealed features characterize senior pupils of this group as anxious and pessimistically oriented in professional choice, which in general forms constitute the general psychological profile of "intellectual estrangement". Among professional orientation types the dominant position is occupied by "realistic" and "business" types.

Discussion and Conclusion In general, based on the description of psychological content of professional competencies within the manifestation level of social frustration of a senior pupil, we can reach a conclusion, that positively oriented background of professional reserves of senior pupils with low social frustration level makes up the development zone of optimal conditions of professionally safe state of a personality, which provide protection of its professional interests in real and future time of senior pupils. The results of interrelation of social frustration level and professional orientation manifestation also turned out as very informative: the higher is the level of social satisfaction of a senior pupil, the better is manifested the stable professional choice in future socionomic sphere of activity.

The proposed theoretical grounding of professional competence of a senior pupil in prospective reality modeling of its professional safety and empirical material presentation concerning explication of psychological reserves of professional safety of a personality in a period of its career choice, allows us to deduce, that personality's professional safety as a combination of existence conditions of subject of future professional activity and as a psychological state, that provides protection of professional interests of human, is the product of its real personality and professional life, which is subjected to research on any stage of ontological development.

So perspectives of further studying of the issue we consider in qualified detalization of empirical and diagnostic research programs of conscious and unconscious aspects of professional reserves of senior pupils and in different applied programs of prognostication and content formation of a personality's professional safety within the other age groups.

REFERENCES

Buhl, A. (2005). SPSS: Iskustvo obrabotki informatsii. Analiz statisiticheskikh dannykh i vosstanovleniye skrytykh zakonomernostey [SPSS: The art of processing of information. Analysis of statistic data and renovation of concealed regularities]. (Translated from German). Saint Petersburg: "DiaSoftYuP". [in Russian].

Erikson, E. (1996). Identichnost: yunost i krizis [Identity: adolescence and crisis]. A.V. Tolstykh (Ed. & Trans.). Moscow: Izdatelskaya gruppa "Progress" [in Russian].

Feldstein, D.I. (1980). Vzaimosviaz vozmozhnostey obrazovaniya psikhologicheskikh zakonomernostey razvitiya motivatsionno-potrebnostnoy sfery lichnosti [Interrelation of educational opportunities and psychological regularities of the development of motivational and needful sphere of a personality]. *Psikhologicheskiye problemy obshchestvenno-poleznoy deyatelnosti podrostkov – Psychological problems of socially useful activity of adolescents*. Moscow: Prosveshcheniye. (pp. 21-29). [in Russian].

Kon, I.S. (1989) Psikhologiya ranney yunosti [Psychology of early adolescence]. Moscow: Prosveshcheniye. [in Russian].

Lazorko, O.; Virna, Zh.; Akimova, L. et al. (2015). Psykholohiya profesiynoyi bezpeky: tekhnolohiyi konstruktyvnoho samozberezhennia osobystosti [Psychology of professional safety: technologies of constructive self protection of a personality]. Zh.Virna (Ed.). Lutsk: Vezha-Druk. [in Ukrainian].

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PSYCHOLOGICAL CHARACTERISTICS OF PARENTS OF PROBLEM CHILDREN

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The article presents the investigation of the characteristics of the personality and emotional sphere of parents having problem children and identify the relationship of these features with respect to children. The scientifically based material presented in the article provides statistical analysis of the data obtained during the factorization of the source empirical data obtained with the help of standardized assessment means. The subject of statistical analysis at this stage was to test the hypothesis of significant differences in the level of severity of personality factors of the subjects, grouped in different categories based on gender, age, family status and family functioning. In particular, reliable differences in the level of personality factors in the subjects of different sexes were found in relation to «constructive educational protection», «indulgently indifferent personal disposition», «passive-protective personal disposition» and «psychosthenic personal disposition». Statistically significant differences in the level of personality factors in the subjects with different family status were detected in relation to «extroverted personality disposition», «the indulgent educational disposition» and «constructive educational support». According to the results of the statistical analysis of age characteristics of the expressiveness of the personal factors of the parents of the problem children, statistically significant differences were identified according to the factor of «constructive educational protection», «introverted-pedantic personal disposition» and «indulgent educational disposition». The statistical analysis of the indicators of the severity of personality factors in the subjects with different types of family functioning allowed to reveal statistically significant differences in a number of factors: «major educational disposition», «constructive educational protection», and «Introverted-pedantic personal disposition».
KEYWORDS: family functioning, family status, problem children, personal disposition, statistical analysis.

ПСИХОЛОГІЧНІ ХАРАКТЕРИСТИКИ БАТЬКІВ ПРОБЛЕМНИХ ДІТЕЙ

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Стаття присвячена дослідженню характеристик особистості та емоційної сфери батьків, які мають проблемних дітей, та визначає взаємозв’язок цих особливостей з дітьми. На основі науково обгрунтованого матеріалу, представленого в статті, статистичний аналіз даних, отриманих під час факторизації вихідного емпіричного фактажу, отриманого за допомогою стандартизованих психодіагностичних засобів. Предметом статистичного аналізу на цьому етапі було тестування гіпотези суттєвих відмінностей у ступені вираженості факторів особистості суб’єктів, згрупованих у різних категоріях за ознаками статі, віку, сімейного статусу та функціонування сім’ї. Зокрема, були виявлені достовірні відмінності в рівні особистісних чинників у суб’єктів різних статей щодо «конструктивного захисту», «поблажливо індиферентного особистого ставлення», «пасивно-захисної особистісної диспозиції» та «психостонічного особистого ставлення». Встановлено статистично значущі відмінності в рівні факторів особистості у субє’ктів з різним сімейним статусом у зв’язку з «екстравертованим розподілом особистості», «поблажливим виховним становищем» та «конструктивним виховним забезпеченням». Згідно з результатами статистичного аналізу вікових характеристик виразності особистих факторів батьків проблеми дітей виявлено статистично значущі відмінності за фактором «конструктивного виховного захисту», «інтровертно-педантичного особистого ставлення» та «поблажливого виховного розташування». Статистичний аналіз показників тяжкості факторів особистості у суб’єктів з різними типами функціонування сім’ї дозволив виявити статистично значущі відмінності в ряді факторів: «основне виховне розташування», «конструктивний виховний захист» та «інтровертно-педантичний особистісний стиль».
КЛЮЧОВІ СЛОВА: функціонування сім’ї, сімейний стан, проблемні діти, особистісна диспозиція, статистичний аналіз.

ПСИХОЛОГИЧЕСКИЕ ХАРАКТЕРИСТИКИ РОДИТЕЛЕЙ ПРОБЛЕМНЫХ ДЕТЕЙ

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В статье представлено исследование характеристик личности и эмоциональной сферы родителей, имеющих проблемных детей. Научно обоснованный материал обеспечивает статистический анализ данных, полученных при факторизации исходного эмпирического исследования с помощью стандартизированных психодиагностических методик. Предметом

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статистического анализа на данном этапе было проверить гипотезу о значительных различиях в уровне выражености личностных факторов субъектов, сгруппированных в разные категории по признаку пола, возраста, семейного положения и функционирования семьи. Были обнаружены достоверные различия в уровне личностных факторов у субъектов разных полов в отношении «конструктивной воспитательной защиты», «снисходительного индифферентного личностного расположения», «пассивно-защитного личного расположения» и «психостенического личного расположения». Статистически значимые различия в уровне личностных факторов у субъектов с различным семейным статусом были обнаружены в связи с «экстравертированной индивидуальностью личности», «снисходительным воспитательным укладом» и «конструктивной воспитательной поддержкой». По результатам статистического анализа возрастных характеристик выразительности личностных факторов родителей проблемных детей статистически значимые различия были выявлены в соответствии с фактором «конструктивной образовательной защиты», «интровертно-педантским личным характером» и «снисходительное воспитание». Статистический анализ показателей тяжести личностных факторов у субъектов с различными типами функционирования семьи позволил выявить статистически значимые различия по ряду факторов: «основная воспитательная дислокация», «конструктивное защитное воспитание» и «интровертно-педантичный личный настрой».
КЛЮЧЕВЫЕ СЛОВА: семейное положение, семейный статус, проблемные дети, личные факторы, статистический анализ.

Introduction. A number of negative factors influence the socio-psychological state of modern Ukrainian society. Those are: the economic and ecological crisis, natural disasters, as well as related migration, changing living conditions, revaluation of social and individual values, which in turn reflects on the situation of the family, the purpose and objectives of the upbringing and development of children, parent-child relationships, parenting styles. In the plan of our study, these characteristics relate to families with problem children. The Ukrainian tradition of helping families with problematic children is concentrated primarily on the child himself, when the family – both nuclear and expanded – remains only a resource, a condition or an obstacle. This approach to family B. Schmidt calls instrumental [8]. The works of Ukrainian and foreign researchers (M. Boryshevsky; Varga, 2000; Garbuzov, 2013; T. Govorun; Eidemiller, 2009; Zakharov, 2010; A. Shargan; Yatsenko, 2015) and others convincingly depict the dependence of the formation of the child's personality from the style of parenting in the family, parental attitude to the child, ways of family communication. The peculiarities of families with a problematic child were considered by (Bogdanova, 2012), (Mayramyan, Mamaychuk 2006), (Mastyukova, Semago, 2000) and others in their works. However, these studies were limited only to the need to develop special measures aimed at rehabilitating this category of children, as well as offering correction and further counseling for the parents by the experts of various profiles (psychologists, educators, doctors). The urgency of the problem of this study is, first of all, in the need to determine the characteristics of the personality and emotional sphere of parents having problem children and to identify the relationship of these features with respect to children. *In our investigation «problem child» is one that creates inconveniences for the functioning of adults (parents, grandparents, educators, teachers, others), as it is characterized by such features as shamefulness, activeness, aggressiveness, disrespectfulness, disobedient, impulsiveness, irresponsibleness, etc. (aged 5 to 9 years).*

The aim of scientifically based material presented in the article provides statistical analysis of the data obtained during the factorization of the source of such empirical data as character accentuations, a parental attitude, and family relationships in the families that have a problem child.

Materials and Methods. *The research was conducted on the basis of the Psychological Consulting Center at the Practical and Clinical Psychology Department of Lesya Ukrainka East European National University. The sample consisted of 450 parents aged from 27 to 56 years, among them women - 60.7%, men 39.3%. All parents turned for psychological help.*

The empirical investigation was obtained with the help of such standardized psychodiagnostic means as a test questionnaire for the study of character accentuations (A. Egides in the modification of I. Slobodyanyuk, O. Kholodova, O. Oleksenko), a test-questionnaire for the study of parental attitude (A. Varga, V. Stolin), a test-questionnaire for the analysis of family relationships (E. Eidemiller, V. Yustitsky), Freiburg's Personality Inventory (FPI).

The subject of statistical analysis at this stage was to test the hypothesis of significant differences in the level of severity of personality factors of the subjects, grouped in different categories based on gender, age, family status and family functioning. In particular, the following statistical methods were used in our study: a) for comparison of average values of personality factors in the studied different groups – a method of comparing mean values (Compare Means) (Nasledov A.D. (2004); b) to determine the true differences in the mean values of the individual factors of the subjects studied, differentiated according to the criterion of «sex» (wife-husband) and «family status» (incomplete, complete family), – nonparametric criterion for differences for independent Mann-Whitney samples (Mann-Whitney Test) (Nasledov, 2005); c) to determine the true differences in the mean values of the individual factors of the subjects, differentiated according to the age criterion, is a nonparametric criterion for differences for directed (ordered) alternatives Jonckheere-Terpstra Test (Nasledov, 2004; Nasledov, 2005). The argument in favor of the choice of this statistical method is that it allows not only to compare the samples among themselves in order to determine the true differences between the measured features, but also to identify certain tendencies (trends) in the results, which are the result of the actions of any orderly in their gradation factor. Actually, such factor in our study is the indicator of age of the subjects; d) for the determination of statistically significant differences in the mean values of personal factors of the subjects, differentiated by the level of family functioning (pseudo-functional, dysfunctional, functional family), – non-parametric criterion of differences for non-directed (disordered) Kruskal-Wallis alternatives (Kruskal-Wallist Test) (Nasledov, 2004; Nasledov, 2005).

Note that when comparing the average values of personality factors of the subjects, the average values of their factor estimates pre-calculated at the final stage of the factorization of empirical data were used. In this case, factor estimation is a quantitative measure of the severity of the personal factor presented in units of standard deviation, so the average value of the factor will range from -3 to +3.

Results. Comparison of average values of personal factors of parents having problem children, on the subject of gender-specific differences has revealed a number of important trends. So, depending on gender, the average values of their personal factors were distributed as follows (Table 1).

Table 1

The average values of the personality factors of the subjects in accordance with sex

Sex		**Personality factors**									
		Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
Female	***Average***	-0.037	0.013	0.137	-0.079	-0.033	0.079	-0.068	0.063	0.020	0.070
	St. deviation.	0.995	0.887	0.978	1.01	1.01	1.01	0.955	0.940	0.951	0.884
Male	***Average***	0.049	-0.017	-0.184	0.107	0.045	-0.107	0.091	-0.085	-0.028	-0.094
	St. deviation.	1.00	1.13	1.00	0.978	0.974	0.964	1.05	1.07	1.06	1.13

Factor 1 – «authoritarian educational disposition». Factor 2 - «the most powerful educational disposition». Factor 3 - «constructive educational support». Factor 4 - «psychasthenic personal disposition». Factor 5 - «ambivalent personality disposition». Factor 6 - «indulgent-indifferent personal disposition». Factor 7 - «dominantly aggressive personal disposition». Factor 8 - «extravagant personality disposition». Factor 9 - «introverted pedantic personal disposition». Factor 10 - «passive-protective personality disposition».

For the sake of the correctness of further interpretation of the revealed trends, ignore the detailed analysis of those differences in the mean values of personality factors of the subjects who are not statistically

significant. Also, taking into account the nature of the results obtained, the generalization of tabular data will be correctly conducted using the results of studying the significant differences in the level of severity of personality factors of the subjects (Table 2).

