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PRINCIPLES OF MEDICINE OF BORDERLINE CONDITIONS IN SOLUTION OF PROBLEM OF YOUTH SOCIAL DISADAPTATION

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Abstract. *In connection with the problem of medicine of borderline conditions there were conducted comparative hygienic, physiological, psychological researches of the effect of vocational training on the functional status and health of students with different levels of social adaptation in Kharkov lyceum of building and social rehabilitation. There were three groups under study: lyceum students with disabilities, lyceum students - orphans, healthy lyceum students from wealthy families.*

The general regularities and fundamental differences of life activity in different groups of lyceum students were ascertained. The differences in the success of cognitive activity and psycho-emotional state associated with the level of social adaptation were found. A low level of mental capacity resistance and memory volume, low behavioral activity and different directions of personality traits are typical for lyceum students with disabilities, and lyceum students - orphans are behind their age-mates in short-term memory. This can be regarded as a sign of their social disadaptation.

Keywords: *psychohygiene, medicine of borderline conditions, lyceum students - adolescents, persons with disabilities, orphans, functional state, social adaptation*

A significant increase of amounts of marginalized persons in the population of Ukraine is one of the negative consequences of social and economic disorders of the last time [1, 2, 3]. As shown by studies in recent years, this problem becomes especially topical when children fall into this group separated from traditional society. In this case, not only socially aggressive environment distorts the personality, but also an individual with certain negative psychological type is looking for yourself adequate environment [4, 5, 6]. According to many researches, it is known that an orphanhood [7, 8, 9] and disability [10, 11, 12] are the most common causes of social deadaptation of young people. Just these numerous social groups in relation to their

traditional vulnerability, most suffer in modern society. Conversely, the creation of the necessary social and health conditions of education for the growing generation, and strengthening the general and mental health is a prerequisite of a perspective development of Ukrainian society [13]. One of the priorities of further development of the health care system is a creation of a set of hygienic measures for the medical and social rehabilitation of disabled children and orphans belonging to the risk group. Medicine of borderline conditions is modern direction of medicine that studies general patterns of prenosological state formations and transitional processes of their transformations [14]. Principles of Medicine of borderline conditions are realized in hygiene practices for timely identification of unhealthy prenosological conditions, detection and elimination of risk factors with subsequent medical correction directed at health maintaining and strengthening for different population groups.

The aim of the study was a creation and implementation of measures of medicine of borderline conditions for prenosological diagnostics and psychohygienic optimization of mental health for vocational school students with lower level of social adaptation.

Materials and methods

The object of observation in natural hygienic experiment were 1029 adolescents of both sexes aged 12-17 years, mastering the building trades in Kharkov lyceum of building and social rehabilitation (KhLBSR). Groups of comparison consisted of: disabled lyceum students (first experimental group, 224 persons), lyceum students - orphans (second experimental group, 253 persons), healthy lyceum students from wealthy families (control group, 552 persons). The program of experiment included the analysis of the life activity trends, indicators of the functional state of the central nervous system, emotional state and personality traits of school students [15].

Results of researches

In the first stage, it was carried out a comparative study of the features of lyceum students' life. In the study of the features of experimental groups living conditions it was found that 47 % of the surveyed lyceum students with disabilities

and 100 % of lyceum students orphans live in a hostel. In contrast, 98 % of the lyceum students from the control group were permanently resident within their own families. Conditions of teens stay at the Lyceum satisfy hygienic requirements, but a certain complex of interrelated factors acts on lyceum students. There are factors of socio-psychological and regime-organizational type and they have an effect on life activity of teenagers.

Psychological microclimate in the lyceum students as a whole meets the psychological needs of the majority of students in the control group ($90,32 \pm 2,79$ %), students with disabilities ($86,67 \pm 9,42$ %) and students-orphans ($69,23 \pm 10,88$ %). Low physical activity is typical for all comparison groups. It determines the need to introduce additional measures for their physical education. Relatively high self-esteem physical activity of lyceum students with disabilities is a consequence of their subjective perception.

Most lyceum students in the control group observed the rational day regimen ($62,90 \pm 5,47$ %), $p < 0.01$). There were no significant differences in this indicator in groups of disabled students and students - orphans ($p > 0.05$). The ratio of lyceum students who rated their nutrition as satisfactory, with those who rated it as poor, was 50: 50 %. Significant differences in character of nutrition are absent in comparison groups ($p > 0.05$).

