

The Adaptability Factor of Young People with the Status of a Disabled Child in the Context of Medical and Social Expertise

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Introduction. Socially stressful situations refer to the sphere of macro social problems and require significant personality resources from the individual. They also may contribute to chronic psychological traumatism, which is manifested by distress states and increase of pre nosological forms of violations in mental adaptation. Being an important factor in the structure of mental health, the dynamics of psychological adaptation depends not only on the conditions of the social environment and social attitudes, but also on functional states, personal resources, life experience (Dubinina, 2013). For adaptation to proceed successfully, sufficient development of such a factor as adaptability (the capacity and the desire to adapt to changes, the developed ability to appropriately adopt the norms and values of the society in which the individual lives) is necessary. Strong adaptability makes it easier to transfer changes in life, to adequately navigate in a difficult situation, increases emotional stability and the ability to change. On the contrary, emotional failures, difficulties of interaction indicate that the individual's attitudes strongly disagree with the cultural, social and communicative environment and, accordingly, are of low resource (Nalchadzhani, 2010). Procedure for establishing a disability group can be referred to a socially stressful situation, since one of its components is the acquisition of a socio-economic resource.

Purpose. The purpose of the study was to investigate the adaptability factor as a marker of social stress situation in the context of medical and social expertise.

Methodology. The randomized study was performed on the basis of the research institute, and included patients, obtaining the disability group. The inclusion criteria were: the status of disabled child, the age of 18-29 years, the absence of concomitant mental disorders. The study was conducted in 3 stages: 1- study of medical documentation; 2- psychological testing procedure (after signing the informed consent); 3- examination of the materials of expert commission decision. The following methods were applied: clinical-psychological method, psychological diagnostics, statistical method. Social biographical features, medical history, psychological features were studied by the means of the Adaptivity test (such issues as behavioral regulation, communicative qualities, moral normativity, personal adaptive potential, disadaptive states) (Raigorodskii, 2006). All patients were divided into 3 groups: those, which were getting the disability group for the first time, those, which went for appeal and those, which went for the reassessment. To study the reliability of differences between groups, the paired Student t-test was used.

The methodological basis was the concept of psychic adaptation of Berezin F. B., where adaptation reactions and personality decompensations could be considered within the framework of one adaptation model (Berezin, 1988).

Research was based on a systematic approach to psychological aspect of mental adaptation study. Adaptation was viewed as holistic process of interaction in the "person-environment" system, where the goal, connected with the leading need, was the system-forming factor (Berezin, 1988).

Results. 85 young people with the status of disabled child were examined, they all were in the situation of medical and social expertise for obtaining disability group. In the course of the conversation and medical documents study it was revealed that the disability group was regarded by young people as an important social factor of material support and the possibility of obtaining an education, also the need for a disability status was actively supported by parents. Young people, getting the disability group for the first time, didn't have any experience of solving problematic and crisis situations connected with expertise, and young people, which disagreed with the earlier decision of the expert commission and tried to appeal it, had the negative experience. So the most significant prevalence of behavioral regulation decrease was revealed in those two groups (91.7% and 75.6%), as well as the increased proneness to conflict, avoidance of contact and mutual understanding with others (66.7% and 48.9%), adaptation disorder and disadaptive states (83.3% and 75.5%) ($p = 0.017$). Patients in the appeal group in 53.3% had the decrease of adaptation with possible neuropsychic breakdowns with the involvement of functional states. Patients, which had minor abnormalities of anatomical structures, physiological functions, and got disability status by social factor for the period of education and profession obtaining, in 94.8% had the reduction of adaptation and disadaptive states ($p = 0.015$). Young people, which already had disability status and came for the reassessment, compared with patients, getting the disability group for the first time ($p = 0.043$) and on appeal ($p = 0.0006$), – had less difficulties with adaptation (61.5 %).

Limitations and strengths of the study. Adaptability in the situation of expertise can be considered as a factor of personal reaction to significant changes in the life of patients with chronic physical illnesses and as a personal

resource for psychological assistance and appropriate correction. The restriction is the adjustive behavior of patients.

Practical / social value Using the method of adaptivity disorders identification in medical and social expertise, especially involving functional systems, makes it possible to define the psychological component in the structure of the disease more accurately and develop psychological preventive measures aimed at personal, interpersonal and situational components. The social aspect consists of psychological preventive and correction measures, aimed at successful integration of young people with special needs into society.

Conclusions. The most stressful the situation of expertise was for patients, which had minor violations of anatomical and physiological structures, as well as for those which were getting the disability group for the first time.

The discrepancy between the desired result, the impossibility of obtaining it and the lack of the necessary resource contributes to the development of disadaptive states.

The social microenvironment contributes to the formation of the individual's attitude towards obtaining state financial compensations, thereby strengthening the stressfulness of the expertise context for them.

The state of disadaptation of young people which did not receive the disability group – was a factor that could increase their isolation and stigmatization.

Keywords: mental health, adaptability, disadaptive states, adaptation, social stress situations, medical and social expertise, young people with special needs, incapacity for work, social inequality, young person.

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