Table 2

Statistical importance of the differences in the level of expression of personal factors of the subjects in accordance with the sex

	Personality factors									
	Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
P	0.541	0.653	0.000	0.044	0.404	0.018	0.082	0.271	0.558	0.034

Table 2 data suggests that reliable differences in the level of expressiveness of personality factors in the subjects of different sexes were found in relation to «constructive educational support» (Factor 3) ($p<0.001$), «indulgent-indifferent personal disposition» (Factor 6) ($p<0.05$), «passive-protective personality disposition» (Factor 10) ($p<0.05$) and «psychasthenic personal disposition» (Factor 4) ($p<0.05$). Referring to the data in **Table 1**, it becomes apparent that women's mean values of personal factors of «constructive educational support» were significantly higher than men's (Factor 3), «condescendingly indifferent personal disposition» (Factor 6), «passive-protective personal disposition» (Factor 10). Instead, in male representatives, the higher average values were found to be due to the psychasthenic personality disposition (Factor 4).

Taking into account the meaningful characteristics of the first significant factor – «constructive educational patronage» (Factor 3) (**Tables 1, 2**), then it becomes apparent that female parents are more likely than male to be inclined to a high level of parental protection in the upbringing of the child. They have a more expressed desire to take an active part in the upbringing of the child; they give it more time, strength and attention; the education of such a child became for them a matter of life. Women are more likely than men to have a positive attitude towards the child, to accept the child as it is, to respect and recognize its personality, to approve its interests, to support its plans, and to be willing to spend a lot of time with it. Also, female parents are more likely to show a keen interest in what interests the child, highly appreciate its abilities, encourage its autonomy and initiative, and seek to be equal with it. In this case, women tend to reduce the psychological distance between themselves and the child as much as possible, always try to be closer to it, satisfy its basic intelligent needs, and protect it from troubles. Women will also be more likely to show hypochondriac guidelines for their children than men. Therefore, their «weakness» often leis in increased insecurity, fear of error, exaggerated perceptions about the pain of a child.

In general, it can be argued that female parents are more inclined to show a constructive and responsible parental attitude not only to parental responsibilities, but above all to the child: its needs, interests, hobbies, etc. In general, this «educational» pattern reflects the personal disposition of parents towards the upbringing of such quality in a child as: humanity, empathy, that is, those character traits that determine the moral development of the individual.

Another important factor was the «indulgent-indifferent personality disposition» (Factor 6) (**Tables 1, 2**). Its average values were significantly higher in women than in men. Let's turn to psychological analysis and interpretation of the revealed patterns.

Taking into account the meaningful characteristics of this personality factor, we can state that of female parents, to a greater extent than male, expressed personal tendencies towards indulgent-indifferent and non-demanding parent's attitude to the child. Usually this manifests itself in minimizing the responsibilities of children in the family. Women more often use such «educational» pattern, in which paternal education

provides for child permissiveness, lack of requirements-prohibitions, requirements-responsibilities. For female parents a type of upbringing, in which the child is considered a small loser is more acceptable, often times treating it as an ignorant creature. The interests, hobbies, thoughts and feelings of the child seem, in this case, not serious, worthless attention, and therefore often ignored.

In general, it can be argued that female parents, in greater extent than male, showcase more of the «educative» pattern of infantile, indiscriminate, indulgent and indifferent parental attitude towards the child. Its characteristic features are often permissiveness, insufficiency of requirements-prohibitions and requirements-responsibilities.

The personal factor of the «passive-protective personal disposition» (Factor 10) was the next in terms of significance of the revealed tendencies (see Table 1-2). As in the previous case, its average values were significantly higher in women than in men. Taking into account the meaningful characteristics of this factor, then it becomes apparent that women to a greater extent than men, are characterized by a lower level of manifestation of social activity, a high level of personal neuroticism, a tendency to stress response to normal life situations, lower level of protection from exposure to stress factors. Also, female representatives show lower level of the existing need for communication and readiness to meet this need, the higher level of individual neuroticism is inherent in a greater extent. In some, unfavorable circumstances, it can be transformed into a pronounced neurotic syndrome of asthenic type with significant psychosomatic disorders. Also women, to a greater extent than men, are characterized by the tendency to stress response to normal life situations, occurring on the passive-protective type; the presence of anxiety, stiffness, uncertainty, resulting in difficulties in social contact; lower level of stress resistance, poorer protection from the stress factors of ordinary life situations, based on self-doubt and pessimism. On the basis of the abovementioned, it can be argued that women are more likely to have a passive-protective character in their personality than men.

If we take into account the meaningful characteristics of this factor 4 - «psychasthenic personal disposition», it becomes obvious that male representatives, in contrast to women, are characterized by a higher level of fearfulness, sensitivity, vulnerability, shyness, higher internal discipline, sense of duty, responsibility, self-criticism, sociability, kindness, responsiveness, and affection. In men, in comparison with women, there is also a higher level of moderation, isolation, inclination to self-deprecation, confusion in difficult situations, increased abusiveness and conflict on the grounds of offences sustained. To the line of personally significant features of the male sex, which are significantly more pronounced in comparison with women, one can include communicativeness, kindness, sensitivity, affection and sincerity. Also it is highly characteristic for them to possess a greater extent of variability of mood, the change of two opposite states – hyperthyroid, hypothymic, cyclic changes in emotional background; in the period of elevated mood - initiative, cheerfulness, sociability, or in the periods of decline mood – thoughtfulness, self-criticism. Men are also different from women in a number of other characteristic features: conscientiousness and sharp critical sight; in unfavorable circumstances, they are more abusive, vulnerable, constantly bored, display a tendency to look for manifestations of various diseases, almost complete absence of interests and hobbies. Also, men differ from women in the higher level of discretion, self-criticism, reliability, loyalty to the word, neatness, seriousness, and conscientiousness. Sometimes male representatives may show a greater degree of insecurity and anxiety, indecision, certain formalism, lack of initiative, a tendency toward endless reflections, self-examination, obsessive ideas and fears. On the basis of the abovementioned, it can be argued that males are more likely than females to have a personality symptom-complex of domination of disturbing tendencies with a manifestation of constant insecurity, indecision, fear, and vulnerability.

Turn to the definition of reliable differences in the mean values of personal factors of the subjects, differentiated according to the criterion of family status (incomplete-complete). Comparison of average values of personal factors of parents having problem children, on the status of family differences revealed a number of important trends. So, depending on the family status (incomplete-complete), the average values of their personal factors were distributed as follows (**Table 3**).

Table 3

The average values of the personal factors of the subjects in accordance with the marital status

Family status		Personal factors									
		Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
Incomple	***Average***	-0.035	0.212	0.236	0.236	-0.078	0.025	0.041	0.328	-0.016	0.054
	St.	1.06	0.857	0.933	0.925	1.11	1.17	0.940	1.01	0.975	0.857
Complete	***Average***	0.005	-0.035	-0.039	-0.039	0.013	-0.004	-0.006	-0.054	0.002	-0.009
	St.	0.990	1.01	1.00	1.00	0.980	0.968	1.01	0.987	1.00	1.02

As in the previous case, let's ignore the detailed analysis of the differences in mean values of personal factors of the subjects who are not statistically significant. Taking into account the nature of the results, we will summarize the tabular data based on the results of studying the significant differences in the level of personality factors of the subjects (**Table 4**).

Table 4

The statistical importance of the difference in the level of expression of personal factors of the subjects in accordance with their marital status

	Personal factors									
	Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
P	0.880	0.016	0.050	0.059	0.720	0.953	0.678	0.014	0.994	0.532

Taking into account the table data, it can be argued that reliable differences in the level of personality factors in the subjects with different family status were detected in relation to the «extravagant personality disposition» (Factor 8) ($p<0.05$), «the most powerful educational disposition» (Factor 2) ($p<0.05$) and «constructive educational support» (Factor 3) ($p<0.05$). Hardly falls into the zone of statistical significance of the factor «psychasthenic personal disposition» (Factor 4) ($p=0.059$), so in this case, one can restrict only to a general analysis of trends relevant to him.

Detailed analysis of data Table 3 reveals that in the study of single-parent families the average values of the factor of «extroverted personal disposition» (Factor 8) were significantly higher than those of the full families. In fact, the same pattern is characteristic of the factors of «indulgent educational disposition» (Factor 2) and «constructive educational patronage» (Factor 3). At the level of tendencies one can mention the factor of «psychasthenic personality disposition» (Factor 4), the average values of which were significantly more pronounced in the subjects from single-parent families.

If we take into account the meaningful characteristics of the first significant factor - the «extrovert personality disposition» (Factor 8) (**Tables 3, 4**), it becomes apparent that subjects from incomplete families are more likely than those surveyed from complete families to exhibit high degree of purposefulness, energy, independence, demonstration, egocentrism, openness for communication with people, extraversion. Such respondents in certain unfavorable circumstances are characterized by irritability, anger, authoritarianism, indifference to other people's grief, lack of empathy towards people, and others like that. Representatives of single-parent families to a greater extent than representatives of the complete ones, are characterized by perseverance and initiative, communicativeness and purposefulness, intelligence and activity, pronounced organizational skills, independence and willingness to take leadership; sociability, frankness, speed of switching in business and communication, benevolence. However, such subjects are characterized, to a greater extent than complete family members, by superficiality, inability to focus on a particular case or opinion,

constant hustle, switching from one cause to another, disorganization, frivolity, readiness for unconscious risk; the complete irregularity of manifestations, dependence on others, and the lack of volitional control in the regulation of their own behavior. In general, it can be argued that investigated, representatives of single-parent families, are more oriented towards external aspects of reality compared to those surveyed from complete families (focus on social relationships, communication, etc.).

Next among the significant personal factors is «a powerful educational disposition» (Factor 2). Taking into account its meaningful characteristics (**Tables 3, 4**), it is obvious that representatives of single-parent families, as opposed to representatives of complete families, demonstrate a personalized guideline for the implementation of the strategy of intense protection in the field of child upbringing, primarily due to the expansion of the sphere of parental feelings. Such subjects are more prone to adoption and promotion in the family of the child's cult. They want the child to become more than just a child for them; so that it meets at least part of the needs that the complete family can provide in the psychological relationship of the spouses – the needs for mutual extraordinary attachment. Hence – the risk of increased intense or dominant protection. Also, subject from single-parent families are more and more inclined towards maximal and uncritical satisfaction of any needs of the child – both material and spiritual and first of all in emotional contact with parents, communication with them, their love and attention; either do not use any forms of punishment at all, or they do so extremely rarely. Doubting the effectiveness of any punishment, such parents in the educational process are more likely to favor various forms of child promotion and stimulation. In general, it can be argued that the subjects – representatives of single-parent families – in comparison with those surveyed from complete families, are more likely to profess a sweeping strategy for raising the child with elements of increased protection. This «educational» pattern reflects the personal disposition of the studied from single-parent families for the upbringing of the child's qualities of uncritical permissiveness and availability of the object of desires and needs.

If we take into account the content characteristics of factor 3 - «constructive educational patronage», it becomes obvious that representatives of single-parent families, in contrast to the full ones, are characterized by a more pronounced level of parental protection in the upbringing of the child. For them, to a greater extent than for representatives of complete families, a positive attitude towards the child is typical, a desire to take an active part in the upbringing of the child, to devote a lot of time, strength and attention, to make the upbringing of the child a sense of all life; to accept the child as it is, to respect and recognize its personality, to approve its interests, to support its plans, to spend enough time with it. Such parents are more likely to show a tendency to cooperate with the child, to encourage its autonomy and initiative; the desire to be equal with it, to reduce as much as possible the psychological distance between themselves and the child, to be closer to it, to satisfy its basic intelligent needs, to protect from troubles, etc. However, parents – representatives of single-parent families, as opposed to representatives of complete families, with a higher risk of occurrence, will show hypochondria in relation to the child. The «weak spots» of such parents are increased insecurity, fear of error, exaggerated perceptions about the sickliness of a child. On the basis of the abovementioned, it can be assumed that the subjects – representatives of single-parent families - are more oriented towards a constructive and responsible parental attitude not only to their duties as parents but first and foremost to the child: its needs, interests, hobbies, etc. Such «educational» disposition reflects the personal approach of parents to the child's upbringing of humanity, empathy, compassion that is, those character traits that determine the moral development of the individual. In order to complete this research block by a general analysis of the revealed tendencies in relation to the factor of psychasthenic personal disposition (Factor 4), for which the level of reliability almost reached the zone of statistical significance, we can note that its average values were significantly more pronounced in the subjects from incomplete families. In terms of meaningful interpretation, we should note that the subjects from the incomplete families were observed with the dominant worry-thoughtful tendencies with the manifestation of constant insecurity, indecision, timidity and vulnerability.

The next step in our analysis was to compare the average values of the personal factors of parents with problem children for their age differences. This allowed us to identify a number of trends important for our study. So, depending on the age, the average values of their personal factors were distributed as follows (**Table 5**).

Table 5

The average values of personal factors of the subjects depending on the age

Age level		**Personal factors**									
		Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
20-30 years old	***Average***	-0.105	0.252	0.273	-0.012	0.113	-0.021	0.068	0.213	0.272	-0.042
	St. deviation	0.930	1.05	0.902	1.01	0.982	0.941	0.900	0.839	0.964	0.90
31-40 years old	***Average***	0.119	-0.098	-0.092	-0.025	-0.053	0.003	0.004	-0.091	-0.029	0.08
	St. deviation	1.04	0.867	1.02	0.989	0.999	0.993	1.01	1.01	1.01	1.0
41-50 years old	***Average***	-0.255	0.007	-0.136	0.149	-0.007	0.069	-0.184	-0.039	-0.266	-0.266
	St. deviation	0.896	1.28	0.960	1.01	1.01	1.12	1.05	1.15	0.925	1.0
51-60 years old	***Average***	-0.179	-0.454	0.492	-0.379	0.262	-0.502	0.610	0.435	-0.539	0.21
	St. deviation	0.882	0.775	1.15	0.978	1.15	0.894	1.30	0.800	0.847	1.4

With further interpretation of the revealed trends, ignore the detailed analysis of the differences in the mean values of the individual factors of the subjects who are not statistically significant. Also, given the nature of the results obtained, the average values of the factor estimates presented in the units of the standard deviation, – the compilation of the table data correctly will be carried out using the results of studying the significant differences in the level of severity of personal factors of the subjects (**Table 6**).

