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RESEARCH OF THE REHABILITATION POTENTIAL OF PEOPLE WITH DIFFERENT CHARACTERISTICS OF THE LEARNED HELPLESSNESS AND HUMAN LIFE-WORLD STABILITY

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Rehabilitation potential is considered as the ability of people to activate their biological and socio-psychological mechanisms for restoring destroyed health. It is suggested that the problem of rehabilitation potential correlates with the problem of learned helplessness of people and a problem of human life-world stability. These two phenomena are similar in their definition and reveal the level of responsibility of people for their life. Then rehabilitation activities can rely on the positive experience and provide more confident progress of a person towards the restoration of lost functions.

Keywords: rehabilitation potential; learned helplessness; human life-world stability.

Introduction

In the last decade rehabilitation as a direction for medicine is constantly developing and modifying, while obtaining the new features and aspects. At the same time, an important condition for the applicability of this concept is a violation of health, in connection with which various aspects of rehabilitation appear ("recovery treatment", "medical rehabilitation", "recovery medicine", etc.). Rehabilitation in medicine is understood as restoration of organismic functions to adequate (normal) values after any organic injury (stroke).

However, be this concept ever so widely treated in the theory, the medicine narrowed it significantly: the term "rehabilitation" is understood and used by experts as especially medical task. In the International Classification of Impairments, Disabilities and Handicaps (ICIDH) a concept of diseases consequences is formulated as the main object of science and practice of rehabilitation: a) violation of structures and functions of a human body; b) restriction of human activity as individual; c) social insufficiency of a human as a personality.

According to the statistical data studied by us in the Web of Science base search engine, every year the number of researches and publications concerning rehabilitation is steadily growing: 2008 (121), 2009 (152), 2010 (154), 2011 (182), 2012 (194), 2013 (270), 2014 (270), 2015 (347), 2016 (367), 2017 (420), 2018 (431). The leaders in the amount of scientific works in this field are the USA, Great Britain, Canada. In these countries the newest up-to-date exercise

machines for restoration are also being developed, new directions of rehabilitation development are being discussed.

For performing recovery treatment directed to the second and third stages of rehabilitation the specialized rehabilitation departments are being opened in hospitals worldwide. In this regard, experts do not avoid an economic side of a question as well - what type of patients should be taken for treatment, how many times a year, what is the treatment duration and specifics, etc.

In the analyzed studies according to medical paradigm the attention is focused on the object directed impacts of medical personnel on the patient for the sake of assistance in restoration. Any of treatments does not consider subject (internal) commitment of the patient to process of rehabilitation.

Nevertheless, nowadays the idea that different people are restored differently becomes obvious: with different speed, with different staging of groups of muscles inclusion, with different opportunities of result maintaining after hospital treatment. For the description of the above listed parameters of rehabilitation course the term "rehabilitation potential" was endenizened into a scientific lexicon. Rehabilitation potential includes possibilities of an organism to restoration, motivation of the patient, possibility of patient's adaptation to the world around, his socialization process, etc. The idea of rehabilitation potential is being formed according to ICF (International Classification of Functioning, restrictions of activity and health), NIHHS (National Institutes of Health Stroke Scale), Renkin scale, ICD-10 (International Statistical Classification of Diseases and Related Health Problems) and other important for ergotherapy parameters. These scales widely clasp all spheres of the patient, but can mean absolutely different health damage at the same level: for example, sedentary in a carriage and able to operate it perfectly patient is as well socialized, as patient walking with a unilateral support; or the patient with aphasia is as deeply struck, as the patient confined to the bed.

The analysis of scientific definition of the term "rehabilitation potential" allowed us to reveal several essential positions:

1) The concept of "the rehabilitation potential" is inexact, insufficiently clear and is affected by the influence of non clinical context (Burton, Horne, Woodward-Nutt et al., 2015; Enderby, Pandyan, Bowen et al., 2017; Liddon, Kingerlee, Barry, 2017; Dinesen, Nielsen, Andreasen et al., 2019).

