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OVERCOMING SOCIO- PSYCHOLOGICAL MALADAPTATION OF THE PERSONS WITH THE ACQUIRED AND CONGENITAL DISABILITIES

Abstract. On the basis of the analysis of the existing philosophical, sociological, psychological and pedagogical approaches there was the theoretical analysis of the domestic and foreign scientific works on the problem of social and psychological maladaptation carried out, there were the external and internal factors of formation of social and psychological maladaptation of the persons with disabilities substantiated. As a result of the theoretical analysis of socio-psychological maladaptation, there are the main elements of this personality trait identified, namely: maladaptive types of the internal picture of the disease and coping strategies, negative trends in self-concept (low or contradictory self-esteem, lack of self-confidence, inexpressive self-acceptance, etc.), destructive emotional states, low level of socio-psychological tolerance. Social factors that cause the emergence of socio-psychological maladaptation include the following: inferiority and dysfunction of the family, lack of education or its low level, impossibility of the professional fulfilment.

There were the psychodiagnostic tools compiled and the peculiarities of social and psychological maladaptation of the persons with the acquired and congenital disabilities empirically studied. Taking into account the identified problems, overcoming socio-psychological maladaptation of the persons with the acquired and congenital disabilities is characterized, which presents the following three blocks: individual psychological assistance to the persons with disabilities (correction of the attitude type to the disease, self-attitude, self-acceptance and self-esteem); work with the families of the disabled people; the information and educational block is aimed at working with the society (overcoming negative socio-psychological stereotypes towards the people with disabilities and encouraging creation of the inclusive environment).

Key words: socio-psychological maladaptation; persons with disabilities; correction; therapy; socio-psychological rehabilitation.

Introduction

Every year number of the people with both congenital and acquired disabilities grows. Children's disability is rapidly increasing. The state faces the problems of the successful socialization of such persons, efficiency and expediency of the inclusive education, provision of the social and psychological assistance, creation of the specialized rehabilitation institutions, etc. (Komarova, 2003). If in the European countries the society has managed to develop the effective methods of including people with disabilities in the full-fledged life, create conditions for their self-actualization, create the atmosphere of humane treatment of this category of the citizens, in Ukraine today there are still gaps in addressing these issues, both at the state level and the community and team level. In particular, it needs attention to study the phenomenon of maladaptation of the people with disabilities and provide them with social and psychological assistance.

In foreign psychology, socio-psychological maladaptation of the individuals was studied by A. Adler, H. Eysenck, E. Erickson, H. Hartmann, J. Piaget, S. Freud, C. Rogers, and others. Peculiarities of socio-psychological maladaptation of the people with disabilities were highlighted in the scientific works of the domestic scientists, such as: Yu. Zhogn, M. Tomchuk, T. Panchenko, V. Skrypyk, and others. However, none of the above-mentioned scientific investigations comprehensively covered the problem of socio-psychological maladaptation of the people with the acquired disabilities.

The purpose of the study: to reveal overcoming of socio-psychological maladaptation of the persons with the acquired and congenital disabilities,

Research methodology

As a result of the theoretical analysis of socio-psychological maladaptation there were the main elements of this personality trait identified, namely: maladaptive types of the internal disease and coping strategies, negative trends in self-concept (low or contradictory self-esteem, lack of self-confidence, lack of self-expression, etc.), destructive emotional states, low level of socio-psychological tolerance. Social factors that cause the emergence of socio-psychological maladaptation include the following: inferiority and dysfunction of the family, lack of education or its low level, impossibility of the professional fulfilment (Turubarova, 2007).

