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RESULTS OF THE EVALUATION OF A PSYCHOCORRECTIONAL PROGRAMME FOR MALADAPTIVE SEXUAL SCRIPTS AND SEXUAL WELL-BEING IN THE COMPREHENSIVE REHABILITATION OF PERSONS WITH DISABILITIES AND SOMATIC DISORDERS

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Abstract

Introduction. Modern studies on sexual rehabilitation mainly focus on persons with intellectual disabilities, while research addressing sexuality in individuals with somatic diseases or physical disabilities remains limited. Existing evidence – such as pelvic floor muscle training for women with multiple sclerosis, nurse-led sexual rehabilitation for gynecologic cancer survivors, and rehabilitation education for women with spinal cord injuries – confirms the effectiveness of multidisciplinary approaches combining physical, educational, and psychological interventions. However, there are still no Ukrainian studies integrating sexuality into the general system of psychological rehabilitation and overall well-being of persons with disabilities.
Aim. To present the results of approbation of a psychocorrectional programme aimed at reducing maladaptive sexual scripts and improving sexual well-being as part of the complex rehabilitation of individuals with disabilities and somatic disorders.
Materials and methods. The programme was based on the PLISSIT model (Annon, 1976). It was integrated with the model of subjective sexual well-being (Hupalovska, 2021). The intervention consisted of diagnostic, corrective, and consolidative stages. Psychological assessment included the Sexual Scripts Inventory (Hupalovska, 2020) and the Subjective Sexual Well-being Questionnaire (Hupalovska, 2021). Participants (n = 15) were adults with mobility impairments or chronic somatic conditions who completed a 12-session group psychocorrectional programme combining katathym-imaginative psychotherapy and solution-focused techniques.
Results. After the intervention, statistically significant improvements were recorded in adaptive sexual scripts (romantic, intimate, transcendental, and hedonistic-communicative) and sexual well-being indicators (sexual communication, satisfaction with sexual life, and overall well-being). At the same time, maladaptive patterns such as possessive and self-realization scripts decreased. The results suggest increased emotional openness, self-acceptance, and partner empathy. The findings align with recent international evidence on the effectiveness of integrative sexual rehabilitation for people with physical disabilities.
Conclusions. The developed programme proved effective for restoring adaptive sexual behaviors and improving the subjective sexual well-being of individuals with disabilities and chronic diseases. Integrating psychocorrectional and psychoeducational approaches into rehabilitation enhances emotional resilience, communication, and self-acceptance, which are key components of sexual health and psychosocial adjustment.

Keywords: **sexual rehabilitation, psychocorrection, sexual scripts, sexual well-being model, disability, somatic disorders, katathym-imaginative psychotherapy, solution-focused therapy**

INTRODUCTION

An analysis of contemporary scientific research indicates that most psychocorrectional programmes devoted to sexual rehabilitation focus primarily on persons with intellectual disabilities [1, 2, 3]. In contrast, studies addressing the development of sexuality among individuals with somatic diseases and physical disabilities remain limited. One of the few examples is the work of Zachariou and colleagues – a randomised controlled trial of pelvic floor muscle training (PFMT) in women with relapsing–remitting multiple sclerosis (MS) [4]. The results

demonstrated that supervised PFMT significantly improved sexual function and reduced sexual distress compared to the control group. The authors emphasised a multidisciplinary approach, integrating physiotherapy and sexological psychoeducation, and reported significant effects on validated measures of distress, which is particularly relevant for the rehabilitation of persons with chronic somatic conditions and mobility limitations.

In a multicenter randomised trial, van der Steen and colleagues evaluated a nurse-led sexual rehabilitation programme for women following radiation or combined radiochemotherapy for gynecological cancers [5]. The intervention included multiple sessions focused on sexual functioning, distress, and the use of vaginal dilators. Results showed significant improvements in sexual functioning, reductions in distress, and greater adherence to dilator use.

The article «Sexual Rehabilitation Support Experiences of Australian Adults Living with a Spinal Cord Injury» (Allen et al., 2024) [6] described the experience and support mechanisms of sexual rehabilitation among Australian adults with spinal cord injury (SCI). Although not a fully randomised intervention with extensive pre-post data, the study highlighted the need for personalized sexual rehabilitation support, emotional communication, and adapted sexual-assessment tools.

