

## THEORY OF PERSONAL RELIABILITY IN PSYCHOTHERAPEUTIC TREATMENT OF DEMENTIA

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**I. O. Kotyk. Theory of personal reliability in psychotherapeutic treatment of dementia.** The article focuses on the concept of personal reliability as a system of individual characteristics, which serves as the basis for successful self-regulation in various spheres of life.

It shows that personal reliability of an individual with dementia manifests itself in the fact that he/she is able to maintain their life, as expected, according to their capabilities and needs.

The author outlines theoretical ideas on the nature and content of personal reliability as an integral psychological formation in the unity of motivational, random, cognitive components, prevalence of normativity and sensitivity which express themselves in a person's behavior and are based on the set of symptoms of psychological and physical well-being.

The system of personal reliability psychological support is presented as an integrated set of strictly organized estimation-and-regulatory optimization of a person's behavior in accordance with the requirements and conventional norms, with its own structure, performance algorithm, patterns, mechanisms, principles which, taken together, form a coherent concept.

The author has developed a strategy of practical application of the theoretical model of personal reliability in case of dementia in the context of «rational and humanistic orientation of an information field», which reflects the individual characteristics of information transformation into subjective reality and the respond on the situation in activity.

There were also offered such psychological and therapeutic means of recovery from dementia as awareness and expansion of an individual's personal space: size, shape, quantity and content of the measurements (one's own body, territory, personal artifacts, time mode, social connections, values, tastes, etc.), preservation of sovereignty boundaries.

**Key words:** dementia, personal reliability, personal space, boundaries, sovereignty, authenticity, autonomy.

**I. O. Котик. Застосування теорії особистісної надійності у психотерапевтичній практиці при деменції.** У статті обґрунтовано концепцію

особистісної надійності як системи характеристик особистості, що є основою успішної саморегуляції у різних сферах життєдіяльності.

Показано, що особистісна надійність людини з деменцією виражається у тому, що вона здатна підпорядковувати свою життєдіяльність і те, чого від неї очікують, відповідно до своїх можливостей та потреб.

Розкрито теоретичне положення про сутність і зміст особистісної надійності як інтегрального психологічного утворення у єдності мотиваційних, довільних, когнітивних компонентів, превалюванні нормативності і чутливості, що мають прояв у поведінці особистості й ґрунтуються на симптомокомплексі психофізичного благополуччя.

Показано систему психологічного забезпечення особистісної надійності як цілісну сукупність певним чином організованої оціночно-регулятивної оптимізації поведінки людини відповідно до встановлених вимог і конвенційних норм, із власною структурою, алгоритмом функціонування, закономірностями, механізмами, принципами, що утворюють у своїй сукупності цілісну концепцію.

Розроблено стратегію практичного застосування теоретичної моделі особистісної надійності при деменції у контексті «раціогуманістичної орієнтації інформаційного поля», яке віддзеркалює індивідуальні особливості перетворення інформації в суб'єктивну реальність і реагування на ситуацію у діяльності.

Запропоновано такі психотерапевтичні засоби відновлення при деменції як усвідомлення та розширення особистісного простору людини: обсягу, форми, кількості та змістовного наповнення вимірів (власне тіло, територія, особисті артефакти, часовий режим, соціальні зв'язки, цінності, смаки тощо), збереженість суверенності меж.

**Ключові слова:** деменція, особистісна надійність, особистісний простір, межі, суверенність, автентичність, автономність.

**И. А. Котик. Применение теории личностной надёжности в психотерапевтической практике при деменции.** В статье обоснована концепция личностной надёжности как системы характеристик личности, являющейся основой успешной саморегуляции в различных сферах жизнедеятельности.

Показано, что личностная надёжность человека с деменцией выражается в том, что он способен подчинять свою жизнедеятельность и то, чего от него ожидают, согласно своим возможностям и потребностям.

Раскрыто теоретическое положение о сущности и содержании личностной надёжности, как интегрального психологического образования, в единстве мотивационных, произвольных, когнитивных компонентов, превалировании нормативности и чувствительности, имеющих проявление в поведении личности и основывающихся на симптомокомплексе психофизического благополучия.

Представлено систему психологического обеспечения личностной надёжности как целостную совокупность определенным образом организованной оціночно-регулятивної оптимізації поведінки человека

соответственно с установленными требованиями и конвенционными нормами, с собственной структурой, алгоритмом функционирования, закономерностями, механизмами, принципами, образующими в своей совокупности целостную концепцию.

