

TYOLOGY OF CRITERIA FOR ADAPTATION OF SUBJECTS IN EMERGENCY SITUATION

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ANNOTATION

The article reveals the specific features of adaptation mechanisms and specific conditions for psychological support of persons with disabilities in emergency situations. The typology of adaptation criteria is presented.

KEY WORDS: adaptation, psychology, personality, problem, family, adaptation, interest, skill, influence, formation, skill.

АННОТАЦИЯ

В статье раскрываются специфические особенности адаптационных механизмов и специфических условий психологического сопровождения лиц с ограниченными возможностями в чрезвычайных ситуациях. Представлена типология критериев адаптации.

КЛЮЧЕВЫЕ СЛОВА:

адаптация, психология, личность, проблема, семья, адаптация, интерес, умение, влияние, становление, умение.

INTRODUCTION

Modern science considers a person as an open system with a certain internal content and exchanging information with the environment. The openness of the "man" system in relation to the world to which he belongs determines the need to consider the dynamics of development of competencies, his attempts to realize his potential, to carry out self-actualization, the maximum possible use of his potential for the benefit of society and himself.

Since the personality and the environment actively interact with each other, it is appropriate to talk about the adaptive and adaptive activity of the personality. The ability to quickly find one's place in joint activities, in a new team, the manifestation of one's abilities and interests is the main condition for a person's adaptation in a social environment. Moreover, the higher this skill, the higher the speed of adaptation. To answer the questions of how and when these skills are formed, it is necessary to reveal the concept of the definition of adaptation.

Adaptation is understood as "any interaction between the individual and the environment, in which their structures, functions and behavior are coordinated." Adaptation is considered as behavior in the conditions of interaction between the individual and the environment. At the same time, the coordination of structures, functions, behavior of the interaction of the individual with the environment is of great importance.

LITERATURE REVIEW

What structure or mental formation ensures the coherence of this process? Perhaps in the process of subjective reflection of objective reality, a structure responsible for the mechanism of adaptation arises. In this process, the socio-psychological qualities of the individual are of particular importance, since they provide the features of the interaction of the individual with the social environment. Perhaps the skill that is considered the most important in adaptation, namely the ability to quickly find one's place in joint activities, in a new team, the manifestation of one's abilities and interests is formed due to the socio-psychological qualities of the individual. features of the study of socio-psychological adaptation are that, firstly, the relationship between the individual and society is considered as mediated by small groups. The small group itself becomes one of the parties participating in the adaptive interaction, forming a new environment-sphere of the immediate environment. According to Zaitsev I.B. adaptation is the process of changing interacting parties. Therefore, in this perspective, taking into account the interacting nature in the structure of adaptation makes it possible to increase the adaptive mechanisms of the individual to extreme or emergency situations. In other words, the skills underlying adaptation can be purposefully formed. The question is how and what needs to be changed. So, according to Zaitsev I.B. the individual changes the system of his relations, while the group corrects the norms of tradition and rules.

What path does the individual go through during the period of adaptation? According to the psychoanalytic concept (S. Freud, Adler, K. Jung), the adaptation process goes through the following stages: a situation of difficulty in satisfying a need, otherwise a conflict arising on this basis, further changes in the emotional sphere associated with the activation of anxiety and the activation of defense mechanisms.

Humanistic psychology also deals with the study of personality adaptation problems. So, according to E. Erickson, K. Rogers, a person gets into a new one. either a frustrating situation encounters a conflict that causes frustration, which stimulates increased acts of accommodation. Here we see a preponderance towards the search for harmony between personal and social values. Therefore, unlike psychoanalytic theory, instead of emotional response, we name the process of frustration, that is, the process of the impossibility of satisfying a need with the connection of a specific set of personal characteristics (self-doubt, feelings of inferiority, distrust, depression). Hence the different way out of the current situation, the reaction to anxiety is blocking and the inclusion of protective mechanisms, while in humanistic psychology, a frustrating, emotional situation triggers the mechanism of personal growth, which enhances the acts of adaptation. The only correct mechanism in this case is the rejection of egocentric paradigms towards altruistic behavior. In this case, most often they say that by thinking about others, a person overcame himself and strengthened his capabilities.

