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**PSYCHOSOCIAL ADAPTATION OF ADOLESCENTS WITH PHYSICAL
DISABILITIES**

511.03 – SOCIAL PSYCHOLOGY

Scientific summary of the doctoral thesis in psychology

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LIST OF ABBREVIATIONS

AFD – the adolescent with physical disabilities

ATd – the adolescent with typical development

PSA – psychosocial adaptation

ASEBA – Achenbach System of Empirically Based Assessment

SEN – special educational needs

ICF – International Classification of Functioning, Disability and Health

DSM – Diagnostic and Statistical Manual of Mental Disorders

WHO - World Health Organization

UN – The United Nations Organization

CONCEPTUAL MARKINGS OF THE RESEARCH

The actuality and importance of the topic addressed.

In recent decades, international and national trends to ensure all people equal opportunities for accessible education in the community bring with it more opportunities, but also a series of challenges. For people with disabilities, opportunities aim at the full and equal exercise of all fundamental rights and freedoms. Challenges relate to the fact that educational and social protection services are still developing. Thus, the basic challenge in the process of social integration of people with disabilities is their psychosocial adaptation, which reveals a complex process of permanent, dynamic interactions between an individual and members of society, who recognize his identity, capabilities, place and status. This results - above all - from the harmonization between two large regulatory systems, one of which relates to interpersonal relationships, and the other - to formal relationships with social organization and its dominant value system (J. Selosse). In terms of inclusion, these challenges limit access to age-appropriate activities and participation in social life. The Republic of Moldova is a young, developing state, so disadvantaged groups, including people with disabilities, have limited access to quality services and several barriers to psychosocial adaptation. The UN Convention on the Rights of Persons with Disabilities, ratified by Moldova in 2010, marks a new stage in the approach to disability. The biopsychosocial approach is gradually replacing the medical and social models. So that the participation of people with disabilities in the educational process and social life is possible if physical and psychosocial barriers are removed in relation to the environment with which they interact [28]

The term "disability", defined by the WHO, refers to a physical, sensory or intellectual impairment that significantly limits a person's performance in dominant activities in one or more domains of life functioning, by limiting activities and restricting participation [12]. The International Classification of Functioning (ICF) views disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental. Promoted as a biopsychosocial model, this approach represents a functional compromise between the medical and social models. Disability is the "umbrella" term for impairments, activity limitations, which refer to the negative aspects of the interaction between an individual (with a certain health condition) and the contextual factors of that individual (personal and environmental factors) [13].

Research and situational analysis of young people at the national and international level have imposed the need for an intervention to improve the psychosocial adaptation of adolescents, especially those who need additional support, of the group of adolescents with disabilities. Starting from here, this thesis presents a connection and interaction with the national strategic framework and the main international commitments of the Republic of Moldova, in this context. The work ensures the correlation with the policy documents in force, as well as with those in the process of elaboration or those at the finalization stage, among which: the project of the Program for the development of inclusive education in the Republic of Moldova for the years 2023-2028 (in the process of approval), the Child Protection Program for the years 2022-2026 [19]; the project of the Youth Sector Development Strategy for the years 2022-2030 "Youth 2030" [24] et al. In the context of the international agreements of which the Republic of Moldova is also a part, the paper refers to: the Sustainable Development Goals (SDGs) of the UN [10], the Global Partnership for Education, the Strategies for the Development of the Educational Plan, the UNESCO documents for supporting education. The work takes into account the provisions of the fundamental national strategic documents, such as: the National Development Strategy "European Moldova 2030" [25] and the Development Strategy "Education 2030" [23].

A condition for educational and finally social inclusion is the psychosocial adaptation of the disabled person. Without taking into account the individual psychological peculiarities, the needs to adapt the educational environment dictated by the disability, the functioning capacity of the disabled person, the ability to relate - we risk not bringing inclusion towards 2030 to a sustainable development, aligned with the objectives Strategy and Program "Education 2030". The "Education 2030" strategy also contains a special sub-point: "Psychosocial and educational adaptation", where it is mentioned that "...there are vulnerable groups that present a higher risk regarding psychosocial

and educational adaptation up to secondary education, especially children with disabilities, of children at risk or in difficulty, of children from vulnerable families" [23]. General objective 2 of the Strategy, aimed at ensuring the conditions for the formation of a healthy generation with psycho-emotional resilience, creates a correlation with ODD-4. Achieving psychosocial adjustment during the transition to adolescence can be particularly difficult for children and families who have to deal with the presence of a chronic illness or disability [27]. Adolescents with disabilities apparently have significantly lower social integration and participation in activities and social environments. From an early age, relationships are important to young people, as they are involved in various social relationships where they have to learn to adapt to other people in their social environment. This adaptation process helps the individual to develop multiple and complex roles and relationships in life. During adolescence, children's relationships become increasingly intimate and comparable to those of adults [46]. Perceptions and interaction with peers become increasingly important as adolescents – with advancing age – define their identity apart from family membership. Adolescents with physical disabilities may be at risk of secondary disabilities associated with psychosocial factors, and the disability may disrupt peer relationships, resulting in delayed social and emotional development.