Table 6

Statistical importance of the differences in the level of the expression of the personal factors depending on the age

	Personal factors									
	Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
P	0.619	0.013	0.000	0.592	0.279	0.890	0.063	0.106	0.000	0.377

According to the tabular data, the significant differences in the level of severity of personality factors in the subjects of different ages were found regarding «constructive educational support» (Factor 3) (p <0.001), «introverted pedantic personal disposition» (Factor 9) (p<0.001), and «Indulgent educational disposition» (Factor 2) (p<0.05). Also, the level of statistical significance is possessed by the factor of «dominantly aggressive personal disposition» (Factor 7) was quite close to the zone of significant indicators (p=0.063). Summarizing the data of **Table 5**, we can state that the age dynamics of changes in average values of personality factors studied, which turned out to be statistically significant, has different character – both linear and nonlinear. Thus, it is obvious that the factor of «constructive educational support» (Factor 3) reaches the highest average values in the oldest age category of subjects (51-60 years old), receiving the peak of the lowest average values in the studied age group of 41-50 years old. According to the data, the representatives of the oldest age group of parents (51-60 years old), compared with representatives of younger age groups, especially the age group 41-50 years old (the lowest average factor of the factor), show a more pronounced level of parental protection in the upbringing of the child. They, to a greater extent than for representatives of other

age groups of parents, are characterized by a positive attitude towards the child, the desire to take an active part in the upbringing of the child, to devote a lot of time, strength and attention; to accept the child as it is, to respect and recognize its personality, to approve its interests, to support its plans, to spend enough time with it.

Parents of the oldest age group (51-60 years old), unlike the representatives of younger age groups, especially the category of 41-50 years old, are more likely to show a desire to cooperate with the child, to encourage its independence and initiative; the desire to be equal with it, to reduce as much as possible the psychological distance between themselves and the child, to be closer to it, to satisfy its basic intelligent needs, to protect from troubles, etc. However, the elderly parents, unlike the younger ones, will have hypochondriac guidelines in relation to the child, with a higher risk. «Weak spot» of such parents – increased insecurity, fear of error, exaggerated perceptions about the pain of a child. On the basis of this it can be argued that parents of the oldest age group in comparison with parents of younger age groups are more oriented towards a constructive and responsible parental attitude not only to their duties as parents but, first of all, to the child: its needs, interests, hobbies, etc.

With regards to the factor of «introverted-pedantic personal disposition» (Factor 9), we observe a pronounced linear character of age dynamics – the peak of the highest average values of the factor reaches the youngest age category of parents (20-30 years old), gradually moving to the level of the lowest average values of the factor in the oldest age group of subjects (51-60 years old). Given the strict linear character of the age dynamics of this personality factor, we can assume that the change in its content characteristics with age is subject to the logic of age-related development of man, and is to a greater extent a natural than socially deterministic process. However, the refinement of this hypothesis requires a larger base of empirical evidence and is not the direct object of our study. Given the essential characteristics that identify the content of this factor, it can be found that the representatives of the youngest category of parents (20-30 years) show a high level of conservative pedantism based on personal introverted orientation. In particular, the youngest parents show love for order, conservatism (do not recognize what has not yet been accepted by others); high energy, diligence, cleanliness, serviceability, care, reliability, punctuality, attentiveness to their health. Their dominant characteristics are cleanliness, discipline, modesty, complacency, diligence, friendliness, no maliciousness. At the same time, they are more likely than representatives of other age groups of parents to have such characteristics as: high degree of isolation, restraint, fixation of interests on the phenomena of their inner world, increased fatigability, irritability, predisposition to hypochondria; often closed, fencing, low empathy, seriousness, impenetrability, lack of words, stability of interests, continuity of occupations; often impartiality, isolation, emotional coldness, etc.

The change in the average values of the personal factor of the «indulgent educational disposition» (Factor 2) is quite linear in its character, since the highest level of its average values is observed in the youngest age group of the subjects (20-30 year olds), and the peak of the lowest average values is observed among representatives of the oldest age category (51-60 year olds), and at the level of two intermediate age groups (31-40 and 41-50), we observe the change in the mean values of the factor that is inappropriate to the general age-old trend. Given the meaningful characteristics, it is obvious that the representatives of the youngest age group of the subjects (20-30 year olds), in contrast to representatives of older age groups, demonstrate some personal tendencies towards the implementation of the strategy of intense protection in the field of child upbringing, primarily due to the expansion of the sphere of parental feelings. Parents of the youngest age group are, to a greater extent than parents of other age groups, prone to the adoption and promotion of «cult of a child»; they want the child to become more than just a child for them; so that it meets the need for mutually exclusive attachment. Hence – the risk of increased intense or dominant protection. Also, the youngest ones are more likely to seek maximum and uncritical satisfaction of any needs of the child – both material and spiritual, first of all, in emotional contact with parents, communication with them, their love and attention; they either do not use any forms of punishment at all, or they do so extremely rarely. Concerned with the

effectiveness of any punishment, young parents in the educational process are more likely to favor a variety of forms of child promotion and stimulation. In general, it can be argued that representatives of the youngest age group of parents compared with older parents are more likely to profess the indulgent strategy for raising the child with elements of increased protection; often the «educational» pattern of the youngest parent sample involves raising the child's qualities of uncritical permissiveness and availability of the object of desires and needs.

The next stage of our study was related to the definition of statistically significant differences in the level of personality factors of the subjects being differentiated according to the criterion of family functioning (pseudo-functional, dysfunctional, functional family). This allowed us to identify a number of important patterns for our analysis. Thus, depending on the level of family functioning, the average values of personality factors of the subjects were distributed as follows (**Table 7**).

Table 7

The average values of the personal factors of the subjects depending on the level of family functioning

The level of family functioning		**Personal factors**									
		Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
Pseudo-functional	**Average**	-	0.164	0.052	0.212	-	0.011	0.034	0.277	-	0.06
	St.	1.05	0.865	0.904	0.938	1.10	1.16	0.936	1.03	0.977	0.84
Dysfunctional family	**Average**	0.109	0.175	-	-	0.079	-	0.099	-	0.214	0.12
	St.	0.976	0.937	1.12	0.927	0.932	0.966	0.977	0.943	1.08	1.10
Functional family	**Average**	-	-	0.245	0.004	-	0.001	-	-	-	-
	St.	0.995	1.04	0.949	1.03	1.00	0.975	1.02	1.00	0.959	0.98

With further interpretation of the revealed trends, let's ignore the detailed analysis of the differences in the mean values of the individual factors of the subjects who are not statistically significant. Also, given that the average values of factor estimates are presented in standard deviation units, we will generalize the data of the table using the results of statistical analysis (**Table 8**).

Table 8

Statistical significance of the difference in the levels of expression of personal factors of the subjects in accordance with the level of family functioning

	Personal factors									
	Factor 1	**Factor 2**	**Factor 3**	**Factor 4**	**Factor 5**	**Factor 6**	**Factor 7**	**Factor 8**	**Factor 9**	**Factor 10**
P	0.538	0.002	0.017	0.075	0.314	0.981	0.125	0.110	0.021	0.159

According to the data in the table, statistically significant differences in the level of expressiveness of personality factors in the subjects with different levels of family functioning were detected in relation to the «major educational disposition» (Factor 2) ($p<0.01$), «constructive educational support» (Factor 3) ($p<0.05$) and «introverted-pedantic personal disposition» (Factor 9) ($p<0.05$). According to tabular data, the personal factor of the «major educational disposition» (Factor 2) was the most pronounced in the representatives of dysfunctional and pseudo-functional families. In this case, representatives of these types of family functioning demonstrate a personalized guideline for the implementation of a comprehensive protection strategy in the field of child upbringing. They are more likely than the representatives of the functional family, tend to adopt

and promote the cult of the child; They want the child to become more than just a child for them; so that it meets the need for mutual adherence; strive for maximum and uncritical satisfaction of any needs of the child – both material and spiritual, first of all, in emotional contact, communication, love and attention; Do not use any forms of child punishment, or they do it extremely rarely. In general, it can be argued that representatives of dysfunctional and pseudo-functional types of family functioning in comparison with representatives of a normally functioning family are more likely to profess the indulgent strategy of raising a child with elements of increased protection, which may lead to the child's development of a sense of uncritical permissiveness and the availability of any object of desires and needs.

The next among significant personal factors is «constructive educational patronage» (Factor 3). According to the data in the table, this personality factor was most pronounced in the representatives of a normally functioning family. In such subjects compared with other types of family functioning, especially the dysfunctional family, a more pronounced level of parental protection in the upbringing of the child is manifested. For them, to a greater extent than for representatives of other types of family functioning, a positive attitude towards the child is characteristic, the desire to take an active part in the upbringing of the child, spend a lot of strength and attention on it; to accept the child as it is, to respect and recognize its personality, to approve its interests, to support its plans, to spend enough time with it.

Such parents have a greater tendency to cooperate with the child, to encourage its autonomy and initiative; the desire to be equal with it, optimize the psychological distance between themselves and the child, be closer to it, satisfy its basic intelligent needs, protect from troubles, etc. This suggests that in a normally functioning family compared with pseudo- and dysfunctional, parents are more oriented towards a constructive and responsible attitude not only to their duties as parents but, first of all, to the child itself: its needs, interests, hobbies, etc.

The next level of significance is the personal factor of «introverted-pedantic personal disposition» (Factor 9). According to table data (see Table 7-8) and taking into account its informative characteristics, it is obvious that representatives of normally functioning families, in contrast to dysfunctional ones, demonstrate a higher level of conservative pedantry on the basis of personal introverted orientation. Particularly, parents with this type of family functioning demonstrate love for order, conservatism (do not recognize what has not yet been accepted by others); are characterized by high energy intensity, diligence, punctuality, reliability, and attention to their health. Their dominant characteristics are cleanliness, discipline, modesty, complacency, diligence, friendliness, lack of maliciousness. At the same time, they have more characteristics than those of other types of family functioning, such as: high degree of isolation, restraint, fixation of interests on the phenomena of their inner world, increased fatigability, irritability, tendency to hypochondria; often closed, isolation, low empathy, seriousness, impenetrability, lack of words, stability of interests, continuity of occupations; often impartiality, emotional coldness, etc.

5. Conclusions. Summarizing the interim results, we note that:

1. The statistical analysis of differences in the level of personality factors in the subjects of different sex and age, as well as with different family status (incomplete, complete family) and type of family functioning (pseudo-functional, dysfunctional, functional family), allowed to reveal important patterns.

2. In particular, reliable differences in the level of personality factors in the subjects of different sexes were found in relation to «constructive educational protection» ($p<0.001$), «indulgently indifferent personal disposition» ($p<0.05$), «passive-protective personal disposition» ($p<0.05$) and «psychosthenic personal disposition» ($p<0.05$).

3. Also, statistically significant differences in the level of personality factors in the subjects with different family status were detected in relation to «extroverted personality disposition» ($p<0.05$), «the indulgent educational disposition» ($p<0.05$) and «constructive educational support» ($p<0.05$).

4. According to the results of the statistical analysis of age characteristics of the expressiveness of the personal factors of the parents of the problem children, statistically significant differences were identified

according to the factor of «constructive educational protection» ($p<0.001$), «introverted-pedantic personal disposition» ($p<0.001$) and «indulgent educational disposition» ($p<0.05$).

5. Finally, the statistical analysis of the indicators of the severity of personality factors in the subjects with different types of family functioning allowed to reveal statistically significant differences in a number of factors: «major educational disposition» ($p<0.01$), «constructive educational protection» ($p <0.05$), and «introverted-pedantic personal disposition» ($p<0.05$).

REFERENCES

Byul A., Tofel P. (2002). SPSS. *Искусство обработки информации: анализ статистических данных и восстановление скрытых закономерностей: пер. с нем [Art of information processing: analysis of statistical data and the restoration of hidden patterns: Transl. from Germ.]*. St. Petersburg: Diasoft YUG LLC. (in Russian).

Eidemiller E., Yusitskis V. (2009). *Психология и психотерапия семьи [Family psychology and psychotherapy]*. St. Petersburg: Peter. (in Russian).

Garbuzov V.I., Fesenko Yu.F., (2013). *Неврозы у детей [Neurosis in children]*. Moscow: Kogito-Center. (in Russian).

Mamaychuk I.I. (2006). *Психокоррекционные технологии для детей с проблемами в развитии [Psychocorrectional technologies for children with developmental problems]*. St. Petersburg: Rech. (in Russian).

Nasledov A.D. (2004). *Математические методы психологического исследования: анализ и интерпретация данных [Mathematical methods of psychological research: analysis and interpretation of data]*. St. Petersburg: Speech. (in Russian).

Nasledov A.D. (2005). *SPSS: компьютерный анализ данных в психологии и социальных науках [SPSS: Computer Analysis of Data in Psychology and Social Sciences]*. St. Petersburg: Peter. (in Russian).

Rechitskaya E.G., Puzanov B.P., Bogdanova T. (2012). *Психолого-педагогическое сопровождение лиц с нарушением слуха. Учебное пособие для ВУЗов [Psychological and pedagogical support of persons with hearing impairment. Textbook for universities]*. Moscow: Prometheus. (in Russian).

Semago N.Ya., Semago M. M. (2000). *Проблемные дети: Основы диагностической и коррекционной работы психолога [Problem children: Basics of diagnostic and correctional work of a psychologist]*. Moscow: ARKTI. (in Russian).

Schmidt V.R. (2007). *Psychological Assistance to Parents and Children: Training Programs. Moscow: TU Sphere.*

Varga A. (2000). *Теория семейных систем Мюррея Боуэна. Основные понятия, методы и клиническая практика [Murray Bowen Family Systems Theory. Basic concepts, methods and clinical practice]*. Moscow: Kogito-Center. (in Russian).

Yatsenko T.S. (2015). *Динамика развития глубиной психокоррекции: теория и практика [The dynamics of the development of psycho-correction depth: theory and practice]*. Dnepropetrovsk: Innovation. (in Russian).

Zakharov A.I. (2010). *Дневные и ночные страхи детей [Day and night fears of children]*. St. Petersburg: Rech. (in Russian).

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THE ROLE OF THE FIXED IMAGINATION IN THE OCCURENCE OF ADDICTION AT ADOLESCENT AGE

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The article contains the description of the phenomenon of fixed imagination as a system-forming element in the personality dependence system. The psychological essence of the influence of the catathymic imagination on personal behavior is determined. The features of the fixed imagination in the formation of dependence on the addictive agent as well as its connection to the process of thinking and emotional and motivational sphere are analyzed. The role of the fixed imagination at different stages of the formation of the addictive process, and the specific features of the fixed imagination as a mechanism of addiction occurrence in adolescence is presented. The psychological role of the ritual of transition as a significant factor in the rehabilitation of addicted individuals is pointed out.
KEY WORDS: fixed imagination, system of addiction, adolescent age, addiction, addictive motivation, imago.