2) Rehabilitation potential is considered as the ability of a person to activate his biological and socio-psychological mechanisms for restoring destroyed health, employability, personal status and estate, but not medical stuff activity (Sivukha, Enikeeva, 1997; Meyer, Teasell, Kelloway et al., 2018; Anelli, Avanzi, Damora et al., 2019).

3) Representation and specification of patient rehabilitation potential is necessary not only for the correct rehabilitation program development, but also for forecasting the potential efficiency of the held rehabilitation activity (Haselbach, Renggli, Carda et al., 2014; Hsieh, Chang, Hung et al., 2018; Verweij, van de Korput, Daams et al., 2019), for estimation of the possible restoration level of a broken function and, therefore, the rehabilitation forecast (Skalsky, McDonald, 2012).

4) The described in the contemporary studies clinical cases indicate the possibility of gradual change concerning the rehabilitation potential level: initially all patients by default have high rehabilitation potential and take a usual rehabilitation course, but during the subsequent hospitalization at the same medical institution doctors can estimate the remote results and change the level of rehabilitation potential. However, patients with various psychological characteristics can have problems with restoration of functions already at the first stage of rehabilitation that demands inclusion of the clinical psychologist in multidisciplinary team on a constant basis (Petryaeva, Shnayder, Artyukhov et al., 2017; Maslovara, Butkovic-Sold, Peric et al., 2019).

Generalizing everything stated above, we can specify that in own understanding the rehabilitation potential is considered as the ability of a person to activate his biological and socio-psychological mechanisms for restoring destroyed health, employability, personal status and estate. It can be realized under the certain conditions and the consolidated assistance of rehabilitation services and society. Rehabilitation potential acts as characteristic of the combined psychological system, where the intension of the patient on restoration of the lost functions meets the given opportunities of medical institution (Naumova, Schvartc, 2006; Musselman, Shah, Zariffa, 2018). At the same time the level of rehabilitation potential depends on degree of efforts compliance of both sides – patients and doctors (high, average, low).

We suggested that the problem of rehabilitation potential correlates with problem of learned helplessness of the person and problem of human life-world stability (constructive, unconstructive, stagnant). These two phenomena are similar in their definition and revealing the level of responsibility of the person for his life (Deci & Ryan, 2000; Volkova, 2018).

The learned helplessness as a form of human life organization is the catalyst of psychological instability and somatic illness, it determines decrease in resilience of personality to harmful influences of the external environment, contributes to the development and exacerbation of psychological damages and somatic diseases of various etiologies. The helplessness is formed and "taught" gradually, under the influence of a factor of social response to failures in life events or features of somatic health rather than level of stress factor or disease nature and their objective influence on personality (Volkova, 2016; Yang, Liu, 2018).

It is very important for a person to have successful experience in overcoming difficulties. Then rehabilitation activities can rely on this positive experience and provide more confident progress of a person towards the restoration of lost functions.

The human life-world stability is considered in psychology as an essential indicator of the success of the life self-fulfillment and transference of abilities inherent in him (human) into reality (Loginova, 2012).

In our opinion, human life-world stability allows balancing between order and chaos which Prigozhin (1997) named movement "from life to formation and back" when the accent is shifted from balance position to instability condition where the structure is generated and reconstructed. This single moment of fixation to balance, to stability along with an openness which "breaks" the estab-

lished rules is related to the rehabilitation arrangements as specially built relation with the world around pointing on the issue regarding the fact whether the life is that a human being (under the formula "I live") performs or it is something that is performed in a human being (under the formula "I am alive").

Design

The study was of comparative type and was organized in the two samples to reveal the degree of difference manifestation. All respondents subscribed voluntary informed consent to participate in the study in accordance with the norms of the Local Ethics Committee of Krasnoyarsk State Medical University. The study was conducted from 2017 till 2018.

