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The Training of Specialists in Rehabilitation Work as A Factor in Improving the Quality of Life of Children with Disabilities.

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ABSTRACT

Radical transformations taking place in all spheres of Russian society cause the ambiguity, complexity and inconsistency of the processes of socialization and resocialization of socially unprotected strata of the population. This situation is especially difficult for a social group of disabled people and, in particular, for people with motor disabilities who, due to their limited capabilities, specific socio-psychological characteristics and attitudes towards them in society, are insufficiently prepared for the current realities of the society. In recent years, scientific attention to the problems of children's disability has significantly increased, which is due to the following circumstances: first, the increase in the proportion of children with disabilities and the emergence of a new social group - children with disabilities; Secondly, the social problem of maximizing the potential of children with physical disabilities is actualized against the background of a decline in the total fertility rate. Until recently, in our country, the problems of the family of a child with mental or physical defects were practically not covered. State policy towards a child with developmental disabilities and his family was characterized by the following tendency: rejection of an unhealthy member of society as an inadequate, unnecessary to the family, neither to society, nor to the state; isolation of a person from the family, society (parents, as a rule, were offered to place their child in a closed specialized institution). Thus, the problematic situation is that on the one hand, the socialization of a child with disabilities is a socially significant problem; on the other hand, the main institution of socialization, the family, does not fully fulfill this function due to a number of objective and subjective reasons. If an ordinary child can get the necessary skills of living in society in other institutions, then for a child with limited health, the family institution becomes often the only source of knowledge about the world and the people who inhabit it. It is on the members of the family that the main share of responsibility lies in the development of the personality of the child who has certain health problems. In general, a review of literature, periodicals and dissertational studies shows that over the past few years the emphasis in the study of problems of children with disabilities has shifted from an in-depth study of the more medical aspects to the analysis of the developmental problem of a disabled child as an individual. It should be noted that the social situations presented in the scientific literature and social relations among disabled people are predominantly descriptive, recording, not analytical. Much attention in the scientific work of Russian researchers is devoted to the rehabilitation of disabled children, in the study of families with children with disabilities. However, researchers, as a rule, consider the rehabilitation processes of disabled children separately from socialization.

Keywords: socialization and rehabilitation, children with special needs for health, family rehabilitation, in-law education, social protection of the population

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INTRODUCTION

The concept of an independent way of life presupposes the right of the disabled person to be an integral part of the life of society and to take an active part in all its processes [Karabulatova et al 2015]. This concept is focused on the ability of persons with disabilities to independently make decisions and manage life situations. The philosophy of an independent way of life guides a person who has an invisibility, set himself the same tasks as any other member of society [Karepova et al 2015].

For the scientific understanding of disability as a social phenomenon, the problem of determining the social norm that has been studied from various angles by such scientists as E. Durkheim, M. Weber, R. Merton, P. Berger, T. Lukman, P. Bourdieu remains important. In general, the socialization norm is the result of the action of the social mechanism of reproduction of the social essence of man [Kovaleva 2001]. Similar studies of the socialization norm are also found in foreign authors, T. Zhulkovska [2001] notes in his work that the norms of socialization of individuals are determined by both biological and social factors. Deviant socialization manifests itself in various forms of deviant behavior, and is also manifested as a discrepancy between the individual's personal development and standards (that is, ideal patterns) established in society.

According to Z.V.Polivara, synonyms for "children with disabilities" are: "children with problems", "atypical children", "children with special needs", "children with learning difficulties", "abnormal children", "exceptional children" "Children with special needs", "children requiring additional pedagogical efforts". This category is represented by children who have different degrees of complexity, the nature of deviation in mental or physical development (disturbances and delays in the development of hearing, sight, speech, intelligence, emotional-volitional sphere, communication processes) [Polivara2014].