Proposed by Zaitsev I.B. (2002) approaches - psychoanalytic and humanistic based on biopsychic analysis of the nature of adaptation. That is, the objective conditions for the formation of an adaptive mechanism are based on a psycho-emotional reaction. In this case, the launch of adaptive mechanisms (psychic defense, acts of adaptation) are the result of an emotional reaction (anxiety - in its purest form) (frustration in combination with personal qualities). The reverse reaction is presented in various forms: the inclusion of psychic defense mechanisms, or the inclusion of acts of adaptation.

It is possible that the cognitive approach is an approach that considers adaptation mechanisms in a slightly different way. The conflict is also, according to these authors, requiring an assessment of resolution options with an assessment of the degree of threat, the higher the threat, the more sophisticated the response of the adaptation. As you can see, what is expressed here is not a mechanism of adaptation, but a behavioral reaction. Here the most important goal is to remove and reduce cognitive dissonance. Thus, the cognitive approach increases the degree of responsibility of a person for his behavior even in the most difficult situations.

Each of the approaches somehow explains the nature of human behavior in emergency situations. So the psychoanalytic approach considers the adaptive process as an opportunity to justify affective reactions and the impossibility of managing oneself in an emergency. Possible response in situations of threat to dignity, survival instinct, etc. Thus, the humanistic approach leads to an explanation of the essence of behavior to the human nature of accepting the situation, living it and choosing one or another method of adaptation. Perhaps in this approach there are descriptions and responsibility of the situation, the environment, the age factor, the possibility of personal growth. No matter how difficult and dangerous the situation is, it is perceived as developing, explaining and stimulating.

EXPERIMENTAL RESEARCH

Cognitive dissonance occurs in a variety of situations. Especially in emergency situations requiring the right decision in terms of time constraints and in terms of moral choice. In this case, the situation is perceived as a threat requiring the connection of resources.

The criteria for the adaptation process are characterized as follows by type.

Type 1.APP. Active, progressive, primary. The individual seeks to influence the environment in order to change it. At the same time, it has a favorable effect on him, although he is included in the activity for the first time. That is, he does not have the proper experience of interacting with her ..

Type 2. ARP. Active, regressive, primary. The individual seeks to influence the environment in order to change it. But with negative content, without initiative. At the same time, it is included in the activity for the first time. That is, he does not have the proper experience.

Type 3.APW. Active, progressive, secondary .. The individual seeks to influence the environment in order to change it. At the same time, she has a positive effect on him. The individual has interaction experience and relevant skills.

Type 4.ARV Active, regressive, secondary. The individual seeks to influence the environment in order to change it. But with negative content, without initiative. At the same time, he has experience of interacting with the environment.

Type 5. PPP. Passive, progressive, primary. The individual does not strive for such an impact to change, even if it is favorable. With no experience.

Type 6. PRP Passive regressive, primary. The individual does not seek to interact with the environment. has no interaction experience and is negatively disposed.

Type 7. PPV. Passive, progressive secondary. The individual does not interact with the environment even under positive external conditions and experience.

Type 8. PRV. Passive, regressive secondary. The individual does not interact with the environment with a negative attitude and lack of experience.

The question arises what really has a special meaning in the choice of passivity or activity of the subject in relation to.

Does it follow from the above that the mechanism of adaptation in terms of human survival in society has its own characteristics. And in all cases, the level of connection between a person's survival and social support is

