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**КЛІНІКО-МОРФОЛОГІЧНІ АСПЕКТИ
КОМПЛЕКСНОГО ЛІКУВАННЯ
ГЕНЕРАЛІЗОВАНОГО ПАРОДОНТИТУ**
Савчук О.В., Гасюк Н.В., Клітинська О.В.,
Єрошенко Г.А., Залізняк М.С.

В статті приведені наукові дані стосовно обґрунтування клінічної ефективності використання препарату “Jen-metrohelur” у комплексному лікуванні генералізованого пародонтиту. В результаті комплексних клініко-морфологічних спостережень, показана позитивна динаміка змін індексу РМА ($49,32 \pm 1,98$) та пародонтального індексу за Расселом ($3,89 \pm 0,54$), а також зміни функціонального стану сегментарних лейкоцитів у динаміці лікування. Це положення дозволяє припустити, що при генералізованому пародонтиті клітини запального процесу разом з дезорганізованими клітинами епітелію, сполучної тканини власної пластинки ясен та бактеріями утворюють специфічні види інфільтратів, природа цих інфільтратів ініціює захворюваність рецидиви генералізованого пародонтиту у пацієнтів.

Ключові слова: генералізований пародонтит, ясна, пародонтальні кишені, клітини.

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**КЛИНИКО-МОРФОЛОГИЧЕСКИЕ АСПЕКТЫ
КОМПЛЕКСНОГО ЛЕЧЕНИЯ
ГЕНЕРАЛИЗОВАННОГО ПАРОДОНТИТА**
Савчук О.В., Гасюк Н.В., Клитинская О.В.,
Ерошенко Г.А., Залізняк М.С.

В статье приведены научные данные о обоснование клинической эффективности использования препарата “Jen-metrohelur” в комплексном лечении генерализованного пародонтита. В результате комплексных клинико-морфологических наблюдений, показана положительная динамика индекса РМА ($49,32 \pm 1,98$) и пародонтального индекса по Расселу ($3,89 \pm 0,54$), а также изменения функционального состояния сегментоядерных лейкоцитов в динамике лечения. Это положение позволяет предположить, что при генерализованном пародонтите клетки воспалительного процесса вместе с дезорганизованными эпителиоцитами, клетками соединительной ткани собственной пластинки десны и бактериями образуют специфические виды инфильтратов, природа этих инфильтратов определяет течение и периодичность обострений генерализованного пародонтита у пациентов.

Ключевые слова: генерализованный пародонтит, десна, пародонтальные карманы, клетки.

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PECULIARITIES OF PSYCHOSOCIAL MALADJUSTMENT IN WOMEN RAISING CHILDREN WITH MENTAL AND PHYSICAL DISABILITIES

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Theoretical study of scientific sources allowed to define the concept of "child with mental and physical disabilities", their classification and generalize views on the phenomenon of maladaptation. An empirical study of psychosocial maladjustment of women raising children with mental and physical disabilities involved 274 mothers who have children of different ages with developmental disorders. The study lasted from June 2018 to March 2019 in the Podilsky district of Poltava, where 110 women were interviewed, in Lubny and Lubny district – 112 women and Kozelshchyna district of Poltava region – 52 women. Based on the analysis of the obtained results, it was found that in urban localities the number of mothers with signs of psychological maladjustment is lower (in Podilsky district of Poltava – 56-61%, in Lubny and Lubny district – 72.5-73%) than in rural areas (in Kozelshchyna district – 91–95%).

Key words: psychosocial adaptation, psychological maladaptation, child with limited mental and physical abilities.

The work is a fragment of the research project “Psychology of personality development in the educational space”, state registration No. 0119U002283.

In recent years, there has been a significant increase in the number of children with mental and physical disabilities who need lifelong state assistance, which is possible with effective cooperation with their parents. As mental and physical lesions, personal interests and aptitudes, these children can study, receive professional education and in the future be more or less adapted to social life. Modern medical and social policy of the state is aimed at helping people with mental and physical disabilities, provides them

with a number of complexes and rehabilitation measures. In Ukraine, as for the 2018-2019 school year, 11,866 students received general secondary education in inclusive classes; 6,230 students – in special classes; 37,787 students – in special schools; 12,115 students with special educational needs received the individual form of education; 8,417 inclusive classes are open in 3,790 secondary schools. The analysis of the dynamics shows that during 2016-2019 the number of inclusive classes increased by 3.1 times, the number of schools with inclusive classes – by 2.5 times, and the number of children receiving education there increased by 2.8 times [7].