Let's consider the basic groups of diseases at which there is a restriction of physical abilities of the child, but the intellect remains safe:

1) Children with hearing impairment. Primary impairment of auditory perception leads to underdevelopment of the most closely related functions - speech, as well as to the slow development of memory, thinking, other cognitive, as well as strong-willed and emotional mental processes. In children with hearing impairment, there is a retardation of mental development some time after birth or after hearing loss and acceleration of development in subsequent periods with adequate training and upbringing conditions. Difficulties in the development of the motor sphere are mostly compensated for adolescence, but some features are still preserved - a slow pace of performance of movements and mastery of motor skills, difficulties in maintaining balance, features of facial expressions.

2) Children with visual impairment. The influence of deep visual impairments on the development process is associated with the appearance of deviations in all types of cognitive activity, affects the formation of the personal and emotional-volitional sphere. These children are characterized by less cognitive activity, so the development of communication, the speeches of these children play a special role and indicate the degree of its social development.

3) Children with musculoskeletal disorders (cerebral palsy). Children's cerebral palsy (cerebral palsy) is a serious brain disease that manifests itself in a variety of psychomotor disorders with a leading motor defect, which is accompanied by a pathology of the muscles (paralysis). Motor disorders in cerebral palsy are expressed in violation of muscle tonus, presence of violent movements, lack of balance and coordination, lack of fine motor skills. This versatile disease can have a different degree of severity. In terms of the severity of the disturbances of motor functions and the formation of motor skills, it is customary to distinguish 5 forms:

- Spastic diplegia;
- hemiparetic form;
- Atonic-astatic form;
- hyperkinetic form;
- double hemiplegia.

These forms differ in clinical manifestations and prognosis. Most often, the main manifestation of the disease - motor disabilities in the form of a patient's inability to maintain a pose and perform normal voluntary movements, are joined to a different degree of severity of mental disorders, speech, sight, hearing, etc.

Many children have impaired perception, the formation of spatial and temporal representations, the scheme of the body. Almost all children have asthenic manifestations: decreased efficiency, exhaustion of all mental processes, slow perception, difficulty in switching attention, small amount of memory. Such children are characterized by early awareness of the physical defect and experiencing their inferiority, improper parenting - hyperopeak, restriction of activity and independence.

Undoubtedly, a child with disabilities - needs other conditions of life, content, education, socialization, in order to compensate and correct existing health and life limitations [Polivara 2014]. Moreover, violations of development should be perceived "not as an exceptional phenomenon, doomed", but as a phenomenon that takes place and is completely correctable.

MATERIALS AND METHODS

Theoretical sources of research on the problems of socialization are: Piaget's theory of cognitive development, Freud's psychological analysis, M. Mead's research on child-rearing, the concept of the material deprivation of E. Giddens, N. Smelser's socialization psychology, A. Schütz's phenomenology, the theory of "generalized other" J.G. Meade.

The ideas of the system approach of T. Parsons and R. Merton are used to study the family of a child with disabilities as a subsystem of society, the normal functioning of which ensures the stability of the society as a whole.

The study of the problem of the interaction of the child's family (children) with limited physical capabilities with the social environment is based on the macrosociological paradigm of structural functionalism, which is oriented toward studying the influence of the social whole over the subjects.

The ideas of a phenomenological approach are used to examine the family's vital world as a microcosm of the child's personality development. The application of the heuristic potential of the above theoretical concepts and approaches makes it possible to comprehensively analyze the features of family socialization of a child with limited physical abilities.

In the course of studying the characteristics of family socialization of a child with limited physical abilities and the role of agents in it, the procedural and activity approaches are used.

The empirical basis of the work is:

- the results of the research of Russian sociologists with the aim of studying the changes in the lives of families with a child (children) with disabilities due to the social transformations of the last two decades, published in monographs and scientific articles;
- the results of the author's sociological research conducted in 2007-2009 among parents who have a child (children) with disabilities in Moscow and the Moscow region. Selective population n = 422.

The number of disabled people in Moscow has a positive dynamics of decline - by about 100 thousand people a year. Now 1.1 million people with disabilities live in the capital, including 39,500 disabled children.

