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## **FORMATION OF THE PROFESSIONAL SELF-CONCEPT IN YOUNG PEOPLE WITH MUSCULOSKELETAL DISABILITIES**

TWORZENIE ZAWODOWEJ JA-KONCEPCJI U MŁODZIEŻY  
Z ZABURZENIAMI UKŁADU RUCHOWEGO

ФОРМУВАННЯ ПРОФЕСІЙНОЇ Я-КОНЦЕПЦІЇ У МОЛОДІ  
З ПОРУШЕННЯМИ ФУНКЦІЙ ОПОРНО-РУХОВОГО АПАРАТУ

In the current system of socioeconomic reforms, the development of a system of socio-psychological rehabilitation of young people with disabilities occupies a significant place. In the last few years the employment programs for youth with disabilities are being implemented at the state level. However, labour adaptation depends not only on the desire of a young person to work, but also on the readiness of the co-workers to accept this young person with disabilities in the labour collective. In addition, to ensure successful adaptation of a person with disabilities, the corresponding conditions must be created, namely, the organization of working hours, special organization of the workplace and the barrier-free environment.

Psychological health of young people depends on the possibility of self-realization in the social medium, which is directly related to professional realization of a young person. To a great extent, the success of labour activity of a young person with disabilities depends on the peculiarities of development of his/her self-concept, a significant component of which is I-professional.

Professional formation starts at a young age and ends at an old age. In case of people with disabilities, professional formation is combined with continuity of rehabilitation, or as A. Shevtsov puts it “lifelong rehabilitation” (Shevtsov, 2004). Thus, a person, who used to have constant health problems, ontogenesis distortion in childhood while receiving an education and during the transition to labour activity, requires constant special accompaniment, which corresponds to permanent intervention of corrective psychological-pedagogical influence. The stated accompaniment must be provided during the whole life of a person, starting from infancy to old age (Shevtsov, 2009).

Researchers of a professional path of a personality (D. Super, H. Robert) have defined the key stages of this professional path, which we are going to study taking into consideration the peculiarities of development of young people with disabilities (Kraih, 2000).

D. Super determines the growth stage as the first stage of the professional path. The essence of this stage is the formation of a self-concept at an early age. The scientific studies of V. Syniov, A. Shevtsov, O. Romanenko describe the peculiarities of development of a self-concept in children with disabilities and determine that due to distortion of development of key biological functions, there are complications in the development of a self-concept and of an I-physical as its basic construct (understanding the image of your own body) (Shevtsov, 2017).

Children with musculoskeletal disorders have complications with the formation of an I-physical due to problems with development of motor skills, close relations with mothers (Tomchuk & Chukhrii, 2015, p. 113), which slow down the psychological alienation from the mother figure, thus making it impossible to observe parents as separate objects and making it difficult or even impossible to observe the socio-professional roles of parents for further reproduction of them in a role play. L. Khanzeruk notes that greatest difficulties in the correction work arise due to the formation of psychological infantilism and a highly sensitive emotional structure: there is a possibility of autistic processing and expression of emotions, dependency, shyness, insecurity, anxiety during communication, neurosis-like behaviour. Correction-rehabilitation institutions play a great role at this stage, for they allow a child to develop his/her potential, help to develop interest to certain types of activity, which may later influence his/her professional and career formation (V. Bondar, V. Syniov, M. Sheremet and others).

While studying the initial stage of the professional path (identification with the worker) R. Havighurst placed great emphasis on identification of a child (age 5 to 10) with working parents, which influences the desire to work in the future

and has its roots in the self-concept. In the situation, when mothers constantly accompany children with disabilities, there may develop an illusion about the continuity of this process, thus creating difficulties in the identification of a child with a worker (Kraih, 2000).

