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CONTENTS PSYCHOLOGICAL SCIENCES

Шапошникова Ю.Г. ЕМПАТІЯ ЯК ВАЖЛИВА СОЦІАЛЬНО-ПСИХОЛОГІЧНА ЯКІСТЬ ОСОБИСТОСТІ	4
EMPATHY AS AN IMPORTANT SOCIO-PSYCHOLOGICAL QUALITY OF PERSONALITY	4
Бабаян Ю.О., Шапошникова Ю.Г. МОТИВАЦІЯ ПРОФЕСІЙНОЇ ДІЯЛЬНОСТІ МАЙБУТНІХ ПСИХОЛОГІВ	6
Babaian Yu., G. Shaposhnikova Yu.G MOTIVATION OF PROFESSIONAL ACTIVITY OF FUTURE PSYCHOLOGISTS	6
Малая Е.В Сычев П.В Силина В.В.	
ДЕПРЕССИЯ КАК ЯВЛЕНИЕ В СТУДЕНЧЕСКОЙ СРЕДЕ	8
DEPRESSION AS A PHENOMENON IN THE STUDENT ENVIRONMENT	8
Холодова О.А.	
СОЦИАЛЬНО-ПСИХОЛОГИЧЕСКИЙ АСПЕКТ ПСИХОЛОГИЧЕСКОЙ ПОМОЩИ	.10
SOCIAL-PSYCHOLOGICAL ASPECT OF PSYCHOLOGICAL ASSISTANCE	.10
PHYSICAL EDUCATION AND SPORTS	
Цеева Н.А. Корохова Н.А., Вержбицкая Е.Г, Шатохина Т.А., Ишков Н.Г.	
К ВОПРОСУ О ФОРМИРОВАНИИ БАЗОВОЙ ФИЗИЧЕСКОЙ КУЛЬТУРЫ СТУДЕНТОК В ПРОЦЕССЕ ОБРАЗОВАТЕЛЬНОЙ ДЕЯТЕЛЬНОСТИ	16
Tseeva N. A. Korokhova N. A., Verzhbitskaya E. G., Shatokhina T. A., Ishkov N. G.	.10
ON THE QUESTION OF THE FORMATION OF THE BASIC PHYSICAL CULTURE OF FEMALE STUDENTS IN THE PROCESS OF EDUCATIONAL ACTIVITY	16
PHILOLOGICAL SCIENCES	.10
Усенко Р.Ю.	
СПОСОБЫ СОЗДАНИЯ КОМИЧЕСКОГО ЭФФЕКТА В ПРОИЗВЕДЕНИЯХ ДИТЕРА НУРА	.19
Usenko R. Yu.	
WAYS OF CREATING COMIC EFFECT IN DIETER NUHR'S WORKS	.19
PHILOSOPHICAL SCIENCES	
Makarov Z.Yu., Slobodyanyuk A.O. SOCIAL DIMENSION OF ARTIFICIAL INTELLIGENCE: PHILOSOPHICAL ANALYSIS	.25
Рєзніков С.І.	
ДУХОВНІСТЬ ОСОБИСТОСТІ: ПОТЕНЦІАЛ ІНТЕГРАЦІЇ РАЦІОНАЛЬНОГО ТА ІРРАЦІОНАЛЬНОГО ПІДХОДІВ В ОСВІТНІЙ ДІЯЛЬНОСТІ	
Reznikov S.I.	
SPIRITUALITY OF PERSONALITY: POTENTIAL OF THE INTEGRATION OF RATIONAL AND IRRATIONAL APPROACH	1ES