The problem of children with mental and physical disabilities was considered by such domestic and foreign psychologists: I. Bekh, V. Bondar, V. Zasenka, Yu. Dolynnyi, D. Lubovsky, T. Iegorova, N. Kyseliyova, H. Kobernyk, O. Kuts, V. Lapshyn, I. Levchenko, O. Mastiukova, V. Pavlukhina, H. Popov, B. Puzanov, V. Syniov, Ie. Sobotovych, L. Fomichova, O. Khokhlyna, I. Chukhriy, M. Yarmachenko and others. Most sources present different types of classifications of children with mental and physical disabilities. According to the classification of V. Lapshyn and B. Puzanov, children with mental and physical disabilities have developmental disorders: hearing, vision, speech, musculoskeletal system, mental defectiveness, mental retardation, behavioral disorders, complex disorders of psychophysical development, as well as children with so-called complex defects (blind deaf-mute, deaf or blind children with mental retardation). H. Kobernik and V. Syniov developed their own classification of children with disabilities: children with persistent hearing impairment; with visual impairment; with persistent disorders of intellectual development on the basis of organic lesions of the central nervous system; with severe speech disorders; with complex disorders; with musculoskeletal disorders; with mental retardation; with psychopathic behaviors. The International Classification of Mental and Behavioral Disorders highlights mental retardation; mental development disorders; behavioral and emotional disorders that begin in childhood and adolescence; behavioral disorders; mixed behavioral and emotional disorders; emotional disorders specific to childhood; tic disorders; other behavioral and emotional disorders that begin in childhood and adolescence [6].

Studying problems of families raising children with developmental disabilities was carried out in the studies of V. Vyshnevsky, M. Holubeva, O. Horetska, I. Dzhugli, N. Mazurova, O. Makarenko, I. Mamaichuk, Ie. Mastiukova, K. Milutina, H. Mishina, A. Moskovkina, K. Ostrovska, L. Pechnikova, L. Solntseva, A. Spivakovska, V. Tkachova, M. Khimki, S. Khorosh, V. Chaves, H. Yusupova and others. The presence in the family of a child with mental and physical disabilities leads to a change in relationships within the family, as well as with society, which is associated with the psychological characteristics of the child's condition, as well as the presence of significant emotional stress in family members due to prolonged exposure to traumatic factors [4]. Most parents in this situation become helpless, and qualitative changes in such families are manifested on the psychological, social and somatic levels. Adaptive disorders are the most common in the system of psychological and psychiatric care. The development of adaptive disorders largely depends on the quantitative and qualitative characteristics of stress on the organism (strength and intensity of stress factors) and their individual significance for a particular person. The somatic state of the organism and the level of psychological protective barriers of the personality also play a role [5]. Thus, to date, certain approaches to the study of this problem have been formed, but the problems of psychosocial maladjustment in mothers raising children with mental and physical disabilities remain unstudied.

The purpose of the study was a comprehensive analysis of the peculiarities of psychological maladjustment in mothers living in Poltava region and raising children with mental and physical disabilities.

Materials and methods. During 2018–2019, a study was performed on the psychosocial maladjustment level of 274 mothers living in Poltava region and raising children with mental and physical disabilities. The scientific bases of the study were the theoretical provisions of medical and social psychology. In particular, the method of diagnosis of socio-psychological adaptation by K. Rogers and R. Diamond [3] and the scale for a comprehensive assessment of the degree of psychosocial maladjustment in various spheres, described by L. Herasymenko and A. Skrypnikov [1].

Results of the study and their discussion. Psychosocial maladjustment is a failure in the mechanisms of mental adaptation in acute or chronic emotional stress, resulting in partial or complete inability to adapt to social conditions and perform the usual role in society due to limited mental functioning. Maladjustment process unfolds on the principle of "vicious circle", where the trigger is mostly a sharp change in living conditions, the presence of a stable traumatic situation, which leads to the failure of adaptive mechanisms [1]. As of June 1, 2019, the number of children with mental and physical

disabilities in Poltava region was 4077 people. The distribution of children with developmental disorders by administrative-territorial units of the region is illustrated in table 1.

Table 1

**Number of children with mental and physical disabilities in the Poltava region,
as of June 1, 2019**

Administrative-territorial unit	Number of children with mental and physical disabilities
Velyka Bahachka district	58
Hadiach district	135
Hlobyne district	112
Hrebinka district	74
Dykanka district	57
Zinkiv district	84
Karlivka district	108
Kobeliaky district	111
Kozelshchyna district	60
Kotelva district	78
Kremenchuk district, Horishni Plavni, Kremenchuk	717
Lokhvytsia district	119
Lubny district Lubny	261
Mashivka district	72
Myrhorod district, Myrhorod	147
Novi Sanzhary district	109
Orzhytsia district	68
Pyriatyn district	60
Poltava district, Poltava	1234
Reshetylivka district	69
Semenivka district	69
Khorol district	106
Chornukhy district	37
Chutove district	43
Shyshaky district	89
Total in the region	4077

The hypothesis of the study was to identify the features of psychosocial maladjustment development at the regional level, taking into account various factors that determine its manifestations in women raising children with mental and physical disabilities.