Разработана стратегия практического применения теоретической модели личностной надёжности при деменции в контексте «рациогуманистической ориентации информационного поля», которое отражает индивидуальные особенности преобразования информации в субъективную реальность и реагирования на ситуацию в деятельности.

Предложены такие психотерапевтические средства восстановления при деменции как осознание и расширение личностного пространства человека: объема, формы, количества и содержательного наполнения измерений (собственное тело, территория, личные артефакты, режим времени, социальные связи, ценности, вкусы и т.д.), сохранность суверенитета границ.

**Ключевые слова:** деменция, личностная надёжность, личностное пространство, границы, суверенитет, аутентичность, автономность.

**Statement of the Problem.** Personal reliability, in our opinion, constitutes the fundamental characteristic of regulatory social and cultural boundaries. This feature of an individual, which characterizes one's ability to predictable behavior, is connected with the implementation of social relations based on social norms and ideals, as well as one's own responsible choice. Summarizing our theoretical study of the reliability problem [4; 5], let us note that the semantic properties that constitute its foundation, are certain age, sex, neural and dynamic properties, constitutional and physiognomic characteristics, traits of character, peculiarities of the cognitive sphere, personal values, in particular responsibility, sustainability, volitional qualities, sense of duty, discipline. Reliable authenticity of a self-actualized person manifests itself in the fact that he/she is able to maintain their life, as expected, according to their capabilities, vocation, sense. Reliable individual formation is associated with: adaptation – individual's adjustment to new social conditions; orientation – searching for one's place in the social and professional space; structuring – defining and ordering «I am a part of society»; goals – goal-setting, behavior modeling; existence – understanding of one's own essence, prediction. Certainly, there are a number of threats regarding personal reliability regression in elderly age, including dementia as the most dangerous one.

Dementia today is one of the serious medical, social and psychological problems. The increase in the numbers of elderly (senile) people in the population, lifestyle changes, particularly in the nature and extent of physical and emotional load, diet, impact of a

number of chemical agents, incredible amount of different information – lead to an increase in the number of cognitive impairment cases. According to WHO (World Health Organization), currently 35.6 million people suffer from dementia. This number will double by 2030 and more than triple - by 2050 [2]. Therefore, it is important to improve the methods of prevention and early diagnosis of cognitive disorders.

**Analysis of recent research and publications** shows that philosophical, physiological, psychological, professional aspects of the problem of reliability were discussed in the works of A. Astafiev, H. Ball, A. Berh, V. Bodrov, V. Horbunov, M. Korolchuk, V. Kruk, M. Kotyk, B. Lomov, D. Maister, V. Milman, V. Nebylitsyn, H. Nykyforov, A. Piskopel, O. Protanska, V. Pushkin, N. Rybakova, S. Sarychev, Y. Stryzhov, V. Uakiev, V. Yudin [4; 5; 8].

Personal reliability is a fundamental, attributive feature of a personality which characterizes one's ability to predict responsible behavior connected with the implementation of social relations in accordance with group norms and values.

Study of the world culture of humanistic orientation gives reasons to believe that the value of private life is really exceptionally high (I. Brodskiy, X. Orteha-i-Hasset, H. Toro, A. Shveitser). A person's isolation from the others, his disintegration from the world, ability to perceive the others but remain oneself in humanistic culture is always associated with dignity. Modern civilization has led to the emergence of the phenomena of mass culture and mass human, normal and pathological entity, healthy and sick person. Some people create not only personal, but also social life, still they are able to maintain their autonomy. It is at an individual level that the old problems are resolved and something new is born – social moral (external social norms) and personal moral (internal boundaries). Thus, personal moral defines the boundaries of social moral. However, the content of individuality is limited by one's social usefulness, whereas personality is important in itself and for oneself. Therefore, the more intense is the contact of a person with the world, the more urgent is the task of maintaining of one's unique individuality, one's psychological space in all spheres of life. Personalized (not shared with the society) ethics is the most valuable part of the culture.

At the same time modern psychological science actively investigates determinants, course, mechanisms and means to restore a person with dementia syndrome (N. Bachynska, V. Zakharov, Y. Kolesnyk, V. Korostii, T. Mishchenko, B Mykhailov, S. Polyvoda, V. Kholin, A. Cherepok, N. Yakhno, L. Amaducci, M. Baldere-

schi, S. Bombois, A. Bruandet, S. Debette, A. DiCarlo, L. J. Launer, C. MacNight, G. W. Ross, H. Petrovitch, K. Rockwood, C. Wentzel [1-3].