**NUMBER OF CHILDREN WITH DISABILITIES IN AGE UP TO 18 YEARS, RECEIVING SOCIAL PENSIONS ON SUBJECTS OF THE RUSSIAN FEDERATION¹⁾
(AS OF JANUARY 1 2017 YEAR¹⁾**

	2012г.	2013г.	2014г.	2015г. ²⁾	2016г.	2017г.
Russian Federation	560422	567825	579574	604850	616905	636024
Central Federal District	109238	110919	112631	116106	118766	123889

	2012 _e	2013 _e	2014 _e	2015 _e ²⁾	2016 _e	2017 _e
Belgorod region	5130	5104	5038	5067	4939	4959
Bryansk region	3795	3808	3863	3896	3899	3973
Vladimir region	4798	4748	4649	4610	4566	4664
Voronezh region	5615	5595	5630	5788	5808	6171
Ivanovo region	3296	3404	3423	3471	3371	3345
Kaluga region	2793	2877	2948	3042	2856	3074
Kostroma region	2238	2273	2296	2363	2301	2202
Kursk region	4311	4293	4419	4637	4779	4989
Lipetsk region	4030	4012	4038	4095	4083	4052
Moscow region	18492	18458	19134	19774	20962	21952
Oryol region	2923	2883	2935	2959	2840	2795
Ryazan region	3629	3572	3503	3515	3524	3554
Smolensk region	2766	2714	2709	2800	2733	2724
Tambov region	3010	3025	3052	3079	3225	3233
Tver' region	4808	4752	4751	4848	4524	4610
Tula gerion	4814	4641	4570	4640	4571	4599
Yaroslav region	3026	3083	3163	3273	3258	3321
Moscow (city)	29764	31677	32510	34249	36527	39672
North-West Federal District	42044	42307	43071	44308	44347	45719
The Republic of Karelia	2424	2464	2464	2451	2404	2298
The Republic Komi	3148	3152	3146	3115	3171	3201
Arhangelsk region	4203	4366	4553	4668	4631	4529
including the Nenets Autonomous District	167	168	174	193	177	179
Arkhangelsk Region without Autonomous Okrug	4036	4198	4379	4475	4454	4350
Vologda region	4661	4756	4735	4862	4754	4634
Kaliningrad region	2870	2874	2872	3008	3236	3256
Leningrad region	3958	3959	4016	4108	4401	4785
Murmansk region	2110	2142	2207	2304	2363	2493
Novgorod region	2296	2246	2280	2414	2472	2414
Pskov region	2052	2078	2153	2250	2274	2316
Sanct-Peterburg (city)	14322	14270	14645	15128	14641	15793
Southern Federal Distric³⁾	42431	43109	44515	51670	55644	57452
Republic Adygea	1357	1405	1376	1334	1375	1545
Republic of Kalmykia	2250	2225	2276	2189	2144	2079
Republic of Crimea	-	-	-	4819	6009	5979
Krasnodar region	17054	17504	18281	19259	20270	21372
Astrakhan region	3891	3985	4117	4601	4414	4350
Volgograd region	6850	7162	7326	7614	7954	7998
Rostov region	11029	10828	11139	11626	12257	12834
Sevastopol (city)	-	-	-	228	1221	1295
North-Caucasian Federal District	121329	123304	126864	132829	142128	146970
The Republic of Dagestan	31568	32454	33225	34861	39520	42032
The Republic of Ingushetia	10688	12068	12776	13378	14862	15268
Kabardino-Balkaria Republic	3776	3733	3852	4188	4271	4295
Karachay-Cherkess Republic	2697	2812	2924	3106	3269	3404
Republic of North Ossetia- Alania	3183	3221	3201	3218	3312	3362
Chechen Republic	60422	59641	61383	63933	66548	67908
Stavropol region	8995	9375	9503	10145	10346	10701