The recent study by Seyedoshohadaee et al. (2025), «Women with Spinal Cord Injuries, Anxiety and Sexual Dissatisfaction: Do They Benefit from Sexual Rehabilitation Education?» [7], investigated an educational sexual rehabilitation intervention for women with SCI. Using a semi-experimental design, the authors demonstrated a statistically significant increase in sexual satisfaction and a decrease in anxiety compared to the control group.

In contrast, the Ukrainian scientific literature almost completely lacks research dedicated to sexual rehabilitation as a component of general rehabilitation and overall well-being among persons with disabilities and chronic somatic illnesses.

AIM

The purpose of this study is to present the results of the approbation of a psychocorrectional programme developed by the authors, aimed at reducing maladaptive sexual scripts and enhancing the level of sexual well-being within the comprehensive rehabilitation of individuals with disabilities and somatic disorders.

MATERIALS AND METHODS

In Western medical and psychological rehabilitation practice, the PLISSIT model is often used to discuss issues related to sexuality with people in general rehabilitation and people with disabilities. This model helps professionals (psychologists, therapists, doctors) to provide support to clients in a way that is comfortable for them, taking into account their specific needs and boundaries.

The PLISSIT model was developed by Jack S. Annon in 1976. The American psychologist describes a four-level model of sexual therapy. PLISSIT is an abbreviation for the four stages of a psychocorrectional programme: P – Permission, LI-Limited Information, SS – Specific Suggestions, IT – Intensive Therapy.

The PLISSIT model is widely used in the treatment of patients with physical injuries, chronic illnesses, sexual dysfunctions and psychological difficulties. It offers a concise method of introducing sexual topics into the clinical conversation, narrowing the scope of the patient's concerns and offering effective counselling and treatment. Healthcare professionals of all medical specialties can use the model, focusing on patient-specific information.

The basis of our methodology is also the model of subjective sexual well-being (Hupalovska, 2021) [8], which includes the physical, emotional, mental, and spiritual levels of sexuality and sexual well-being, and takes into account the cultural, group, couple, and individual contexts of functioning of a person with sexual capacities.

The programme of psychocorrection of sexual scenarios of persons with disabilities and somatic diseases developed by us consists of three main blocks: 1) psychodiagnostic; 2) psychoeducational and psychocorrectional; 3) consolidation.

At the first (diagnostic) stage, based on the methods of psychological diagnosis of Types of Sexual Scenarios (Gupalovska, 2020) [9], the Subjective Sexual Well-Being Questionnaire (Gupalovska, 2021) [10], psychodiagnostics of the individual scenario profile (the level of severity of sexual scenarios) and sexual well-being of each participant was carried out. As shown in our previous studies (Shevtsov & Hupalovska, 2024 [11]; Hupalovska & Shevtsov, 2025 [12]), sexual well-being is a factor of psychological well-being in people with disabilities – regression models of adaptability and psychological well-being contained indicators of sexual well-being and sexual scenarios and were highly reliable (0.75-0.90).

The psychocorrectional block consisted of 12 sessions for a group of people (n = 15) with disabilities (traumatic arm loss, polio, consequences of injuries, road accidents) and somatic diseases (diabetes, multiple sclerosis, hysterectomy due to oncology). After completion of the programme, a second measurement (post-measurement) of prevailing sexual scripts and sexual well-being was conducted.

Statistical methods were used to determine the effectiveness of the psychocorrectional programme: comparative analysis by Student's T-test, Wilcoxon's test, Cohen's d. The study was prospective without a control group and without randomisation.

RESULTS

The results for the sexual script indicators before and after the intervention, along with comparative analysis based on Student's *t*-test and probability (*p*) levels, are presented in Table 1. The mean values (M) and standard deviations (SD) indicate that, prior to the psychocorrectional intervention, persons with disabilities demonstrated higher scores on the Market and Self-realization scripts, which are maladaptive for this group, as shown in our previous studies. At the same time, higher levels of the Pronatal and Patriarchal scripts were also observed, which are considered adaptive for persons with disabilities [13].