There was the empirical study conducted on the basis of Vinnytsia City Center for Social and Psychological Rehabilitation of Children and Youth with Functional Disabilities "Harmonia", the sample included 30 people from 20 to 35 years, of which 14 have congenital and 16 acquired disability. During implementation of the stages of the empirical study of socio-psychological maladaptation of the people with disabilities, we have identified psychological and sociological criteria for the subject of psychodiagnostics. Such criteria were the features of self-concept of the personality, internal picture of the disease (types of attitudes to the disease/injury), coping strategies, socio-psychological tolerance, modality of the emotional states, full value/inferiority of the parental family, marital status, education, employment. For conducting the empirical study there were the psychodiagnostic tools composed, which included methods for diagnosing socio-psychological adaptation by Rogers-Diamond, self-assessment test questionnaire by V.V. Stolin, method "Types of attitudes to the

disease" (TOBOL), diagnostic questionnaire of coping strategies by R. Lazarus and S. Folkman, sociological map. During the quantitative and qualitative processing of the results, the comparative analysis according to Student's t-test and the correlation analysis according to Pearson's test were performed, which were calculated using the software package SPSS_17.0.

According to the results of the empirical research and their interpretation, there were no significant maladaptive tendencies identified. The common positive features of the two samples of respondents include the following: standard indicators of adaptability, acceptance of others, lack of self-blame and conditionally adaptive types of attitude to the disease/injury.

The negative tendencies that are characteristic of all respondents are low level of self-understanding and self-confidence. Despite most of the standard values of the scale of adaptability in the group of people with the congenital disabilities, this property is still better expressed in optants with the acquired disabilities. Respondents with the acquired disabilities are also characterized by such tendencies in self-concept as positive self-acceptance modalities, expressed self-sympathy, self-interest and self-control, expectations of the positive attitudes from others, belief in the own abilities, self-perception in the unity of the own shortcomings and advantages (high S values on the scale - integrated self-assessment). Instead, in the sample of the people with the congenital disabilities we see low values on all scales, which reflect aspects of self-perception and self-acceptance, which indicates the negative trends in the structure of self-concept, namely in the self-image of the optants. The feeling of dependence in the interpersonal relationships is inherent in both samples of the respondents, but the respondents with the congenital disabilities are more prone to it. Among the coping strategies, optants most often use positive reassessment, acceptance of responsibility and search for social support. Respondents with the congenital disabilities are more likely to use coping with positive reassessment, avoidance, distancing, and decision planning than the respondents with the acquired disability.

A social poll found that most of the respondents in both groups had grown up or were still living in the full-fledged families. In the sample of the respondents with the acquired disabilities 45% of people have their own family. A significant percentage of all optants are currently unemployed, but on the average 50% have completed higher education. These results are correlated with the values of the respondents obtained by the psychodiagnostic methods.

The main results

Overcoming socio-psychological maladaptation of the persons with the acquired and congenital disabilities, according to the empirical research, consists in providing the comprehensive socio-psychological assistance, namely, in the correction, therapy and socio-psychological rehabilitation.

In the scientific literature, correction is interpreted as a set of measures aimed at correcting and improving the socio-psychological characteristics of the individual, taking into account the requirements of the environment and by activating the internal resources of the individual (Meyer, Chesser, 2001, 24). Methods of the correctional work can focus on the standard or individual capabilities of a person with disabilities

and relate to the correction of the emotional, cognitive and social spheres of life of the persons with disabilities. There are the following effective means of correction:

1) socio-psychological support, which consists in encouraging the individual to actively work on himself/herself during the psychological work and reinforcing already achieved positive results in the behavior and activities of the person with disabilities;

2) socio-psychological support, which is represented by a set of the measures that stimulate the activity of the disabled person with the support of a narrow specialist (psychologist, rehabilitation specialist or social worker);

3) socio-psychological suggestion - implementation of the direct instructions to act, behave, think in a certain way on the subconscious level;

4) socio-psychological activities - a variety of training, group classes or organized group psycho-correctional work aimed at modeling the social interaction of the participants and developing the effective strategies for social behavior;

5) socio-psychological load - a way to develop the skills to overcome psychologically problematic life situations on the emotional and cognitive levels (Meyer, Chesser, 2001, 26).