	2012 _z	2013 _z	2014 _z	2015 _z ²⁾	2016 _z	2017 _z
Volga Federal District	101698	102287	104065	106336	104815	105051
Republic of Bashkortostan	14593	14568	14969	15134	14752	15063
MariEl Republic	2527	2509	2502	2520	2507	2562
The Republic of Mordovia	2656	2536	2427	2408	2304	2290
Republic of Tatarstan	13987	14225	14668	15125	15023	14742
Udmurtre public	5237	5167	5225	5359	5398	5641
Chuvash Republic	4808	4752	4651	4690	4423	4451
Perm region	9238	9292	9393	9392	9225	9171
Kirov region	4151	4151	4125	4136	3980	4002
Nizhny Novgorod Region	11475	11715	12153	12713	12245	11826
Orenburg region	8290	8504	8775	9102	9137	9098
Penza region	3776	3827	3838	3854	3754	3865
Samara region	9441	9619	9739	10221	10113	10235
Saratov region	6208	6242	6389	6566	6731	6840
Ulyanovsk region	5311	5180	5211	5116	5223	5265
Ural Federal District	44489	45356	46365	48114	48573	49395
Kurgan region	3031	3136	3239	3328	3301	3405
Sverdlovsk region	17143	17339	17543	17989	18355	17960
Tyumen region	11988	12227	12548	13252	13799	14511
With Khany-Mansiysk autonomous area - Yugra	4541	4675	4825	5144	5567	5827
Yamalo-Nenetskiy Autonomous Area	1704	1783	1876	2018	2106	2287
Tyumen region without Autonomous areas	5743	5769	5847	6090	6126	6397
Chelyabinsk region	12327	12654	13035	13545	13118	13519
Siberian Federal District	75205	76160	77274	80429	77207	82384
Altai Republic	1024	1078	1101	1148	1155	1155
The Republic of Buryatia	4069	4232	4366	4589	4829	5067
Tuva Republic	2404	2366	2407	2471	2415	2374
The Republic of Khakassia	2015	1975	2111	2277	2261	2267
Altay region	8889	8933	9190	9558	9449	9959
Transbaikal region	4759	4872	4925	4941	4867	4813
Krasnoyarsk region	10376	10472	10758	11910	9138	12253
Irkutsk region	12942	13212	12997	13020	12421	12647
Kemerovo region	10998	11118	11347	11790	11939	12404
Novosibirsk region	7490	7593	7681	7766	7976	8326
Omsk region	6939	7059	7103	7547	7303	7473
Tomsk region	3300	3250	3288	3412	3454	3646
Far Eastern Federal District	23988	24383	24789	25058	25425	25164
The Republic of Sakha (Yakutia)	6153	6145	6190	6227	6247	5993
KamchatkaKrai	1070	1095	1101	1066	1229	1169
PrimorskyKrai	5265	5349	5327	5411	5355	5368
Khabarovsk region	4814	4938	5156	5260	5288	5288
Amur region	3555	3607	3697	3786	3874	3964
Magadan region	450	494	495	504	511	526
Sakhalin region	1726	1797	1859	1881	1974	1912
Jewish Autonomous Region	759	766	765	743	725	727
Chukotka Autonomous District	196	192	199	180	222	217

1) According to the Pension Fund of the Russian Federation.

2) Since 2015, taking into account the number of disabled people in the Crimean Federal District, submitted in 2015 according to the form No. 1-EDV, since 2016 - according to Form No. 94 (PENSION).

3) Starting from 2016, information on the Republic of Crimea and the city of Sevastopol is included in the total for the Southern Federal District (in accordance with the Decree of the President of the Russian Federation of July 28, 2016 No. 375).

DISCUSSION

The term "socialization" appeared in the scientific sociological literature in the late XIX - early XX century F.G. Giddings used this term to refer to "the development of the social nature of a person's character": the author believed that society develops on the basis of conscious management of social processes. His ideas about the determining role of social coercion formed the basis for the theory of socialization as "the fusion of various elements of the most diverse population into a homogeneous type." [Giddings 1994]

William James identified the psychological aspect in socialization: the influence of various social communities on the personality associated with them is so great that "in practice, a person is divided into several personalities; this can lead to disharmonious bifurcation of the social personality. " [James 1991]. One of the first mechanisms of socialization of the child identified S. Freud [1995]. According to his concept, the mechanisms of socialization include: confirmation - exclusion, prohibition, replacement (substitution), imitation and identification. The founder of psychoanalysis emphasized the crucial role of children's experience in the development of the personality and the importance of relations with parents through which cultural values are constructed in the individual. He was interested, first of all, the question of how the child controls his drives [Polivara 2015].