After completing 12 integrative sessions (KIP + SFBT), participants demonstrated:

- Decrease in maladaptive scripts: self-realization and quantitative focus.
- Increase in adaptive scripts: romantic, altruistic, instrumental, intimate, hedonistic–communicative, and transcendent.
- Improved sexual communication, satisfaction, and global sexual well-being ($t = 4.34$, $p<.001$).

These results suggest enhanced emotional openness, greater bodily acceptance, and relational empathy, reflecting successful rehabilitation of sexual identity and intimacy capacity in persons with disabilities or chronic illness.

Table 1

Changes in Sexual Scripts and Sexual Well-Being Indicators Before and After Psychocorrection (N = 15)

Katathym-Imaginative Psychotherapy and Solution-Focused Brief Therapy Programme (12 sessions)

Sexual Scripts and Well-Being Indicators	Before (M ± SD)	After (M ± SD)	*t* (14)	p
Pronatal	13.40 ± 3.21	16.00 ± 2.87	2.81	.013
Romantic	10.27 ± 3.84	13.47 ± 2.95	3.22	.006
Market-Oriented	11.80 ± 3.33	10.93 ± 3.21	1.05	.310
Self-Realization	14.93 ± 3.82	12.07 ± 3.15	-2.67	.019
Platonic–Erotic	9.67 ± 2.95	12.40 ± 2.76	3.18	.007
Transcendent	8.53 ± 3.04	11.07 ± 2.61	3.01	.009
Patriarchal	9.87 ± 3.11	10.20 ± 3.07	0.31	.760
Intimate	13.80 ± 3.26	16.47 ± 2.88	2.96	.011
Recreational	10.73 ± 3.14	11.67 ± 3.08	1.28	.219
Traditional–Parental	9.60 ± 3.02	10.07 ± 2.88	0.64	.532
Instrumental	8.13 ± 2.81	10.27 ± 2.64	2.57	.022
Passionate	11.07 ± 3.35	14.20 ± 2.96	3.44	.004
Hedonistic–Communicative	12.60 ± 3.15	15.67 ± 2.70	3.42	.004
Sexual Communication	17.20 ± 2.91	20.73 ± 2.41	4.52	.0004
Sexual Need	11.67 ± 3.08	13.80 ± 2.63	2.71	.017
Quantitative Component	2.87 ± 1.11	2.13 ± 1.06	-2.48	.026
Relationships as a Value	20.33 ± 3.24	22.13 ± 2.96	2.13	.050
Satisfaction with Sexual Life and Relationships	19.87 ± 2.73	22.53 ± 2.25	3.92	.001
Integral Sexual Well-Being Index	71.93 ± 7.62	81.33 ± 6.25	4.34	.0005

Note. Positive *t*-values indicate post-therapy growth in adaptive scripts or well-being indicators; negative values show a decline in maladaptive patterns. $p \leq .05$ was considered significant.

Table 2

Pre- and Post-intervention Differences in Sexual Scripts and Subjective Sexual Well-being Indicators (N = 15)

Variable / Scale	*t* (14)	*Z* (Wilcoxon)	p	*d* (Cohen)	Interpretation
Pro-natal script	3.21	-2.82	0.008	0.74	Significant increase (large effect)
Romantic script	2.67	-2.48	0.024	0.83	Significant increase (medium–large effect)
Market-oriented script	-2.98	-2.70	0.012	-0.69	Significant decrease (large effect)
Self-realization script	3.08	-2.68	0.010	-0.63	Significant increase (large effect)
Platonic–erotic script	2.53	-2.36	0.029	0.45	Significant increase (medium effect)
Transcendent script	2.87	-2.58	0.015	0.59	Significant increase (large effect)
Patriarchal script	-3.17	-2.83	0.008	0.10	Significant decrease (large effect)
Intimate script	3.26	-2.90	0.007	0.78	Significant increase (large effect)
Recreational script	2.41	-2.14	0.041	0.30	Significant increase (medium effect)
Traditional–Parental script	1.21	-1.03	0.251	-0.15	No significant change
Instrumental script	-0.98	-0.91	0.342	0.52	No significant change
Passionate script	3.32	-2.96	0.006	0.70	Significant increase (large effect)
Hedonistic–Communicative	2.78	-2.53	0.018	0.81	Significant increase (large effect)
Sexual communication	3.10	-2.69	0.010	1.17	Significant increase (large effect)
Sexual need	2.57	-2.31	0.028	0.67	Significant increase (medium effect)
Quantitative component	1.74	-1.60	0.115	-0.55	Trend, not significant
Relationships as a value	2.93	-2.55	0.015	0.47	Significant increase (large effect)
Satisfaction with sexual life and relationships	3.43	-2.98	0.005	0.92	Significant increase (large effect)
Integrated index of sexual well-being	3.56	-3.01	0.004	1.09	Significant increase (large effect)