The framing of the research theme in the international, national, zonal concerns of the research team and in an inter- and transdisciplinary context, the presentation of the results of previous research. A more obvious evolution of the term adaptation, relevant to the topic of this thesis, begins in the 60s. Thus, adaptation was extensively theoretically grounded by Piaget as part of the constant construction of new knowledge in the Theory of Cognitive Development. This inspired Piaget to conclude that the adaptation of the subject comes from the continuous search for a balance between the processes of assimilation and accommodation and remains inseparable from cognition and the act of organization.

A separate research direction of the adaptation process is developed from the perspective of the stress reaction. In efforts to measure the level of adaptation S. Folkman and Lazarus have proliferated in the field of coping in the face of stress and trauma, an effort aimed at recognizing the importance of not only addressing typically adaptive efforts (e.g. problem solving, planning, seeking support social and positive evaluation), but also of the development of non-adaptive ways from a conceptual point of view [36]. Until the beginning of the 80s, efforts to elucidate the experience of disability were usually focused on maladaptive aspects or negative correlations of the psychosocial adaptation process and its results following disability (J. McDaniel, 1976) [41], (F. Shontz, 1975) [45]. Most of these efforts have examined disability-triggered reactions and coping phases such as anxiety, depression, denial, and anger (D. Krueger, 1982) [31], (D. Weller; P. Miller, 1977) [48]. Instead, research in the 1990s gradually shifted towards positive and successful experiences targeting the psychosocial adaptation process. This research approach includes rigorous efforts to explore correlates of coping such as quality of life, life satisfaction, perceived control, spirituality, optimism, and successful coping (M. Bishop; S. Feist-Price, 2001) [26] , (S. Folkman; J. Moskowitz, 2000) [30].

The analysis of existing literature on psychosocial adaptation to disability highlights four distinct research areas, namely: (a) the structure and dynamics of psychosocial reactions associated with disability during the process of adaptation to disability (H. Livneh; R. Antonak, 1997; Wright, 1983) ; (b) the role of coping strategies to combat the stress generated by the disability (Devins; Binik, 1996; Moos, 1984; Chan et al. 2000); (c) the role that general cognitive or perceptual styles, such as optimism/pessimism, play in filtering or interacting with the experience of disability (White et al., 1996; Martz et al., 2000); and (d) the impact that the experience of disability has on a person's perceived quality of life and life satisfaction (Bishop, 2001) [38]. Some of these areas of research on psychosocial adaptation to disability have informed the approach brought by CIF to understanding the interaction between health status, environmental contextual factors and personal factors.

The Romanian authors P. Brânzei, E. Lupașcu, I. Alexandrescu are known in the field of research consistent with the thesis by developing the concept of adolescent adaptation, especially

taking into account the bio-psycho-social significance of the adaptation process [1]. At the same time, the authors M. Epuran, I. Holdevici, F. Tonița contributed through their works to the development of the final dimension of the ways of reaction and psychosocial adaptation [apud. 9].

In the academic environment of the Republic of Moldova, the research on the subject of psychosocial adaptation has become increasingly circulated, especially in the last decade. A series of works dedicated to the adaptation of students to the academic environment, of adolescents through the prism of value orientations, of the social adaptation of children and young people with CES have propelled the subject to the attention of local researchers. A series of works dedicated to value orientations and their relationship with psychosocial adaptation in adolescents were developed by O. Paladi, in collaboration with N. Bucun [3; 4; 5; 6; 15; 16; 17]. The authors M. Pleșca and E. Puzur contributed significantly to the research of the basic psychological mechanisms of students' adaptation to the learning activity [20]. At the same time, the subject of psychosocial adaptation of children and adolescents with CES in general education institutions is studied by the authors N. Bucun, S. Toma, S. Rusnac, V. Rusnac [2; 6; 7]. The research on the subject from the perspective of inclusive education and the development of strategies for a quality education for children with disabilities were carried out by the authors L. Malcoci, V. Rusnac, G. Bulat, D. Gînu, V. Olărescu, A. Cara [8; 11; 22].