Table 2

**Number of mothers with social and psychological maladjustment, raising children with mental
and physical disabilities**

Administrative-territorial unit	Number of studied mothers raising children with mental and physical disabilities, n	Number of mothers with social and psychological maladjustment, %
Podilsky district, Poltava	110	56
Lubny district and the city of Lubny	112	73
Kozelshchyna district	52	95

According to the results of methods of social and psychological adaptation diagnosis by K. Rogers and R. Diamond (table 2), it was established that the largest number of mothers with social and psychological maladjustment in Poltava region lives in Kozelshchyna district (95%), and the smallest – in the Podilsky district of Poltava (56 %).

The obtained results were confirmed by using the scale of psychosocial maladjustment by L. Herasymenko and A. Skrypnikov (table 3).

The scale of comprehensive assessment provides for six areas of psychosocial maladjustment: social and economic, social and informational, social and professional, interpersonal, family and parental. These areas are grouped into macro-social, meso-social and micro-social levels. The macro-social level includes social and economic and social and informational maladjustment. It was found that in Podilsky district 10.35% of mothers showed signs of social and economic maladjustment, in Lubny district – 12.46%, and in Kozelshchyna district – 14.46%. Since a child with developmental disabilities requires

significant financial expenditures for medical and psychological and pedagogical measures, the problem of material support is unresolved, as most of the interviewed women are unemployed, but they are constantly busy caring for the child. However, treatment and the search for new methods to improve the child's condition require significant financial resources.

Manifestations of social and informational maladjustment were recorded at the level of 9.79 % in the Podilsky district of Poltava, 10.87 % in Lubny district and 14.90% in Kozelshchyna district. These women have disorders of adaptation in the social environment as a result of the information factor, some women are not sufficiently aware of the peculiarities of their children's development, that is, they know the diagnosis, but do not pay due attention to the correction of these defects.

Table 3

Average indices of psychosocial maladjustment of mothers raising children with mental and physical disabilities according to the results of the method of L. Herasymenko and A. Skrypnikov

Scopes of psychosocial maladjustment	Mean values, $M \pm m$					
	Podilsky district of Poltava		Lubny district and the town of Lubny		Kozelshchyna district	
	No signs of maladjustment	With signs of maladjustment	No signs of maladjustment	With signs of maladjustment	No signs of maladjustment	With signs of maladjustment
Social and economic	14.84±2.03	31.01±2.13	13.45±2.41	37.39±3.24	7.31±2.81	43.39±4.54
%	4.95%	10.35%	4.48%	12.46%	2.44%	14.46%
Social and information	13.96±1.98	29.36±2.06	13.93±2.54	32.61±3.82	3.81±2.76	44.71±4.03
%	4.65%	9.79%	4.64%	10.87%	1.27%	14.9%
Social and professional	15.65±1.98	28.34±2.86	14.24±1.96	34.36±4.01	4.64±2.63	45.98±2.44
%	5.22%	9.45%	4.75%	11.45%	1.55%	15.33%
Interpersonal	14.96±1.54	30.41±2.84	14.48±2.02	38.36±3.64	4.89±2.61	46.71±2.20
%	4.97%	10.1%	4.83%	12.8%	1.63%	15.57%
Family	13.01±3.41	31.48±3.06	13.03±2.04	36.84±2.31	2.46±4.84	46.07±2.46
%	4.33%	10.5%	4.34%	12.28;	0.82%	15.35%
Parental	14.45±2.86	32.41±3.64	13.38±2.01	37.81±2.54	2.64±4.40	47.5±2.02
%	4.82%	10.8%	4.46%	12.6%	0.88%	15.8%
Total number of women	86.87±13.8	183.01±16.60	81.89±12.9	217.37±19.5	82.75±20.05	275.11±17.6
Total %	29%	61%	27.5%	72.5%	8.59%	91.41%

Indices of meso-social maladjustment indicate a social and professional and interpersonal adaptation disorder. The interviewed women of Kozelshchyna and Lubny districts and Podilsky district of Poltava have signs of social and professional maladjustment, 15.33%, 11.45% and 9.45% respectively. Such mothers are characterized by a violation of the implementation of their professional functions. Almost 90% of them are unemployed because they are forced to leave their professional activities, such women are professionally unrealized, do not have a positive dynamics of their career development. Caring for children eliminates or limits their professional activities, distorts their life goals and leads to the emergence of their own inferiority complex.