Indeed, the problem of social norms and psychological space restoration of people with dementia is regarded among the most significant ones, but the mechanisms of social and individual norms interaction have been basically ignored by researchers.

**Article objective.** The objective of our article is to work out the strategy, create a methodical unit and implement psychotherapeutic practice in cases of dementia based on the theory of personal reliability.

**The main research material.** Human's attitude to the world, his value and semantic potential are closely connected with the content of the process of personal reliability formation; activity and behavior predictions are based on the ideas of certain social and professional categories within which an individual perceives himself.

The concept of personal reliability is based on the theoretical analysis and the results of experimental studies. This phenomenon is holistic and dynamic, it is based on natural scientific and humanitarian paradigms, it is associated with the peculiarities of the social situation perception and its possible (both positive and negative) consequences for people; conditioned by (professional, common, creative) activities; peculiarity of relationships in microenvironment (professional community, family, friends, etc.) is determined by one's attitude to social reality.

Personal reliability is an integral psychological formation which is revealed in the unity of motivational, random, cognitive components, prevalence of normativity and sensitivity which express themselves in person's behavior and are based on the set of symptoms of psychological and physical well-being. We present the system of personal reliability's psychological support as a coherent set of strictly organized estimation-and-regulatory optimization of human behavior in accordance with the requirements and conventional norms, with its own structure, performance algorithm, patterns, mechanisms, principles which, taken together, form a coherent concept.

Personal reliability is realized through psychological mechanisms related to diagnosis of external and internal reality. Internal factor of personal reliability expresses itself in diagnostics of reality as a basic mechanism of psychic activity. Its effectiveness depends on the authenticity, social maturity, adequacy and self-sufficiency, critical attitude to social behavioral factors, risks of mental and

physical well-being. External factor of personal reliability in the process of its insurance manifests itself in a mechanism of continuous evaluation of critically important risks of behavior according to the performance indicators. When it focuses on estimation-and-regulatory optimization of the personal reliability compliance with the established requirements and accepted standards, the outer circle of the mechanism of continuous assessment introjects into a psychological mechanism of the inner circle of continuous assessment that constitutes an additional power for Super-Ego, which leads to actualization of subject-activity reflexive regulation of human behavior in accordance with established requirements of personal reliability.

The concept of personal reliability is based on the following statements, which have been revealed as the results of theoretical analysis and confirmed data of experimental research, namely:

– personal reliability is understood not only as a process which is stabilized and manifests itself in the interaction of the members of social environment, but also a state that ensures reliability of a person as a whole (psychic, psychological). In addition, it is also a property of an individual which is based on authenticity, is characterized by its stability against destructive influences and is an internal resource of counteraction (resistance) against destructive effects;

– defined personality levels are understood as the variety of aspects of the counteraction and viability (experiencing of one's own stability–instability, resistance resource availability against external and internal destructive influences, understanding of self-maintenance, specific behavioral acts that promote or counteract the psychological reliability of others, self-destruction or constructive sustainable development);

– reliability levels are classified in accordance with the levels of a person's development: at an individual level – physical reliability (the person is identical with one's own vital activity); at a personal level – a system of attitudes to different aspects of reality and other people (values, ideals that define behavior); at the level of activities – a set of tools and activity technologies that promote or reduce the threat to another person or society as a whole (culture of reliability in the community); at the level of individuality – as life purport orientations of a person, one's existential essence (combined physical and psychological reliability of a human as the sense of life and preservation of a man and society);

– personal reliability levels are defined as abilities to maintain stability in an environment with certain requirements, also with

negative influences, counteraction against destructive external and internal influences; ability displayed in the feeling of personal stability-instability in certain life situations.

Personal reliability model is based on the integration of natural scientific and humanitarian paradigms that constitute «rational and humanistic orientation of the information field», which defines the features of a person's cognitive activity aimed at adequate presentation of the informational reality and «life and professional experience» that reflects individual peculiarities of converting information into subjective reality and response to the situation in a professional and daily life. The theoretical model of personal reliability is represented in the following types:

1. Reclusive type – a person consciously refuses to interact with others because of his/her own beliefs.

2. Authentic type. Despite the positive content, within this type there can occur not only harmonious combinations of mentioned modes. Thus, this type can be creative, but also combinations that contribute to various long internal conflicts can be observed here.