Basing ourselves on the concerns of international, regional, national research; the formulation of the research problem regarding the psychosocial adaptation of adolescents with physical disabilities is argued on the priorities of the national strategic documents. Studying the theoretical framework conditions the need for a theoretical and applied approach to psychosocial adaptation among adolescents with physical disabilities. Although the concept of psychosocial adaptation can be found in policy documents, in the educational process, but also in the social life of adolescents with physical disabilities, in the Republic of Moldova there is currently no common approach to the peculiarities of adaptation and no measures are taken to influence the factors that contributes to the psychosocial adaptation of people with disabilities. At the same time, studies focused on adolescence do not elucidate the interventions that would make psychosocial adaptation more efficient and increase the quality of life of people with disabilities at this age. Thus, we establish that the subject of the research has not yet found appropriate scientific argumentation in the national socio-cultural space, a fact that gives us the opportunity to formulate the **research problem** that resides in determining the specific peculiarities of the process of psychosocial adaptation of adolescents with physical disabilities and of the ways of psychosocial intervention to make this process more efficient.

The purpose of the research consists in establishing the particularities of the psychosocial adaptation of adolescents with physical disabilities, developing and validating the model for its efficiency under the conditions of their educational and social inclusion.

In order to achieve the stated goal and verify the hypothesis, we proposed the following objectives:

1. analysis of the theoretical-methodological concepts of the process of psychosocial adaptation of adolescents with physical disabilities;
2. determining the particularities of the process of psychosocial adaptation of adolescents with physical disabilities compared to adolescents with typical development;
3. identifying the factors that influence the process of psychosocial adaptation of adolescents with physical disabilities;
4. the development and validation of the psychosocial model for streamlining the psychosocial adaptation of adolescents with physical disabilities.

The theoretical analysis of the researched problem led us to formulate the **research hypothesis**: The psychosocial adaptation of adolescents with physical disabilities denotes specific particularities and can be made more efficient by implementing a psychosocial model to improve the psychosocial adaptation of adolescents with physical disabilities.

Synthesis of research methodology and justification of research methods. The research methodology was based on theoretical approaches and multiple results of empirical research carried out in social psychology, age psychology, educational psychology.

Metodologia cercetării științifice. *Metode teoretice:* analiza și sinteza literaturii de specialitate; metoda ipotetico-deductivă pentru interpretarea și explicarea rezultatelor obținute în cercetare. *Metode empirice:* observația, convorbirea, ancheta în bază de chestionar, testul (*Ancheta psihosocială; Chestionarul de diagnosticare a adaptării psihosociale elaborat de către C. Rogers și R. Dymond; Scala lipsei de speranță/deznădejde Beck; Testul ASEBA; Tehnica de studiere a autoaprecierii la adolescenți Дембо-Рубинштейн*). *Metode matematice și statistice:* Programul SPSS – Statistical Package for the Social Sciences), versiunea 21, *testul T* pentru două eșantioane perechi (Paired-Samples T-Test); *testul Kolmogorov-Smirnov* pentru determinarea normalității distribuțiilor de date; *testul Chi-pătrat* pentru determinarea asocierii între variabilele nominale și ordinale; *testul Kendall-tau* pentru a studia corelația variabilelor de tip scală; *Testul U Mann-Whitney* pentru a compara datele eșantioanelor independente; *testul Wilcoxon* pentru compararea datelor eșantioanelor perechi.

Scientific research methodology. *Theoretical methods:* analysis and synthesis of specialized literature; the hypothetico-deductive method for interpreting and explaining the results obtained in research. *Empirical methods:* observation, conversation, questionnaire-based investigation, test (*Psychosocial Survey; Psychosocial Adaptation Diagnostic Questionnaire developed by C. Rogers and R. Dymond; Beck Hopelessness/Despair Scale; ASEBA Test; Technique for studying self-esteem in adolescents Dembo-Rubinstein*). *Mathematical and statistical methods:* SPSS Program – Statistical Package for the Social Sciences), version 21, Paired-Samples T-Test; the Kolmogorov-Smirnov test for determining the normality of data distributions; the Chi-square test for determining the association between nominal and ordinal variables; the Kendall-tau test to study the correlation of scale variables; Mann-Whitney U test to compare data of independent samples; Wilcoxon test for comparison of paired sample data.

