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## ADAPTIVE SPORT FOR PEOPLE WITH DISABILITIES

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**Introduction.** The problem of the formation, strengthening and preserving health, in the broad sense, has become a common value of our time on personal and social levels, and is considered as one that fundamentally changes the further human development. Human life and health are the highest value and one of the main indicators of the civilization of society [1, 4].

Physical education is a part of universal culture, and its goal is to achieve the physical perfection of man, to increase the endurance and resistance of an organism, the ability to withstand adverse living conditions and negative environmental influences [3, 6]. As a result of the growth of disability in most countries, associated with the complication of production processes, the deterioration of the environmental situation, the widespread military conflicts, there is a huge need in the development of adaptive physical education, that is, physical culture adapted to the peculiarities of people with developmental disorders and limited physical abilities [2, 5].

An adaptive sport is a component of adaptive physical education. Adaptive sport contributes to the integration of people with disabilities into public life. It allows you to expand social contacts [5, 6]. In sports, people with disabilities are able to self-fulfill and self-improve. If physical education creates the initial basis for the versatile development of physical abilities and motor skills, the prerequisites for the formation of the motor base, then adaptive sport contributes to the full disclosure of these opportunities and allows you to experience a sense of joy, fullness of life and

possession of your body, overcoming certain difficulties. It allows you to expand social contacts [1, 2, 4].

Analyzing scientific literature, we note that problems of education of the individual, both in sport and in ordinary life, were brought to the attention by scientists: Y. Bekh – education of personality and the influence of the environment on its formation [1]; V. Shuba – psychological and pedagogical aspects of work with people with disabilities [4]; V. Voronova – the psychology of sport and the development of personality under the influence of the factors of sport of higher achievements [6].

Finding ways to increase the effectiveness of organizing the process of self-education for paralympic athletes Ie. Prystupa, Iu. Briskin, M. Roztorhuy, A. Perederii – research in the field of adaptive physical cultures that promotes maximum development of vital forces and effective self-realization in society [3]; P. Laursen – features of the training process using different levels of intensity [2]; V. Shuba – peculiarities of the psychological and pedagogical organization of the educational process of paralympic athletes with the defeat of the musculoskeletal system [5].

That's why, one of the new approaches to solve the problem of realizing the potential of people with disabilities is the use of gaming sports for self-education, self-improvement and self-affirmation in society.

Participants of the research. 46 people with physical disabilities at the age of 20-30 (who used to play football, volleyball, basketball) took part in this experiment. They were not divided into groups due to the peculiarity of the physical condition.

**Results and discussion.** *Table 1* shows the results of the study using G. Ayzenk's method. By this arrangement it is possible to draw conclusions about the types of temperament prevailing in people with disabilities who are engaged in sports.

***Table 1 – Types of temperament of people with disabilities who are engaged in sports***

<b>Types of temperament</b>	<b>%</b>	<b>Number of people with disabilities</b>
Sanguine	67,3%	31
Phlegmatic	26,1%	12
Melancholic	6,6%	3
Choleric	0%	0

According to the results of the study, individuals with a physical disability who are engaged in sports are dominated by individuals with a predominance of sanguine-type temperament – 67,3% (31 persons). The features of this group of subjects are that they had no single person with a predominance of choleric type of temperament. That is, impulsive, emotionally unstable, aggressive, unsteady, incapable of self-control and undisturbed. Persons with disabilities who are engaged in sports are predominantly highly psychologically active, able to work, with rapid and