3. Unreliable personality also shows options presented in the vector «existential compliance» and «illusion of compliance».

4. Self-destructive personality in vector direction «illusion of compliance» can adapt to other people to parasitize. Weak, lost, they need compassion and assistance. However, in the process of receiving help they show great activity and adaptability to any social and psychological and economic conditions.

To determine psychotherapeutic possibilities of the theoretical model of personal reliability in cases of dementia, we'll analyze the features of origination, a course of personality changes of people with this disorder.

Dementia is a syndrome caused by a brain disease – usually chronic or progressive – which causes the violation of many higher cortical functions: memory, thinking, comprehension, language, orientation, ability to count, cognition and reasoning. Dementia is not connected with mental confusion, «deterioration of emotional state control, degradation of social behavior or motivation is often combined with impaired cognitive functions, and sometimes develop prior to them» [2, p.7]. This syndrome is manifested in a large number of diseases which cause primary or secondary brain damage: vascular dementia is connected with Alzheimer's, Pick's, Kreytsfeldt-Jakob's, Hentington's, Parkinson's, Wilson's diseases, with hypercalcemia, hypothyroidism, vitamin B12 deficiency, nicotine



acid deficiency, intoxications, neurosyphilis, epilepsy and others. Alzheimer’s disease is the most common form of dementia with 60-70% of all cases. Common are also such forms as vascular dementia, dementia with Lewy bodies and a group of diseases relating to the front temporal dementia. There are no clear boundaries between various forms of dementia, and there often exist mixed forms.

*Table 1*

**Typical symptoms of dementia syndrome**

Early stage	Intermediate stage	Late stage
<ul style="list-style-type: none"><li>- Forgetfulness, particularly regarding recent events</li><li>- Difficulties in communication, for example in selecting the words</li><li>- Disorientation in familiar locality</li><li>- Loss of time notion: time of the day, month, year, season</li><li>- Difficulty in making decisions and in dealing with money</li><li>- Difficulties in performing complex tasks at home</li><li>- Mood and behavior, decreased activity and motivation, loss of interest in certain activities and occupations; mood changes; depression, anxiety; irritation and aggression</li></ul>	<ul style="list-style-type: none"><li>- Strong forgetfulness regarding recent events and people’s names</li><li>- Difficulty in assessing the time, date, place and events</li><li>- Loss of orientation in the house or in the community</li><li>- Increasing difficulties in communication (speaking and understanding)</li><li>- The need of personal care assistance (toilet, washing, dressing)</li><li>- Inability to cope with the cooking, cleaning or shopping</li><li>- Inability to live safely alone without help</li><li>- Changes in behavior, aimless walking, repetition of questions, exclamations, importunity, disturbed sleep, auditory and visual hallucinations</li><li>- Misbehavior at home or in the community: disinhibition, aggression</li></ul>	<ul style="list-style-type: none"><li>- Disorientation in time and space</li><li>- Difficulties in understanding of what is happening around</li><li>- Inability to orientate oneself in the house</li><li>- Inability to recognize relatives, friends and familiar objects</li><li>- oneself independently</li><li>- Increasing need for personal care assistance (use of the bathroom and toilet)</li><li>- Possible involuntary defecation and urination</li><li>- Difficulty in walking</li><li>- Enhanced changes in behavior: aggression to a person who takes care; nonverbal agitation (kicks, punches, piercing screams or groans)</li></ul>



Dementia affects people in different ways depending on the impact of a disease and the characteristics of an individual. Factors and symptoms associated with dementia go over three stages of development: early stage – the first year or two; intermediate stage – from the second to the fifth year; late stage – the fifth year and beyond. These periods are only rough reference points – sometimes people conditions can go worse faster, sometimes slower. It should be noted that not all people with dementia obligatory have all of the following symptoms (see. Table 1) [1-3].