The problem of socialization is also considered in the writings of T. Parsons, one of the most famous followers of E. Durkheim. Within the framework of the theory of social action, the scientist considers society as a social system that is based on the central concept of normative character - equality. T. Parsons notes that the stability of any social system depends on the degree of integration of a number of common value standards with the internalized structure of needs - the settings that make up the structure of individuals [Durkheim 1996; Parsons 1994]. According to him, there are two basic means by which the social balance is maintained, and as a result of the rejection of one or both, there is an imbalance. The first means is socialization, by means of which a newborn individual becomes a social person. The second tool is social control as a way to maintain order among people. The main organ of primary socialization T. Parsons considers the family, where, in his opinion, the fundamental motivational attitudes of the individual are laid. The mechanism of socialization works on the basis of the principle of pleasure formulated by Freud, suffering brought about by rewards and punishments, and also includes the processes of inhibition (analogue of Freudian displacement) and substitution (transfer or displacement). The cognitive mechanism includes the processes of imitation and identification, based on feelings of respect and love. Assimilation of values occurs in the course of internalizing the structure of the family as an integrated system.

RESULTS

As a result, 19 families with a child (children) with complete immobility were interviewed. Out of 19 respondents, only 7 have complete incompetence as a result of trauma (accidents, injuries due to a fall from a high altitude, postoperative state): Anatoly, Arsen, Daria, Dmitry, Arthur, Iskander, Anton; other children with congenital disability (cerebral palsy, chondroblastoma of the cervix of the right thigh, Duchenne muscular dystrophy): Andrey, Vadim, Raphael, Elvira, Victoria, Lilia, Regina, Gulshat, Nikita, Ekaterina, Kira, Ruslan. Of 19 of our respondents, only 8 have a full family, the other mothers raise their children alone, close relatives help them (in two cases they are relatives of the husband).

The analysis of biographical interviews allowed us to reveal the features of the family's vital world, by which we mean the world of everyday life in the form in which it appears to ordinary people, men and women. The main characteristic of this world is that it is unproblematic and is taken for granted. The micro environment of socialization of a child with disabilities is the life of his family.

The received data, at first glance, convincingly testify to the absence of problems in the relationship of the family at the meso-level. The child and his family, according to the results of a survey of parents, are quite open to communication with relatives, neighbors, co-workers, peers of a child, etc. Respondents note that the family's relationship with relatives and other persons (74.7% and 77.9%, respectively) did not change

significantly after the birth or appearance in the family (for example, as a result of trauma) of a child with disabilities. Such parents in most cases do not interrupt communication with others only because they have a child with disabilities: "Classmates and the guys from Arthur's court visit, although immediately after the injury came more often. Now it's much rarer, but we are happy about it too, he comes to life after their parishes and eats better and dreams that he will go to school again, run and play foot-ball "(interview 5). However, the people around them can also, on their own initiative, restrict contacts with the child or his parents: "None of our close relatives communicate with us, consider me abnormal, that I left the sick child and did not give it to the orphanage" (interviews 13 and 17).

Based on the results of the expert survey, the fact was generally established that the attitude towards the parents of children with disabilities was generally negative, the reasons for the appearance of such children are seen by most specialists in alcoholism of parents, their immoral behavior, and asocial way of life. These reasons for the appearance of children with problems in society are noted by the majority (56.8%) of the interviewed specialists.

In their answers, parents stressed that the child lacks communication with peers (31.6%), attention and understanding from surrounding people (62.1%). In biographical interviews, parents noted that friends and acquaintances began to come to them less often after the appearance of a child with health problems in their family: "We used to have a lot of friends at home - my husband's friends and mine, but now more and more they call and are interested in Andrey's health , the prices of medicines that we treat it, etc., but come rarely "(interview 8) and almost do not bring their healthy children to them:" Elvira is so happy when she sees healthy children, loves to look at them, play, but her parents rarely take their children with them, they say that make noise will interfere, and what to prevent, when for our girl is a holiday ?! "(interview 11).