found. So in the modern world, in a pandemic, we discovered the need to create conditions for the survival of especially vulnerable segments of the population. At the same time, their own mobilization was also required to achieve the set goal. How are things with those who are called minors with special needs, disabilities with special needs. Persons with special needs need a range of psychological support. Psychological support may be directed towards increasing the activity of the environment responsible for the safety of minors with special needs. It also remains relevant to take into account the adaptive capabilities of the children themselves according to the above positions. Scales and criteria for the adaptation of children with special needs are considered based on the possibilities. So mental retardation implies a steady lag in the formation of cognitive activity against the background of organic brain damage. In case of violations of the visual and auditory organs, not only perception is disturbed, but also nervous innervation, which aggravates the condition of children. In violations and lesions of the children's musculoskeletal system, there is a feature of the presence of pain and their consequences. Thus, special needs are formed in the presence of one or another basic basis responsible for the psycho-emotional state. According to the criterion of the relationship subject-object. For example, children with visual impairments have specific features of compensatory perception, as a result of which they have an increased sensitivity of analyzers. They quite quickly determine the degree of danger of natural phenomena and intuitively, instinctively choose a safe way of behavior. When interacting with an adult or other children, they are susceptible to infection with emotional states. Children with disorders of the musculoskeletal system tend to perceive natural and man-made situations acutely with a sense of fear. It is possible that the feeling of helplessness depresses the general condition, which aggravates the psycho-emotional and neurological status. Children with hearing impairments usually erroneously react to incoming signals from the outside, and it is possible that the orientation in space and the reaction to the object of danger are peculiar. Children with intellectual disabilities may react according to their level of development, depending on the state of the body. To a greater extent there is a polarity in the response. So, with fear in the behavioral aspect, one can observe euphoria, and with aggression, stupor. Inhibition and Excitation vary and change from a number of perspectives: states of neuropsychic and emotional responses to an object. At the same time, reactions are distinguished by belatedness and inadequacy. While everyone is crying, a child with an intellectual disability can laugh. At the same time, the connection with reality and orientation to a partner, tips and instructions are broken. Type of response in emergencies of minors with a.o. The individual seeks to influence the environment, but due to the limited mental capacity, he does not correctly determine the danger and reacts inadequately. Can't change the situation. With negative content, without initiative. Experience gained is not recorded. Type of response in emergencies of minors with visual impairments (blindness) An individual is unable to influence the environment, but modifies the behavior of specific self-perceptions and specific perceptions accordingly. The individual does not seek to interact with the environment. The impact is negative. Experience is fixed with individual features.

Type of response in emergencies of minors with hearing impairments. The individual seeks to influence the environment, but due to the limited possibilities in assessing the situation, he may incorrectly assess the object. Needs outside support. The impact is negative. Experience is fixed with individual features.

Type of response in emergencies of minors with disorders of the musculoskeletal system. The individual seeks to influence the environment, but due to the complexity of the violations, he experiences internal obstacles when getting out of the situation. Negativity and lack of initiative. Experience is fixed with individual features.

While providing psychological assistance to the victims of the emergency, it was found that almost the entire region was involved in a traumatic situation. For a long period up to a month, the region was in deep mourning. Continued identification of the dead, funeral procedure. According to local customs, before the expiration of 40 days after the funeral, a wake was made for the deceased. Almost the entire population of the region was in mourning. Clanism and close ties between neighbors, characteristic of Central Asia (Uzbekistan), played a twofold role. On the one hand, they created the possibility of emotional and financial mutual support, since the children of the victims were taken by their relatives. On the other hand, the degree of interinfection with negative experiences increased. This contributed to the spread of secondary trauma. As a result, an acute condition can also be observed in many people who have not directly lost any of their closest relatives (A.L. Wenger, V.A. Morozov, 2004).

We present sample data from a survey of 50 parents, 10 in each group of respondents. Parents noted in the form balls for the manifestation of certain symptoms. The study makes it possible to determine specific indicators of the complexity of adaptation to emergencies of respondents with disabilities, which once again proves the need for organizing support for this category of minors. Parents were interviewed and asked questions about the manifestation of a particular symptom. Then the answers were entered into the form and the average score for the group of respondents was calculated. At the initial stage, statistical processing was not carried out, since this study is a pilot study.

According to the study by A.L. Wenger, it is also necessary to take into account the fact that the specific for the consequences of psychotrauma is the exacerbation of psychological problems that the child had earlier. In other words, exacerbation of the status of HIA. Rigidity, lability, sensitivity, capriciousness, negativism increase significantly.

If possible, it is necessary to study the records of their medical records: which contain records of the psycho-emotional state and neurological status: acute mental reaction, astheno-neurotic syndrome, post-traumatic

stress disorders, depressive states. Perhaps if these records are not available, it is necessary to add a pediatrician or neurologist to the team in order to conduct a medical examination. At the same time, it should be remembered that further psycho-correctional work should be combined with drug treatment.