R. Voitenko identified the following main stages of correction:

1) correction of the optimal socio-psychological contact, which consists in conducting individual socio-psychological consultations aimed at helping a disabled person to find the effective ways to solve the socio-psychological problems. At the same time, socio-psychological consultations are conducted according to one of three following approaches, such as problem-oriented (analysis of the nature and main external causes of the problem, finding ways to solve it), personality-oriented (analysis of the individual causes of the problem and conflict situations and solutions) and the approach focused on the internal personal resources to solve problems;

2) correction of the vocational guidance in case of need for the professional retraining. At this stage, the possible areas of further professional activity of a person with disabilities, his/her health, level of general and professional education, qualifications, marital status, material security, working conditions that must be created for comfortable work are taken into account considering all features of the disabled person, etc.;

3) correction of frustration that may occur after injury in the early stages of experiencing loss of the people with the acquired disabilities and during the rehabilitation process, during which failures and frustrations of the people with both acquired and congenital disabilities are inevitable.

4) correction of the motivational sphere. At this stage it is necessary to clearly define the purpose of rehabilitation and socio-psychological work, to formulate the tasks which the client must perform to achieve the end result, encourage work and cooperation with the social workers, psychologists and other professionals, help find new meaningful life;

5) correction of the internal picture of the disease, which diagnoses the type of attitude to the disease (injury) of the client, his/her reaction to his/her health and formation of the objective view of it. During this stage, the specifics of all types of treatment are taken into account. Thus, with the harmonious type, a person with disability does not require the significant corrective and therapeutic effects, only socio-

psychological support is possible. Clients with ergopathic and anosognostic types need socio-psychological assistance using client-centered approach, which will reduce the differences between "I-real" and "I-ideal", help express emotions and feelings, reconsider the own values in accordance with the current life situation. Methods of the rational (cognitive) therapy should be used to avoid logical errors, negative modality of thoughts and erroneous beliefs of the disabled person;

6) correction of the system of socio-psychological interaction, aimed at overcoming the negative social autostereotypes and promoting the development of the effective patterns of behavior in teams, different social groups and interpersonal relationships. That is why the training groups, interest clubs, thematic educational and entertainment activities are organized in order to include people with disabilities in the society (Arshava, 2008, 16-17).

Corrective actions can be carried out both individually and in groups. For the successful implementation of the last stage of correction described above, the following correctional groups can be organized: social skills training groups, communication skills development groups, assertive behavior training groups, interpersonal interaction groups, meetings or self-assistance groups, work groups of the changes in value orientations, etc. Often, the correctional methods are not enough to solve all the socio-psychological problems of the people with disabilities. There is a need for deeper and more radical personal changes, for which it is advisable to turn to the therapy. The therapy is defined as a set of the targeted socio-psychological effects on the mental health of the disabled person, and through its positive changes on the whole body, in order to overcome the symptoms of the disease or injury and change the attitudes to the own health, himself/herself and the environment.

The most effective approach to the therapy in working with the disabled people is rational therapy, which uses techniques of explanation, calming, distraction and actualization. It is also possible to carry out the indirect suggestive influence, taking into account the individual psychological characteristics of the person with disability, nature of the injury or disease and severity of the general state of health and well-being. The main goals of the therapy are to explain the role of the disabled person in achieving success in social and socio-psychological rehabilitation, correction of the emotional and volitional sphere and attitude to the injury/disease, focusing the client on activity, action, overcoming the negative reactions and experiences, encouraging social activities and interactions (Meyer, Chesser, 2001, 34-37).

Work in the system of the psychodynamic and behavioral approaches is no less effective. The value of the first one is to connect the social aspect and focus on the bilateral system of relations "person - environment". According to E. Erickson, the individual perceives himself/herself in the unity with the social ties and, depending on the external conditions and their features, forms the internal identity. Changing the social relationships leads to transformation of the identity, which leads to a kind of crisis that the individual experiences until he/she forms a new identity (Chernenko, Arshava, 2007).