The next stage of professional formation (age 10 to 15) is associated with gaining the skills needed for productive occupation (R. Havighurst) and is characterized by the ability to plan one's time and carry out duties and chores. During the stated period, the self-concept is being actively developed, which, in the opinion of such scientists as I. Bekh, I. Kon., C. Rogers, A. Fuhrman (Humeniuk, 2004) and others, is the core formation of ontogenetic development and characterizes not only the system of self-perception, but also the potential deed, strenuous life and creation of the environment and self. Formation of a self-concept or a self-image happens on the basis of a conscious self-analysis, perception of the person's abilities and needs, desires and motives of behaviour, worries and thoughts, i.e. on self-perception.

Self-consciousness is an important construct for the formation of the inner world of a person, which lies in the perception of numerous images of self in various situations of social interaction and in combining of these images into a complex vision of self. O. Leontyev determined two crucial periods for personality formation: at the age of three, when the child says "I can do it myself" (appearance of consciousness) and adolescence, when he/she says "I understand myself". As O. Gumeniuk (2004) states in her scientific work, consciousness is aimed at the outside world and self-consciousness at the inner space of a person. Consciousness is a process, with the help of which a person perceives him/herself and forms the self-attitude.

Selfhood or self-concept (in Rogers' theory these terms are interchangeable) is an organized, consistent conceptual gestalt, made up of the perceived properties of "I" or "me" and the perceived interrelations of "I" or "me" with other people, with various aspects of life as well as the values associated with these perceptions (Hjelle & Ziegler, 1992).

In his works K. Rogers noted that when "I" is only being formed, it is being regulated only by the organismic evaluation process. The content of the self-concept is the product of socialization process. The conditions for formation of the self-concept arise from the socialization process, namely: the need of positive attention (satisfaction the person feels while being praised by others and frustration when people are unhappy with him), conditions of valuableness (specific conditions under which a person will feel positive attention), unconditional positive attention (when a person is accepted and respected for being

him/her-self, without any “on condition that”, “and”, “however”), experiencing a threat (when a person understands the inconsistency of the self-concept to certain aspects of an actual experience) and the defence process (a behavioural reaction of a body to a threat, the key aim of which is to preserve the wholeness of the I-structure), defence mechanisms (distorted perception and denial), psychological disorders and pathology (appear when the “self” cannot defend itself from the pressure of threatening experiences, defence mechanisms of a person stop functioning adequately, and the used-to-be consistent self-structure starts to ruin) (Hjelle & Ziegler, 1992, pp. 541–548).

A fully functioning person (according to C. Rogers) is a person that uses his abilities and talent, realizes his potential and moves in the direction of full perception of self and his emotions (Hjelle & Ziegler, 1992, pp. 549–550).

As its active beginning, the person’s self combines all its life manifestations, allows looking at oneself from the inside, observe oneself, understand and change oneself, regulate one’s life and go outside the borders of the inner world to understand one’s fundamental nature, values, combine one’s past, present and future in one moment (Savchyn, 2011).

“Self” is the highest concentration of subjectivity (individuality, fundamental uniqueness) and objectivity (external and internal activity, spiritual observation) of a person, which comprises the whole spectrum of feelings: from actual situational states to significant deeds, fundamental life decisions, anxieties regarding one’s value and the inseparability of one’s own time and eternity. Based on all of the above, a person gets a complex vision of self – the self-concept (Savchyn, 2011).

According to the definition of M. Savchyn, self-concept is a relatively stable, more or less conscious system of a person’s perception of self, which is lived through as unique and serves as the basis for self-determination in the light of interaction with other people, attitude to him/her-self (Savchyn, 2011).

On the way to its formation, the self-concept undergoes not only positive, but also negative influences which may not only facilitate the appearance of negative formations, but also slow down its formation altogether. Studying the peculiarities of formation of the self-concept in teenagers with disabilities, we may presuppose that the presence of functional limitations can interfere with the harmonious development of the self-concept – on the one hand, the inborn function disorder prevents the formation of typical components of the self-concept (e.g. of the I-physical), on the other, the negative evaluation of self and one’s abilities, which is being intensified by the negative reaction of the social environment,, slows down its development.