Significant differences are observed in indexes of the abidance by the rules of personal hygiene and a healthy lifestyle in the comparison groups. It was found that 100.0% lyceum students with disabilities and ($30,77 \pm 16,31$ %) lyceum students - orphans do not comply to these rules. Thus, the physical health of lyceum students is a determining factor in meeting the requirements of personal hygiene. Orphanhood is a factor associated with the spread of harmful habits, primarily smoking.

A comparative study of lyceum students cognitive activity was carried out at the second stage of the research.

Parameters of accuracy (K) and the stability of attention (S) did not change significantly during the study period ($p > 0.05$), it reflects the general laws of the adaptation process. However, significant changes were observed in index of mental

capacity (I): it reduces to the second year from $(159,20 \pm 7,69)$ s.u. up to $(99,75 \pm 4,02)$ s.u. , and then increased in the third year to $(113,99 \pm 3,23)$ s.u. and decreased again in the fourth year to $(99,50 \pm 14,52)$ s.u. ($p < 0.01$).

This phenomenon allows to characterize the index of mental capacity as the most sensitive psychophysiological indicator of the functional state of lyceum students in KhLBSR. At the same time, the coefficient of accuracy and stability of attention reflect resistance of the body functioning in a receiving of vocational training, regardless of the degree of social adaptation.

The kind of the mastering profession, and also age of lyceum students and the period of their study, affect their mental capacity in a certain way. More stable functional state observed in adolescents who master the profession "barber", "carpenter", "painter", "plasterer". Less stable - in lyceum students who master the profession "plasterer, cladder-tiler, painter".

Among of them it's observed multidirectional functional shifts, which manifests itself in decrease of the coefficient of accuracy (K) ($p < 0.05$) and increase of the index of mental capacity ($p < 0.01$) due to relatively high absolute values of these parameters $(0,79 \pm 0,02)$ s.u. and $(105,85 \pm 3,57)$ s.u., respectively). Comparative analysis of mental capacity showed that the mental capacity of disabled students has been significantly lower than in groups of lyceum students-orphans and lyceum students in the control group (K: $(0,65 \pm 0,05)$ s.u., I: $(85,91 \pm 9,66)$ s.u., and S: $(6,74 \pm 1,49)$ s.u., p from < 0.05 to < 0.01), whereas the indicators of mental capacity in groups of lyceum students – orphans and lyceum students of the control group had high and close to its magnitude values ($p > 0.05$) (the coefficients K, I and S were respectively: $(0,80 \pm 0,02)$ s.u., $(118,86 \pm 4,99)$ s.u. and $(8,71 \pm 1,37)$ s.u. and $(0,85 \pm 0,05)$ s.u., $(113,00 \pm 2,59)$ s.u., $(10,95 \pm 1,05)$ s.u.) (Fig. 1).

Comparative analysis of the volume of short-term memory in three comparison groups shows that representatives of the control group had significantly more volume of short-term memory, which is $(72,23 \pm 1,00)$ s.u. This is significantly greater than that in groups of students with disabilities and students - orphans (respectively $(61,66 \pm 3,06)$ s.u. and $(65,96 \pm 2,51)$ s.u.) ($p < 0, 05-0,01$).

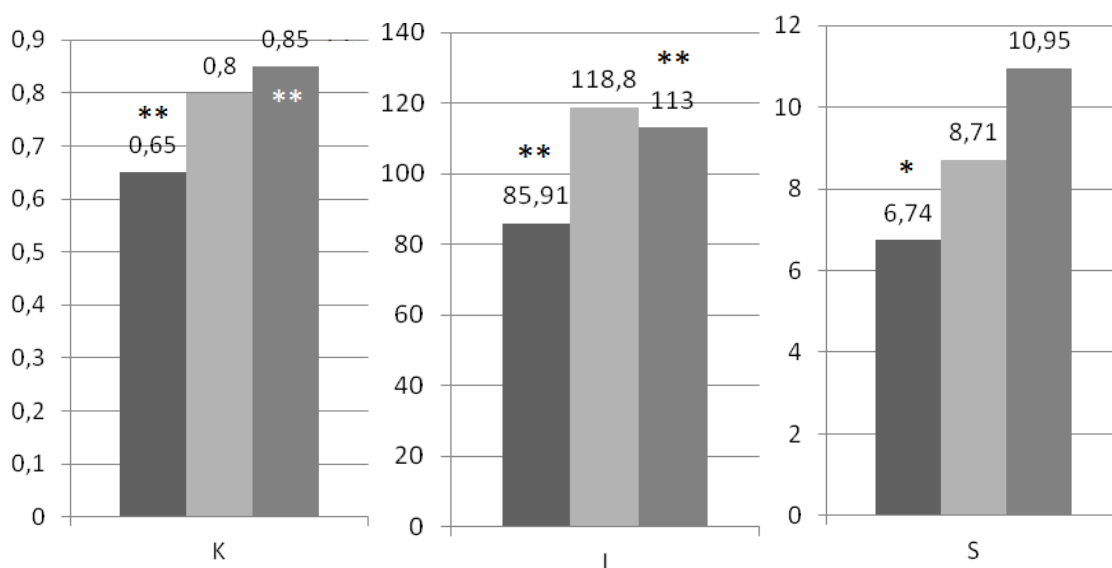


Fig. 1 Comparative characteristics of mental capacity of students with different levels of social adaptation in the Lyceum of building and social rehabilitation (n=318)