With the acquired disability, the injury always involves the change not only in the psychophysiological state of a person, but also his/her social status, specifics of the interpersonal relationships. Disability often determines abandonment of the usual

professional activities and relationships in the immediate environment, changes in the circle of communication and lifestyle in general. All this requires internal transformations of his/her attitudes, beliefs and values from the individual and provokes deep negative emotional states. The practice of the psychodynamic approach focuses on the study of the nature of the client's problems in terms of his/her life experience and stereotypes of resolving the interpersonal conflicts and reactions to stress (Chernenko, Arshava, 2007). This makes it possible to create a new identification in relation to the current life situation that has arisen in connection with the disability.

The behavioral approach, in the paradigm of which the main subject of work is human behavior, which integrates a set of the body responses to the environmental influences (fixed stimuli), was designed to improve the models of communication and interaction of the individual in interpersonal relationships through the social learning. Theoretically, behavior is controlled by three independent but interacting regulatory systems: external situations, external reinforcement, and intermediate internal cognitive processes. It is due to the functioning of the cognitive processes that perceptions and analysis of the environmental factors take place, decisions are made as to which of them to pay attention to, and there is influence on behavior. Work within the behavioral approach is the cognitive modification of behavior, which involves the analysis of the individual's interpretation of his/her life experience. The methods of working with the client are based on the individual's ability to purposefully and consciously change the own behavior. In the process of training, which is focused on solving the specific life situations, a person improves his/her ability to self-control and active action, learns to plan solutions to the problems (Meyer, Chesser, 2001). Such therapy is useful for people with both acquired and congenital disabilities.

The third integral component of work with the disabled people is socio-psychological rehabilitation, which is the system of medical, psychological, pedagogical and social measures aimed at restoring, correcting and compensating for disorders of mental functions, conditions, personal and professional status of individuals. Today, socio-psychological rehabilitation works in two directions: study of the range of the requirements for disability and study of the society's ability to meet all the needs of people with disabilities. The rehabilitation process takes place in such stages as medical (treatment and restoration), rehabilitation, readaptation. The success of the rehabilitation process also depends on working with the close environment of the person with disabilities, especially with the family members. Considerable attention is paid to compensation for the lost professional and socio-adaptive personality traits (Chernenko, Arshava, 2007, 453).

The prominent place in the socio-psychological rehabilitation process is occupied by the career guidance work, which is implemented under the following program of special measures:

- 1) psychological counseling for the people with disabilities and their families;
- 2) conducting psycho-correctional work with the disabled persons and their families;
- 3) assistance in professional self-determination, career guidance with further training and retraining;
- 4) training of the skills of psychological self-regulation;

5) conducting socio-psychological training in order to form important professional qualities to increase the employment opportunities;

6) providing professional information about possible vacancies (Chernenko, Arshava, 2007, 15).

Possibility of the professional development and realization increases adaptability of the people with disabilities, inspires faith in their capabilities and abilities, encourages them to actively interact with the society.

An obligatory block of the social and psychological rehabilitation is informational and educational work with the people with disabilities and the society. Information services for the people with disabilities consist in providing the necessary information about the special educational programs related to the various needs of the people with disabilities, cultural and mass events, as well as information on the legal issues, network of rehabilitation facilities, public associations caring for the people with disabilities. Information and educational work should focus on the individual characteristics and needs of the people with the different types of disabilities, ensure their interest in pursuing their hobbies, finding friends or groups of common interests, etc. (Tsarenko, 2018).

Socio-psychological rehabilitation and informational and educational work in it are two-way processes that are focused on working not only with the people with disabilities, but with the society as a whole. Integration of the people with disabilities into the society requires special programs to increase tolerance of other people in this social category, printing and dissemination of the thematic literature that would inform about the needs and problems of the disabled people (Tsarenko, 2018).