An analysis of the adaptation criteria for minors with special needs allows us to state the following:

1. In relation to the subject (having special needs) to the object (emergency), specific features are identified. Namely, due to the limitations of some possibilities (accurate assessment of the threat of mental retardation, compensatory capabilities of analyzers (in case of loss of vision), difficulty of orientation in space with auditory impairments, disorientation in space due to disorders of the musculoskeletal system, etc.). So, an individual seeks to influence the environment, but due to limited mental capabilities, he does not correctly determine the danger and reacts inadequately. Can't change the situation. The individual is not able to influence the environment, but modifies the behavior of specific self-perceptions and the specifics of perception accordingly. The individual does not seek to interact with the environment. The individual seeks to influence the environment, but due to the limited possibilities in assessing the situation, he may incorrectly assess the object. Needs outside support. The individual seeks to influence the environment, but due to the complexity of the violations, he experiences internal obstacles when getting out of the situation.

2. According to the impact on the individual, the regressive side of the adaptation mechanism was revealed. It is possible that the regression is a confirmation of the impact of the situation on the body of a minor with disabilities.

3. During the passage of an emergency, it should be noted that, according to the level of adaptation, OP in minors with special needs is not fixed or is fixed on an individual basis.

4. It follows from the above that minor children with special needs in an emergency situation need support from others, regardless of the degree and types of violations. This phenomenon does not arise due to limited possibilities, both emotional and intellectual, but due to the presence of specific features associated with the functioning of the body.

5. The possible state of the body associated with certain violations in emergency situations makes it difficult to turn on the adaptive, resource capabilities of the organization.

6. The adaptive mechanism shows the presence of different levels and degrees of adaptation: physiological level; mental level, social level. Accordingly, there is a psycho-physiological level - a psychosomatic connection of processes. So an affective reaction causes changes in physiological parameters, the autonomic system reacts and possibly determines behavioral reactions. The psychosocial level of adaptation has a different nature of the reaction; mental ones involve indicators of the social plan in participation. so the cry causes an increase in the attention of others. Whereas stupor or fear weakens it and leads to a departure from reality, which in some cases has a positive effect - saving life during an attack and a negative effect - making it difficult to get out of a difficult situation of blockage.

7. Thus, the complexity of the adaptation mechanism and its originality gives us the opportunity to draw a conclusion about the need for psychological support for persons with special needs in emergency situations.

Tasks of psychological support for children and adolescents with disabilities according to A.L. Wenger.

1 block. Organization and conduct of correctional work with children and adolescents who survived Ch.S.

1. Express correction of acute symptoms;

2. Restoration of normal and social and intra-family functioning of children;

2 block. The main direction of the organization of correctional work. Wenger A.L. offers to work at the clinic in the Center for the Rehabilitation of Children and Adolescents. Time spent at the Center 2 hours.

1. Creation of a playroom (an island of children's life). Non-directive play therapy. Art therapy.

2. Restoration of physiological functions and activity.

3. Ordering activity and responding to aggression.

4. Involving parents in therapy

Block 3 Work with adolescents with disabilities

Block 4 Work with the family of children with disabilities

The problem of psychological support for children and adolescents in an emergency is legitimately relevant and significant. There are still little studied problems of the consequences of psychodrama for people with disabilities. Conducting and analyzing the data of the questionnaire will expand the understanding of the specifics of the attitude of the parents of children to the problem, which will contribute to the search for ways to solve them.

At the same time, individuals differ in the presence or absence of experience associated with emergency situations.

CONCLUSION

Therefore, psychological support for persons with special needs is a necessary condition for successful active, progressive adaptation. At the same time, activity is formed, encouraged, stimulated and supported. responsibility is shared and determined by the state, activity, progressiveness, attitude to the situation, even in an unexpected direction. To increase the progressiveness of the response, it is necessary to form a positive attitude towards oneself and others. In the main directions of creating conditions for the success of adaptation, it goes

towards active work with the population, namely with parents, teachers, educators, pupils and students, mahala committees and activists of residential areas where people with special needs live.

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