Due to unfavourable parent attitudes (hyper protection and others) (Tomchuk & Chukhrui, 2015) and to possible underdevelopment or retarded development of the frontal cortex, most teenagers with musculoskeletal disorders demonstrate infantilism, which is characterized by the underdeveloped voluntary behaviour regulation and higher forms of will activity. The actions of teenagers are motivated by the wish to emotionally satisfy their newly formed desires. In adolescence, they may have a domineering interest in kids' games, they often have motor disinhibition, emotional instability. Asthenic traits of character – lack of ability to endure prolonged mental or physical workload, atony, slowness, bashfulness – may be observed. However, there is an interest in the actual process of education and this is what the psycho-correctional activities are aimed at.

The next stage of the professional path (age 15 to 24) is the stage of research (according to D. Super). During this period young people try to understand their needs, interests, abilities, values and possibilities. This happens due to active development of self-analysis, which allows young people to analyse their possible career options. By the end of the stated period they choose their future occupation and start mastering it (Kraih, 2000).

During the stated period of time, young people with disabilities may be studying at specialized educational establishments (centres for professional rehabilitation of people with disabilities), they also receive an education at vocational-technical schools, colleges and higher educational establishments. Topology of the rehabilitation space of professional education is conceptualized around the personality of a pupil (student) with disability, i.e. the rehabilitation process in the educational establishments is viewed as a personality centred system (Shevtsov, 2009).

The algorithm for planning the professional education of a pupil (student) with disabilities may be presented as a chain of elements: a student with disabilities – need of professional rehabilitation and correction of personal development – diagnostics – plan of rehabilitation and professional education – methods of correction-rehabilitation work, specific conditions and means of teaching – necessary resources (finances, equipment, staff, methodological information, management etc.) – organization of the teaching and upbringing correction-rehabilitation process (Shevtsov, 2009).

Actualization of the corrective vector in the professional education of grown-up students with disabilities, inclusion of a corrective content into the educational process of a higher educational institution or a vocational-technical school must happen while following certain principles. The following principles

of constructing the rehabilitation space of professional education may be singled out:

1. Principle of building the education-rehabilitation process in the educational establishment on a personality centred model.
2. Principle of differentiated approach to the development of an individual program of the educational and upbringing process for students with disabilities.
3. Principle of a step-by-step adaptation of a student with disabilities to the educational process of a Higher educational institution or a vocational-technical school.
4. Principle of a systemic inclusion of a student into the information-communication space of the educational establishment.
5. Principle of a coherent, synergic interaction of all the elements of the correction-rehabilitation space of professional education.
6. Principle of systemic and consistent introduction of modern technologies of optimization of professional education of students with disabilities (namely, distant and open education, computer-based education, module-rating educational organization, recourse-oriented education and others).
7. Principle of using the content of the curriculum and the organization form of the educational and upbringing process for further correction of student development.
8. Principle of applying the correction andragogic model of education (methodological foundations for programming the corrective content and forms of professional education of grown-ups with disabilities) (Shevtsov, 2009).

R. Havighurst calls the stated period the stage of gaining some concrete professional identity. A person chooses an occupation and starts equipping self with the necessary skills. She gains certain professional experience, which allows him/her-self to gain certain professional experience, make certain choices and start a career.

The next stage of establishment of an I-professional is related to a person's development as a professional and the stated stage is called the stage of establishing a career.

Within the scope of their abilities, young people increase their proficiency level trying to find a solid place in their chosen field of activity. Those young people, who take into account their own vision of self while choosing a career, feel most content. Building a career in the field that corresponds to their self-concept allows them to achieve self-actualization. This is the most creative period of a person's life.

Taking into consideration previous pre-conditions of development of the I-professional in their personality structure, young people with disabilities need assistance in finding a job as well as special accompaniment during the period of adapting to the workplace, working conditions and their co-workers (Shevtsov, 2004, 2009).