Criteria of inclusion in the research:

– patients with a trauma of cervical section of the spine as one of the most severe injuries on consequences for the human;

– agreement to participate in the study subscribed in the informed consent;

– duration of a disease is no more than two years;

– status of a graduate (to provide high cognitive inclusiveness);

– age up to 50 years (to avoid cases of dementia processes influence on the research data);

– existence of close social environment for providing psychological support in rehabilitation process;

– the number of hospitalizations is more than one previous (that indicates adaptability to rehabilitation process);

– no more than one serious associated disease in anamnesis.

40 people were involved in the study.

Table 1

Distribution of respondents by parameters within groups

Options	Gender		Age	Disease duration (in years)	Number of hospitalizations	Education status	Family, social environment	Number of severe diseases
	Female	Male						
1st group	70%	30%	45,2 ± 0,5	1,4 ± 0,3	2 ± 1	graduate	yes	1
2nd group	50%	50%	43,5 ± 0,7	1,2 ± 0,5	2 ± 1	graduate	yes	1

The general number of patients was divided into two groups according to the level of rehabilitation potential:

– The first group – patients with low level of rehabilitation potential.

– The second group – patients with high level of rehabilitation potential.

Objectives

The aim of the research is to study the features of the patients' rehabilitation potential with different characteristics of learned helplessness and human life-world stability.

The main objectives of the research are:

1) to explore how the state of the learned helplessness influences the features of rehabilitation potential;

2) to reveal how the specifics of human life-world stability influence the features of rehabilitation potential.

Methods

At the preparatory investigation stage, the assessment of rehabilitation potential was carried out by means of the following methods:

– neurologic (Renkin Scale, Bartel Index, OSS (Orgogozo Stroke Scale), ECOG (Karnovsky Index), RMI (Rivermead Mobility Index));

– psychological (SF36, Riff scale, EPQ, E.B. Fantalova's questionnaire, BAI (Beck Anxiety Inventory), Cattel Sixteen Personality Factor Questionnaire, Dembo-Rubenstein test);

– neuropsychological techniques (MMSE, MOCA);

– with deciphering of their result.

These scales are validated and have clear evidential base. The assessment of rehabilitation potential (high, average or low) was provided on the basis of the obtained data.

The open-type questionnaire "Learned Helplessness Genesis Value Judgment" (Volkova, 2016) was applied to study the unique ways of learned helplessness development and identification of its place in life of a specific person. The formation mechanisms and prevention ways of the learned helplessness phenomenon demands considering environmental factors, studying patterns of behavior mastered by means of interaction with the representatives of the social environment, mechanisms of fixing and maintenance of these patterns, and also their combinations to the specific physiological state caused by health factors. Studying the influence of a unique complex containing the specified structural elements as the model forming learned helplessness in ontogenesis (since the period of the preschool childhood till adulthood), and its connection with the level of rehabilitation potential of the patient is one of the objectives of this research.

The method "Investigation of the Human Life-World Stability" (Loginova, 2012) was used as the research tool, which allows to study the features of the human life-world stability in the process of real-life activity. This method is aimed at studying the features of the human life organization and allows revealing the manifestations of the life stability (constructive, unconstructive, and stagnant).

Mathematical processing of the obtained results was carried out with use of the SPSS Statistics 21 software packaging.

Discussion

All data (responses and quotations) obtained in the two groups of respondents by means of the open-type questionnaire "Learned Helplessness Genesis Value

Judgment" (Volkova, 2016) were systematized in accordance with the instruction and are presented in Table 2.