РОЛЬ ФІКСОВАНОЇ УЯВИ У ВИНИКНЕННІ УЗАЛЕЖНЕННЯ В ПІДЛІТКОВОМУ ВІЦІ

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Стаття містить опис феномену фіксованої уяви як системоутворюючого елементу системи узалежнення особистості. Визначена роль фіксованої уяви як центру комунікації між іншими психічними процесами: емоціями, пам'яттю, мотивацією та мисленням у становленні залежності. Фіксована уява визначена як емоційно насичений образ, що створюється на основі процесу гіпертрофування частини дійсності в уяві і її добудування у фантазії. Проаналізовані особливості фіксованої уяви у становленні залежності від адиктивиного агенту. Побудована структурно-динамічна модель механізму адикції. Виявлено, що взаємодія емоції і образу розвивається по спіралі і поступово зумовлює фіксацію уявного образу. Визначена психологічна суть впливу кататимно-імагінативного образу на поведінку особисті. Створюється специфічна «амальгама» – сплав емоції і образу, який набирає самостійного надцінного значення. Представлена роль фіксованої уяви на різних етапах формування адиктивного процесу, специфіка фіксованої уяви як механізму виникнення узалежнення в підлітковому та ранньому юнацькому віці. фіксована уява визначена як та когнітивна інстанція, що створює вихідно «склеєний» амальгамований образ-образ-бажання. Описане значення аддиктивної субкультури на формування узалежнення як ритуалу ініціації. Поставлено питання про вагоме значення фіксованої уяви в процесі реабілітації хімічно узалежнених осіб, її роль у формуванні і збереженні тверезої поведінки особистості. можливість використання феномену фіксованої уяви для побудови позитивних терапевтичних когнітивно-поведінкових схем. Зазначена психологічна роль ритуалу переходу як вагомий чинник в реабілітації хімічно залежних осіб.
КЛЮЧОВІ СЛОВА: фіксована уява, система адикції, підліток, узалежнення, адиктивна мотивація, імагінативний образ

РОЛЬ ФИКСИРОВАННОГО ВООБРАЖЕНИЯ ПРИ ВОЗНИКНОВЕНИИ ЗАВИСИМОСТИ В ПОДРОСТКОВОМ ВОЗРАСТЕ

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Статья содержит описание феномена фиксированного воображения как системообразующего элемента системы зависимости личности. Об означена роль фиксированного воображения как центра коммуникации между другими психическими процессами: эмоциями, памятью, мотивацией и мышлением в становлении зависимости. Определена психологическая суть

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влияния кататимно-имажинитивного образа на поведение личности. Проанализированы особенности фиксированного воображения в становлении зависимости от химического агента. Представлена роль фиксированного воображения на разных этапах формирования аддиктивного процесса, специфика фиксированного воображения как механизма возникновения зависимости в подростковом и раннем юношеском возрасте. Обозначена психологическая роль ритуала перехода как важный фактор в реабилитации химически зависимых особ.
КЛЮЧЕВЫЕ СЛОВА: фиксированное воображение, система аддикции, подросток, зависимость, аддиктивная мотивация, имажинитивный образ

Formulation of the problem. In recent years, the problem of addiction and addictive behavior associated with the use of psychoactive substances, the lack of special knowledge and skills of healthy lifestyle, as well as timely socially adaptive strategies of personality exacerbates the issue of psychological and social support for individuals with addiction.

In the studies carried out by domestic and foreign authors A.S. Ayvazova, N.L. Bochkareva, G.D. Zolotova, Ts.P. Korolenko, A.V. Kotlyarov, V.D. Mendelevich, V.M. Orzhehovskaya, G.V. Starshenbaum, S.V. Tolstoukhova, V.I. Shabashnaya, A.F. Shaidulina, I.O. Shishova, E.E. Bechtel, V.C. Biteński, B.S. Bratus, I.P. Lysenko, N.Yu. Maksimova, A.V. Mituhlyaev, P.I. Sidorov, I.K. Sosin, R. Goswick, W.H. Joaves et al., the role of age and personality features of the dependence development was defined; the role of motivation and such mental processes as thinking and emotions has been sufficiently studied. **However, the role of imagination in the addiction development has not been dealt with in depth.**

Analysis of recent research and publications. The majority of authors (A. Yu. Akopov; Korolenko, 1990; A. S. Timofeev; Sapolsky, 2017; Goswick, 1982; Steinberg, 2014; Knutson, 2000) who study the problems of addiction, regard it as one of the forms of destructive behavior, combined with the desire to escape from reality through the use of certain substances and the constant fixation of attention on certain subjects or activities, accompanied by the changes in mental state and the emergence of intense emotions, and their mood. This way, an illusion of solving real problems is created. A similar way of confrontation with reality is fixed in human behavior and becomes a stable strategy for interacting with actuality (Goswick, 1982).

The **object** of research is the mechanism of addiction development. The **subject** of study is the role of fixed imagination in the mechanism of addiction development and in rehabilitation.

The **aim** of this article is toexplore the role of the fixed imagination in addiction development and psychotherapeutic rehabilitation of addicted clients.

The main methods of the research are comparison, analysis, systematization and generalization of general scientific data, as well as phenomenological description of the features of the fixed imagination with further synthesis in theoretical hypothesis form.

Presentation of the main research material. In the emergence of addiction, the underdeveloped mechanisms of adaptation to life are primarily emphasized, which leads to the formation of an addictive attitude as a set of cognitive, emotional and behavioral features (Winehold, 2009; Sedych, 2015). The underdevelopment of these mechanisms creates a significant emotional discomfort, resulting in the individual's search for a specific agent to help them plunge, at least for some time, into an "alternative state". It may be a game, a movie, alcohol, a drug, etc. Since the adjustment mechanisms are not fully developed in adolescence, this age is the most susceptible to the occurrence of addictions.

Adolescence is generally known as one of the most critical stages in the formation of personality. It is characterized by a number of specific features, each of which can be a significant factor in the formation of addictive behavior (Sapolsky, 2017; Sedych, 2015; Goswick, 1982; Knutson et al., 2000; Steinberg, 2014):

- identity crisis;
- an acute passion for communication with the peer group effect;
- protesting against educational authorities;
- stubbornness and a drive to resistance (confrontation),
- ambivalence and paradoxical characterological reactions;

- a desire for ungrounded independence and separation from the family;
- an increased interest in the unexpected, the unknown, as well as in excessive risk
- a need to solve "metaphysical" and "universal" problems
- a tendency to exaggerate the complexity of problems;
- hedonistic settings of conscience.

All of these features of adolescence are inevitably formed around socially significant forms of addiction (love, sport, art, etc.). At the same time, generalization of emotional phenomena plays an important role. Impressions or images with a common emotional sign, i.e., with a similar emotional influence on a person, have a tendency to combine, despite the fact that there is no connection between them, either by similarity or adjacency. Such combinatory is typical for the processes of imagination taking place in dreams and daydreams. It is noted that this sphere is a special "place" where the intuitive *personal values and contents* are registered and exist. It is in this quality that the imagery forms cease to be the epiphenomenon of a real practical life of a person. *The power of imagination and the superiority of one of the poles (positive or negative) determine the attitude of the individual to the world, or rather, the system of attitudes.* It is here that the global personal mechanism is established, setting out either the generalized-intuitive fear of life, the constant expectation of something bad and, accordingly, the desire to prevent failures; or the equally generalized-intuitive expectation of joy and, accordingly, the desire to succeed. *In imagination, a certain part of reality is hypertrophied and complemented in fantasy, which creates an emotionally charged image (picture). We define this image as* ***fixed imagination***. Let us dwell on the analysis of fixed imagination phenomenon in greater detail.

Imagination is a mental image of something that is not currently presented in perception (does not exist in reality now or has never been existed). **Synthesis of representations** in the processes of imagination is carried out in various forms: 1) addition; 2) agglutination; 3) accentuation; 4) hyperbolization; 5) schematization; 6) typing. Representations of reality in **perception**, memory, etc. always *unambiguous*, i.e., there is only one "picture" of a particular situation or the subject of reality (here we refer specifically to the "picture" elements of consciousness and do not discuss imaginary reconstructions and interpretations) in the mind. In contrast, *pictures of imagination are always multiple*, i.e., they coexist simultaneously in the mind, within one chronotope - in the form of multiple pictures of imagination arising for the same reason. It is essential that the number of these images is essentially unlimited, except by the strength of individual abilities. The object (the situation) causing the images of the imagination acts as a fact of consciousness and is always uniformly correlated with reality, and is, in fact, a clearly identified fragment of the latter. But it serves only as a *pretext* for the emergence of imagery and the place of their "concentration" in the mind. This means that *a particular reality, although significant for the functioning of the imagination, does not specify the entire content of picture-images*. The imagination relies on the reflected instantaneous reality only as an occasion for unfolding of its own pictures. Reality is only the initial material. If in the plane of reflection in the mind the existing and immanent-probabilistic states of the object are fixed, then *in the plane of imagination the object is also given to us in fixed, but unlimitedly possible states*. It is the possible that exists within the limits of "real possible – unreal impossible" (or in paradoxical terms: from "possibly possible" to "impossibly impossible") without losing its qualitative certainty.

We believe that the system of addiction, which collectively consists of such elements as motivation, emotion, memory, thinking, body and behavior, is united by a special phenomenon of fixation in the imagination, specific for the formation of addictive relationships and ideas. In the course of the forming of the addiction mechanism, it is imagination that plays a central role.

We have created a structural-dynamic model of the addiction mechanism, presented in Fig. 1.

Let us try to describe this mechanism. When the system of addiction is already formed, the trigger for its activation is the object of addiction (e.g., a chemical substance). *Reflecting on the communication of the processes of* ***imagination and emotions, the existence of a circular connection between them should be noted***. Thus, the pictures of imagination always have emotional coloring; on the other hand, every feeling,

every emotion tends to be embodied in certain images corresponding to this feeling. Even when they do not have a direct or personal relationship with the real life situation of an individual, they are still vividly experienced as positive or negative. *There are significant age differences in the interaction between imagination and emotions.* The mechanism of formation of the picture of the imagination in the child occurs in a circle: the image evokes emotion, and emotion generates an image that again generates and strengthens the same emotion (Filts, 2018). This pattern of the image formation, which is characteristic of childhood, is partly preserved in the future, particularly in adolescence, and always occurs when certain images of reality need to be assimilated.

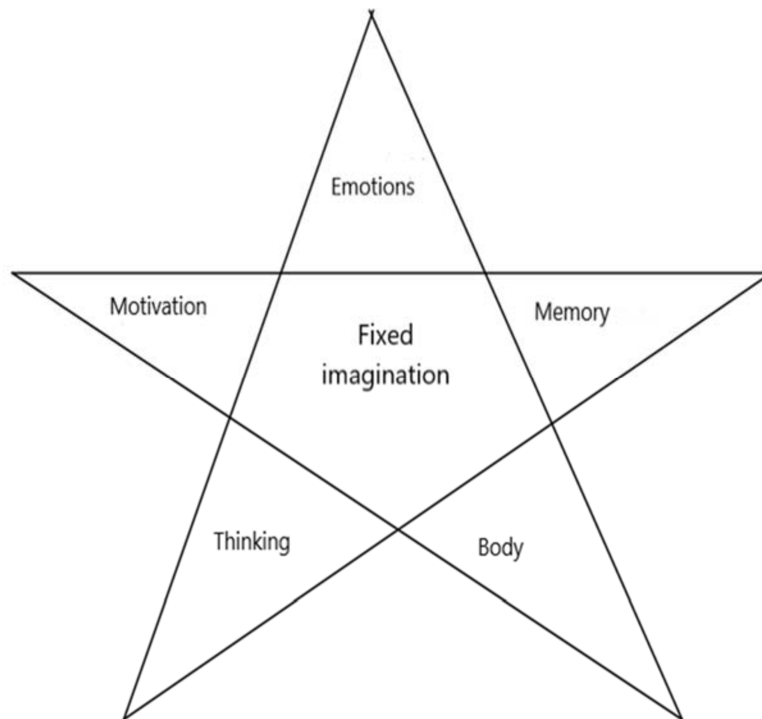

Figure 1. Structural-dynamic model of the mechanism of addiction

In contrast to the formation of the picture of imagination in the child, the formation of the ***fixed imagination*** *picture takesa spiral form*. Thus, in the first stage, the fixed imagination reflects an emotionally intense bond (for example, between the use of an addictive agent and the appearance of a reaction to the use); then - the fixed imagination regulates emotional states and manages perception, memories, etc. It can be said that due to such spiral dynamics **the fixed imagination gradually forms the dominant image in conjunction with the overvalued (dominant) idea of addiction. It is this image, along with the dominant idea, that becomes a "regulatory" factor for the inner plan of action and the "programming" of life.** (It should be noted that any idea with necessity is of a regulatory nature, since - by definition - its adoption imposes obligations on an individual - that is, motivates them - to facilitate its implementation). At the same time, the domination of overvalued emotional attitude and an overvalued idea regarding the object of addiction is ensured by their affective saturation.

The peculiarity of the regulatory function of an affectively saturated dominant (overvalued) idea is that the realization of this idea, ***which arises as the fixed imagination****, is to be implemented primarily or immediately (the dominant component), as well as "at all costs" (the overvalued component).* ***And this, in essence, is addiction.***

Since, according to the law of the general emotional sign, an emotion is able to pick up impressions, thoughts and images concordant with the mood possessing the individual at the moment, then, in our opinion, it triggers the mechanism of creation of such a phenomenonas fixed imagination. The interaction of emotion and image develops spirally and gradually causes fixation of the imaginary picture. Thus, the emotion clarifies the image; the emotion itself is specified as well, becoming fixed on the refined image. At the next stage secondary experience emerges, arising from these pictures of imagination, and the images themselves become emotionally "charged". A specific "amalgam" is created - an alloy of emotion and an image that gains an independent value.

