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FACTORS SHAPING THE PSYCH EMOTIONAL STATES OF INCARCERATED INDIVIDUALS UNDER CONDITIONS OF PROLONGED SOCIAL ISOLATION

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The formation of the psycho-emotional states of incarcerated individuals under conditions of prolonged social isolation is a complex, multidimensional process shaped by the interaction of individual and environmental factors. Imprisonment is accompanied by a sharp restriction of freedom, a disruption of habitual daily routines, and forced adaptation to the specific norms of prison subculture. This adaptation process is often painful and leads to the emergence of new patterns of thinking and behavior that may be adaptive within the institution but become destructive after release.

Although not all prisoners experience profound psychological traumatization, only a small portion undergo incarceration without significant changes in emotional state or behavior. Social isolation, lack of privacy, and constant interaction within a high-tension and often aggressive environment contribute to increased anxiety,

lowered self-esteem, and difficulties in interpersonal relationships. At the same time, with appropriate support, some of these consequences can be mitigated or overcome [3].

One of the most critical factors is the restriction of social ties and the absence of meaningful emotional support. Research shows that even short-term social isolation alters one's perception of time, emotional stability, and self-regulation. Over a prolonged period, this may lead to the so-called "penitentiary regression," a gradual loss of individuality, reduced motivation for personal development, and growing dependence on the prison routine [4].

At the same time, it is important to consider the adaptive strategies individuals employ to preserve the integrity of their "self." Some inmates rely on cognitive strategies such as reappraisal of their situation, internal structuring of time, or ritualization of daily actions. Others seek support in informal groups which, despite certain risks, often serve as stabilizing structures.

Adaptation in a penitentiary environment is not simply "getting used to things," but an active process of psychological restructuring, in which internal resources continuously interact with external conditions. Understanding these processes is essential for developing effective rehabilitation programs, as the degree of adaptive functioning during imprisonment directly influences post-release behavior.

Psychopathological manifestations among incarcerated individuals are often associated with violent behavior, self-harm, suicide, victimization, and a reduced ability to engage in daily activities, which complicates rehabilitation efforts. Women constitute a particularly vulnerable group, as imprisonment tends to have a more detrimental effect on them; they more frequently exhibit depressive states, anxiety disorders, and consequences of past trauma [2].

The psycho-emotional state of inmates is significantly influenced by their individual backgrounds. These may include childhood trauma, histories of abuse, traumatic brain injuries, poverty, illiteracy, homelessness, as well as previous criminal experience or pre-existing mental disorders such as depression, anxiety, or PTSD. Individuals with limited social support or low psychological resilience typically experience isolation far more severely. Difficulties with emotional regulation, high aggressiveness, or, conversely, pronounced passivity intensify emotional instability and obstruct adaptation [1].

The prison environment generates additional strong stressors. Social isolation is combined with loss of control over one's life, feelings of helplessness, and severely restricted autonomy, which often lead to apathy or aggression. Overcrowded cells, lack of privacy, chronic interpersonal conflicts, violence, rigid hierarchies, and insufficient access to medical and psychological care all exacerbate emotional tension. Prison subculture, with its unwritten rules and high vigilance, fosters a constant sense of threat that contributes to chronic stress.

Traumatic experiences in prison have a cumulative effect: each new trauma intensifies the impact of previous ones, worsening psycho-emotional disturbances. Imprisonment often triggers the exacerbation of pre-existing mental disorders or the development of new ones. Among the most common are depression, anxiety disorders,

and PTSD. Stress following incarceration may manifest as flashbacks, panic reactions, heightened anxiety, and emotional destabilization even after release, demonstrating the long-term consequences of isolation.

Prolonged social isolation is frequently associated with deterioration of both mental and physical health, increased dependence on medical services, and loss of effective social interaction skills. It is important to note that instead of rehabilitation - which is intended to be the primary goal of imprisonment - the opposite effect often occurs, as individuals face additional psychological difficulties and lose the ability to reintegrate into society [6].

Substance use constitutes a significant risk factor. The use of drugs or alcohol not only worsens emotional well-being but also contributes to the development of psychosis, bipolar manifestations, and the exacerbation of schizophrenia in genetically predisposed individuals. Isolation, combined with chemically induced brain changes, increases the likelihood of aggressive or self-destructive behavior. Despite restrictions, psychoactive substances remain accessible in many prisons. The use of drugs (particularly amphetamines, cannabis, or LSD) increases the risk of psychotic episodes resembling schizophrenia. Social isolation and chronic stress may provoke extreme mood fluctuations. Such cyclical mood instability - periods of apparent “calm” followed by conditions resembling depressive or manic phases, may contribute to the emergence of bipolar-like disturbances among inmates [5].

Individuals who abuse substances often use them as a coping mechanism for psychological distress, depression, or anxiety. However, drugs offer only temporary relief and ultimately deepen dependency, further worsening psycho-emotional states. As a result, the rehabilitative function of imprisonment is frequently undermined, giving way to psychological maladjustment and further social disintegration.

The influence of criminal culture, social stigma, lack of rehabilitation programs, and limited opportunities for development contribute to additional emotional exhaustion. The most critical periods are the first weeks of imprisonment, marked by adaptation shock, and the post-release period, characterized by uncertainty, fear, and a heightened risk of recidivism.

Therefore, it can be concluded that the psycho-emotional state of incarcerated individuals is formed under the influence of a complex system of interrelated factors: social isolation, stressful living conditions, criminal subculture, previous life experiences, individual psychological characteristics, and existing mental disorders. Their interaction significantly increases the risk of emotional disturbances, contributes to personality deformation, and complicates successful reintegration into society.

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ПСИХОЛОГІЧНІ ОСОБЛИВОСТІ ПАЦІЄНТІВ ІЗ ГІПЕРТОНІЧНОЮ ХВОРОБОЮ I–II СТАДІЇ В КОНТЕКСТІ РЕАБІЛІТАЦІЇ

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Анотація: У статті розглянуто психологічні особливості пацієнтів із гіпертонічною хворобою I–II стадії та їхній вплив на перебіг захворювання і ефективність реабілітаційних заходів. Показано, що підвищений рівень тривоги, стресостійкість, копінг-стратегії та мотиваційні чинники відіграють ключову роль у формуванні прихильності до лікування та якості життя пацієнтів. Обґрунтовано необхідність використання персоналізованих програм психологічної реабілітації з опорою на когнітивно-поведінкові методи, психоосвіту та стрес-менеджмент. Зроблено висновок про важливість інтеграції психолога до мультидисциплінарної команди в лікуванні гіпертонічної хвороби.

Ключові слова: артеріальна гіпертензія, психологічна реабілітація, тривога, стрес, копінг-стратегії, прихильність до лікування, когнітивно-поведінкова терапія.

Артеріальна гіпертензія залишається однією з найбільш поширених патологій серед населення середнього та старшого віку, а її перебіг у значній мірі залежить не лише від соматичних факторів, а й від психологічних характеристик пацієнтів. У структурі сучасної медичної реабілітації психологічний компонент дедалі частіше визнається ключовим, адже ефективність лікування та профілактика ускладнень значною мірою визначається рівнем тривоги, стресостійкості, емоційного стану, особливостями поведінки щодо здоров'я та мотивацією до змін способу життя. Саме тому вивчення психологічних особливостей хворих на гіпертонічну хворобу I–II стадії має важливе наукове та практичне значення.