Table 2

Results of the questionnaire "Learned Helplessness Genesis Value Judgment"

Learned helplessness criteria	1st group		2nd group	
	Before disease	During disease	Before disease	During disease
Estimation of the health state (somatic status)	I was born prematurely. Frequent diseases of various genesis. Asthenia	I feel deeply sick. I do not feel healthy. I'm not alive, there is no life in me	Sometimes I suffered from viral diseases. Something rarely happened. I always considered myself as healthy	I'm overcoming the disease. I do not define myself as a patient. I'm recuperating
Estimation of the emotional state	I was morally humiliated in my family. I suffered from experiencing difficult life periods. Life has broken me, I'm broken	The trauma cracked me even more. I am emotionally devastated. I have no energy for emotion	Positive experiences of joy from openings, communication, achievements	Experiences of impossibility to be active, other emotional reactions remained the same
Estimation of the motivation level	I always wanted to be active, but it was impossible	There is no desire to be active I accepted this situation (disease), there is no motivation on changing it	I was active, I clearly understood what I want I was strongly motivated on achievements I always competed with others and myself	I am ready to fight for health I have experience of achievements, I use it for achieving results
Estimation of the will-power level	Everything came easily for me, I never trained my will-power. The will was weak – I could achieve nothing through efforts	If someone who would direct me is absent, I do nothing	I was always a strong-willed person. I was always on friendly terms with my will-power: I can do everything overcoming my thought "I do not want" to complete anything I've started doing	Now I became weaker, wanted to give up smoking, but didn't succeed in it. I try to overcome the situation: it's impossible to reach anything without efforts
Locus of control estimation	While parents were alive, they controlled me. When they died – it was necessary to become independent. Support of people around me was always necessary	Now external control is very important (the doctor, the nurse) Without someone who "adjusts" I cannot do anything	Generally, it was 50/50. It differs from situation to situation, but I tried to control everything myself. I was accustomed to rely on opinion of only the closest – that's the way I lived	Now in those aspects where I am not an expert (concerning treatment), I do not interfere – I trust experts. Situationally, about 50–70% is of my control

End of table 2

Learned helplessness criteria	1st group		2nd group	
	Before disease	During disease	Before disease	During disease
Estimation of cognitive sphere	Though I was ill in the childhood, I was smart. I studied well at school. I was a middling	I try to maintain my wits working. I puzzle cross-words	My development was normal. I never had problems with learning. I had excellent memory	I do not notice any deterioration so far. Everything is interesting, I read a lot
General atmosphere in child-parental relations	In my childhood I was beaten by parents. I was afraid of parents. I did everything my parents wanted only because of their rigid style of education	I do not want to be a burden to my children. I have difficult relations with my relatives	We had a great family, I have built my own family by this example. Parents always understood me I was never shouted at, parents explained me everything	My relations with family remained wonderful. I feel support. All relatives are ready to help me
General characteristic of relations with social environment	I had no friends. I was a soul of any company. It was pleasant to communicate	I limited communication because of the defect. I am ashamed of friends as I am a disabled person. I do not communicate with anybody, except relatives	Communication brought me pleasure. I always was in the center of events, possessed all the information. I trusted to my social environment	My friends and acquaintances often visit me. I communicate actively in social networks. People often ask me for advice

The summary of the questionnaire “Learned Helplessness Genesis Value Judgment” presented in Table 2 allows for curious conclusions to be drawn.

In terms of the learned helplessness criteria, there are certain opposing polarity trends that are characteristic of patients with high and low rehabilitation potential.

In particular, patients with high rehabilitation potential are quite optimistic about their own somatic status, even when they realize that they are not healthy. They describe the experience of living with the disease only as experience, and the current state of damaged health as a process of recovery. While patients with low rehabilitation potential are characterized by depressive mood, lack of psychological resources for recovery.

Similar trends are observed with regard to subjective assessment of one’s own emotional state. Patients with high rehabilitation potential, even in unhealthy situations, are characterized by high emotional stability, prevalence of positive emotions, experiencing negative emotions only in relation to the limitation of physical resources. However, patients with low rehabilitation potential, apart from physical suffering, are distinguished by the prevalence of negative

emotions, which supplement the internal picture of the disease with a complex of psychological suffering expressed in depression.