It is well known that an adolescent's sense of pleasure arises as a result of ***joining the group, communicating, and receiving unusual cognitive and bodily experience***. Further on, this pleasure assimilates separate elements of reality and combines them into a connection stipulated by to the dominant mood from the inside and the corresponding affective experience - *but not from the outside, by the logic of these very images*. As we have already pointed out, such combinatory is inherent in dreams and daydreams.

Thus, due to the implementation of the motives for communicating with significant peers and the acquisition of their own identity through the feeling of belonging to this group, a catathymic imaginative picture of the "desired object" is created. Each individually or several together, these motivational foundations form the next stage of the system of addiction, namely, the addictive behavior - the sequence of access to the means of addiction is determined. The determined frequency of implementation of the addictive behavior is established, and ritualization of behavior is created.

Subsequently, the entire subculture of dependence becomes a catathymic experience, and an overvalued attitude is formed for both the agent and the entire subculture.

It is important to note that the object of addiction (e.g., a chemical substance) becomes a transitional object of communication, a symbol of the relation and the whole subculture, where rituals outline the boundaries of this subculture.

Researchers of addictive behavior note that in the first stage of the occurrence of addiction there is an experience of acute change in the mental state in the form of feeling of joy, ecstasy, unusual elation, a sense of drama, and risk connected to certain actions (consuming the substances that change the mental state, experience in connection with the risky situation in gambling, etc.), and fixation of this connection in the mind. During communication, endorphins (hormones of pleasure) are secreted biochemically, and thus, in the body and memories, experiences are fixed (**the body component** of the system of addiction). During the actualization of fixed imagination, endorphins are secreted as well (without an object of desire in the immediate reality). Memories of communication in the group (the role of memory) and **substance consummation as a symbol of this communication** create a mental (imaginary) image, and then fix, stereotype this image, and form an **overvalued image** (representation). We believe that a fixed imagination is the very cognitive authority which creates the initially "glued" "amalgamated" image - the *image-desire*. This image is supported through **rituals and conversations** about the chemical substance creating an additive subculture and reinforcing it.

Thus, we can say that the beginning of the development of the addictive process occurs at the emotional level (Sapolsky, 2017); *however, further development of dependence will only occur with the participation of* a*fixed imagination.*

Thus, we described the process of spiral, cyclic formation of a fixed imagination as of a system-forming factor for the unfolding of addictive behavior. Considering a fixed imagination as a factor in the addiction development, we predict that the addictive agent acts as a trigger for the process; a catathymic attachment to the object (e.g., a chemical substance) is developed.

However, speaking about the formation of an addictive behavior in adolescence, the motive for communicating with significant individuals (the reference group), who contribute to the spiral fixation of the fixed imagination, the motive for establishing their own identity plays an important role as well. The development of personal identity takes place via a crisis of transition from adolescence to adulthood. This

transition requires a certain ritual - initiation – toestablish a conscious identity of the mature person. As A. van Gennep, an anthropologist, has found, in the so-called traditional cultures, rituals of transition always played an important role - rituals that accompanied changes of place, condition, social status, or position. In these rituals, three phases are singled out: 1) separation; 2) margin (limen); 3) reaggregation (cited by (Terner, 1983).

In the modern civilization world, this function of the society (community) of creating emotionally rich rituals of transition is virtually lost. To move to another status in tribal communities, an individual was subjected to specially designed trials and suffering. In our society, parents cannot create such a situation and act as an initiating figure: an outside senior figure is necessary – a mediator (e.g., a priest, a teacher, a guru or a psychotherapist). In search of a new identity, the adolescent is looking for symbolic transition figures; rituals in the subculture of addiction fulfill this symbolic transition function - this is a kind of initiation for a youngster.

In this way, we have the following scheme of the system of addiction: FIXED IMAGINATION - APPROBATION IN REALITY - AN OVERVALUED IDEA OF BEHAVIOR PLANNING - BEHAVIORAL RITUAL AS FIXED BEHAVIOR FOR IMPLEMENTATION OF FIXED IMAGINATION. The determined role of the fixed imagination in the process of addiction development allows re-evaluating the share of different mental spheres in the formation of addictive mechanisms, focusing for the first time on the central role of mechanisms of imagination in this process. The defined addiction model provides a new framework for understanding addictive mechanisms and developing a procedure to overcome them in practice.

In our previous publication (Filts, Sedych & Mychailiv, 2018) we have already described the phenomenon of fixed imagination; in the course of further analysis of the rehabilitation process (a dissertation carried out by S. Mykhailiv and directed by K.V. Sedykh), it became clear that fixed imagination is also significant for the formation and reinforcement of the sober behavior of the individual. This raises the question of the possible existence of the use of these mechanisms for construing either positive or negative therapeutic cognitive-behavioral schemes.

The process of rehabilitation. At this stage, our task was to study the psychological mechanism of rehabilitation of substance-addicted clients while participating in the 12 steps program. The psychological objectives of rehabilitation are obtaining a new status and a new identity through a psychotherapeutic program.

Based on V. Turner's idea about the cultural healing rituals, we determined that the 12-step psychotherapy program, which lasts 28 days in the rehab centers for substance addiction, is in fact a full-fledged healing ritual. Earlier in this article, we have already focused on the significance of implementation of the rituals of transition with changes in the social or psychological status of a person. As M. Chiksentmikhayi notes, all rituals pursue a goal - through the implementation of schematized actions, to restore the order in the individual's mind.

We consider the ritual in the so-called "field context" (V. Turner's term), under specific historical conditions, namely, in the process of rehabilitation. The symbols of the ritual have a synthesizing character, combining heterogeneous and logically incompatible ideas. The second phase of the cultural ritual is called the liminal, i.e., intermediate, threshold. In this phase, the individual receives dual features and the liminal status. Liminal individuals have high tolerance for ambivalence because they can adapt for a long time to the loss of their previous status and place in society.

The sense of liminality in psychotherapeutic clients is a sign of readiness for gaining a new status and a new identity, with the loss of the previous identity and previous meanings.

Consequently, the process of rehabilitation sees an individual through "from the chaos of liminality to the order - the new structure of the personality", from the loss of the social status of a drug addict (alcoholic) to the emergence of a new status - sobriety. Thus, the stages of the passage of the ritual are distinguished: 1. Pre-identity; the previous status. 2. Liminality and the ritual of the Healing. 3. A New identity; a new status.

During the ritual for the transition to a new identity in a substance-addicted individual, it is necessary to create new catathymic-imaginative pictures of the **fixed imagination**. They start competing with the previous

images of the FI, e.g., along with the desired addictive object, through the creation of a catathymic-imaginative picture of "the desired self", which is to become dominant in the imagination.

In the formation of the sober individual's lifestyle, the phenomenon of afixed imagination plays an important role through the mechanism of the formation of the catathymic-imaginative picture of "sober success". Thefixed imagination thus serves as the center of communication between other mental processes: emotions, memory, motivation, and thinking.

Conclusions and perspectives of further exploration in this field. Consequently, fixed imagination is the center of communication between other mental processes: emotions, memory, motivation, and thinking. We define afixed imagination as an emotionally chargedimage, which is created on the basis of the process of hypertrophy of the part of reality in the imagination and its completion in fantasy. The interaction of emotion and image develops spirally and gradually causes fixation of the imaginary picture. A specific "amalgam" is created - an alloy of emotion and image that gains an independent value. We see the prospect of further research in theoretical and empirical exploration of the change in the cognitive structures of an individual in the process of rehabilitation of substance-addicted individuals.

REFERENCES

Filts, O.O., Sedych, K.V, Mychailiv, S.M. (2018). Фіксована уява як механізм виникнення узалежнення [Fixed imagination as an addiction formation mechanism]. *Психологія і особистість [Psychology and personality]*, 2 (14), 9-22. [in Ukrainian].

Goswick, R. (1982). Components of Looneliness During Adolescence. *Journal of Youth and Adolescence*, 11, 373-383.

Knutson B. et al. (2000). FMRI Visualization of Brain Activity During a Monetary Incentive Delay Task. *Neuroimage*, 12, 20-27.

Korolenko, C.P., Donskyh, T.A. (1990). *Семь путей к катастрофе. Деструктивные формы поведения в современном мире [Seven ways to disaster. Destructive forms of behavior in the modern world]*. Novosibirsk: Nauka [in Russian].

Sapolsky R. (2017). *Биология добра и зла. Как наука объясняет наши поступки [Biology of good and evil. How science explains our actions]*. Moscow: Alpina non fikshen. [in Russian].

Sedych, K.V. (2015). *Делінквентний підліток. Навчальний посібник для студентів вищих навчальних закладів [Delinquent teenager. A manual for students in higher education]*. Kyiv: Publishing House «Slovo». [in Ukrainian].

Steinberg L. (2014). *Age of Opportunity: Lessons from the New Science of Adolescence.* New York: Houghton Miffin.

Terner V. (1983). *Символ и ритуал [Symbol and the ritual].* Moscow: Nauka [in Russian].

Winehold, B. (2009). *Противозависимость: бегство от близости [Counteraddiction: escaping from intimacy].* Kamianets-Podilskyi: Axioma. [in Russian].

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

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GENDER SPECIFICITIES OF ATTITUDE TOWARDS DISEASE IN CHILDREN AND ADOLESCENTS WITH CHRONIC SOMATIC DISORDERS

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The article defines the specificities of attitude towards disease in children and adolescents, both male and female, with rheumatoid arthritis that is a chronic disorder. We have analysed the awareness of adolescents as for their disease, their openness towards perception of new information as well as their motivation for fighting the disease. We have studied psychological reactions of the adolescents in terms of the disease and defined types of attitudes towards it. We have found that girls are characterized by the highest level of anxiety due to their disease, although they are active in their fight with it, and the harmonious type of attitude was reliably registered more frequently. Boys expressed the highest level of guilt. They were characterized by a deliberate position as for their trust towards doctors. In their cases, ergopathic and sensitive types of attitude were most expressed.
KEYWORDS: adolescents, attitude towards disease, chronic somatic disorder, rheumatoid arthritis

ГЕНДЕРНІ ОСОБЛИВОСТІ СТАВЛЕННЯ ДО ХВОРОБИ ДІТЕЙ ТА ПІДЛІТКІВ ІЗ ХРОНІЧНИМИ СОМАТИЧНИМИ ЗАХВОРЮВАННЯМИ

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У статті визначено особливості ставлення до хвороби дітей та підлітків різної статі, хворих на ревматоїдний артрит, що є хронічним соматичним захворюванням. Проаналізовано інформованість підлітків про своє захворювання, їх відкритість до сприйняття нової інформації та вмотивованість до боротьби із захворюванням. Вивчено психологічні реакції підлітків в контексті хвороби та визначені типи їх відношення до хвороби. Встановлено, що дівчата характеризувалися найвищім рівнем схвильованості відносно свого захворювання, але ж їм була притаманна активність у боротьбі із хворобою і достовірно частіше у них реєструвався гармонійний тип ставлення до хвороби. Хлопці виявляли найбільший рівень почуття провини, характеризувалися зваженою позицією щодо довіри до лікарів, частіше проявляли ергопатичний та сенситивний типи ставлення до хвороби.
КЛЮЧОВІ СЛОВА: підлітки, ставлення до хвороби, хронічне соматичне захворювання, ревматоїдний артрит

ГЕНДЕРНЫЕ ОСОБЕННОСТИ ОТНОШЕНИЯ К БОЛЕЗНИ ДЕТЕЙ И ПОДРОСТКОВ С ХРОНИЧЕСКИМИ СОМАТИЧЕСКИМИ ЗАБОЛЕВАНИЯМИ

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В статье определены особенности отношения к болезни детей и подростков разного пола, больных ревматоидным артритом, является хроническим соматическим заболеванием. Проанализированы информированность подростков о своем заболевании, их открытость к восприятию новой информации и мотивированность к борьбе с заболеванием. Изучены психологические реакции подростков в контексте болезни и определенные типы их отношение к болезни. Установлено, что девушки характеризовались самым высоким уровнем волнения относительно своего заболевания, но им была присуща активность в борьбе с болезнью и достоверно чаще у них регистрировался гармоничный тип отношения к болезни. Ребята проявляли наибольший уровень чувства вины, характеризовались взвешенной позицией о доверии к врачам, чаще проявляли эргопатичный и сенситивный типы отношения к болезни.
КЛЮЧЕВЫЕ СЛОВА: подростки, отношение к болезни, хроническое соматическое заболевание, ревматоидный артрит

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Studies into the influence of patient's personality and his attitude towards the disease onto the process and the efficiency of treatment has undertaken an important role in the general problematics of medical psychology. The definition of the subjective part of perception is given in the works by M.Y. Mudrov, G.A. Zakharyina, P.B. Hanushkina who outline an integral approach in studying the patient. This approach, in its turn, makes it possible to get more efficiency in the organization of treatment and prevention of diseases. Investigation into the problems of how a chronic somatic disease influences mental activity of adolescents is timely, as the occurrence of a chronic somatic pathology has a drastic influence on the social situation in their development.

According to the official statistics, the spread of rheumatoid arthritis in Ukraine is at the mean 6-19 cases in every 100000 of child population (The Center of Medical Statistics, 2018). 30-50% of sick children and adolescents with juvenile arthritis develop disability 3-5 years after the disease starts. Development of disability among children with juvenile rheumatoid arthritis and the decrease in their working ability in adults is the most important social and economic consequence of this disease. Rheumatoid arthritis is characterized by an acute form of pain syndrome and the decrease in mobility that disrupts the usual style of life of an adolescent and leads to the decrease in the quality of life (Lukianova, Omelchenko, 2002). At present, the study of the specificities in pain perception is one of the modern approaches towards the problem of therapy of the diseases accompanied by pain syndrome (Zagorulko, 2015; Sherbakova, 2016; Gnezdilov, 2014). As psychologists point out, patients with pain syndrome are characterized by the presence of depression, hypochondria, loss of interest towards social activity (Kukushkin, Khitrov, 2004). Public polls have revealed substantial difference in perception of pain, depending on sex. Females tend to have a higher index of pain (pupillary dilatation) in the conditions of equally intense pain stimuli. It has been established that the number of children and adolescents that suffer from chronic pain syndromes of various genesis can be up to 10-12% of all population. Girls feel night pain more frequently than boys, and the highest rate of chronic pain in girls is observed at the age of 12-14. The pain perception threshold and the tolerance towards pain in girls are lower than in boys.