PEDAGOGICAL SCIENCES

Антонів А.А., Хухліна О.С., Рощук О.І., Кушлик А.Ю.ПІДВИЩЕННЯ ЕФЕКТИВНОСТІ ВИКЛАДАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ З ВИКОРИСТАННЯМ СУЧАСНИХПЕДАГОГІЧНИХ ТЕХНОЛОГІЙ
Belkin I.V. RELIGION AND MODERN EDUCATION IN UKRAINE: CHARACTERISTIC ASPECTS OF INTERACTION36
Глубоченко О.В. ПІДХОДИ ДО ФОРМУВАННЯ І ОЦІНКИ КЛІНІЧНОГО МИСЛЕННЯ У СТУДЕНТІВ-МЕДИКІВ
Дагмирзаев О.А. 43 ОСОБЕННОСТИ ВЕБ-ПРОГРАММИРОВАНИЯ
Зеленин Г.И.ПЕДАГОГИЧЕСКОЕ СОПРОВОЖДЕНИЕ ДИСТАНЦИОННОГО ОБУЧЕНИЯ ИНОСТРАННЫМ ЯЗЫКАМСТУДЕНТОВ ВУЗА
Корнюш Г.В.ОРГАНІЗАЦІЯ ПРОЦЕСУ НАВЧАННЯ ІНШОМОВНОГО НАУКОВОГО ДИСКУРСУ СТУДЕНТІВ ТЕХНІЧНИХДИСЦИПЛІН
TECHNICAL DISCIPLINES
Левчук Е. ПАКЕТ ПРИЛОЖЕНИЙ МАТНСАD КАК СРЕДСТВО ПОВЫШЕНИЯ ЭФФЕКТИВНОСТИ МАТЕМАТИЧЕСКОЙ ПОДГОТОВКИ БУДУЩИХ ЭКОНОМИСТОВ-АГРАРНИКОВ
- OT TOTAL ECONOMISTS-MUNANIANS

- 1. Для улучшения настроения рекомендуется увеличить физические нагрузки, чередуя с умственным трудом, увеличить продолжительность сна, перед сном принимать теплый душ, но не вытирать кожу насухо.
- 2.Так же в интерьере жилого помещения рекомендуется использовать светлые тона. Отдавать предпочтение светлым и ярким оттенкам в гардеробе.
 - 3. Стараться больше находиться на природе.
- 4.Некоторым помогает ведение личных записей снов, дневника.
- 5. Также для регулирования и поддержания своего эмоционального состояния используют музыкальную терапию, составляя плей-листы из любимых песен. Общение с позитивными людьми со схожими интересами.
- 6.Самым эффективным методом многие признали занятие именно любимым делом, хобби

Задача преподавателя — отслеживать негативные изменения в поведении студентов. Если студент перестал проявлять активность на занятии, то это не всегда может объясняться незнанием его материала. Возможно по каким-либо причинам у него проявляется депрессия в той или иной форме. Важно в такой ситуации преподавателю вести себя деликатно, не привлекать внимание окружающих к его состоянию. Используя педагогическое мастерство, постараться установить контакт общения с

этим студентом, поинтересоваться — «нуждается ли он в какой-либо помощи», предложить помощь специалиста — психолога. Однако, в юношеском возрасте, молодежь чаще надеется на свои силы, но к сожалению, справиться самостоятельно могут далеко не все. В такой ситуации важно окружение такого студента. Если молодой человек замкнулся, то нежелательно оставлять его один на один со своими проблемами. Желательно, чтобы другие проявили свое участие, понимание, дали действенные советы, предложили свою помощь. Только общими усилиями коллектива, педагогов и специалистов можно оказать действенную помощь молодым людям, испытывающим депрессию.

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СОЦИАЛЬНО-ПСИХОЛОГИЧЕСКИЙ АСПЕКТ ПСИХОЛОГИЧЕСКОЙ ПОМОЩИ

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SOCIAL-PSYCHOLOGICAL ASPECT OF PSYCHOLOGICAL ASSISTANCE

Аннотация.

В статье анализируется понятие «психологическая помощь»; смысловой акцент делается на слове «помощь», объем и содержание которого дифференцируется с точки зрения социальной психологии и теории социального взаимодействия. Проведен анализ целей и форм организации формальной и неформальной помощи, представлена идеализированная социально-психологическая модель организации и оказания формальной помощи в современном обществе. С точки зрения распределения ответственности между донором и реципиентом в терапевтической ситуации, анализируются наддирективная, директивная, слабо директивная и недирективная терапия.

Предложенный подход к выделению проблемного поля психологического консультирования и психотерапии с точки зрения социально-психологической концепции помощи создает условия для комплементарного согласования различных концепций психологической помощи.