Speaking about the content of the internal picture of the disease, it is necessary to note the specifics of motivation and peculiarities of the volitional sphere in both groups, as it is the motivational component that ensures the cooperation of the patient and the doctor in the issue of overcoming the disease, and the volitional sphere forms the resources to overcome the disease despite all the difficulties. Patients with high rehabilitation potential are highly motivated to achieve sustainable positive results in the conditions of solving any life tasks, including the preservation and promotion of health. At the same time, patients with low rehabilitation potential note low level of motivation as their own personal peculiarity, even as trait as well as fear and uncertainty in their own abilities, lack of independence, dependence on others. And this feature is characteristic of them not only in the situation of illness, but also in other areas of life.

As a result, these patients demonstrate the prevalence of an external locus of control, while patients with high rehabilitation potential are characterized by an internal locus of control, are able to take responsibility for their lives, and thus are able to be more effective in overcoming the disease. It is important, their internality is characterized by a relatively high level of trust in doctors, and therefore a lower level of anxiety compared to patients with low rehabilitation potential.

It's interesting, that this distrust, which is characteristic of the first group of patients, extends not only to their external social environment, but also to themselves, particularly in terms of assessing their own cognitive sphere: they are concerned about the possible decline in their level of cognitive development, which forces them to maintain the current level in different ways available. Patients with high rehabilitative potential perceive themselves as having consistently high levels of cognitive abilities throughout their lives and do not associate their own disease with the risk of cognitive impairment.

Such a different attitude of the patients of the two groups is supported by the specifics of social relationships, the tendencies of which have been established since childhood. Patients with high rehabilitation potential have quality content of intrafamily and professional relationships, which create motivation for the fast recovery in order to maintain further high social activity and involvement in relationships with relatives and colleagues. Patients with low rehabilitation potential are characterized by anxiety, negative social contacts, and also have experience of toxic relationships, physical and psychological violence, which does not contribute to their optimistic mood for treatment and return to the system of usual social relations.

All results of the two groups of respondents obtained by means of the method "Investigation of the Human Life-World Stability" were systematized in accordance with the instruction and are presented in Table 3.

Table 3

Results of method "Investigation of the Human Life-World Stability"

Options	1st group (%)	2nd group (%)
Temporarity of events tendency		
The present	30	–
The present – the future	–	70
The past	40	–
The past – the present	30	–
The past – the present – the future	–	30
The ratio of verbs		
The present	40	–
The present – the future	–	70
The past	40	–
The past – the present	20	–
The past – the present – the future	–	30
Criterion for the described events content selecting		
Chronotopic	10	40
Topological	30	50
Biographical	60	10
General emotional background of events		
Positive 10%	10	70
Neutral 40%	40	20
Negative 50%	50	10
The meaning of the described life events		
The overall direction of the development line is conserved	20	60
General orientation is not withheld	20	30
Center of the development line	20	–
Completion of the development line	40	–
The beginning of the development line	–	10
Attitude to events		
Valuable 10%	10	70
Responsible 10%	10	20
Rational	80	10
Continuity of personal story		
Retained	10	70
Situational	30	20
Missing	60	10
Creative reflexive position		
Holistic reflexive position	10	70
Situational reflexive attitude	30	20
Absence of a reflexive relation	60	10

The qualitative analysis of the data obtained in the first group of respondents reveals the following:

1. Temporarity of events tendency is located in the "the past – the present" range (30%), which is confirmed by the presence of the present and the past tense verbs in the respondents' texts and indicates the lack of continuity of personal history. 40% of respondents live in the past, 30% of respondents live in the present.

2. The verbs of the past and the present tense dominate the self-narration. Verbs of the future tenses are absent.

3. Criterion for selecting the described events content is the biography of the respondents (60%).

4. The overall negative emotional background of events dominates in 50% of respondents' narrations. 40% of respondents describe their emotional background as neutral.

5. The described life events characterize the completion of the development line (40%), the central line of development (20%), direction of the development line is conserved (20%), do not keep the general line of development (20%).