The aim of this paper is to study gender specificities of attitude towards disease in children and adolescents with rheumatoid arthritis.

We have examined 50 patients, age 11-17, with rheumatoid arthritis (25 girls and 25 boys) who were undergoing inpatient treatment in PI "ICAH NAMS" clinic. The mean duration of illness was (6.5 ± 1.3) years. A quarter of adolescents (25%) had had arthritis for 1-2 years, 52.1% for 3-8 years, the rest (30.4%) – for more than 9 years.

The specific symptom of the disease in this group we observed was the substantial duration of inflammation process in joints, it's frequent recurrence within two-three years, strong pain symptoms, decrease in mobility that disturbed the usual lifestyle of adolescent and had its obvious influence on the mental state of the adolescents and formed certain characteristics of their personality.

The investigation carried out included identification of various aspects of patients' attitude towards the disease. In the course of study, we investigated the awareness of adolescents about their disease, their openness and motivation towards perception of new information, psychological reactions of adolescents in terms of their disease, and types of their attitude towards the disease.

We used the following psychodiagnostic methodologies: Freiburg Questionnaire of Coping with Illness (FQCI) that reveals the experience and behaviour of an adolescent in the situation of illness; "Type of Attitude to Disease" (TAD), based on the theoretical positions of attitude psychology (V. N. Miasyshev, A. E. Lychko); R. A. Berezovska's questionnaire "Attitude to Health", and the expert evaluation of adolescents' attitude towards health and disease carried out by doctors.

The data acquired during the work was statistically analysed with the help of software packages "Microsoft Office", "SPSS Statistics 17.01" with the definition of the major statistical indicators (M, m, σ). For certainty analysis of difference, we used Fisher criterion 'φ', and Student criterion (t).

The analysis of prior awareness of girls and boys with rheumatoid diseases about their disease showed quite similar and relatively high scores (4.38 and 4.27 accordingly).

The analysis of openness and motivation in sick adolescents towards the perception of information about their disease showed that in adolescents with rheumatoid diseases there has been found no difference between girls and boys as for the analysed index of openness and motivation. (3.85 against 3.36)

The study of emotional reactions of adolescents towards the disease (Fig. 1) has revealed that the most typical emotions for the situation of health deterioration as defined by girls were sadness and disturbance; for boys - concern and sadness. The least typical emotions in this context for girls were guilt and sorrow; for boys - guilt and despondency.

The substantial difference between the investigated groups was in the level of anxiety. The higher level was observed in girls, while the lower level was observed in boys (4.92 ± 0,51 vs. 3,45 ± 0,28; $P_t < 0,05$).

The level of concern in terms of the disease differentiated emotional reactions of adolescents of both sexes. The high level of concern was found in girls, the low – in boys (5,23 ± 0,46 vs. 3,36 ± 0,54; $P_t < 0,05$).

For girls, more typical were despondency and depression (4,48 ± 0,56 vs. 3,36 ± 0,45; $P_t < 0,05$), as well as fear (4,38 ± 0,58 vs. 3,16 ± 0,54; $P_t < 0,05$).

The study of mental reaction of adolescents towards the disease included the estimation of the specificities of attitude towards doctors, the presence of active struggle reaction, disregard for the disease, the need in care, major emotional changes in terms of disease, as well as spiritual aspects of reaction towards the disease. Each of these aspects was examined as a separate scale. The analysis of the acquired data included the definition of mean indexes for the scales as well as the frequency of high, medium and low levels of indexes for each scale in each group of patients (Tab. 1).

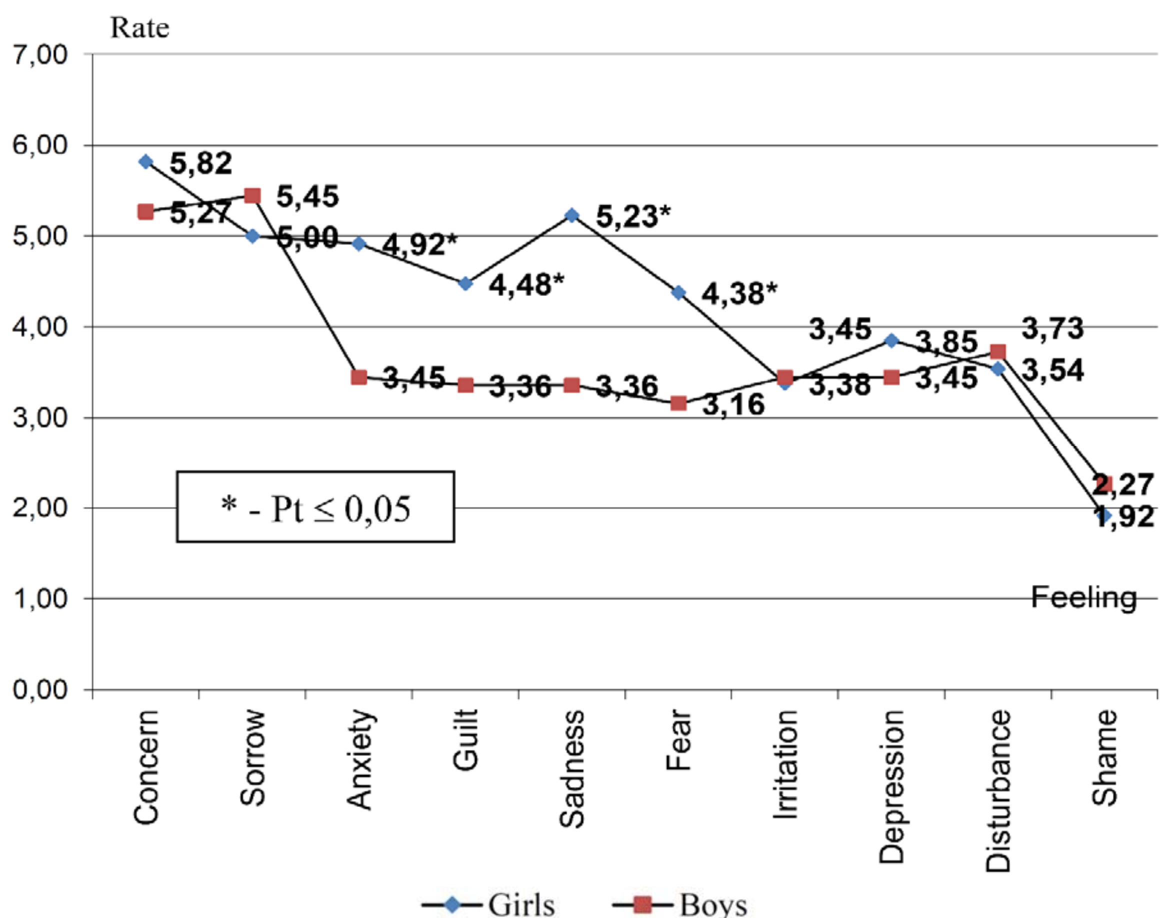

Figure 1. Self-esteem index of emotional state in terms of health deterioration in adolescents with rheumatoid diseases

Table 1.
The mean index due to different scales of Freiburg Questionnaire of Coping with Illness in adolescents with rheumatoid diseases M ± m

Scale	Girls	Boys
Trust towards doctors	7.98 ± 0.32	7.50 ± 0.36
Active struggle	7.71 ± 0.34	6.90 ± 0.32
Need in care	6.00 ± 0.32	6.28 ± 0.28
Disregard for disease	4.54 ± 0.53	4.58 ± 0.20
Emotional changes	5.17 ± 0.41	5.04 ± 0.25
Search for the meaning of disease	4.80 ± 0.31	4.90 ± 0.49

The results of the study showed that the highest scores in sick adolescents of both sexes were registered on the scale of "trust towards doctors". Adolescents have shown their high hopes on doctors and the strive for following their orders. Trust towards doctors and trust towards their authority was more expressed in boys than in girls (85.3 % vs. 65.0 %, $P_{\varphi} < 0.05$).

The next position in the assessment of sick adolescents of both sexes was taken by the indicators of active struggle (search for information about the disease, action, the strive for more intensive life, attempts to get distracted from the thoughts about the disease, to cheer themselves up etc.). The highest index on this scale was observed more often in boys than in girls (70.0 % vs. 95.3 %, $P_{\varphi} < 0.05$).

The third position is taken by the acknowledgement of the situation as such that lets them take better care of themselves, afford more, accept help from others. The high indexes on this scale were registered in boys and girls with almost equal frequency (38.9% in girls and 40.8% in boys).

The least expressed indexes were those about the disregard for disease and the search for the meaning of disease.

The analysis, based on the frequency of diagnosed types of attitude to the disease (Fig. 2) made it clear that the most typical option of attitude towards the disease in girls was the harmonious one (40.0%). In boys, this type was found only in 8.0% cases ($P\varphi < 0.01$ comparing to girls).

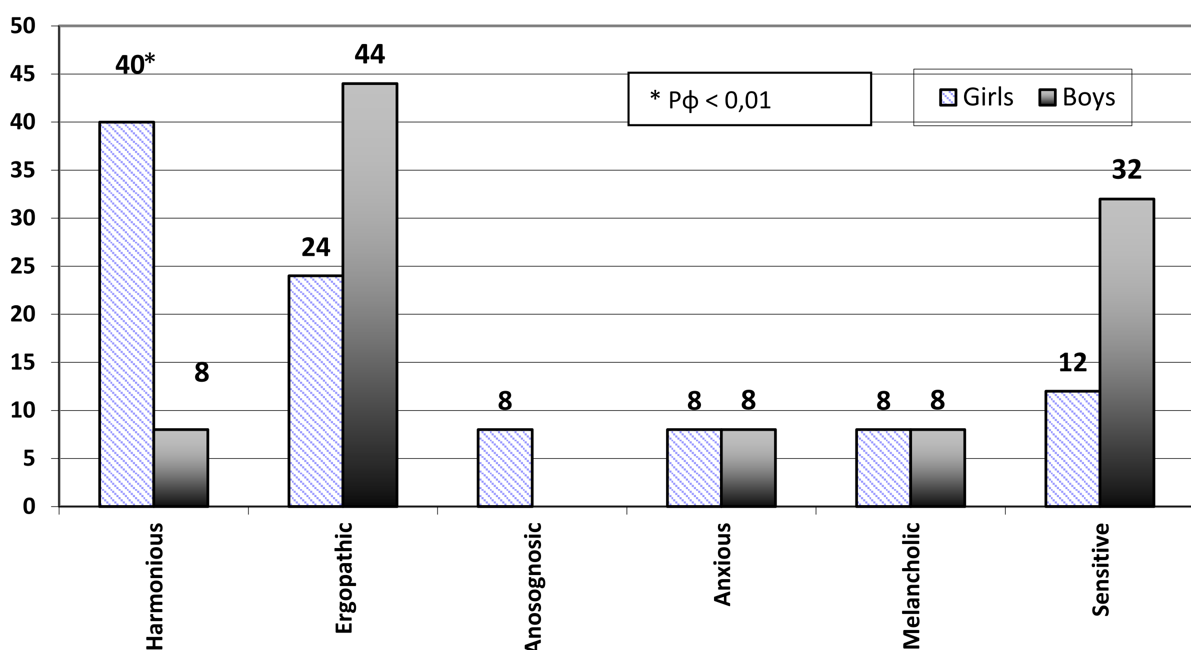

Figure 2. The frequency of different types of attitude towards the disease in adolescents with rheumatoid arthritis

The most frequent in boys was the ergopathic type of attitude towards the disease, characterized by the strive for activity (44.0%). In girls, this type was encountered twice as less frequently (24.0%) ($P\varphi < 0.06$).

The anosognosic type of attitude towards the disease, connected with the active dismissal of thoughts about the disease and its consequences was diagnosed in 8.0% of girls. This type was not found in boys at all.

The sensitive type of attitude towards the disease, connected with excessive concern of adolescents about the possible impression that can be made by their disease on the people around them was registered in one third of boys (32.0%) and 12.0% of girls.

To perform generalized analysis, the types of attitude towards the disease were merged into three blocks that characterize different direction of adaptation to the disease.

The adaptive block types (harmonious, ergopathic, and anosognosic) were prevailing in all the assessed adolescents – 72.0% of girls and 52.0% of boys.

The types of attitude in interpsychic block (that includes anxious and melancholic types) was found with equal frequency in boys and in girls (16.0%). As for the intrapsychic block (including sensitive type), it was observed more frequently in boys than in girls (32.0 % vs. 12.0 % in girls, $P\varphi < 0.04$).

CONCLUSION

It has thus been established that:

1. In accordance with the assessment carried out by doctors, adolescents with rheumatoid diseases are characterized by quite a high level of prior awareness about their disease and high openness towards acquiring new information about the ways of overcoming their disease.
2. Among the modalities of emotional reactions of these adolescents towards their own disease, the prevailing ones were concern and sadness. Girls were characterized by the highest degree of anxiety while boys showed the highest level of guilt.
3. Adolescents with rheumatoid diseases are characterized by a balanced position as for their trust towards doctors; its highest rate was found in boys. Active fight with the disease, more typical for girls, is also found in these adolescents.
4. The most frequent type of attitude registered in adolescents was the adaptive one. The most typical for girls was the harmonious type while for the boys it was the sensitive type of attitude towards the disease.

REFERENCES

Gnezdilov, A.V. (2014). Treating Myofascial Pain Syndrome. *The Journal of Neurology and Ps*. 114(11), 43–48.

Kukushkin, M.L., Khitrov, N. K. (2004). *General Pain Pathology (Guide for Doctors).* Moscow: Meditsina.

Lukianova, E.M., Omelchenko, L.I. (2002). *Rheumatoid Arthritis in Children.* Kyiv: Kniga Plus.

Sherbakova, N.E. (2016). The Reasons of and the Treatment Methods for Pain Syndromes in Patients with Connective Tissue Dysplasia. *Intern. Medical Journal MEDICUS*, 1(7), 82–87.

The Center of Medical Statistics. The Ministry of Healthcare of Ukraine. (2018). Retrieved from http://medstat.gov.ua/ukr/main.html

Zagorulko, O.I. (2015). Cross-Section Study of the Occurrence of Pain Syndrome among the Patients of the Pain Therapy Department, *RZB*, 1(44), 122–123.