Active involvement of the community in solving such problems will contribute to the cultural change, disappearance of the negative socio-psychological stereotypes and formation of the positive emotional attitude towards this social group.

Taking into account the above features of psychological work with the people with disabilities, we have developed the system of recommendations for psycho-correction identified during the empirical study of the aspects of socio-psychological maladaptation of the people with the acquired and congenital disabilities. For psycho-correctional work with the problems of self-perception, self-acceptance, self-esteem, dependence in the interpersonal relationships and correction of the type of attitude to the disease, in addition to the individual psychological counseling, it is necessary to organize trainings on self-esteem, positive self-image, communication or patterns of behavior. To improve reflection and increase the level of self-understanding, it is necessary to use the methods of deep psychology and Gestalt therapy, which will encourage self-analysis and expression of the own emotions and experiences. Increasing the level of self-esteem, self-acceptance and self-sympathy will expand the limits of respondents' ability to feel confident and free to interact with other people, as well as make new acquaintances. Organization of the various thematic cultural, educational or entertainment events, clubs or groups of meetings is effective in the development of the communication skills, expanding the range of interests and communication of young people with disabilities. This will contribute to formation of independence of the disabled people from their immediate environment, will require active involvement in social behavior and communication. Encouragement of creative

activity, realization of the own abilities in various spheres of cultural life, education will increase the own self-worth, will give the opportunity of self-expression in the society. This set of measures is directly aimed at psycho-correction of the negative trends in self-concept of the person with disabilities and indirectly affects the system of social relations, which will form expectations of the positive attitudes from others and promote intimate relationships in the life of the disabled people.

Significant attention is paid to the problem of low employment among the disabled persons, which was also identified in the sample of our respondents. In order to encourage professional self-realization, it is necessary to use the active methods of career guidance, which would not only provide opportunities for training and retraining, but also form the necessary motivation for work. In this regard, we propose to conduct psychological work to correct values, beliefs and prospects, which will reorient the client to active self-determination and finding ways to work. For the same purpose it is necessary to form understanding of the value as the person and the subject of activity for the society.

Equally important in correcting socio-psychological maladaptation of the people with disabilities (especially those with the congenital disabilities) is working with their families. In the system of socio-psychological work with the parents of the disabled people, a prominent place is occupied by the work on their own socio-psychological maladaptation, as well as correction of their attitude to the children with disabilities. For this purpose we also recommend to carry out therapeutic and corrective work of the individual and group character.

The information and educational block of the work with the society is relevant and one of the dominant aspects of overcoming socio-psychological maladaptation of the people with disabilities. In order to change the mental barriers, we recommend holding thematic lectures, classes, round tables, conferences, trainings on inclusive environment, negative socio-psychological stereotypes about people with disabilities, as well as informing the general public about the problems and rights of the disabled people. It is also promising to involve active youth in creating the accessible environment by developing various architectural projects, leisure programs that would facilitate free access to the cultural and public institutions for the people with disabilities (sign language translation, audio accompaniment and duplication of tables, Braille signs in cinemas, museums, hospitals, shops, universities, etc.). Preparation for work of the special staff in the same institutions in order to help guide and obtain information for people with disabilities. Creating the accessible environment also requires changes at the legislative level, which would increase the responsibility for non-compliance by the developers with the architectural and construction standards and would facilitate organization of the public control over violations of the rights of the disabled people by the employers etc.

Conclusions and prospects for further research

Thus, socio-psychological maladaptation of the people with disabilities is a problem of both individual and social nature. The success of creating the accessible environment that will contribute to the effective adaptation of the whole society depends on the joint efforts of the disabled people in correctional work, as well as

narrow specialists (doctors, rehabilitators, psychologists, social workers) and all members of the civil society. The prospects for further research may be socio-psychological maladaptation of the disabled military men who have returned from the combat area, as well as refugees from the frontline and occupied territories who have disabilities.