According to the questionnaire, 47.4% of parents are not completely satisfied with the attitude of others towards their child, while parents note that in the communication with the surrounding conflict, 41.1% (including conflicts with specialists working in rehabilitation centers, doctors in polyclinics, etc.). The surrounding, in their view, simply distanced themselves from the problems of the family, believing that everything necessary is already being carried out by the state. The family of a child with disabilities differs from the usual family in that it has a smaller number of so-called "weak" links, because it communicates in "its" circles, is closed to the nearest social environment. This limits the ability of the child's family with health problems to obtain new information. Such families are acutely aware of the social and ethno-cultural deviations caused by the isolation of their own world, as a result of which families with "special" children experience additional mental stress [Karabulatova et al 2017].

Analysis of the data of the standard questionnaire revealed the following trends. The role of neighbors in the structure of a social network is viewed from the perspective of the degree of equality on which relations of friendship are based. At the same time a tendency is observed: the larger the city, the less strong are the ties of the family with the neighbors. The degree of activity of neighbors was determined by the possibility of referring to them the parents of a child with limited physical abilities (100% active neighbors to whom they will apply in the first place).

In the process of socialization of a child with disabilities, his family is constantly in close contact with specialists from rehabilitation centers, psychological, medical and social assistance centers, social services, public non-profit institutions, non-governmental organizations of children's social initiatives, which in turn contributes to the child's adaptation process -disabled. The role of rehabilitation work with such children is described in his work by T.V. Kagramanova. In her opinion, the centers of medical and social rehabilitation for children with cerebral palsy have elements of medical, pedagogical and socio-cultural activities, they work with the disabled child's family, and in the conditions of deficit of the educational and educational structure for children, they act as institutions of socialization [Kagramanova 2003]. They are a small model of the society, where interindustry interaction and the consolidation of interdisciplinary knowledge aimed at a particular child with health peculiarities are really happening.

To study the nature of the attitude toward a child with disabilities at the macro level, we analyzed the data of a standard questionnaire survey of parents. The majority of respondents (65.3%) believe that the rights granted to the family of a disabled child (official status, enshrined in legislative documents) are partially realized. some parents responded in their questionnaires that they "do not know what rights they are talking

about, the laws do not work." The experts participating in the survey are of the same opinion (88%). When asked about the role of the state in the treatment and rehabilitation of the child, we received mixed answers: 43.2% of respondents consider such assistance from the state mandatory;

29.5% of parents count in this process only for themselves, and 27.4% find it difficult to answer, because do not quite represent what this assistance will be composed of.

The results of the expert poll confirm that the society as a whole does not know well what assistance families of the child (children) with disabilities need. For example, experts consider medical aid as the most appropriate aid for such families - 36%, 28% - mental and material support, and only 8% believe that parents need to be educated and trained. In our opinion, parents not only need to receive assistance from doctors, but also to represent the needs of the child themselves.

Unfortunately, the existing measures of helping the family remain ineffective, because Do not consider problems comprehensively.

CONCLUSION

So, family socialization of a child with disabilities is the formation of the willingness of the child and his parents to actively implement social roles, conditioned by the socializing potential of the family and external conditions. In the light of all the above, it seems to us that in a child with disabilities there are other features of family socialization that are different from ordinary children:

- The perception of a child with limited physical abilities as a passive object of the socialization process;
- Possible parent hyperope;
- Public misunderstanding of the prospects of the child's socio-cultural integration with physical "visible" health problems;