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SEXUAL FANTASIES: REVIEW OF MAJOR SCIENTIFIC STUDIES

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This publication aims at analyzing major classic and current research on sexual fantasies. A new perspective on this phenomenon that understands sexual fantasies as an integral part of a human's sexual life, that includes various mental visions and impressions which are perceived by a person as sexual and evoke arousal, is introduced. Main perceptions regarding their development patterns, including a psychoanalytic framework, development of fantasies as a result of learning, a correlation between the frequency of sexual fantasies and sex hormones levels are presented. It was established that sexual fantasies constitute a part of cognitive processes that take a direct part in a cycle of a sexual reaction formation. New functions of sexual fantasies were outlined; they include reinforcement of sexual arousal, stress reduction, escape from reality, forecasting, self-esteem boost and others. Key contextual aspects, such as fantasies of a romantic nature, sexual experimenting fantasies, fantasies with a concept of submission or dominance, sadomasochist fantasies, voyeurism, promiscuity, group sex themed fantasies or ideas of a permanent partner change, are revealed. The difference between a female and a male type of fantasizing is also described. Main problems associated with sexual fantasizing are revealed: the presence of obsessive fantasies, deviant fantasies, peculiarities of fantasizing among persons with traumatic experience, a specific correlation between nature of sexual fantasies and personal features. Fundamental psychotherapeutic methods of dealing with sexual fantasies are briefly examined: aversion psychotherapy, positive reinforcement of the desired experience, eye movement desensitization and reprocessing, psychoanalytic interpretation of a content of fantasies, emotion extraction method.
KEYWORDS: sexual fantasies, functions of sexual fantasies, the content of sexual fantasies, sexual health

СЕКСУАЛЬНІ ФАНТАЗІЇ: ОГЛЯД ОСНОВНИХ НАУКОВИХ ДОСЛІДЖЕНЬ

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Дана публікація присвячена аналізу основних класичних та новітніх досліджень вивчення сексуальних фантазій. Представлено сучасне розуміння даного феномену, згідно з яким сексуальні фантазії – це невід'ємний аспект статевого життя людини, який включає різноманітні психічні образи та уявлення, що сприймаються людиною як сексуально забарвлені та викликають збудження. Наведено основні погляди на механізми їх формування, зокрема тлумачення в межах психоаналітичної концепції та формування фантазій як результату научіння, взаємозв'язок частоти сексуальних фантазій та рівня статевих гормонів. Визначено, що сексуальні фантазії належать до когнітивних процесів, які беруть безпосередню участь у циклі формування сексуальної реакції. Окреслено основні функції сексуальних фантазій, серед яких посилення сексуального збудження, зняття напруги, втеча від реальності, прогнозування, підвищення самооцінки та інші. Розкрито основні змістові аспекти, такі як фантазії романтичного характеру, фантазії з сексуальними експериментами, фантазії з ідеями підкорення або домінування, садо-мазохістські фантазії, фантазії з тематиками вуаєризму, проміскуїтету, групового сексу або зміни постійного партнера. Також описано відмінності між жіночим та чоловічим типом фантазування. Розкрито основні проблеми, які можуть бути пов'язані з сексуальними фантазіями: наявність нав'язливих фантазій, наявність девіантних фантазій, специфіка фантазування у осіб з травматичним досвідом, специфічний зв'язок між характером емоційних фантазій та особистісними особливостями. Коротко розглянуто основні способи психотерапевтичної роботи з сексуальними фантазіями залежно від типу проблеми: аверсивну психотерапію, позитивне підкріплення бажаного досвіду, десенсибілізацію та переробку рухами очей, психоаналітичну інтерпретацію змісту фантазій, техніку емоційної екстракції.
КЛЮЧОВІ СЛОВА: сексуальні фантазії, функції сексуальних фантазій, зміст сексуальних фантазій, сексуальне здоров'я

СЕКСУАЛЬНЫЕ ФАНТАЗИИ: ОБЗОР ОСНОВНЫХ НАУЧНЫХ ИССЛЕДОВАНИЙ

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Данная публикация посвящена анализу основных классических и новейших исследований изучения сексуальных фантазий. В ней представлено современное понимание данного феномена, согласно которого сексуальные фантазии – это неотъемлемый аспект сексуальной жизни, что включает различные психические образы и представления, которые воспринимаются

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человеком как сексуально окрашенные и вызывающие возбуждение. Приведены основные идеи относительно их формирования, в том числе, толкование в рамках психоаналитической концепции и формирование фантазий как результат научения, взаимосвязь частоты эротических фантазий и уровня половых гормонов. Определено, что сексуальные фантазии относятся к когнитивным процессам, которые принимают участие в цикле формирования сексуальной реакции. Описаны основные функции сексуальных фантазий, среди которых усиление сексуального возбуждения, снятие напряжения, побег от реальности, прогнозирование, повышение самооценки и другие. Раскрыты основные содержательные аспекты, такие как фантазии романтического характера, фантазии с сексуальными экспериментами, фантазии с идеями подчинения или доминирования, садо-мазохисткие фантазии, фантазии с тематиками вуаеризма, промискуитета, группового секса или смены постоянного партнера. Также описаны отличия между женским и мужским типом фантазирования. Раскрыты основные проблемы, которые могут быть связаны с сексуальными фантазиями: наличие навязчивых фантазий, наличие девиантных фантазий, специфика фантазирования у людей с травматическим опытом, специфическая связь между характером сексуальных фантазий и личностными особенностями. Коротко рассмотрены основные способы психотерапевтической работы с сексуальными фантазиями зависимо от типа проблемы: аверсивную психотерапию, позитивное подкрепление желаемого опыта, десенсибилизацию и переработку быстрыми движениями глаз, психоаналитическую интерпретацию содержания фантазий, технику эмоциональной экстракции.
КЛЮЧЕВЫЕ СЛОВА: сексуальные фантазии, функции сексуальных фантазий, содержание сексуальных фантазий, сексуальное здоровье

Problem statement. Until recently, domestic research field paid no attention to the sphere of sexual fantasies. Sexual imagination was regarded as something quite understandable and not worthy of attention. Major scientific works were focused on more practical objectives – prevention and treatment of sexual disorders, maintaining sexual health, prevention of sexual disharmonies. Within these scientific researches, sexual fantasies appeared almost every time, however, tangentially connected to the main theme. Today, regarding the development of a new scientific field, such as the psychology of sexuality, and a wide social demand for counseling and psychotherapy, this topic is very important, since it has both diagnostic and practical potential. Additionally, foreign approach extensively applies methods that focus mainly on transformation (changing of frequency, content or emotional reactions) of sexual fantasies; this is the reason why the overview of works with foreign and domestic experience is highly important, first of all, from a practical perspective. **The purpose** of this publication is a systematization of existing classical and current studies on the topic of sexual fantasies. The **objectives** of this article include the presentation of a modern definition of sexual fantasies, analysis of understanding of their nature, identification of their place in an individual's sexual life, an overview of main functions and analysis of main contextual forms, description of sexual problems related to sexual fantasizing.

Modern scientific understanding of a phenomenon of sexual fantasizing. Erotic dreams, images, and fantasies are an integral part of a human's sexual life that includes various mental visions and impressions which are perceived by a person as sexual and evoke arousal (Leitenberg & Henning, 1995a).

Sexual fantasies accompany the existing sexual life and may at times compensate for its absence, thus, erotic imagination is regarded to be one of the common forms of an individual's sexual experience (Ellis & Symons, 1990). According to (Leitenberg & Henning, 1995b), approximately 95% of men and women report to have been using sexual fantasies in different contexts. As noted by (Maltz & Boss, 1997a), people that lead a more active sexual life are distinguished with an intensive erotic imagination. According to a domestic scientists (Krishtal & Grygoryan, 2002), sexual fantasies are an integral criterion for a sexual health of a person.

The nature of sexual fantasies formation. (Kelly, 1988; 2015) argues that sexual fantasies are a product of our consciousness and result from our life experiences, both earlier ones and the ones acquired later during a lifetime. Fantasies can be also inspired by book stories, paintings, films. (Byrne, 1977a) is the one who holds the same opinion. The scientist assumed that sexual reaction of a person may be provoked by either unconditional or acquired through learning erotic stimuli. The most in-depth research of sexual fantasies was conducted by psychoanalysts. (Freud, 1905; 1996) viewed sexual fantasies as something that precedes socially unacceptable sexual behavior. According to his views, sexual fantasies compensate for a behavior act that was

not implemented. Deviant sexual fantasies are an immature expression of a sexual desire and are an obstacle to mature sexuality development. However, the idea was refuted as most people, including the ones who are quite satisfied with their sexual life and do not have any disorders, experience sexual fantasies. (Wilson & Lang, 1981), in their studies, revealed a correlation between the frequency of fantasies and the level of satisfaction with sexual life. Similarly, (Hariton, 1973) conducted a research aimed at defining the personal features of women and comparison of these features with the sexual fantasies frequency and content. Thus, more creative, emancipated, aggressive and impulsive women had a more fertile erotic imagination than more feminine women, who experienced the sexual fantasies significantly lesser number of times. Recent data give reasons to assume the possibility of existing of a correlation between the frequency and diversity of sexual fantasies and the level of sex hormones. According to (Kocharian, 2016), that undertook a study of foreign researches on this topic, there is a correlation between the intensity and vividness of imagination and the level of testosterone. However, the content of sexual fantasies is also an interest. A well-known psychoanalyst (Kernberg, 1998) believes that the content and the extent of prevalence of sexual fantasies in one's mental activity are a criterion that indicates the experience of going through psychosexual development stages and sexuality formation features. Correspondingly, masochistically themed fantasies, fantasies with sadistic tendencies, voyeurism or exhibitionism, promiscuity, threesome sex tendencies, may give a quite exhaustive piece of information about the relationship experience of a child with significant adults at the earlier development stages.

The place of sexual fantasies in the human sexual response cycle. Sexual fantasies play an important role in the sexual response cycle. One of the most famous sexology developments is a human's sexual response cycle that was offered by (Masters & Johnson, 1966), and which consists of the excitement phase, plateau phase, orgasmic phase, and resolution phase. However, it is possible to say that not everything has to be explained in the words of physiological reactions. Exploring the emergence of a sexual arousal, researchers reached the conclusion that bare physiological stimuli are not enough, they are often accompanied by cognitive productions.

In the year 1977, (Byrne, 1977) offered a sexual reaction cycle model which defines excitement, affective reactions, and cognitive processes as sexual behavior determinants. These stimuli may provoke physiological sexual arousal, emotional reactions and cognitive responses as sexual fantasies. Affective reactions, excitement, and cognitive processes lead and motivate instrumental actions. Sexual fantasies are a part of cognitive processes and, according to the author of the theory, take part in the shaping of sexual response cycle.

J. Bancroft (1989) developed a theoretical scheme of sexual arousal research which he named psychosomatic sexual circle. He believed that sexual arousal consists of four basic elements: desire, central excitation, peripheral excitation, and genital reaction. Sexual excitement becomes erotic, and the stimulus acquires sexual content as a result of cognitive image transformation that may include the processes of evaluations, interpretation or content analysis. Cognitive processes, according to the researcher, are a trigger of sexual arousal. Emotional excitement becomes erotic only if it is included in the appropriate motivation system, that is, is perceived and assessed as a sexual one.

American sexologists B. Zilbergeld and C. Ellison (1980) offered a psychological formula of a sex-response cycle that comprises five elements: interest, excitement, physiological readiness, orgasm, and satisfaction. Sexual fantasies can be traced in the first two stages.

Functions of sexual fantasies. Sexual fantasies fulfill a wide range of different functions. Fantasies may boost self-esteem, retain emotions, substitute real sexual behavior or simply help gain sexual release.

Sexual images and fantasies, as noted by an american psychologist (Byrne, 1977b), fulfill four main functions:

- Sexual fantasies are means of acquiring knowledge;
- Sexual fantasies play a role of a sexual behavior trigger;

- Sexual fantasies expand the borders and capacities of sexual satisfaction, enrich the repertoire of our sexual behavior and supplement it with novel nuances;
- Erotic imagination enables individuals to overcome stringent borders of reality and makes it possible to get experiences that may be unavailable physically.

Sexual fantasies strengthen both psychological and physiological sides of a sexual reaction in multiple ways: they resist boredom, concentrate thoughts and feelings, thus, prevent distraction and facilitate tension, boost self-esteem, since particularly in a dream one can imagine themselves as a perfect partner disregarding blemishes of their body (Masters, Johnson & Kolodny, 1985).

In sexual fantasies, a person creates a safe, credibly secure environment that can unleash imagination and feelings. They are secured at least to the point that no one knows about them, therefore, strangers are untraceable to trace them. The awareness that these events are fictional and unreal frees from personal responsibility. Hence, fantasizing, a person reduces the strain of defense mechanisms to some extent and often demonstrates unconscious stereotypical images. Regarding the fact that sexual fantasies are mainly related to such kind of events and behavior that, if encountered in reality, could be judged as unacceptable and illicit, the emerging need for a safety as a background where the arousal occurs is completely understandable.

Often fantasies serve as a way of predicting future events and are an attempt to prepare for them, for what and how to expect, how to act. This function of sexual fantasies is extremely significant especially for youth and people with little sexual experience. Replaying in imagination a certain scene several times, a person can invent a way to minimize all challenges and can even partially dispose of embarrassment, astonishment, shame. Of course, when the fantasy becomes a reality it may prove to be different from dreams, nevertheless, using imagination as a rehearsal, one feels calmer and more confident.

A lot of people falsely understand the nature of sexual fantasies assuming that a person desires to transform into reality any of the fantasies. It frequently happens that fantasies exist only as a form of an imagination result and do not require realization.

In many cases, sexual fantasies are employed to generate or strengthen sexual arousal. Sexual fantasies are often necessary as a first impulse that induces arousal. For some individuals, they are essential to proceed from a low level of excitement to a more passionate state.

It was ascertained that the majority of women that are aroused by the fantasies that portray such types of sexual activity as violence, zoophilia, incest, sadomasochism, say they do not possess any desire to make them into reality. A lot of people argue that they do not want their fantasies to come true, although, there exist individuals that do otherwise. What makes a person to be inclined to the one or the other option remains unclear, however, may be determined by the following: 1) the severity of an erotic desire these fantasies provoke; 2) the partner's ability to understand and be reliable; 3) the self-image of a person and 4) the level of queerness of the fantasy.