Scientific novelty and originality. It is one of the first theoretical-experimental studies in local social psychology, which establishes the particularities of the psychosocial adaptation of adolescents with physical disabilities included in general education; determines the differences between the psychosocial adaptation of the adolescent with physical disabilities compared to the adolescent with typical development; establishes the influence of various psychosocial factors on this process; determines the Psychosocial Model for streamlining the psychosocial adaptation of adolescents with physical disabilities.

The results obtained that contribute to the solution of the important scientific problem consist in determining the particularities of the psychosocial adaptation of adolescents with physical disabilities, with the use of the results obtained in the development and implementation of the psychosocial model for streamlining the psychosocial adaptation of adolescents with physical disabilities, resulting in the reduction of the difficulties they face at the level of emotional and social skills. The obtained results can be used in order to ensure better conditions for the efficiency of psychosocial adaptation and increase the social inclusion of adolescents with physical disabilities.

Theoretical implications: the obtained results allowed the formation of a complex scientific vision regarding the peculiarities of the psychosocial adaptation of adolescents with physical disabilities, the psychosocial factors that influence adaptation based on the comparative study of the peculiarities of the psychosocial adaptation of adolescents with physical disabilities included in general education, thus justifying the need to organize psychosocial assistance for adolescents with disabilities in order to prepare for their educational and social inclusion.

The applicative value of this research resides in the foundation and experimentation of the diagnostic methodology of the psychosocial adaptation of adolescents with physical disabilities; the development and validation of the psychosocial model for streamlining the psychosocial adaptation of adolescents with physical disabilities in order to increase the level of acceptance and inclusion of adolescents with disabilities, which can be used in the psychological assistance of students with disabilities and students with typical development, when developing programs of support for

facilitating the inclusion of students with disabilities, in the activity of teaching staff, school psychologists, psychopedagogues, within the psychopedagogical assistance service, community centers, etc.

Implementation of scientific results: the obtained results were promoted at national and international scientific events; were applied in the approach of psychological assistance intended for adolescents with physical disabilities within the "Speranța" Center, in Chișinău; in the practice of a trainer within the training and mentoring activities for teachers, specialists from inclusive education services in the country; in consulting actions in the development of educational policy documents, the creation and development of inclusive education services in the country.

Publications on the topic of the thesis. The basic content of the research is presented in **14 scientific papers:** journal articles and the materials of national and international scientific conferences.

The volume and structure of the thesis. This doctoral thesis includes: annotations in Romanian, Russian and English, introduction, three chapters, general conclusions and recommendations, bibliography of 220 titles, 17 appendices, 151 pages of content, 40 figures and 25 tables.

Keywords: psychosocial adaptation, physical disability, inclusion, social exclusion, adolescent age, disabled adolescent, typically developing adolescent.

THESIS CONTENT

In the **Introduction**, the relevance and importance of the research topic are argued, the purpose and objectives of the investigations are formulated, the scientific innovation of the results obtained are stated, the scientific novelty of the results obtained is presented, as well as the results obtained that contribute to the solution of the important scientific problem, the theoretical value and the practical value of the work, the implementation of results and approval of research results are laid out.

In **Chapter 1, The theoretical framework of the psychosocial adjustment of adolescents with physical disabilities**, the following are reflected: the defining dimensions of the concept of psychosocial adaptation, analysis of the factors and process of psychosocial adaptation, models of psychosocial adaptation of people with disabilities; the specifics of psychosocial adaptation to adolescents with physical disabilities; emotional, social skills and environmental conditions in the process of psychosocial adaptation of the adolescent with physical disabilities.

In the specialized literature, a special contribution to the elucidation of the *adaptation* process goes to the psychologist K. Lewin, whose "*Field Theory*" is also applied in relation to psychosocial adaptation to disability, which conceptualizes human behavior as a function of two primary components, and namely: the individual and the environment in which he operates [33]. More specifically, K. Lewin indicates that behavior is a product of the interactive influence between the person and the environment. Living space was best perceived as a dynamic system that embedded the person in the context of geographic or physical regions as well as social regions. The main provisions of this concept are outlined by him in the works "Dynamic theory of personality" [32] and "Principles of topological psychology" [34]. The specific psychological field is charged by the cultural-social life space. The author regards the person and the environment as parts or areas of the same psychological field. The field represents "the totality of coexisting factors which are granted in a mutual independence". In the interaction of the individual with the environment, Lewin distinguished two types of needs - biological and social. One of Lewin's most famous equations, with which he described human behavior in the psychological field under the influence of various needs, shows that behavior is both a function of personality and the psychological field. However, a person is not tied to a certain action or method of solving a situation, but can change them, discharging the tension that has arisen in him, *and this expands his adaptive capabilities*. Gaining a perspective on the phenomenon of psychosocial adaptation among people with disabilities is developed through the lens of stress reaction. S. Folkman and R. Lazarus (1980) conducted research in the field of coping in the face of stress and trauma, an effort aimed at recognizing the importance