People, whose musculoskeletal disorders developed during the period of youth, usually feel worried and distressed because of the loss of their old identity. These feelings are characteristic of people who had a trauma or a surgery, the feelings of the participants of the Anti-Terrorist Operation/Joint Forces Operation of Ukraine are particularly acute. Inability to perceive your own "self" and the forced change of appearance, which people got used to showing to the world, lead to deep distortions in the vision of self. In his works E. Bradbury pays special attention to the processes of grieving, which are similar to living through a loss of a dear person and include denial, anger, distress, anxiety and depression, which are then followed by the process of gradual adaptation.

Physical differences may influence the social interaction, namely, create difficulties during contacts with strangers, meeting new people and establishing new friendly relations, lead to the loss of the already formed professional skills, and the negative worries hinder the search of new possibilities of employment, which requires special socio-psychological accompaniment.

In order to study the peculiarities of development of the I-professional in the young people with musculoskeletal disabilities, we conducted a trial. To solve the tasks of the trial, a psycho-diagnostic complex of methodologies was formed: the peculiarities of social adaptation were studied with the help of "Social-psychological adaptation test" by C. Rogers and R. Daimond, the "Q-methodology of W. Stephenson. Diagnostics of key behavioural tendencies in the real group and the vision of self", Questionnaire (youth with disabilities personal data collection) of I. Chukhrii. Determination of psychological mechanisms of young people with musculoskeletal disorder social adaptation was carried out with the help of the following methodologies: "State-Train Anxiety Inventory" of Ch. Spielberg adapted by Yu. Khanin, "Methodology of Differentiated Diagnostics of Depressive States" of V. Zhmurov, Buss-Durkee Hostility Inventory, Express-diagnostics of the level of social frustration of L. Wasserman, the method of express diagnosis of neurosis BFB by K. Hock, H. Hess, the Thomas Model of Conflict-handling Styles Adapted by N. Hrishyna, R. Plutchyk's Test for Studying the Defence Mechanisms of a Personality, developed in cooperation with H. Kellerman and H.R. Conte, I. Chukhrii's Diagnostics of Psychological Methods of Social Adaptation. To study the peculiarities of the

self-concept of youth with disabilities, I. Chukhrii's Methodology of Studying the Peculiarities of the Self-Concept of Youth with Disabilities was used.

The trial facilities included: M. Kotsiubynskyi Vinnytsia State Pedagogical University, Vinnytsia Socio-Economic Institute of the Open International University of Human Development "Ukraine", "Harmoniya" Vinnytsia City Centre for Socio-Psychological Rehabilitation of Children and Youth with Functional Disabilities, "Podillia" Vinnytsia Cross-Regional Centre for Professional Rehabilitation of the Disabled, "Obriy" Vinnytsia Oblast Centre for Socio-Psychological Rehabilitation of Children and Youth with Functional Disabilities, Open International University of a Person's Development "Ukraine" (Kyiv), Pirogov National Medical University, Vinnytsia Oblast Clinical Hospital for War Veterans, "VA Veterans, Disabled Veterans and ATO Volunteers Association" NGO, "Parostok" NGO. 621 young people participated in the trial, of which: 150 people with typical development; 167 people with musculoskeletal disorders due to dysontogenesis; 161 young people with acquired musculoskeletal disorders and 153 ATO veterans with musculoskeletal disorders.

Self-concept of a young person consists of the following key components: I-psychic (including identity and generativity); I-social, in which we single out the I-professional (establishing a professional identity, professional experience), I-familial (member of a family, a grown-up child, spouse, father or mother), I-student (experience and field of interest of the subject of educational activity). An important component of the self-concept in the young people with musculoskeletal disabilities is the I-physical (a complicated bio-social complex, which consists of the individual's experience of functioning as a physical object and is formed under the influence of the estimation of the physical body by social environment, the existing norm, ideas and stereotypes) (Hjelle & Ziegler, 1992).