Note: K – accuracy, I – mental capacity, S - stability of attention;

■ 1st experimental group, ■ 2nd experimental group, ■ comparison group;

* - $P < 0,05$, ** - $P < 0,01$

Statistically significant differences between the two experimental groups were not observed ($p > 0.05$). Noticeable difference in the dynamics of the short-term memory formation between lyceum students with disabilities, on the one hand, and students - orphans and students of the control group, on the other hand, was observed in all three years ($p < 0.01$). This may be due to the similarity of the short-term memory formation in physically healthy persons, as opposed to those with physical defects.

The third stage of the research was aimed at establishing the role of the psychological component in training activities for students with different levels of social adaptation.

Most of the surveyed lyceum students (from $(60,4 \pm 3,44)$ % to $(77,23 \pm 2,95)$ % ($p < 0.05-0.01$) correspond to a generalized psychological portrait. It describes sensible realistic friendly person with a good internal self-control and adequate self-esteem, with a satisfactory dynamism and communicability. However, such accentuation of personality as emotional rigidity, susceptibility to complications and

self-confidence are typical for a certain number of lyceum students (from $(23,76 \pm 2,99) \%$ to $(34,65 \pm 3,35) \%$).

Typical psychological profile of lyceum students with disabilities included such traits as a taciturnity and a tendency to complications, callousness in relation to others, coolness, high group dependence, low motivation, sluggishness, with emotional rigidity and insensitivity, which are combined with impulsivity and lightheadedness, proneness to conflict and impetuosity.

Such differently directed widespread accentuations of personality reflect the psychological complexity of adaptation of people with disabilities to the conditions of vocational training that they try to compensate by strictly sticking to the norms of behavior. This is evidenced by a significant number of lyceum students with normative values regarding the factors A, G («the tendency to feel - high normative behavior») ($95,24 \pm 4,65) \%$) and Q3 («low self-control - high self-control») ($85,71 \pm 7,64) \%$) ($p < 0.01$). This can be viewed as the prevalence of such positive character traits like sociability, strict adherence of norms and rules of behavior with high self-control among lyceum students with disabilities. Simplicity of psychological portrait is typical for lyceum students - orphans in contrast to the lyceum students with disabilities. Significant differences on individual factors by questionnaire of R. Cattell are virtually absent ($p > 0.05$). However, the prevalence of a certain set of accentuations gives reason to include a significant number of observable persons (to $(50,00 \pm 14,43) \%$) to unfriendly, unsure of their abilities, anxious, vulnerable, with a high perception of threat. The number of students with standard indices varied in the control group from $(58,58 \pm 3,79) \%$ to $(76,33 \pm 3,27) \%$ on certain scales of the questionnaire. Set of accentuations included excessive seriousness, a taciturnity, self-centeredness and a high level of group dependence.

The role of social adaptation in forming of adolescent psycho-emotional state was examined in the next stage of research. As a result of the study, it was found that the group of lyceum students had no significant differences in indices of cenesthesia, activity and mood ($p > 0.05$). This can be interpreted as a positive phenomenon

associated with adequate conditions of life for lyceum students. We also can not rule out that the lyceum students with disabilities evaluated their activity illusory.