In the context of our study it is interesting to draw attention to the subject-environmental approach to understanding human existence by S. K. Nartova-Bochaver [7] that regards «Psychological space of an individual» as its main construct - as a subjectively meaningful fragment of life which determines relevant activities and strategy of human life. It contains a set of physical, social and purely psychological phenomena with which a person identifies oneself. These phenomena become significant in the context of psychological situation, gaining personal meaning for the subject who protects them with all physical and psychological means available. Leading factor in phenomenology of one's psychological space is the state of one's boundaries – physical and psychological markers that separate the area of personal control and privacy of one person from another. S.K.Nartova-Bochaver calls the space with integral boundaries *sovereign* because the holders can maintain their personal autonomy, and the space with violated boundaries is called *de-privated* that is devoid of the ability to manage the interaction with the world.

Structurally, personal space has six types of measurements and types of boundaries accordingly: I – *one's own body* (comfort, feeding behavior, sex), II – *territory* (house, room, area), III – *personal artifacts* (clothes, computer, car, personal things, money), IV – *time mode* (habits, planning, lark-owl, primacy), V – *social relationships* (reference group, family, friends) and VI – *values* (values, worldview, tastes, preferences). This space has the feature of mobility and depends on the intensity and meaningfulness of life: it expands at the stage of life search, gets balanced and stabilized on gaining the answers and shrinks in case of over-valuable idea. During critical moments the boundaries can lose strength and the personality regresses to the methods of self-expression in the past, such as psychosomatics or impulsive behavior. Space features include its size, shape, the number of measurements, integrity. Personal space

develops in ontogenesis and is interconnected with other personality traits. Psychological space is a cumulative quality, with age it develops towards expansion. Violations and maintenance of the boundaries are fixed in self-concept and are manifested in the objective human behavior, giving signals to people around as to what part of space the person is ready to share with the others, and what part of the space the person expects to receive in return. Preserving the space and its boundaries allows the person to experience sovereignty, autonomy, freedom, a sense of confidence, security, trust in the world [7].

The term «boundary» in psychological theory and practice regarding dementia is of vital importance and it requires separate consideration. Based on reflective-activity analysis, O.I. Kuzmina [6, P. 210] identifies *types of possibilities boundaries*, knowledge of which contributes to the efficient work of experts in psychotherapy.

**Table 2**

**Types of possibilities boundaries according to O.I. Kuzmina**

№	Criterion for defining	Types of boundaries and their characteristics
1	2	3
1.	According to the place of reflection in the structure of consciousness	The boundaries of «self-concept», cognition, experience, knowledge, emotional and volitional regulation, commitment, attitude to the world and to oneself; at the levels of consciousness (defined by V.P. Zinchenko) - spiritual, biodynamic and reflexive
2.	According to the place of reflection in the structure of activities	The boundaries that constitute limits of motivational and consuming spheres of life (of desires, interests, beliefs, aspirations, etc.); boundaries in setting goals (restrictions of forecasting, planning, making choices through the lack of information, lack of algorithms); boundaries in realization of goals, that is in activities themselves (in the situation of uncertainty, i.e. with the appearance of something new and unknown, the old ways of actions which are necessary for achieving the goal, are not effective any more); assessment and self-assessment boundaries at any level of activity in terms of success or failure, lack of assessment algorithms, estimation errors, inadequacy in self-estimation

1	2	3
3.	According to the type of connection of the subject with the boundary	Objective boundaries exist independently of the subject, determined by the properties of the object, external conditions; subjective boundaries depend on the subject, determined by how the subject reflects restrictions/boundaries
4.	By origin	Outside broadcast (interiorized boundaries); generated by the subject (exteriorized boundaries). For example, self-prohibition, congruence obstacles – types of protection in the concept of K. Rogers, phenomenon of projection
5.	By the locus of awareness	External – attributed by subject to the outside world as a source of boundaries; internal – attributed by subject to his inner world, a person believes that one is the author of one's restrictions
6.	By the dynamic properties	Movable and immovable, steady and flexible, strong and fragile, boundaries-magnets, boundaries-buffers, double boundaries, etc.
7.	By the degree of adequacy of boundaries reflection by the subject	Real ones, corresponding to reality; illusionary – do not correspond to reality as a result of a mistake in reflection (the subject can invent nonexistent obstacles or distort existing ones)
8.	According to temporal and probabilistic characteristics	The boundaries of the past, current, potential, virtual
9.	By the way of overcoming	Real or imagined; active and passive overcome
10.	According to the functional characteristics	Boundaries-catalysts (encourage the individual to overcome, an additional source of motivation for boundaries «removal»); boundaries-inhibitors (depress activity: external demands not accepted by an individual, parental prohibitions, directions); boundaries-markers (denote the boundaries of the virtual state, getting beyond which is not relevant for the goal achievement)