${\it Abstract}.$

The article analyzes the concept of "psychological assistance"; semantic emphasis is placed on the word "help", the scope and content of which is differentiated in terms of social psychology and the theory of social interaction. The analysis of the purposes and forms of the organization of formal and informal help is carried out, the idealized social and psychological model of the organization and rendering of formal help in a modern society is presented. From the point of view of distribution of responsibility between the donor and the recipient in a therapeutic situation, over directive, weakly directive and non-directive therapy is analyzed.

The proposed approach to the separation of the problem field of psychological counseling and psychotherapy in terms of socio-psychological concept of care creates the conditions for complementary coordination of different concepts of psychological care.

Ключевые слова: формальная и неформальная помощь, психологическая помощь, психологическая консультация, психотерапия, наддирективная, директивная, слабо директивная и недирективная терапия, гуманитарная терапия.

Keywords: formal and informal help, psychological help, psychological counseling, psychotherapy, over directive, directive, weakly directive and non - directive therapy, humanitarian therapy.

The urgency of the problem. The lexical meaning of the term "help" has many interpretations - it is assistance and support in something, material support, protection, rescue in distress, assistance in treatment, relief of suffering and more. For any person, the help of other people throughout life is of great importance. It is impossible to do without it in childhood and old age, in the process of learning and mastering professional skills, gaining life experience and overcoming financial difficulties, in resolving interpersonal conflicts and psychological problems. Thus, for almost a lifetime, a person is called to help other people in one way or another - distant, close and even complete strangers - just so that, in Shakespeare's words, the connection of time does not break.

At all times and in all cultures, help through compassion is perceived as a manifestation of humanity. In European culture, this is reflected in the meaning of the word "humanism": the social system is called humane, in other words human, if it is focused on helping people; a person is called a humanist if he loves people, is sensitive to them, actively helps those who need it most.

It is obvious that the concepts of "cooperation" and "solidarity" in the social sense are derived from the concept of "mutual assistance". It is less obvious that the concept of "assistance" is part of the semantics of the word "humanitarian". The problem is that the humanities are dealing with human and social problems that need to be solved not so much as overcome. Overcoming, in general, involves help, even if a person provides it to himself.

In social psychology, there are formal and informal assistance. People help each other informally in many cases - on their own initiative, responding to requests, or simply correlate their actions with the circumstances. Formal assistance is an activity that is sanctioned by society and legalized by the state, i.e. institutionalized; it is a job that requires special, professional training. The focus and content of such training depends on what assistance is provided, to whom and in what form. In particular, A. Bondarenko notes, people always provide informal psychological assistance to each other, but the relevant social institution "emerged and formed only in the middle of the twentieth century, bringing to life a number of new professionals: social worker, counseling psychologist, psychologist-psychotherapist. And this - in addition to the already traditional figures of priest and pastor, psychiatrist and psychoanalyst "[1, p.10].

Analysis of recent research and publications. Today it is very difficult to understand the huge world of psychological care. For example, if we talk about psychotherapy, "the variety of directions and trends, schools and specific methods of psychotherapy, based on different theoretical approaches, leads to the fact that currently there is not even a single definition, and the number of methods is more than 500" [2, p. 594]. A. F. Bondarenko notes that "psychological assistance - a capacious concept, the content of which includes a variety of theories and practices, ranging from the specific application of such a method of sociological surveys as in-depth interviews, to various techniques of socio-psychological training, concepts and methods. ascending to medical psychotherapy [3, p. 7]. A. Karayany and I. Syromyatnikov believe that "psychological help should be understood as any purposeful human activity aimed at expanding the psychological capabilities of another person in his personal and social functioning. The range of forms of psychological assistance is extremely wide and includes: simple presence together with the client, which creates the effect of facilitation; notification of useful information; mental infection; demonstration of effective behavior patterns; teaching; stimulation; consultancy; psychotherapy, etc." [4, p. 300–301].

In modern psychological science, there are many theoretical concepts and methods of providing psychological assistance. Such psychotherapeutic directions as psychoanalysis, gestalt therapy, psychodrama (monodrama), cognitive and behavioral psychotherapy and others have proved, on the one hand, their effectiveness, but on the other hand the "inadequacy of any of the psychotherapeutic directions for all categories of patients" [5, p. 392]. The variety of approaches and concepts, of course, expands the possibility of psychological care in general. The choice of a specific theoretical and methodological paradigm, on the basis of which psychological assistance is provided, is left to the specialist who performs this work, and is an important condition of his personal professional responsibility. It is necessary that such a choice is made consciously, taking into account their own individual preferences, preparedness and competence.