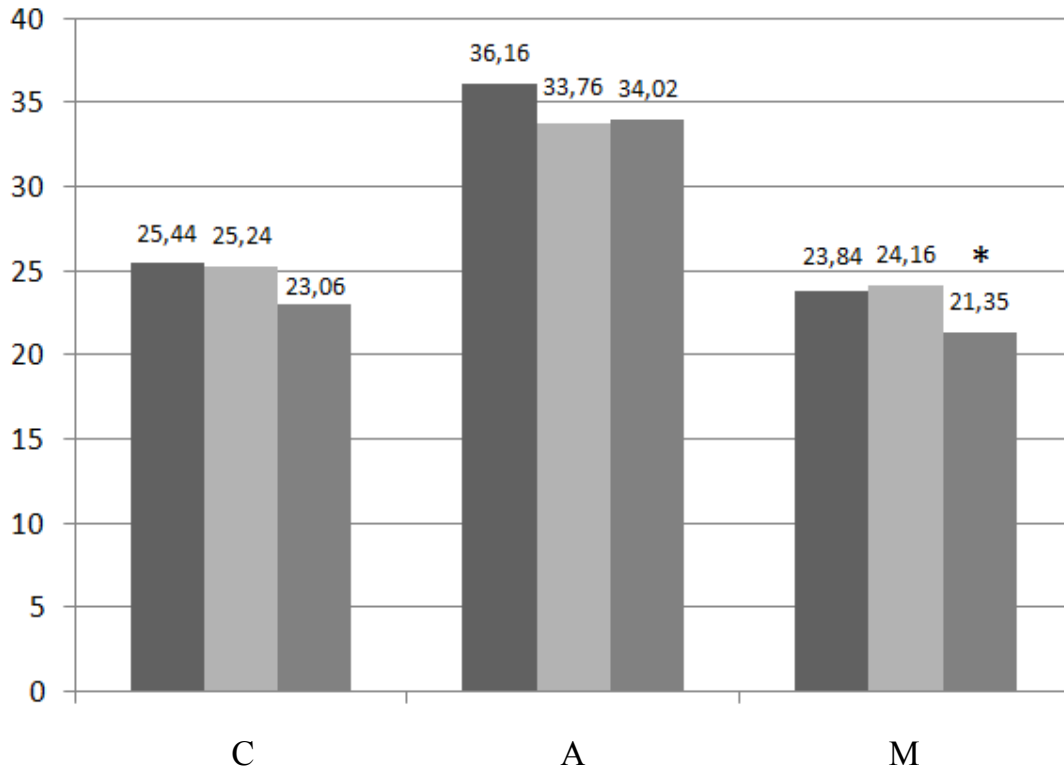


Fig. 2 Comparative characteristics of psycho-emotional state of lyceum students with different social status (n=318)

Note: C – cenesthesia, A – activity, M – mood;

■ 1st experimental group, ■ 2nd experimental group, ■ comparison group;
* - $P < 0,05$, ** - $P < 0,01$

However, according to index “mood”, lyceum students – orphans took the lead over their age-mates ($24,16 \pm 1,05$) s.u., $p < 0,05$). That can be interpreted as their excessive self-esteem on this indicator. But the absence of significant changes in these indicators over the study ($p > 0,05$) reflects the persistent emotional state and the adequacy of training loads in this comparison group. Low self-esteem in control group by the category “mood” can mean a certain mood disorder that requires the use of measures to correct psycho-emotional state of adolescents. Significantly lower behavioral activity observed in group of lyceum students with disabilities ($p < 0,01$), at the same time indices of cenesthesia and mood were similar ($p > 0,05$). The value of index of activity for this group was ($34,86 \pm 2,08$) s.u., in contrast to the healthy

lyceum students ($42,90 \pm 4,50$ s.u.). Such differences can be regarded as a consequence of the direct impact of the somatic state on the psycho-emotional state, as long as the physical activity determines the psychological activity, and they determine behavioral activity in the aggregate.

The dominant index “mood” in the behavior of lyceum students – orphans defines characterological traits as positive characteristics of the general emotional background, the state of ardour and gladness.

“Activity” predominates in behavioral responses of persons in the control group. It defines the dynamic precondition of activity implementation. Lyceum students with disabilities have no expressed dominants in psycho-emotional state. However, low figures for the category of “activity” are defined difficulties experienced by the individual in the formation of a model of his activities and its implementation.

It was also found that the psycho-emotional state of lyceum students had positive dynamics. It was characterized by a certain stability of indices “cenesthesia” and “activity” ($p > 0.05$), a significant improvement of mood ($p < 0.01$) during the all period of study. However, the worsening in the psycho-emotional state of lyceum students in their third year of study can be attributed to the time period of psychological risk. This period requires the introduction of measures for psychohygienic correction of the adaptation process. The main objective of these measures – prevention of specific prenosological state – overfatigue.

Conclusion

It was found that the lyceum students are in typical common and favorable conditions of training and production environment, regardless of their social status. Account the specific needs of people with disabilities identifies the leading role of the level of social adaptation in the formation of lyceum students’ life activity.