The mechanisms of socialization of a child with disabilities are violated. Reinforcement forms a certain type of behavior, which corresponds to the family values and orientations adopted in the family. At the same time, the child acquires family moral norms and values, passing through his personal experience, and creates his own set of rules of conduct. The lack (or lack) of social experience, due to physical limitations, deprives the child of the opportunity to adequately assess the moral values of his family and to form his own positive experience. In the process of identification, the child imitates parents, uses their experience and manner of behavior. In a family engaged in the struggle for existence, there can not be a positive opinion about the society in which the family lives. Often, parents are hostile toward others, as evidenced by the results of our study: "No one needs a sick child," "leave us alone," etc. The child projects the behavior of the parents to themselves, considering them not necessary, sticking in this world. In the future, there may be a consumer who does not want to give anything to society, at least that society did not give him anything. Understanding is aimed at promoting the formation of self-awareness in the child and his personality as a whole. Of course, such trends are not typical for all families with a child (children) with disabilities, but depend on the content of the social experience of a particular family. Thus, the family socialization of children with disabilities is a type of deviant socialization, which is manifested as a discrepancy between the individual's personal development and the standards established in society.

REFERENCES

- [1] Giddings, F. The foundation of sociology / F. Giddings And American sociological thought. Texts / Ed. I. Dobrenkov. - Moscow: MSU, 1994. - P.231-237. (Russian translation)
- [2] James, W. Psychology / W. James / Under. Ed. L.A. Petrovskaya. - M. : Pedagogika, 1991. - P.84-85.
- [3] Freud, S. Introduction to Psychoanalysis. Lectures / S. Freud. - M. : Nauka, 1995. - P.341.
- [4] Durkheim, E. On the division of social labor / E. Durkheim. - Moscow: Canon, 1996. - P. 46 -53; In the same place. - P. 138.
- [5] Zhulkovska, T. Socialization of people with intellectual disabilities / T. Zhulkovska / Transl. from Polish. Ed. A.I. Kovalyovoy, V.A. Lukov: Moscow. humanit.-sociol. academy. Department of Sociology. M. : Social life, 2001.

- [6] Kagramanova, T.V. Management of the processes of medical and social rehabilitation and socialization of disabled children with cerebral palsy: the Dissertation of the candidate of sociological sciences. Moscow, 2003. - P. 70-76.
- [7] Karepova S. G., Karabulatova I. S., Novikov V. S., Klemovitsky S.V., Stratan D. I., PerovaA. E. New Approaches to the Development of Methodology of Strategic Community Planning. In the: Mediterranean Journal of Social Science. 2015. Vol 6, No3, S.6. – pp.357-364
- [8] Karabulatova I.S., Kim L.I., GulmariamHisamutdinovnaAznabaeva G.H., NadezhdaGennadievnaIraeva, Olga AleksandrovnaKonnova Socio-economic Effect of Modern Inclusive Discursive Practices in Disabled People’s Social Rehabilitation. . In the: Mediterranean Journal of Social Science. 2015. Vol 6, No 6, S.3, - pp.: 11-18.
- [9] Karabulatova I., Patieva M., SeidinaM., PodkopaevaA., KushnirenkoV., NiyazovaG. Ethno-sociocultural Deviations in the educational environment of the modern Eurasian higher education institution as a reflection of transcultural globalization factors// Man in India, №97 (23), 2017, pp.95-103.
- [10] Kovaleva, A.I. Socialization of the Inactive Youth / A.I. Kovaleva, M.N. Reut. - M.: Socium, 2001. - P.71-73.
- [11] Parsons, T. Current state and perspectives of the systematic theory in sociology // Contemporary Western theoretical sociology / T. Parsons. - Moscow: INION RAS, 1994. - P. 39.
- [12] Polivara Z. V. Psychophysiological Mechanisms of Linguistic Modeling of The World Structure in the children-bilinguals with speech dysfunctions. In the: Advances in Environmental Biology. 2014, #8(10) June, pp.: 508-512.
- [13] Polivara Z. V. Synergetic Approach to the Formation of the Normalized Tempo-Rhythmical Organization of Speech in the Russian Language as a Foreign Language of Bilingual Children// [Электронныйресурс]: Mediterranean Journal of Social Science. 2015. Vol 6, No3, S4, May 2015. – pp.: 135-146. Doi:10.5901/mjss.2015.v6n3s4p135. URL:<http://www.mcser.org/journal/index.php/mjss/article/view/6722/6436> (date of base 18.02.2018).