To chunk the studied characteristics, we used the factor analysis procedure. The selected problematic participants of the trial were grouped using the type (time) of the trauma criterion: inborn trauma, civilian trauma, trauma received in the ATO (inborn, old, fresh).

At the first stage we received the factor structure of people with musculoskeletal disorders and of those, who do not have these developmental peculiarities. According to the afore-stated procedure, in the trial group the key factor if "Self-oriented" in which the first place is occupied by perceiving the self in a family (0.90), in the professional field (0.87) and the perception of the physical (and, primarily, bodily) Self occupies only the fifth place.

In the group of trial participants who have musculoskeletal disorders, the factor structure appeared to be similar but still somewhat different. The second



factor almost fully corresponds with the first one in the previous factor structure and may also be called “Self-oriented”. The strongest index is similar to the previous factor structure, i.e. the “I-familial” (0.89). However, its specification, if compared with people with typical development, is different. A considerable factor, which occupies the 2nd place, is the I-physical.

The next step was the specification of the factor structure in the groups of people with different time of occurrence of musculoskeletal disorders.

In people with inborn musculoskeletal dysfunctions the “Self-oriented” factor occupied the third place as it consisted of such self-esteem indexes as I-familial, professional, physical, internal, student.

In the young people with musculoskeletal dysfunctions received a long time ago (5–10 years ago), the “Self-oriented” factor was not determined, however, its components – namely, I-professional, I-physical and I-personal – were included into the “Cognitive-behavioural-adaptive” factor.

According to the results of the factor analysis, in the ATO participants, whose disability related to musculoskeletal dysfunction is still fresh, the components of the “Self-oriented” factor were included into the “Accepting-cooperation dependent” factor. The structure of the stated factor: indexes of non-competition, cooperation, rejection of fight, compromise, communicative component of adaptation. The components of acceptance include: accepting self, accepting others, rejection of self. In our case dependency included the actual index of dependency and the index following it, the I-familial. Orientation to dependent cooperation activates the defence mechanism of compensation.

The results of the trial showed that the absence of the “Self-oriented” component at the first two levels and its simultaneous presence both in the control and the experimental trial groups may signify the presence of this component of the adaptation process in more static conditions, i.e. in the situation of a certain inner constancy. In addition, the stated results may signify the problematic zone of the self-concept development in the young people with musculoskeletal disorders, maybe, we may even speak of the processes of the self-conception disintegration. The stated peculiarities require the application of social-psychological correction and complex social rehabilitation.

## Conclusions

According to the results of the theoretical research and empirical trial, it has been determined that the establishment of the I-professional in people with musculoskeletal disorders has some certain dynamics, different from the development of the stated component of the self-conception of the young people

with typical development. The stated difference lies in the formation of a core component of the I-physical and, accordingly, the retarded development of the I-professional, which is a component of the I-social.

The study determines the differences in the development of the I-professional in people with inborn musculoskeletal disabilities and those gained due to traumas received at a young age and due to participation in the Anti-Terrorist Operation (Joint Forces Operation) in Ukraine. While the youth with inborn dysontogenesis demonstrates retarded formation of the I-professional (due to the peculiarities of development of the I-physical), the youth with gained musculoskeletal dysfunctions demonstrate disintegration of the self-concept. Youth with inborn dysontogenesis undergoes systemic rehabilitation since early childhood (and in the contemporary system of state reforms – since birth). In the scientific literature (A. Shevtsov) this is called “Lifelong Rehabilitation”, which includes a system of pedagogical, psychological, medical, social, and technical-environmental influences that facilitate successful adaptation of the young people to the conditions of social interaction and the formation of an independent lifestyle on condition of continuous development of the existing socio-political model in the country.