Many scientific researches are devoted today to theoretical and practical problems connected with delimitation of spheres of activity within the specified circle of experts. The development of psychological care as a profession in Ukraine, Russia, Belarus and some post-Soviet countries, as well as the opportunities offered by the Orthodox tradition of mentoring, are explored in the works of A. Bondarenko, T. Yatsenko, V. Klimenko, B. Bratusya, F. Vasilyuk, B. Karvasarsky, G. Belkin, Y. Emelyanov, L. Petrovskaya. In addition to religious mentoring, says A. Bondarenko, psychological care as a social institution in our time is differentiated as psychological counseling, non-medical (so-

cial and personal) psychotherapy, medical psychotherapy and psychiatry [2, p.28]. The basis of this differentiation is the level of psychological assistance, i.e. the nature and content of psychological problems with which a person turns to a particular specialist. In this article, the semantic emphasis is placed on the concept of "assistance", the scope and content of which is differentiated in terms of social psychology and the theory of social interaction.

It is clear that medical psychotherapy and psychiatry are intended for people with mental disorders that are not functional but mostly organic in origin. And psychological counseling and non-medical psychotherapy are aimed at mentally healthy people who need "emotional, semantic and existential support in situations of difficulty that arise during their personal or social life" [1, p. 10].

Psychological counseling is one of the types of short-term psychological help aimed at achieving clients' current goals in life. R. Nelson-Jones believes that "psychological counseling, in essence, is a kind of relationship of help" [6, p. 10]. The emergence of theories of psychological counseling is influenced by socio-historical and cultural factors.

Psychological counseling is a conversation organized in a certain way, for which, as a rule, a person prepares in advance and, surprisingly, such preparation takes months and even years. The purpose of psychological counseling is to help the patient understand and change ineffective patterns of behavior in order to make important decisions, solve problems, achieve goals, live in harmony with themselves and the world around them. In general, psychological counseling pays a lot of attention to achieving a state of psychological comfort and maintaining mental health, as well as increasing personal responsibility for one's own life. One of the most general definitions of the main purpose of psychological counseling is the definition of Yu. Alyoshyna - "it is the provision of psychological assistance" [7, p. 12].

When using non-medical psychotherapy, the psychologist uses the same psychological methods as a medical psychotherapist - the difference is, above all, in their focus. The most important task of a psychologist in this case is not to remove or alleviate the symptoms of the disease, but to create conditions for optimal functioning of the individual and its development, including the harmonization of relationships with others.

The main tasks of non-medical psychotherapy are the study of psychological problems, i.e. their diagnosis; improving subjective well-being and strengthening mental health; study of psychological patterns, mechanisms and effective ways of interpersonal interaction to harmonize communication with others; development of self-awareness and reflection to correct and prevent emotional breakdowns and behavioral deviations; promoting the process of personal development, learning ways to realize creative potential and improve the quality of life.

Non-medical psychotherapy is divided into individual and group. Individual psychotherapy is identical to psychological counseling, but uses a wider range of methods and procedures. Group psychotherapy is based

on the principles of group dynamics developed by Kurt Levin. Work in such a group, as a rule, is not structured, there are no mandatory procedures, the actualization of internal conflicts occurs spontaneously and can be very painful. Participation in such a group causes anxiety and worry, which can be overcome only by a strong motivation to stop painful attempts to understand themselves and their lives, that is, to improve the quality of life and development of their personality. Therefore, this form of work is often called a group of personal development. Most modern researchers note the high effectiveness of group psychotherapy [8, p. 213].

Despite the fact that these works conducted a detailed analysis of modern forms and methods of psychological care, the problem of providing effective systemic psychological care in our country is not given enough attention. There are almost no modern domestic studies devoted to the theoretical and methodological support of the effectiveness and improvement of such leading methods of providing psychological assistance as psychological counseling and psychotherapy. Analysis of ways to ensure the psychological well-being of the population and, as a consequence, increase the level of psychological culture also need the attention of leading domestic and foreign scientists.