6. Attitude to events is dominated by a rational (80%).

7. The respondents are characterized by fragmentation, which arises due to unfavorable (crisis) living conditions.

8. Absence of reflexive attitude (60%) or its situational manifestation (30%) hampers the analysis of life conditions, difficulties arising in crisis conditions of the life activity. This does not contribute to a change in the life situation and changes in the degree of the respondents' life-world stability.

Thus, the first group of respondents is characterized by stability, which characterizes the process of life organized by a person in such a way that it does not contribute to health, personal growth and creativity. Non-constructive character of the manifestation of life world stability reduces productivity and optimality of life activity of a person. This determines the features of such characteristics as loss of identity, lack of resources (own potential, environmental conditions) to resolve the contradiction between the image of the world and the way of life, violation of the continuity of personal history, loss of goals and meanings of life, lack of balance between reality and desired harmony.

The qualitative analysis of the data obtained in the second group respondents shows:

1. Temporarity of events tendency is located in "the present - the future" range (70%), which is confirmed by the presence of the present and the future tense verbs in the respondents' texts and indicates the availability of continuity of personal history. The trend of events is in "the past - the present - the future" of 30% of respondents.

2. The verbs of the present and the future tense dominate the self-narration (70%).

3. Criterion for selecting the described events content is the chronotopic (40%) and topological (50%) of the respondents.

4. The overall positive emotional background of events dominates in 70% of respondents' narrations. 20% of respondents describe their emotional background as neutral.

5. The described life events characterize the central line of development (30%), direction of the development line in description is conserved (60%), the beginning of the development line (10%).

6. The dominated attitude to events is valuable (70%).

7. Continuity of personal story is retained (70%).

8. Holistic reflexive position (70%) or its situational manifestation (20%) are present the analysis of life conditions.

Thus, the second group of respondents is characterized by sustainability, which is characterized by specific organization of the process of life activity of a person, which contributes to the preservation of health, personal growth and creativity, reflects the tendency to optimize its potential, harmonious self-realization in all vital spheres. The general constructiveness (productivity and optimality) of a person's life self-fulfillment is based on the constructive character of manifestation of stability of a person's life world. The constructive character of the manifestation of the human life world stability determines the peculiarities of such characteristics as the dominance of new quality products, the ability to solve problems creatively, compliance of human capabilities with the degree of responsibility for the realization of these capabilities, valuable attitude to life, the presence of prospects for further movement, the absence of lack of resources (own potential, environmental conditions) for the resolution of contradictions between the image of the world and the way of life, self-identity.

Table 4

The results of the rehabilitation potential implementation in two groups

Implementation parameter	1st group (%)	2nd group (%)
Reaching the rehabilitation objectives in a hospital		
Reached	80	90
Didn't Reach	20	10
Use of skills in everyday life (the delayed data on maintaining effect of rehabilitation)	60	100

By the results of the current stage of rehabilitation procedure the assessment of the patients' rehabilitation potential implementation was made in accordance with two following parameters: - whether they achieved the rehabilitation objectives; - whether they can use the acquired skills in everyday life.

The results are presented in table 4.

Conclusions

On the next step of the investigation we tried to match results of studying the learned helplessness and the human life-world stability with data concerning the patients' rehabilitation potential.

It was revealed that people with low rehabilitation potential had problems during the childhood or youth period which promoted formation of the learned helplessness syndrome. The difficulties in the course of personality development significantly reduce possibilities of present recovery period. It is hard for such patients to cope with difficulties independently, as an active person, from the subjective position. They narrow life space because of defect, experience mainly negative feelings and emotions. Besides, their life has fragmentary character: it is broken into two parts "before the disease" and "during the disease". They feel fear thinking about their future. They are not focused on the reflexive attitude to life and themselves. Their critical thinking is reduced.