Young people with gained musculoskeletal dysfunctions are an acute issue. As a result of the endured trauma (car crash, occupational accident, an illness, which occurred at a young age etc.) and especially in case the trauma was received in the course of the Anti-Terrorist Operation in Ukraine, the self-concept disintegrates together with the already existing structures, namely, the I-professional. Young people lose their professional skills, fell under the influence of negative emotional states (aggression, depression, increased anxiety), which impacts their overall psychological health and quality of life. Thus, it is necessary to introduce complex social rehabilitation of youth with gained musculoskeletal dysfunctions at the state level. The rehabilitation must include activities related to employment and social accompaniment at the workplace in order to renew working capacity and increase the quality of life.

**ABSTRACT:** The article determined that there are differences in the development of the professional Self-concept between people with inborn musculoskeletal disorders and those who gained them as a result of participation in the anti-terrorist operation in Ukraine (Joint Forces Operation). Youth with inborn dysontogenesis demonstrated retarded formation of the professional Self-concept. Veterans with gained musculoskeletal dysfunctions demonstrate disintegration of the self-concept, they lose their labour skills, fall under the influence of negative emotional states (aggression, depression, hyper anxiety) that influence their overall psychic health and quality

of life. Thus, it is necessary to introduce complex social rehabilitation of youth with gained and inborn musculoskeletal disorders at the state level; in particular, it should include activities on employment and social accompaniment at the workplace aimed at restoration of labour activity and improving the quality of life.

KEYWORDS: young people with disabilities, veterans of the anti-terrorist operation, self-concept, factor analysis, Self-oriented factor, complex social rehabilitation

АНОТАЦІЯ: Виявлено відмінності в розвитку Я-професійного у осіб із вродженими порушеннями функцій опорно-рухового апарату та набутими внаслідок участі в Антитерористичній операції в Україні (нині – Операції Об'єднаних Сил). У молоді з вродженим дизонтогенезом формування Я-професійного відбувається з уповільненням. У ветеранів з набутими порушеннями функцій опорно-рухового апарату має місце явище розпаду Я-концепції, вони втрачають трудові навички, підпадають під дію негативних емоційних станів (агресія, депресія, підвищена тривожність), що впливає в цілому на їхнє психічне здоров'я та якість життя. Важливими заходами є впровадження на державному рівні комплексного соціального реабілітування молоді з набутими та вродженими порушеннями функцій опорно-рухового апарату, зокрема заходів працевлаштування та соціального супроводу на робочому місці для відновлення працездатності й підвищення якості життя.

КЛЮЧОВІСЛОВА: молоді люди з обмеженнями життєдіяльності, ветерани Антитерористичної операції, Я-концепція, Я-професійне, факторний аналіз, Я-орієнтований фактор, комплексне соціальне реабілітування

## Бібліографія

- Гуменюк, О.Є. (2004). *Психологія Я-концепції*. Тернопіль: Економічна думка.
- Крайг, Г. (2000). *Психологія розвитку*. Санкт-Петербург: Издательство «Питер».
- Савчин, М.В., Василенко, Л.П. (2011). *Вікова психологія*. Київ: Академвидав.
- Томчук, М.І., Чухрій, І.В. (2015). *Психологія матерів, які виховують дитину з інвалідністю*. Вінниця: ВОППОП.
- Шевцов, А.Г. (2007). Корекційна андрагогіка як новітній науковий феномен. *Дефектологія*, 3, 45–50.
- Шевцов, А.Г. (2009). *Освітні основи реабілітології*. Київ: «МП Леся».
- Шевцов, А.Г. (2004). *Сучасні проблеми освіти і професійної реабілітації людей з вадами здоров'я*. Київ: Соціформ.
- Hjelle, L.L., Ziegler, D.J. (1992). *Personality theories: basic assumptions, research, and applications*. New York: McGraw-Hill.
- Shevtsov, A., Chuhrii, I. (2017). Psychological mechanisms of social adaptation of young disabled people. *American Journal of Applied and Experimental Research*, 3(6), 6–14.