The aim of the article is to single out the problem area of psychological counseling and psychotherapy in terms of socio-psychological concept of care. This approach creates the conditions for complementary coordination of a large number of modern concepts of psychological care.

Presenting main material. First of all, it is advisable to clarify the meaning of some concepts. The terms "donor" and "recipient" will be used in their usual sense as, respectively, the one who provides assistance and the one who receives it. Assistance (in a broad sense) is understood as any influence of the donor on the situation in which the recipient is involved to change it in a favorable sense.

Now it is necessary to clarify the meaning of the term "favorable direction". You also need to find out what is good for a person in a particular life situation. Is it possible to rely entirely on the opinion of the recipient, or on the opinion of the donor - or should other grounds be sought to address this issue? It is well known that in some situations, an action that the donor sees as help may be interpreted by the recipient as interfering in his or her personal affairs, as an attempt to subdue him, or even as aggression against him. In other cases, the recipient expects from the donor actions that may objectively harm either or both of them.

Since the early 1970s, the process of providing assistance has been studied in computer models as a problem of the effectiveness of external influences on a complex, multifactorial, and branched system. In particular, D. Dörner, one of the first researchers in this field, used computer models for his experiments, which represented the economy of a conventional country, urban economy, etc. [9, p.51]. It is clear that a person or a social group can also be theoretically represented as complex systems of social roles, attitudes and interests.

Experimental results indicate that any insufficiently competent intervention does more harm than

good to the system, and in some cases the structural deformation caused by the intervention can lead to the rupture of basic connections - and even to the destruction and death of the system. The model approach allows to explain in system-functional terms the concepts of "benefit" and "harm" and to confirm the relative independence of the tasks of maximization and benefit and harm. In other words, the donor, who determines the direction of its favorable change in a particular situation, must take into account that increasing the benefit is not always equivalent to reducing the harm.

Further, in a broader context, the aid process is seen as a form of social interaction. Now not only the recipient but also the donor is theoretically represented as a complex social system, and the effectiveness of care is dependent on the degree of coordination of the guidelines, interests and goals of the subjects of interaction.

In the theory of social interaction, a distinction is made between negative agreement (or compromise) and positive agreement. The first is aimed at reducing mutual losses, the second - to increase mutual gains. Social interaction is limited by the tactic of compromise, if its subjects are in a state of overt or covert confrontation and defend their divergent interests. We can talk about cooperation only when the problem of positive coordination of socially significant vectors of activity is completely or at least partially solved. As assistance mainly involves cooperation, its effectiveness depends on the level of solution to this problem.

Thus, the vector characteristic of aid, its focus on the benefit of the recipient is a situational variable that depends, firstly, on the systematic correlation of indications and contraindications of a particular action, and secondly, on the level of positive coordination of donor and recipient.

In some cases, the questions about the value orientation of the donor's actions and the criteria for the effectiveness of the assistance provide standard answers. For example, when it comes to medical care, the purpose and effectiveness of the doctor are naturally determined by the patient's recovery process. When it comes to psychological assistance to a person or the provision of economic assistance to an enterprise or country, the choice of course of action and the definition of criteria for their effectiveness can be a difficult problem.

There are more than enough examples of unsuccessful solutions of such problems. In particular, as modern experience shows, the decrease in the activity of international financial donors is a direct consequence of unsuccessful attempts to reconcile their actions with the economic activity of the recipient. At the same time, we can give an example of a positive solution to such a problem. At the end of World War II, the US News Agency commissioned many leading philosophers and humanities scholars to study the foundations of American policy toward Japan. The result of one such study was R. Benedict's book "Chrysanthemum and Sword. Models of Japanese culture". Although this work was later criticized by some experts, in 1946 it played an important role in determining the means of providing humanitarian assistance to the whole country.

Thus, the concept of "help" reflects not only the action, but also the associated value-oriented system of social relations, which, in turn, confirms the belonging of this concept to the discourse of social psychology.

From a socio-psychological point of view, it is necessary to distinguish between social relations associated with the organization of assistance, and relations that are formed in the process of its direct provision.