The general laws of this process include: high score of psychological microclimate in the group ($90,32 \pm 2,79$) % of the respondents, $p < 0.01$), low physical activity ($83,87 \pm 3,61$) % of the respondents, $p < 0, 01$), a critical attitude to their nutrition (50: 50 % of respondents), inappropriate teaching load (100 %). The

fundamental differences include: failure to comply with the rules of rational day regimen ($53,61 \pm 2,76$) %, $p < 0.01$), neglect of the rules of personal hygiene (100 %, $p < 0.01$), the spread of harmful habits among a significant number of lyceum students-orphans ($30,77 \pm 16,31$) %, $p < 0.05$). It is proved that the level of social adaptation is directly reflected in the success of cognitive activity of lyceum students. The following physiological parameters do not depend on the level of social adaptation: the constancy of the memory function ($p > 0.05$), the instability of attention ($p < 0.05$), the inability to quickly be included in educational activities, psychological complexity.

Lyceum students with disabilities are inferior to their physically healthy age-mates in level of implementation and resistance of mental capacity indicators (accuracy: ($0,65 \pm 0,05$) s.u., mental capacity: ($85,91 \pm 9,66$) s.u.), attention ($6,74 \pm 1,49$) s.u.) and memory volume ($61,66 \pm 3,06$) s.u.) ($P < 0.05-0.01$). Lyceum students - orphans are behind their socially adapted age-mates in indices of the short-term memory volume ($65,96 \pm 2,51$) s.u.) ($P < 0.05-0.01$), although they have similar dynamics of its formation.

Features a psychological portrait of lyceum students contribute to their social adaptation. Degree of social disadaptation of lyceum students with disabilities is reflected in the different directions of their personal characteristics. This is offset by a strict adherence with norms and code of behavior. The low level of social adaptation of students - orphans has manifested in the simplicity of their psychological portrait by a specific vulnerability, uncertainty in their abilities with high perception of threat.

General regularity of mental and emotional state formation in groups of lyceum students is its positive dynamics in period of study, namely a certain stability in indicators of cenesthesia and activity ($p > 0.05$), and a significant improvement in mood ($p < 0.01$). The degree of social adaptation does not affect the psycho-emotional state of students - orphans ($p > 0.05$), but it is determining factor for lyceum students with disabilities. Significantly lower behavioral activity caused by the direct influence of the physical state is observed in this group ($p < 0.01$).

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Принципы медицины пограничных состояний в решении проблемы социальной дизадаптации молодежи

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Резюме. В связи с проблемой медицины пограничных состояний проведены сравнительные гигиенические, психофизиологические, психологические исследования влияния условий и характера профессионально-технического обучения на функциональное состояние и здоровье лицеистов Харьковского профессионального лицея строительства и социальной реабилитации с разным уровнем социальной адаптации (лицеисты-инвалиды, лицеисты-сироты, здоровые лицеисты из благополучных семей).

Установлены общие закономерности и принципиальные различия жизнедеятельности лицеистов. Обнаружены различия в успешности когнитивной деятельности лицеистов и их психоэмоциональном состоянии, связанные с уровнем из социальной адаптации. Для лицеистов-инвалидов характерен более низкий уровень устойчивости умственной работоспособности и объема памяти, низкая поведенческая активность и разнонаправленность личностных черт, а лицеисты-сироты отстают от своих сверстников по объему кратковременной памяти, что может быть показателем их социальной дезадаптации.

Ключевые слова: медицина пограничных состояний, психогигиена, подростки-лицеисты, инвалиды, сироты, функциональное состояние, социальная адаптация.

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Принципи медицини граничних станів в рішенні проблеми соціальної дизадаптації молоді

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Резюме. У зв'язку з проблемою медицини пограничних станів проведено порівняльні гігієнічні, психофізіологічні, психологічні дослідження впливу умов і характеру професійно-технічного навчання на функціональний стан і

здоров'я ліцеїстів Харківського професійного ліцею будівництва та соціальної реабілітації з різним рівнем соціальної адаптації (ліцеїсти-інваліди, ліцеїсти-сироти, здорові ліцеїсти з благополучних сімей).

Встановлено загальні закономірності і принципові відмінності життєдіяльності ліцеїстів. Виявлені відмінності в успішності когнітивної діяльності ліцеїстів та їх психоемоційному стані, пов'язані з рівнем з соціальної адаптації. Для ліцеїстів-інвалідів характерний більш низький рівень стійкості розумової працездатності та обсягу пам'яті, низька поведінкова активність і різноспрямованість особистісних рис, а ліцеїсти-сироти відстають від своїх однолітків за обсягом короткочасної пам'яті, що може бути показником їх соціальної дизадаптації.

Ключові слова: медицина пограничних станів, психогігієна, підлітки-ліцеїсти, інваліди, сироти, функціональний стан, соціальна адаптація.

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