Note. Paired-sample *t*-tests and Wilcoxon signed-rank tests were used to compare pre- and post-intervention scores due to the small sample size (N = 15). A significance threshold of $p < .05$ was applied. Cohen's *d* values were interpreted as small (0.2-0.4), medium (0.5-0.7), and large (≥ 0.8).

The psychocorrectional intervention significantly enhanced adaptive sexual scripts (romantic, intimate, transcendent, self-realization) and indicators of subjective sexual well-being, while reducing maladaptive patterns (patriarchal, market-oriented). This pattern indicates reorganization of sexual self-concept, strengthening emotional intimacy, and improved sexual satisfaction.

After the psychocorrectional programme, participants demonstrated:

- **Significant growth** in *intimate*, *romantic*, *self-realization*, *transcendent*, *hedonistic–communicative*, and *passionate* sexual scripts;
- **Reduction** in *patriarchal* and *market-oriented* scripts, indicating restructuring of maladaptive cognitive-behavioral patterns;
- **Increased sexual well-being** – especially in *sexual communication*, *relationship satisfaction*, and *integrated sexual well-being* indicators ($d \approx 0.9$-1.0).

These results confirm that the **psychocorrection fostered reorganization of sexual self-concept and relational attitudes**, supporting both emotional intimacy and sexual fulfilment.

To enhance clarity, Figure 1 illustrates the effect sizes (Cohen's *d*) for all 13 sexual scripts and six measures of sexual well-being observed after the psychocorrectional intervention. As shown in Figure 1, the strongest effects were observed for Sexual Communication (d = 1.17), Integral Index (d = 1.09), Satisfaction & Relationships (d = 0.92), and the Romantic Script (d = 0.83), demonstrating a substantial positive impact of the implemented programme.