vigorous movements, various facial expressions, and fast language. These people seek frequent changes of impressions; easily and quickly respond to surrounding events, sociable. They have mostly positive emotions (they arise quickly and change rapidly). Easily outlive failures. Under adverse conditions and negative educational effects may result in lack of concentration, unjustified promptness, superficiality. In 26,1% (12 people) the phlegmatic type of temperament prevails. This type of temperament is characterized by low level of mental activity, slowness, and indistinct facial expressions. He does not easily switch from one activity to another and is difficult to adapt to new circumstances. In phlegmatic, a calm, equal mood prevails. Feelings and mood are certainly different consistency. In the case of unsuccessful educational effects, he may develop lethargy, poverty of emotions, and a tendency to perform monotonous actions. In 6,6% (3 persons) melancholic type of temperament prevails. Such persons are characterized by a low level of mental activity, slow motion, restraint of facial expressions and speech, and rapid fatigue. He is distinguished by high emotional sensitivity to the events that have happened to him, which is usually accompanied by increased anxiety, depth and stability of emotions with a weak external appearance, with negative emotions prevailing. With a lack of appropriate educational effects in melancholic, emotional vulnerability, isolation, aloofness, fear of new situations, people and various kinds of tests can develop.

As you know, anxiety has its own dynamics, depending on age characteristics, features of the social environment, features of internal factors, etc. Anxiety occurs when the assessment of the external threat is connected with the notion of the inability to find appropriate means to overcome it, and its prevention and correction are understood as training «re-evaluation of the situation». In particular, this also applies to sports activities. The Spielberg-Hannin anxiety scale may be successfully used to study the dynamics of anxiety of people with disabilities who are engaged in sports and study their conscious self-regulation of their psychophysical states.

We have established subjective and objective factors that influenced the dynamics of anxiety level during sports activities.

Eight points were attributed to objective factors:

1. Unfavorable socio-psychological climate of the collective, which is formed under the influence of a complex system of relationships and expressed in a certain emotional state. In our study, this factor includes changes in the composition of teams.

2. Overload. In sporting activities of people with disabilities who are engaged in sports is constantly in a state of physical and mental stress. This is due to the peculiarities of activity.

3. Low social status. This factor is acutely disturbing for people with disabilities. Most of all, these emotions are manifested in those people with disabilities who are engaged in sports, who have recently become team members.

4. Rituals and procedures that interfere with setting up a competition – passing or confirming qualifications by degree of defeat.

5. Uncertainty. During the training sessions, a special feature of the reaction of people with disabilities who are engaged in sports to the team changes that are unknown to them, which lead to a sharp change in the level of anxiety is set.

6. Homogeneity. When the situation is very stable – it also causes anxiety, which manifests itself in apathy. In our study, the unanimity is reflected in the constant observance of the sporting regimen. Some people with disabilities who are engaged in sports experience almost a panic in the view that all events of the day can be foretold for a minute. By themselves, these events are not stressful or unpleasant, but their prediction reaches a degree that causes strong negative emotions.

7. Unreliability. Strong anxiety can cause not only the need to make decisions in difficult circumstances of competitive activity, but the opposite situation.

8. New activity. Most often, as we observed in the study, sports activity, as activity, for a person with a defective musculoskeletal system is new. That is, if the «healthy» person in this activity is gradually, from the childhood, then a person with limited physical abilities who are engaged in sports, often begin to engage not from his childhood.

To the subjective factors of anxiety according to our research are the following points:

1. High level of neuroticism, as an indicator of emotional instability, emotional liability, unbalanced nervous processes.

2. Low level of the formation of a personal system of conscious self-regulation of emotions and behavior.

3. The existence of disagreement in the value sphere of sport, inherent not only to them, but is a relevant issue of the present time.

According to the results of the anxiety study, it was found that anxiety in people with physical disabilities engaged in sports have a somatic and behavioral character. At an increased level of anxiety in people with disabilities who are involved in sports, there is an accelerated heartbeat, uneven respiration, trembling of the limbs, stiffness, increased blood pressure, sometimes stomach upsets, feelings of uncertainty, the appearance of obsessive thoughts of failure in the competition, anxiety, nervousness, intensification of anticipation processes, protective reactions appear in behavior. With a low level of anxiety in people with disabilities who are involved in sports, slow motion, «wandering» thoughts, slight distractions,

lack of concern about how well the action is performed, lack of enthusiasm, leg heaviness, and others are observed.