In the interpersonal sphere, almost 15.57% of women of Kozelshchyna, 12.8% of Lubny district and 10.1% of Podilsky district in Poltava have signs of maladjustment. After the birth of children with mental and physical disabilities, they became unfriendly and selective in contacts, narrowed the circle of their friends and even relatives due to the characteristic features of the child's condition and development, and even their fear or shame. The women did not deny the presence of anxiety, fear of communicating with other people, wary attitude towards all those who pay attention to their children.

Family and parental maladjustment are indicators of the micro-social level. 15.35% of respondents in Kozelshchyna, 10.5% in Lubny district and 12.28% in Podilsky district of Poltava have the signs of family maladjustment. As a result of the birth of a child with developmental disabilities, the already formed style of intra-family relations was disrupted, the expectations of family members related to the future of children were in vain, and a new understanding, acceptance of the situation and the acquisition of new values took a long period. It was found that most of these families are incomplete: 64–73% of women raise children on their own (the husband left the family after learning of the child's diagnosis, or they have the status of a single mother) and only 27–36% of women raise such children with their husbands. Although they noted that the main burden of child care is on them. Children's diseases, their mental state is psychogenic for parents, but primarily for mothers. The interviewed women

complained of fluctuations in blood pressure, insomnia, frequent and severe headaches, and thermoregulatory disorders. The older becomes the child with mental and physical disabilities (longer psychopathologic situation), the greater the deterioration of their mothers' health is: menstrual disorders, early menopause; frequent colds and allergies; cardiovascular and endocrine diseases; early graying; gastrointestinal problems. In addition, 60–68% of women noted conflicts with their parents or with the husband's parents due to the peculiarities of their child.

Parental maladjustment was typical for 15.8% of women surveyed in Kozelshchyna district, 12.6% in Lubny district and 10.8% in Podilsky district of Poltava. For such women, the birth of a child with mental and physical disabilities was perceived as the greatest grief and caused long-term stress, which had a strong deforming effect on worldviews and values. Interviewed women often had tantrums, depressed mood, fear for the future of their children, confusion, fatigue, loss of interest in themselves and others, aggression and tension, which can be a sign of maternal deprivation.

The results of the analysis of the psychosocial maladjustment scale results by L. Herasymenko and A. Skrypnykov, taking into account the maximum level of maladjustment of 300 scores, allowed to determine the average indices of psychosocial maladjustment in mothers raising children with mental and physical disabilities: Podilsky district of Poltava – 61% of 110 women surveyed, Lubny district and Lubny – 72.5% of 112 respondents and Kozelshchyna district – 91.41% of 52 respondents. In addition, the results of this method found that the highest levels of psychosocial maladjustment, regardless of the territorial affiliation of the surveyed women were interpersonal (10.1%–15.57%), family (10.5% –15.35%) and parental (10.8% –15.8%) relations.

Thus, the study results mainly confirmed and expanded the conclusions of V. Vyshnevsky and V. Tkachova that the birth of a child with mental and physical disabilities, and then its upbringing, education and communication is a long-term pathogenic psychological factor on the mother's personality, which can undergo significant changes, as depressive experiences can be transformed into neurotic personality development [8]. In addition, the results correlated with the research of O. Horetska [2], K. Milutina [4], S. Khorosh and L. Solntseva [8] regarding the fact that parents of children with disabilities use negative ways of communication; authoritarianism is often used in control. The conclusions of O. Horetska and K. Milutina on the preference for overprotection, symbiotic connection and emotional alienation were supplemented by ideas about the impact on the formation of this type of education, deterioration of psychosomatic and somatic health of mothers of such children.

Because our study included meso- and macro-level of maladjustment, its results expanded scientific understanding of the effects of economic and social systems on the behavior of women raising children with mental and physical disabilities, not just personal and family factors. The described influences are proved by the comparative analysis of results of a diagnostical technique of social and psychological adaptation by K. Rogers, R. Diamond and a scale of a comprehensive assessment of degree of psychosocial maladjustment in various spheres (L. Herasymenko, A. Skrypnykov).

The largest number of mothers with psychosocial maladjustment, who raise children with mental and physical disabilities, lived in Kozelshchyna district (91–95%), and the smallest – in Podilsky district of Poltava (56–61%).