In today's market of services, the organization of formal assistance is provided by a standard role ring of marketing: Client, Customer, Sponsor, Intermediary, Contractor [10, p. 24]. Capital letters indicate what are called social roles: The client is the one who seeks help; Customer - someone who is aware of the problem of the Client and takes responsibility for the organization of assistance and evaluation of the final results; the Sponsor finances the costs; the Facilitator helps to find someone who can solve the problem; the Contractor assumes responsibility for its practical solution; the Intermediary, sharing with the Contractor the responsibility for the choice of means, uses these means. It is clear that there is a possible subjective combination of roles: Client, Customer and Sponsor can be represented by one person (organization), Intermediary and Contractor - as well, Sponsor and Customer can be the state, insurance or charitable fund, Intermediary can represent the Customer "virtually ", For example, as an advertisement, etc. It should be noted that in all cases the reduction of the role ring does not occur and the system of relations is not simplified, but, on the contrary, in some situations there may be additional complications due to the so-called diffusion of roles.

The link "Contractor - Client" can be called the inner segment of the ring, and the remaining part, the outer segment. All social relations related to the organization of assistance are formed within the external segment, and those related to the direct provision of assistance - within the internal segment. It is clear that the organization of assistance begins with clarifying the problem of the Client. Then situations of two different types are possible.

In situations of the first type the problem is clear to the Client and the Customer and its solution seems technically and economically possible. Then, after quite clear agreements on the outer segment, the ring closes. In this case, the whole system of relations is purely economic in nature and any specificity of the internal segment completely disappears. For example, if a person knows exactly what he needs, he buys a technical, medical or legal service on the relevant market. It is important that the system of distribution of responsibilities is localized in the outer segment of the role ring - the main persons are the Customer and the Contractor, and the assistance becomes economically important goods. Current adjustments related to individual modifications of standard services do not change the economic essence of social relations.

Situations of the second type are characterized by the fact that the problem is felt by the Client and the Customer (often the same person) as anxiety, paralyzing confusion, sadness, physical or mental distress. The client needs help, but does not know the reasons for their difficulties; he does not know what he needs to do and only wants help to find a way out of his predicament. In such cases, the organization of formal assistance is, again, on the outer part of the ring, but the value of the relationship corresponding to the outer segment recedes into the background. Everything related to direct care becomes vital.

In cases when the Contractor is required to professionally diagnose the Client's problem, the assistance acquires the meaning of therapy in a broad sense, which goes beyond medicine. Responsibility is now shared in the inner segment of the ring between the Contractor and the Client, and the assistance ceases to be a commodity because its expected outcome is an inalienable value for the Client. If, for example, a doctor saves a patient's life or a lawyer returns a good name to an innocent person, the reward they receive is literally symbolic - it symbolizes the prestige of the clinic, the competence of a lawyer, and so on. Neither large nor small amount of money is a price just because in therapeutic situations in the inner segment of the role ring there is no economic relationship.

Thus, only the organization, not the provision of therapeutic care can be considered as a service and, accordingly, bought and sold as a commodity. This should be taken into account when the question arises as to what the money is actually paid for, in the case of paid education, paid medicine or paid legal services. Therapy differs from service, firstly, by the special, inalienable value of its product, secondly, by the distribution of responsibilities between the subjects of social interaction and, thirdly, by the uneconomical, "non-market" nature of social relations.

In order to diagnose the Client's problem, the therapist is forced to "enter" his personal situation, try to look at it through his eyes, understand its personal meaning and individual significance. Therefore, in a therapeutic situation, the interaction becomes interpersonal, and the personal qualities of the therapist are seen as a continuation of his professional virtues. In this case, the client is only the recipient, the therapist is only the donor, and the process of providing care takes a pure, "undistorted" form. In order to emphasize the focus on humanitarian values and to prevent any domestic or medical associations, this type of formal care may be called humanitarian therapy.

It should be borne in mind that in many real-world situations, the diffusion of roles distorts the meaning of social relations. For example, economic relationships can permeate a therapeutic situation, and conversely, interpersonal relationships that help and the values associated with them can suddenly manifest themselves in pure marketing. In this case, an idealized socio-psychological model of organization and provision of formal assistance in modern society.