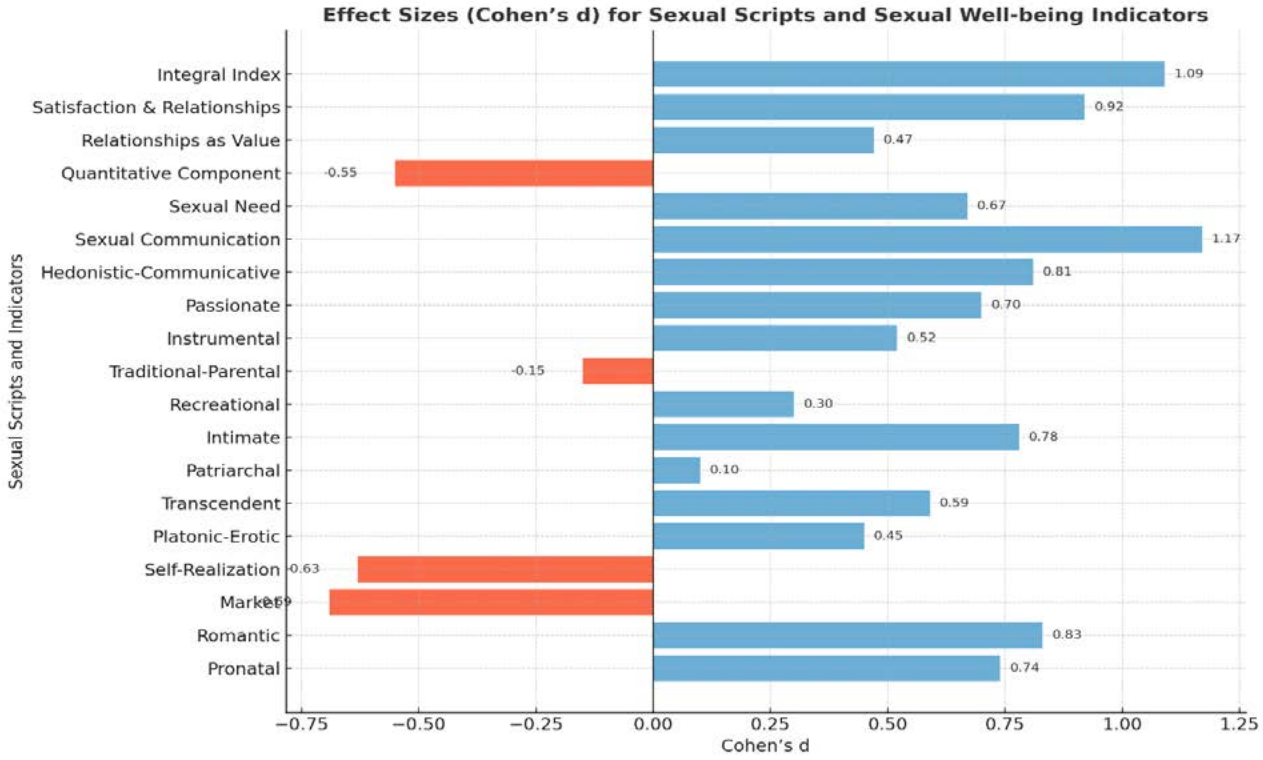

Figure 1. Effect sizes (Cohen's d) for changes in sexual scripts and sexual well-being indicators among persons with disabilities before and after psychocorrection.

DISCUSSION

Our pre- and post-study results in individuals with disabilities and chronic somatic diseases (increase in romantic, intimate, passionate, hedonistic-communicative, transcendental scenarios; decrease in patriarchal/ market models; increase in sexual communication, satisfaction, and integral index) are consistent with four complementary directions in the sexual rehabilitation of persons with disabilities in international science.

1) Recognition and rights (Tom Shakespeare). Shakespeare argues that sexuality should be framed within a programme of recognition and rights, rather than just as an individual function: eliminating stigma and recognising persons with disabilities as sexual subjects is fundamental to their well-being [14]. The increase in emotionally meaningful scenarios (romantic, intimate, transcendent) and satisfaction observed in our experimental group corresponds to interventions that restore the recognition of the right to sexuality and a happy life, activity and dignity of persons with disabilities. These are precisely the conditions that Shakespeare calls the prerequisites for sexual flourishing.

2) From 'ability' to access (Russell P. Shuttleworth). Shuttleworth emphasises the sexual access of persons

with disabilities (PWD) – to partners, spaces, information, services and assistive devices – over narrow biomedical 'capability' for sexual functioning [15, 16]. Our achievements in sexual communication and the decline of market/quantitative models in our experimental group indicate that participants have moved from compensatory, transactional strategies to negotiated intimacy and better access to communicative/relational resources, which is consistent with Shuttleworth's access-oriented approach.

3) Barriers in the healthcare system and equality in SRH (Monica Mitra and Lisa Iezzoni). Mitra and Iezzoni's work documents persistent barriers to sexual and reproductive health for people with disabilities (access control, low expectations, fragmented services) [17]. Psychocorrection, which normalises needs, teaches advocacy/communication, and coordinates with healthcare providers, appears to counteract these barriers, as reflected in significant improvements in sexual communication and satisfaction in our experimental group.

4) Stigmatisation, dehumanisation, and identity work (Mark Sherry). Sherry shows how dehumanisation and stigmatisation intersect with sexuality; reducing internal stigmatisation allows for safer exploration and establishment of intimate relationships [18]. The reduction in patriarchal and market-oriented scenarios and the shift away from purely quantitative measures of sexuality in our experimental group after psychocorrection correspond to the transition from defensive/commodified sexuality to self-acceptance and reciprocity. This indicates the reorganization of identity that Sherry predicted.