The content of sexual fantasies. Sexual fantasy suggests the initiation of some sexual scenario. The definition of a sexual scenario was introduced to sexology by American sociologists (Gagnon & Simon, 2011). Sexual scenario essentially means three different aspects:

- The combination of social norms that regulate sexual behavior of the members of a community;
- The interpersonal relationship where these cultural norms are implemented;
- The combination of erotic motives and advantages specific to a person and that are indissolubly connected to one's Self.

These aspects may not coincide but are always related to each other. Every person has got not a one but a number of scenarios. Firstly, these are the fantasies that one never wants to make into reality or implement to the full extent. Secondly, they are plans of a behavior that a person steadily implements. Thirdly, they are the intermediate benchmarks that emerged and developed as a result of a sexual interaction. Fourthly, they represent former sexual experience.

There exist different classifications of sexual fantasies, and often certain fantasies are difficult to be classified under some groups. However, there are particular criteria that allow differentiating fantasies according to the content.

The most popular fantasies are related to *certain experiments*: it means to imagine something that never happened in real life. In sexual dreams of such type, a person may experiment with roles in the scenes and forms of receiving sexual satisfaction. These actions may not require implementation into reality.

Another contextual feature of a fantasy is *submission* which means strength of a partner, physical or moral. These may be the fantasies about seduction or direct coercion.

Infliction of pain or the feeling of it may be a source of a sexual satisfaction. In *sadomasochistically themed fantasies* a person imagines physical cruelty directed at themselves or other people. Physical cruelty implies beating, tying up, burning, shackling and others. In these fantasies, pain and its intensity are vividly described. Satisfaction, in this case, is directly proportional to the suffering of a victim. Men and women may experience these fantasies without a need for realization.

Rape themed fantasies cause the most confusion among broad masses. Women experience them more frequently. The most reasonable way to interpret rape themed fantasies is to regard them as a means for some women to make sure they are sexually passive, thus, their behavior corresponds with a cultural stereotype. Additionally, this type of fantasies frees a victim from a personal responsibility for a received sexual satisfaction.

All too calm *romantic fantasies* drastically differ from the rape themed ones. These scenarios are generally designed as accidental acquaintances under nearly perfect circumstances – a cozy garden, a beautiful sea beach, a tropical paradise. These conditions foster the outburst of a romantic feeling that gradually transforms into a sexual foreplay. After such an outburst of passion, the couple is not connected by anything.

Common are also the *fantasies that include a different partner*, who may be imaginary, a former one or a real acquaintance. One of the varieties of the fantasies that include a different partner is a fantasy of having sex with a celebrity.

The other type of fantasies, closely related to the one with a partner change, is *scenes of a group sex*. Such fantasies can be thoroughly planned orgies featuring friends extending to the scenarios of fantastic life or other people and visions. In some group sex themed fantasies actions have a bisexual nature, while in others they are purely heterosexual.

Pretty popular are the fantasies about *observing other people* having sex. The pristine form of this fantasy does not imply an observer taking part in a sexual intercourse, although this person may attract the attention of the surrounding people. In variations of this theme, an observer reaches an intensive sexual arousal and joins the participants of a sexual intercourse.

According to the data acquired by Hunt (Hunt, 1974), the most common scenarios of sexual fantasies of men and women during masturbation are: sexual intercourse with a loved one, sexual intercourse with a stranger, sex with two or more partners of an opposite sex, sexual actions that are never transitioned into reality, coercion of a partner into a sexual relationship, sex under coercion, homosexual contact.

Female and male fantasies feature both common traits and certain differences. Common traits include the frequency of fantasizing; also, male and female fantasies are characterized by a rather broad range of actions. However, there exist gender-based differences of a content of fantasies. Thus, male fantasies have a more active nature and are more oriented on a woman's body, on what he wants to do to it. Female fantasies, in their turn, are more passive and are concentrated on the fact of a partner's interest and his activity. The main role in male fantasies plays the sexual intercourse itself, while the focus of female fantasies is on the atmosphere and the emotional aspect. Men experience fantasies featuring two or several partners more often than women. Scenes of dominance are more common for male fantasies whereas themes of submission are common for women (Leitenberg & Henning, 1995c).

Ziegler & Conley (2016) indicate that females are more likely than males to have submissive fantasies. According to the scientists, such distinctiveness is caused by gender expectations regarding the manifestations of females' sexuality and is the result of socialization in this issue. Also, they believe that often in a society the manifestations of open sexuality can be perceived as manifestations of promiscuity, so the presence of submissive fantasies is an attempt to pass the responsibility to a partner. In such fantasies, the initiative belongs to a man, and not to a woman, and therefore she will not suffer from the reproof of conscience regarding her own possible promiscuity and will not worry about her own possible mismatch with social expectations.

Problems related to the content of fantasies. The erotic imagination of a person is far broader and more varied than the real behavior. Moreover, it includes a range of prohibited actions that may necessitate disapproval and rejection in real life, in particular, a feeling of guilt. The research data (Follingstad & Kimbrell, 1986) suggest that people, who associate sex with a feeling of guilt, experience less arousal from sexual fantasies. Individuals that went through a sexual abuse in childhood often produce compensatory sexual fantasies with the purpose of 'detouring' the traumatic experience and intensify sexual excitement, although they do not always succeed and only repeatedly immerse in the trauma (Boss & Maltz, 1997b). Furthermore, the research conducted on the people who underwent sexual abuse in adulthood showed that sexual fantasies featuring dominance or submission are often accompanied by negative feelings (Renaud & Byers, 2006). Besides, some suggestions posit that the existence of explicitly deviant fantasies, for example, explicitly violent fantasies about engaging in sex with underage individuals, may be regarded as a potential risk in a context of committing sexually-based crimes (Bartels & Gannon 2011). Individuals who exhibit a low level of sexual drive often have frugal sexual fantasies, that is why one of the work direction with their difficulties may involve the development of positive sexual fantasies. In the 1990s of XX century, a method of 'sexual healing', that implied a separate stage of working with sexual fantasies, was developed (Maltz, 1992, 2000). At that very time, the counseling strategies directed at reducing the arousal from deviant sexual fantasies were introduced. At the heart of these strategies are a mechanism of aversion and positive reinforcement. The deviant images were 'bound' to odious stimuli, whereas 'positive' ones were supported with genitalia stimulation (Laws & Marshall, 1991). The other data confirm the existence of such methods directed at treating the unwelcome and discomforting images as the method of eye movement desensitization and reprocessing (EMDR) (Bartels, Harkins, 2018). Psychological tradition uses interpretation method that allows identification and a deeper understanding of the roots of such visions and fantasies.

Recent researches study the relationship between the nature and content of sexual fantasies with the peculiarities of the organization of personality. So, in a study by Baughman, Jonason, Veselka & Vernon (2014), the relationship between the dark triad and the features of sexual fantasies was studied. It was found that psychopathy was the most strongly correlated with general sex drive as well as fantasies that contained exploratory, impersonal, and sadomasochistic themes. In the studies of Birnbaum (2007), it was discovered that the associations between attachment orientations and sexual fantasies were discovered. More anxiously attached women were particularly likely to report extrapair fantasies, while more anxiously attached men were especially likely to report romantic fantasies. Attachment avoidance was negatively related to romantic themes, especially among men. Recent latest data allow deeper understanding of the nature and frequency of sexual fantasies influence on sexual behavior in general and the features of building the partnerships.

A considerable difference between erotic imagination and real personal sexual behavior may be a sign of a problematic sexual life. This means that a person cannot, or does not, allow themselves to realize their sexual scenario, they live not by their own rules, feel not free. In some cases, this may be a consequence of general rigidity, attitudes, inability to implement changes, fixation on the previous development stages, unrealistic level of aspirations; in other cases – a conflict between personal erotic preferences and sociocultural norms when satisfaction of individual's demands may lead to problems with the law, public morality. Sometimes dominance or submission fantasies may not coincide with the worldview and personal cultural norms, thus, be strictly internally condemned causing negative feelings and frustrating real sexual behavior

(Moyano & Sierra, 2014). Likewise, while working with sexual dreams and fantasies an emotion extraction technique, which was developed as part of experiential psychotherapy, can be utilized (Kocharian, 2012). With the help of this technique, a client not only profoundly understands the cause of these fantasies but also can approach those traumatizing experiences that serve as hurdles to a self-actualization tendency. Thus, within this approach, a specialist works not only with a symptom, with deviant or obsessive fantasy or a feeling of guilt and shame for their sexual dreams. The work with emotion extraction enables one to approach deep underlying reasons for these visions and to work directly with them.

Conclusion. Concluding, it must be said that sexual fantasies are an inseparable aspect of a human sexual life. Their development is determined by various factors: level of hormones, early childhood experience and life in adulthood. They fulfill a quite broad range of functions that allow one to have a more harmonious sexual life. Sexual fantasies have different content, and often a particular pattern has a diagnostic nature, although it may not be always universal. Sometimes sexual fantasies may be explicitly deviant or obsessive, be accompanied with a feeling of guilt, hence, they become o focus of a psychotherapy within different frameworks' perspective.

REFERENCES

Bancroft, J. (1989). Human Sexuality and Its Problems. US: Churchill Livingstone.

Bartels, R. M., & Gannon, T. A. (2011). Understanding the sexual fantasies of sex offenders and their correlates. Aggression and Violent Behavior, 16(6), 551-561. http://dx.doi.org/10.1016/j.avb.2011.08.002

Bartels, R. M., Harkins, L., Harrison, S. C., Beard, N., & Beech, A. R. (2018). The effect of bilateral eye-movements versus no eye-movements on sexual fantasies. Journal of Behavior Therapy and Experimental Psychiatry, 59, 107-114. http://dx.doi.org/10.1016/j.jbtep.2018.01.001

Baughman, H. M., Jonason, P. K., Veselka, L., & Vernon, P. A. (2014). Four shades of sexual fantasies linked to the Dark Triad. Personality and Individual Differences, 67, 47-51. http://dx.doi.org/10.1016/j.paid.2014.01.034

Birnbaum, G. E. (2007). Beyond the borders of reality: Attachment orientations and sexual fantasies. Personal Relationships, 14(2), 321-342. http://dx.doi.org/10.1111/j.1475-6811.2007.00157.x

Byrne, D. (1977). The imagery of sex. In J. Money & H. Musaph (Eds.), Handbook of sexology (pp. 327-350). Amsterdam, The Netherlands: Elsevier.

Ellis, B. J., & Symons, D. (1990). Sex differences in sexual fantasy: An evolutionary psychological approach. Journal of Sex Research, 27(4), 527-555. http://dx.doi.org/10.1080/00224499009551579

Follingstad, D. R., & Kimbrell, C. D. (1986). Sex fantasies revisited: An expansion and further clarification of variables affecting sex fantasy production. Archives of Sexual Behavior, 15(6), 475-486. http://dx.doi.org/10.1007/BF01542312

Freud, S. (1905; 1996). *Drei Abhandlungen zur Sexualtheorie*. Fischer: Frankfurt am Main.

Gagnon, J. & Simon, W. (2011). Sexual Conduct. US: Transaction Publishers.

Hariton E.B. The sexual fantasies of women // Psychology Today. – 1973, March. – P. 39–44.

Hunt, M. (1974). Sexual behavior in the 70's. Chicago: Playboy Press.

Kelly, G. F. (1988; 2015). Sexuality today. NY, US: McGraw-Hill Publishing Company.

Kernberg, O. (1998). Love Relations: Normality and Pathology**.** Yale University Press.

Kocharian, A. S. (2012). «Техника эмоциональной экстракции» в работе со сновидной продукцией [‘Emotion extraction’ in work with dreams], Nauchno-prakticheskiy zhyrnal ‘Psyhoterapia', 10, 41-45. (In Russian)

Kocharian, G. S. (2016). Сексуальные фантазии: современные представления [Sexual fantasies: modern approches], Zdorov’e muzchiny, 1,59-69 (In Russian)

Krishtal, V. V. & Grygiryan, C. P. (2002). Сексология [Sexology]. – Moscow: Perse (In Russian).

Laws, D. R., & Marshall, W. L. (1991). Masturbatory reconditioning with sexual deviates: An evaluative review. Advances in Behaviour Research and Therapy, 13(1), 13-25. http://dx.doi.org/10.1016/0146-6402(91)90012-Y

Leitenberg, H., & Henning, K. (1995). Sexual fantasy. Psychological Bulletin, 117(3), 469-496. http://dx.doi.org/10.1037/0033-2909.117.3.469

Maltz, W. (2000). Sexual healing from sexual abuse. Siecus Report, 29, 17-23.

Maltz, W. (1992). Sexual healing journey: A guide for survivors of sexual abuse. New York: Harper Perennial.

Maltz, W, Boss, S. (1997) In the Garden of Desire: Women's Sexual Fantasies as a Gateway to Passion and Pleasure. US: Broadway.

Masters, W., Johnson, V. (1966). Human sexual responce. US: Lippincott Williams & Wilkins.

Masters, W., Johnson, V., & Kolodny, R. C. (1985). Human sexuality. NY, US: Little, Brown and Company.

Moyano, N., & Sierra, J. C. (2014). Fantasías y pensamientos sexuales: Revisión conceptual y relación con la salud sexual [Fantasies and sexual cognitions: Conceptual review and relation to sexual health]. Revista Puertorriqueña de Psicología, 25(2), 376-393.

Renaud, C.A., & Byers, S.E. (2006). Positive and Negative Cognitions of Sexual Submission: Relationship to SexualViolence. Archives of Sexual Behavior, 35(4), 483-490. http://dx.doi.org/10.1007/s10508-006-9046-2

Wilson, G. D., & Lang, R. J. (1981). Sex differences in sexual fantasy patterns. Personality and Individual Differences, 2(4), 343-346. http://dx.doi.org/10.1016/0191-8869(81)90093-3

Ziegler, A., & Conley, T.D. (2016). The importance and meaning of sexual fantasies in intimate relationships. In K. Aumer (Ed.), The psychology of love and hate in intimate relationships (pp. 29-45). Cham, Switzerland: Springer International Publishing.

Zilbergeld, B., & Ellison, C.R. (1980). Desire discrepancies and arousal problems in sex therapy. In S.R. Leiblum & L. Pervin (Eds.), Principles and practice of sex therapy (pp. 65–106). New York, NY: Guilford Press.

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Наприклад:

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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.

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

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

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