Perception of any of the mentioned types of boundaries leads to appearance of the opposition «Me-limited» – «Me-boundless» that the person has to experience if the boundary reflects the obstacle in the meaningful activity and inspires the desire to overcome it. Thus, we can differentiate boundaries of different types of «Me»

into a separate group: ideal and real, spontaneous and reflexive, acting, thinking, learning, etc. In the situation of uncertainty a person is able to go beyond the boundaries of «Me actual» into a new dimension and become a «transcendental Me» open to new virtual opportunities. Through decentration, attention focus shifts from «Me» to the new advanced features, to the knowledge of truth as «Me common», part of humanity and culture. Further there comes a return to the «real Me» but enriched with new patterns and possibilities. This dialectical process of mutual transition of different kinds of «Me» and contradictions between the «Me-limited» and «Me-boundless/unlimited» is characteristic of the individual sovereign space.

The theory of sovereignty was used by us in practice of individual and group work with clients. In particular, we have developed our own technique «Meeting with one's personal space» for the diagnosis of personal boundaries conditions and space qualities and further psychological therapeutic work. This technique foresees the following essential elements: mindfulness-meditation «My space: here and now»; image of personal space according to the scheme and its content (sheet A4 with a circle which contains 8 sectors – space measurements: the actual body, territory, personal belongings, time mode, social relationships, values, tastes, untitled sector; reflection on the space filling (discussion group); Laban-work with space, work with polarities (large-small movements; strong-light movements; fast-slow movements; the free flow-bounded flow); dance-movement technique «Words-Action « (run, spin, stand, bend, widen, reduce, etc.); experience of space expansion transfer into an image (sheet A3, paints, brushes); reflection on the internal and external space boundaries «I want and I can»; formation of the group space (sheet A1, glue, paint, etc.).

The obtained results gave an opportunity to the client to clearly see and understand the problems with the space boundaries, ruined and maintained sectors, their content, and the psychologists got a chance to predict the quality and nature of psychological problems which the subject experiences. In addition, the shape and fullness of the space provide information regarding resources, typical means of psychological mastering and overcoming the problems.

*Analysis of clients' personal space with dementia helps to detect such patterns:* rigid fixation on certain ways of environmental self-expressions; violation of space boundaries, in particular ruptures due to the lack of a certain sector; personal space narrowing in general; absence of harmony in the space shape; uneven proportion of

sectors; inability to expand the number of sectors; rigid transformation of the form and style of the space circle in new extended conditions (larger paper size, absence of formal instructions, change of drawing tools). Quite high bond of meaningfulness of life with is such space measurements as our own body, social connections, personal territory. «Serious existential crises manifest themselves in the loss of the usual means of self-confirmation, their change and acquisition of new ontological languages, which is most clearly developed during maturity crises which normally involve the feeling of space-time impropriety» [7, p. 267].

**Study conclusions and potential for further research in this direction.** According to the WHO research, dementia has no relation to the normal aging processes. Old age is the time of active and very intensive work on structuring of the personal space through looking for new meanings, integration of thinking, seeking, wanting, sensual parts of one's self, harmonization of external and internal boundaries of one's self.

The study of social and psychological foundations of personal reliability of people with dementia suggests that reliability is a systematic psychological characteristics, which manifests itself in intense and extreme conditions and is a significant internal basis for the restoration of one's psychosomatic health.

Currently, primary dementia prevention should focus on the tasks determined in view of available evidence. In particular, it is counteraction to the risk factor for cardiovascular disease development, including diabetes, hypertension and obesity in the middle age, smoking and lack of physical activity. However, the most significant *means of prevention is expansion of one's own personal space boundaries*: balance between care after oneself and for the loved ones and others; focus on the positive aspects of one's life, giving oneself the right to rest and various resource actions; taking responsibility for one's own life; identifying new goals and ways to achieve them; interaction with young and energetic people; research and acquiring of the new knowledge about one's own body, territory, time mode, personal things, social connections, values, tastes, preferences, heritage of civilization and culture; adding of new forms of social and physical activity; conscious and creative life; humorous attitude to life's problems.

Prospects of the study can be seen in the development of a comprehensive psychocorrective program that would include psychoeducative work with the family and a client, training of cognitive functions, training of independent life skills, etc.

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