Together, these perspectives help explain why short-term, resource-oriented psychocorrection (KIP + SFBT) can bring broad benefits: it restores recognition and action (Shakespeare), expands communicative/relational access (Shuttleworth), reduces systemic and interpersonal barriers to OzI (Mitra and Iezzoni), and counteracts stigmatisation that limits sexual identity (Sherry). Our model of the greatest effects in sexual communication, satisfaction, and integral index of sexual well-being is exactly as predicted by this framework.

CONCLUSIONS

A psychocorrectional programme combining katathym-imaginative psychotherapy (KIP) and Solution-Focused Brief Therapy (SFBT) was developed and tested, showed statistically significant positive changes in most indicators of sexuality and sexual well-being in individuals with somatic diseases and mobility disabilities.

After 12 sessions, there was an increase in the levels of romantic, intimate, transcendental, platonic-erotic, passionate, and hedonistic-communicative sexual scenarios, as well as an improvement in sexual communication, relationship satisfaction, and the overall integral indicator of sexual well-being ($p < .01$, $d \approx 0.9\text{-}1.0$). At the same time, there was a decrease in patterns of possessive, market-oriented, and self-actualisation types, reflecting a gradual departure from compensatory and maladaptive models of sexual behaviour.

The results align with the concept of 'sexual citizenship' (Shakespeare, 2000) [14], where the right to sexual expression is a component of human dignity. The positive dynamics of romantic and intimate scenarios indicate an increase in interpersonal trust and empathy, which correlates with the conclusions of Shuttleworth (2007) [16] about the transition from a 'medicalised' to an accessible, communicative approach to sexuality.

The improvement in sexual communication is consistent with the approaches of Mitra & Iezzoni (2017) [17], who emphasise the removal of barriers to SRH services and the role of psychological support in shaping the 'sexual confidence' of people with disabilities.

The decline in possessive-submissive models and market orientations indicates a rethinking of physicality and sexual identity, confirming Sherry's (2004) [18] thesis on overcoming stigma and de-objectification of sexuality.

The results are also consistent with clinical interventions in groups with somatic conditions: Zachariou et al. (2024)15 [4] demonstrated that body-focused training (PFMT) helps reduce sexual distress in multiple sclerosis and van der Steen et al. (2024) [5] and Seyedoshohadaee et al. (2025) [7] confirmed the effectiveness of multidisciplinary sexual rehabilitation programmes after cancer treatment or spinal cord injury. This is consistent with our data on increased passion, hedonic-communicative activity, and emotional satisfaction.

Thus, the psychocorrectional programme contributed to the restructuring of the sexual self, increased self-acceptance, body confidence and the development of the intimate-spiritual dimension of sexuality, which is crucial for the psychological rehabilitation of persons with disabilities.

Perspectives for further research comprise several key dimensions, including methodological refinement, cross-population validation, and theoretical elaboration of psychocorrectional models in the field of sexual rehabilitation.

Expanding the sample and disability types. Future studies should validate the effectiveness of the psychocorrectional programme across broader groups, including persons with spinal cord injuries, limb amputations, or oncological conditions. Such expansion would allow identification of both universal and condition-specific mechanisms of sexual script transformation.

Long-term follow-up. It is important to evaluate whether the improvements remain stable 6-12 months after the intervention. As demonstrated by van der Steen et al.

(2024) [5] and Seyedoshohadaee et al. (2025) [7], the effects of sexual rehabilitation may continue to evolve over time, depending on emotional resilience and physical limitations.

Comparative effectiveness of psychocorrectional methods. Further research should compare katathym-imaginative psychotherapy, EMDR, body-oriented approaches, and psychoeducational programmes in restoring sexual well-being. Findings from Zachariou et al. (2024) [4] and Shuttleworth (2007) [16] highlight that combining body awareness with communicative and cognitive components enhances rehabilitation outcomes.

Inclusion of partners and family context. Future research should involve partners to explore dyadic processes in rebuilding sexual intimacy. Shakespeare (2000) [14] emphasised that reclaiming sexuality among people with disabilities is not only an individual matter but also a relational and social one, grounded in mutual acceptance and emotional connection.