Patients with low rehabilitation potential have the following characteristics:

– division of life into two periods: before and after a trauma; they note changes in own personality;

– apathy, lack of interest to events;

– the autonomy is reduced, external control and help of people around are necessary;

– self-discontent, excessive self-criticality, sensitivity to approval of people around;

– strict control during life, slow moving on career ladder, resistance to changes;

– difficulties in establishment of interpersonal contacts;

– the developed responsibility and sense of duty;

– tolerance, complaisance, law demands and motivation, excessive satisfaction;

– experience of failure as of internal conflict.

As for patients with high rehabilitation potential they have resource for restoration during disease: they are optimistic, capable to control their own life, keep social contacts, and try to be useful to others. Their life is represented as more complete, complex, filled with sense. They are capable to learn experience from current situation and to give support to people around.

So, patients with high rehabilitation potential have the following characteristics:

– optimistic attitude to problems and difficulties, cheerfulness, emotionality, enthusiasm;

– reactivity of mental process, high learning ability;

– autonomy, independence, persistence;

– ability to revaluation of own state;

– lack of control from people around during life, frequent change of types of activity;

– fast integration of skills into everyday life.

The important indicator of rehabilitation success is patients' ability to use the newly obtained functions in everyday life. However, only 60% of patients with low rehabilitation potential demonstrate the ability to transfer the mastered skills to everyday life. We suppose that there are two major obstacles to it: the learned helplessness manifestations and not constructive or stagnant human life-world stability.

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Исследование реабилитационного потенциала людей с различными характеристиками выученной беспомощности и устойчивостью жизненного мира человека

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Резюме

Реабилитационный потенциал рассматривается как возможность человека приводить в действие свои биологические и социально-психологические механизмы восстановления нарушенного здоровья, трудоспособности, личностного статуса и положения в обществе. Это становится реальным при определенных условиях и консолидированном содействии реабилитационных служб и общества. Усилия специалистов (врачей-реабилитологов, социальных работников, клинических психологов) и ближайшего окружения могут быть эффективными только при определенных условиях, важнейшим из которых является сам человек, нуждающийся в реабилитации. Ему необходимо обладать важными личностными качествами, которые позволят быть активным участником реабилитационных мероприятий.

Предполагается, что проблема реабилитационного потенциала коррелирует как с проблемой выученной беспомощности человека, так и с проблемой устойчивости жизненного мира человека (конструктивной, неконструктивной, застойной). Эти две проблемы схожи по определению и раскрывают уровень ответственности человека за его жизнь (Deci & Ryan, 2000).

Выученная беспомощность как форма организации человеческой жизни является катализатором психологической нестабильности и соматической болезни, она определяет снижение устойчивости личности к вредным воздействиям внешней среды, способствует развитию и обострению психологических повреждений и соматических заболеваний различной этиологии. Беспомощность формируется и «обучается» постепенно, под влиянием фактора социальной реакции на неудачи в жизненных событиях или особенности соматического здоровья, а не уровня стрессового фактора или характера болезни и их объективного воздействия на личность.

Очень важно, чтобы человек имел успешный опыт преодоления трудностей. Тогда реабилитационные мероприятия могут опираться на этот положительный опыт и обеспечат более уверенное продвижение человека к восстановлению утраченных функций.

Устойчивость жизненного мира человека в психологии рассматривается в качестве важного показателя успеха воплощения жизни и передачи возможностей, присущих ему (человеку), в реальность (Логинова, 2012).

По нашему мнению, устойчивость жизненного мира человека позволяет уравновешивать порядок и хаос, которые Пригожин (1997) назвал движением «от жизни к образованию и обратно». Здесь акцент смещен от положения равновесия к состоянию неустойчивости, когда структура создается и реконструируется. Этот единственный момент фиксации баланса, стабильности и открытости, который «нарушает» установленные правила, связан с механизмами реабилитации. Это специально построенные отношения с окружающим миром, которые позволяют ответить на вопрос: является ли жизнь тем, что человек реализует сам (по формуле «Я живу») или это то, что реализуется в человеке (по формуле «Я жив»).

Ключевые слова: реабилитационный потенциал; выученная беспомощность; устойчивость жизненного мира человека.

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