Nowadays, the activities of a large number of donor organizations, governmental and non-governmental, national and international, in terms of content belong to a certain type of humanitarian therapy. However, huge material, financial and labor resources are in many cases inefficiently spent precisely because the management of these organizations does not pay enough attention to the therapeutic meaning of providing assistance to recipients in specific situations. Any philanthropists can collect the necessary funds, but only professionally trained therapists should manage these funds in the process of implementing a specific therapeutic program.

From the socio-psychological point of view, there are various forms of assistance: protection, support, assistance, provision, care, treatment, and so on. It is clear that the client may need protection, support and assistance at the same time, but the therapist must see the problem as a "branched whole". The effectiveness of his practical actions depends on the correct distribution of accents. In turn, the distribution of accents depends on the correct understanding of the often rather complex value-semantic structure of the therapeutic situation.

For example, the state program to help homeless children is implicitly linked to the crime prevention program. However, it would be theoretically wrong to have a psychologically and socially tangible emphasis on solving the second problem in the context of solving the first. The theoretical insecurity of many care programs is manifested even externally, at the level of terminology. For example, the term "social protection of the poor" actually means little financial support and, conversely, what is called "state support of the national producer" is often a protection against competition, which does not promote market relations and manifests itself in gross protectionist measures. contrary to international trade.

The asymmetric division of responsibilities between doctor and patient and the peculiarities of social relations (for example, formal dismissal from work or service during illness) distinguish treatment as a special form of care. If we consider all the options for the distribution of responsibilities between donor and recipient in a therapeutic situation, we can distinguish between over-directive, directive, weakly directive and non-directive therapy.

In cases of over-directive therapy, the therapist takes full initiative and responsibility. The recipient is not expected to assist, and in some cases even consent (actions of rescue teams, resuscitation after suicide attempts, etc.).

Policy assistance is based on the client's full trust and his voluntary and unquestioning submission to the therapist. Directives include some "hard" methods of suggestive, behavioral and psychodynamic therapy. Such therapy is carried out, for example, by a manager who carries out the economic "rehabilitation" of a bankrupt enterprise.

Weakly directive therapy is implemented in situations where the therapist offers the client several possible ways out of the situation, discusses with him their advantages and disadvantages and helps to choose the most acceptable solution. Weakly directive is most of the methods used by practical social psychologists and consulting firms working in the field of business.

Non-directive therapy includes all types of material, psychological, social and spiritual support of the client, as well as many means of protection. It covers a wide range of issues - from helping the starving to spiritual help to a person who has lost the meaning of life.

However, it is necessary to emphasize the special importance of non-directive personal support, when the therapist, based on the person's reserve capabilities, helps him psychologically and philosophically rise above the situation and see a way out of the maze of life problems. There are therapeutic situations in which only non-directive methods are effective, but there are no situations where customer support, even if only moral, would be superfluous or harmful.

Finally, the content of the client's problem may distinguish between somatic (biological level), psychological, social and personal (or spiritual) therapy. It should be noted here, of course, that the real problem is often a combined or, more simply, a node of closely intertwined problems of different nature. For example, depression in humans can be caused by simultaneous factors: illness, psychological stress and social insecurity. But the therapist can determine the necessary form of care and specific methods of therapeutic effect on the pathogenic situation only when differentiating these factors.

In the last typology a special place is occupied by psychological help - its methods to one degree or another can be used in all therapeutic situations. The psyche is known to be a tool for the orientation of a living being in the environment. A person needs humanitarian therapy when he loses orientation in his life world, when, according to W. Frankl, individual experience tells a person "no". Therefore, any distress is accompanied by mental distress, and getting out of any difficult situation is somehow associated with psychological readaptation.

Conclusions. Thus, the proposed approach to the separation of the problem area of psychological counseling and psychotherapy in terms of socio-psychological concept of care only complements the generally accepted differentiations and does not contradict them. At the same time, this approach creates conditions for the complementary coordination of a large number of modern concepts of psychological care (of course, precleaned of mythological and para-scientific components).

A natural development of this approach can be considered the integration of the theory of assistance with the theory of motivation, which, of course, will open new opportunities for the explication of basic concepts in both theories. Finally, this approach allows us

to identify promising areas of interdisciplinary cooperation of psychotherapy with related scientific disciplines.

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