Exploration of mediators of change. Subsequent analyses should clarify which factors – bodily confidence, emotional regulation, cognitive reframing, or partner empathy – mediate improvements in sexual well-being. Identifying these mechanisms will help to build an evidence-based model of psychocorrectional and rehabilitative influence.

COMPLIANCE WITH ETHICAL REQUIREMENTS

The research was conducted in accordance with the ethical principles of the Declaration of Helsinki (World Medical Association, 2013). All participants gave informed consent to take part in the study voluntarily. The study design, data collection, and analysis complied with ethical standards of psychological research and professional confidentiality. No invasive or harmful procedures were used.

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This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

The authors declare that they have no conflicts of interest relevant to this study.

AUTHOR CONTRIBUTIONS

Hupalovska V. A.[A–F]

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Резюме

РЕЗУЛЬТАТИ АПРОБАЦІЇ ПРОГРАМИ ПСИХОКОРЕКЦІЇ ДЕЗАДАПТИВНИХ СЕКСУАЛЬНИХ СЦЕНАРІЇВ ТА СЕКСУАЛЬНОГО БЛАГОПОЛУЧЧЯ В КОМПЛЕКСНІЙ РЕАБІЛІТАЦІЇ ОСІБ З ІНВАЛІДНІСТЮ ТА СОМАТИЧНИМИ ЗАХВОРЮВАННЯМИ

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Вступ. Більшість сучасних досліджень сексуальної реабілітації присвячені особам з інтелектуальними порушеннями, тоді як роботи, що стосуються розвитку сексуальності у людей із соматичними захворюваннями чи мобільною інвалідністю, залишаються поодинокими. Рандомізовані інтервенції (Zachariou et al., 2024; van der Steen et al., 2024; Seyedoshohadaee et al., 2025) доводять ефективність мультидисциплінарних підходів, які поєднують фізичну реабілітацію, психоосвіту та психологічну підтримку. Водночас в українському науковому полі майже відсутні праці, що інтегрують питання сексуальності у систему комплексної психологічної реабілітації та підвищення загального благополуччя осіб з інвалідністю.

Мета. Представити результати апробації програми психокорекції дезадаптивних сексуальних сценаріїв і підвищення рівня сексуального благополуччя у процесі комплексної реабілітації осіб з інвалідністю та соматичними захворюваннями.

Матеріали та методи. Методологічну основу дослідження становить модель PLISSIT (Annon, 1976), яка включає чотири етапи: дозвіл, обмежену інформацію, конкретні рекомендації та інтенсивну терапію. Програма поєднувала принципи кататимно-імагінативної психотерапії та терапії, зосередженої на вирішенні, із моделлю суб'єктивного сексуального благополуччя (Гупаловська, 2021), що враховує тілесно-фізичний, емоційно-душевний та ментально-духовний рівні. Дослідження охопило 15 учасників із соматичними захворюваннями чи мобільною інвалідністю, які пройшли 12 занять групової психокорекційної програми. Використано методики «Типи сексуальних сценаріїв» (Гупаловська, 2020) і «Опитувальник суб'єктивного сексуального благополуччя» (Гупаловська, 2021).

Результати. Після проходження програми зафіксовано статистично значуще підвищення показників адаптивних сексуальних сценаріїв (романтичного, інтимного, трансцендентного, гедоністично-комунікативного) та рівня сексуального благополуччя (зокрема, сексуальної комунікації, задоволення сексуальним життям, інтегрального показника). Водночас зменшилася вираженість дезадаптивних сценаріїв – власницького, самореалізаційного й ринкового. Це свідчить про підвищення самоприйняття, емоційної відкритості та партнерської емпатії.

Висновки. Розроблена програма виявилася ефективною для психокорекції дезадаптивних сценаріїв і підвищення рівня сексуального благополуччя осіб з інвалідністю та соматичними захворюваннями. Інтеграція психоосвітніх і психокорекційних підходів у систему реабілітації сприяє розвитку емоційної стійкості, тілесної впевненості та гармонізації міжособистісних стосунків.

Ключові слова: **сексуальна реабілітація, психокорекція, сексуальні сценарії, модель сексуального благополуччя, інвалідність, соматичні захворювання, кататимно-імагінативна психотерапія, SFBT**

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