It is reasonable to assume that this is influenced not only by the personal characteristics of mothers but also by social conditions, in particular the presence or absence of various organizations to provide assistance to families raising children with mental and physical disabilities. According to our data, all of these administrative-territorial units have Inclusive Resource Centers, but in addition in Lubny there was the Center for Development of Inclusive Type "Kozachok", Creative Center "Harmony", Center for Early Development "Smart", mini-school "Orange Sun", Development Center for preschoolers "Steps", Family Counseling Center "Arctur", Center for Modern Education "New Children", "Montessori Family", Center for Preschool Intellectual and Aesthetic Development of the Child "Indigo" and others, and in Poltava: Children's Club "Smile", Child Development Studio "Dzyha", Center for Correction and Child Development "Piznayko", Child Development Center "Wunder-child", Children's Development Center "Family House", Montessori Center "Sunflower", Family Development Center "Magic Key", Development Center "Child. Harmony. World", Children's Development Center "Chomusyky", Private School and Children's Development Center "Magic World", Children's Development Center "Happy Childhood", Family Center "Seven Palms", Family Psychological Counseling Center "Seven Elephants", Children's Development Center "Eureka" etc. Such organizations provide assistance not only to children, but also to parents.

Conclusions

On the basis of theoretical and empirical study of psychosocial maladjustment of mothers, raising children with mental and physical disabilities the comparison of indices in three administrative-territorial units of the Poltava region was carried out (Podilsky district of Poltava, Lubny and Lubny district and Kozelshchyna district) and it was found that in urban settlements the number of mothers with signs of psychosocial maladjustment is less than in rural areas by 30-39%. Prospects for further research are to study parent-child relationships in families raising children with mental and physical disabilities.

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Реферати

ОСОБЛИВОСТІ ПСИХОСОЦІАЛЬНОЇ ДЕЗАДАПТАЦІЇ У ЖІНОК, ЯКІ ВИХОВУЮТЬ ДІТЕЙ З ОБМЕЖЕНИМИ ПСИХОФІЗИЧНИМИ МОЖЛИВОСТЯМИ

Седих К.В., Шевчук С.М., Шевчук В.В., Клименко Ю.О.

Теоретичний аналіз наукових джерел дозволив визначити поняття «дитини з обмеженими психофізичними можливостями», їх класифікації та узагальнити погляди на явище дезадаптації. До емпіричного дослідження психосоціальної дезадаптації жінок, які виховують дітей з обмеженими психофізичними можливостями було залучено 274 матері, які мають дітей різного віку з вадами розвитку. Дане дослідження тривало з червня 2018 по березень 2019 р. на території Подільського району м. Полтави, де було опитано 110 жінок, у м. Лубни та Лубенському районі – 112 жінок та Козельщинському районі Полтавської області – 52 особи. На підставі аналізу отриманих результатів встановлено, що у міських населених пунктах чисельність матерів, які мають ознаки психологічної дезадаптації менша (у Подільському районі м. Полтави 56–61 %, у м. Лубни та Лубенському районі – 72,5–73%), ніж у сільських (у Козельщинському районі – 91–95%).

Ключові слова: психосоціальна адаптація, психологічна дезадаптація, дитина з обмеженими психофізичними можливостями.

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ОСОБЕННОСТИ ПСИХОЛОГИЧЕСКОЙ ДЕЗАДАПТАЦИИ У ЖЕНЩИН, КОТОРЫЕ ВОСПИТЫВАЮТ ДЕТЕЙ С ОГРАНИЧЕННЫМИ ПСИХОФИЗИЧЕСКИМИ ВОЗМОЖНОСТЯМИ

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Теоретический анализ научных источников позволил определить понятие «ребенка с ограниченными психофизическими возможностями», их классификации и обобщить взгляды на явление дезадаптации. К эмпирическому исследованию психосоциальной дезадаптации женщин, воспитывающих детей с ограниченными психофизическими возможностями были привлечены 274 матерей, имеющих детей разного возраста с нарушениями развития. Данное исследование продолжалось с июня 2018 по март 2019 г. на территории Подольского района г. Полтавы, где было опрошено 110 женщин, в г. Лубны и Лубенском районе – 112 женщин, Козельщинском районе – 52 человек. На основании анализа полученных результатов обнаружено особенность, что в городских населенных пунктах численность матерей, имеющих признаки психосоциальной дезадаптации меньше (в Подольском районе г. Полтавы 56–61%, в г. Лубны и Лубенском районе – 72,5–73%), чем в сельских (в Козельщинском районе – 91–95%).

Ключевые слова: психосоциальная адаптация, дезадаптация, ребенок с ограниченными психофизическими возможностями.

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