Table 2 presents the study of anxiety level in the Spielberg-Hannin anxiety diagnostic method during a study in people with disabilities who are engaged in sports.

**Table 2 – Level of anxiety before and after implementation of the developed program**

Level of anxiety	Types of anxiety					
	Situational anxiety, (%)		Personal anxiety, (%)		Competitive anxiety, (%)	
	Before	After	Before	After	Before	After
	Investigation					
Low	21,7	45,6	0	28,5	32,6	59,4
Medium	50	51,3	67,4	62,2	50	37,7
High	28,3	3,1	32,6	9,3	17,4	2,9

At the beginning of the study (Table 4), we received the level of anxiety in the three indicators – situational anxiety, personal anxiety, and competitive anxiety:

– situational anxiety – a low level of 21,7% (10 people), an average of 50% (23 persons), a high level of 28,3% (13 persons) of respondents.

– personal anxiety – a low level of 0% (0 people), an average of 67,4% (31 persons), a high level of 32,6% (15 people) of respondents.

– competitive anxiety – a low level of 32,6% (15 people), an average of 50% (23 persons), a high level of 17,4% (8 persons) of respondents.

The results of the anxiety study after the introduction of the experimental program (Table 4) are as following:

– situational anxiety – low level 45,6% (21 persons), average level 51,3% (24 persons), high level of 3,1% (1 person).

– personal anxiety – low level 28,5% (13 people), average level 62,2% (29 people), high level 9,3% (4 persons).

– competitive anxiety – low level 59,4% (27 people), average level 37,8% (18 persons), high level 2,8% (1 person).

At the end of the study, only 1 person with limited physical abilities who was involved in sports had a high level of situational anxiety, 4 people had – a high level of personal anxiety, 1 man had – a high level of competitive anxiety.

Taking into consideration all of the mentioned above, it should be noted that the developed programs have influenced the implementation of the basic principle of rehabilitation for people with disabilities – the complexity and its components. In particular, the gathered results show that the developed program has given a positive dynamics and can be used for people with limited physical abilities who are engaged in sports for co-

actualization, self-improvement and self-education (psychological component). Also, the attention should be paid that due to the use of our program and sports, the level of anxiety decreased after the study. These factors indicate that a person has the opportunity to adapt more quickly in society and enjoy the colours of life (social and physical components). Consequently, the developed program helps to minimize the negative aspects and promotes optimal adaptation to the surrounding society.

**Conclusions.** On the basis of the analysis of literary data, the purpose of the study was to determine the state of the issue of the problem coverage. Most often, people who have different levels of health (lesions of the musculoskeletal system) begin to exercise and do sports, not from childhood, but from teenage years or adolescence, depending on the congenital or acquired lesion of the locomotors apparatus. Spinal cord injury or amputation of the lower extremities can be acquired at any age. Most often adaptive sports is considered as the possibility of rehabilitation, socialization, and further moral and psychological development by people who have suffered such lesions, regardless of the victim's defeat.

The established problem of the investigated issue allowed identifying and developing a program aimed at co-actualization, self-improvement and self-education of people with disabilities who are engaged in sports. The developed program had three stages: methods and means of organizing self-knowledge; realization of its features and possibilities in different critical conditions; optimization of activity. For the most effective implementation of our program, the following requirements were met: the process was organized in such a way as not to create "excess of opportunities" («exhaustion, reduction of individual resources»): the level of requirements, the load, the pace of work should correspond to human capabilities; when organizing the process it was necessary to effectively use internal resources as much as possible based on them when using external resources.

The developed program provided the opportunity for differentiated work with people with disabilities who were engaged in sports, and had a different level of anxiety and temperament. This provided an opportunity to divide them into groups and during the implementation of the program proceed more correct correctional and educational effects, which has positively affected the results. Analyzing the above, we conclude that the developed programs are very interesting for the adaptation of people with disabilities and improve their livelihoods, as well as the ability to consider themselves as a full-fledged person in the social life of our society.

Conflict of interest. The authors state that there is no conflict of interest.

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