References

Arshava, I.F. (2008). *Medical, Social and Psychological Rehabilitation of the Patients and Disabled*. [for students of higher educational institutions] Dnipropetrovsk: Dnipropetrovsk Oles Honchar National University, 24. <https://pandia.ru/text/78/198/12364.php>.

Meyer, W., Chesser, E. (2001) *Behavioral Therapy Methods*. SPb. "Speech", 256. <https://www.twirpx.com/file/472164/>.

Turubarova, A.V. (2007). Factors Influencing the Process of Socialization of Adolescents with the Defects and Disorders of the Musculoskeletal System. *Collection of Scientific Works of the Institute of Psychology*. G.S. Kostiuk, Academy of Pedagogical Sciences of Ukraine "Problems of General and Pedagogical Psychology", (9 (4)). Kyiv, 363-370. http://www.irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe.

Chernenko, M.I., Arshava, I.F. (2007). *Medico-Social and Psychological Rehabilitation of the Patients and Disabled People: textbook*. Dnipropetrovsk: Dnipropetrovsk National University, 608.

Komarova, N.M., Levin, R.Ya., Vakulenko, O.V. (2003). Disability as a Social Problem of the Modern Ukrainian Society. *Ukrainian society*. (1 (2)), 38. https://ukr-socium.org.ua/wp-content/uploads/2003/01/38-45_no-1_vol-2_2003_UKR.pdf.

Tsarenko, L., Weber, T., Voitovych, V., Hrytsenok, L., Kochubei, V., Hrydkovets, L. (2018). *Fundamentals of Rehabilitation Psychology: Overcoming Effects of the Crisis*: [textbook] 2nd scientific edition), etc.]. Kyiv, 240. URL: <https://www.osce.org/uk/projectcoordinator-inukraine/430829?Download=true>.

ПОДОЛАННЯ СОЦІАЛЬНО-ПСИХОЛОГІЧНОЇ ДЕЗАДАПТОВАНOSTІ ОСІБ З НАБУТОЮ ТА ВРОДЖЕНОЮ ІНВАЛІДНІСТЮ

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***Анотація.** На підставі аналізу існуючих філософських, соціологічних, психолого-педагогічних підходів здійснено теоретичний аналіз вітчизняних та зарубіжних наукових праць з проблематики соціально-психологічної дезадаптованості, обґрунтовано зовнішні та внутрішні чинники формування соціально-психологічної дезадаптованості осіб з інвалідністю. У результаті теоретичного аналізу проблематики соціально-психологічної дезадаптованості виділено основні елементи цієї особистісної властивості, а саме: дезадаптивні типи внутрішньої картини хвороби та копінг-стратегії, негативні тенденції в Я-концепції (низька або суперечлива самооцінка, відсутність самовпевненості, невирражене самоприйняття тощо), деструктивні емоційні стани, низький рівень соціально-психологічної толерантності. До соціальних чинників, що зумовлюють появу соціально-психологічної дезадаптованості, належать неповноцінність та дисфункційність сім'ї, відсутність освіти або її низький рівень, неможливість професійної реалізації.*

Скомпоновано психодіагностичний інструментарій та емпірично досліджено особливості соціально-психологічної дезадаптованості в осіб з набутою та вродженою інвалідністю. З урахуванням виявлених проблем охарактеризовано подолання соціально-психологічної дезадаптованості осіб з набутою та вродженою інвалідністю, у якій представлено три блоки: індивідуальна психологічна допомога особам з інвалідністю (корекція типу ставлення до хвороби, самоставлення, самоприйняття та

самооцінки, залежності в міжособистісній взаємодії, профорієнтація), робота із сім'ями інвалідизованих, інформаційно-просвітницький блок спрямований на роботу з суспільством (подолання негативних соціально-психологічних стереотипів у ставленні до людей з інвалідністю та заохочення до створення інклюзивного середовища).

Ключові слова: *соціально-психологічна дезадаптованість; особи з інвалідністю; корекція; терапія; соціально-психологічна реабілітація.*

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