of not only addressing typically adaptive efforts, (for example: problem solving, planning, seeking support social and positive evaluation), but also of the development of non-adaptive ways from a conceptual point of view [36]. Until the early 1980s efforts to elucidate the experience of disability usually focused on maladaptive aspects or negative correlations of the psychosocial adjustment process and its outcomes following disability (J. McDaniel) [41], (F. Shontz) [45].

The study of aspects of psychosocial adaptation of people with disabilities started with the definition of the term "disability". The definition provided by the World Health Organization (WHO) refers to a physical, sensory or intellectual impairment that significantly limits a person's performance in dominant activities in one or more areas of life functioning, *by limiting activities and restricting participation* [12].

In 2021, H. Livneh came up with a revision of the integrated model which assumes that the experience of disability can best be understood as an interactive relationship between the subjective (the self-awareness of the disabled person) and the objective (the living space or external environment) . Figure 1.1 shows the structure, content and process of psychosocial adaptation of the disabled person developed by H. Livneh and his collaborators.

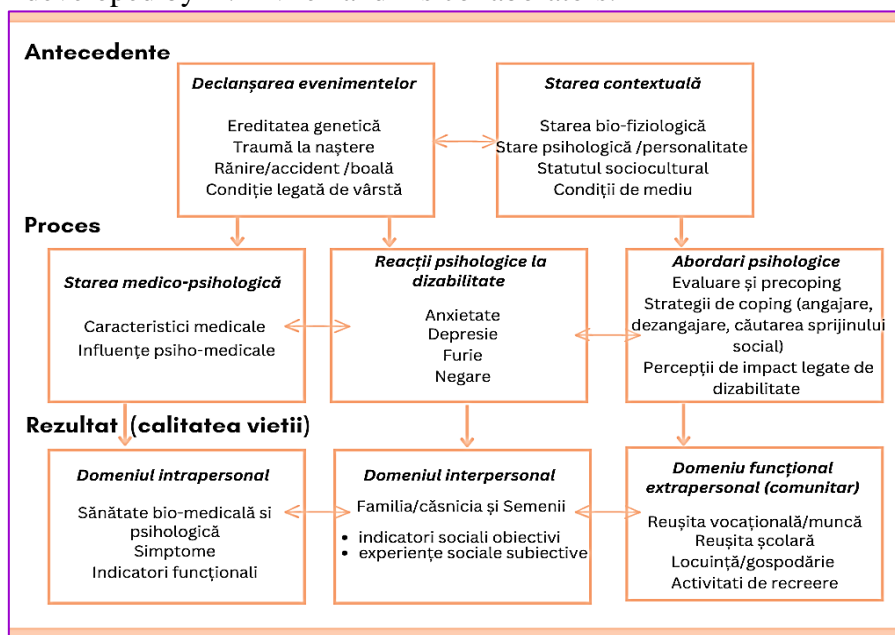


Fig. 1.1. The structure, content and process of psychosocial adaptation in disability (adapted from H. Livneh, 2021) [35]

In the view of H. Livneh and R. Antonak, adaptation is the dynamic process that a person with disabilities experiences in order to reach the final state of maximum congruence between the person and the environment, known as adjustment [37]. B. Wright, describing adaptation to disabled people, stated that "in adjustment, the person enhances existing abilities and moves beyond physical losses" [49, p. 185]. F. Shontz in researching the reaction to health crises and traumas mentioned that in the adaptation process the disabled person experiences an optimal level of congruence between the subjective world and the external environment [44] and shows success in using problem-solving skills and in managing its environment [43]. Individuals experiencing a chronic illness or disability will invariably go through a process of psychosocial adaptation, where the disability or illness becomes an integral part of the individual's life, identity, self-concept formation and body image. Figure 1.2 shows the "maladaptive" extreme of the continuum characterized by anxiety, depression, anger, inadequate self-esteem, dependence on an adult, social withdrawal and denial of disability. The "adaptive" extreme of the continuum is characterized by reactions that demonstrate independence and interdependence, adequate self-esteem, self-efficacy, personal mastery.

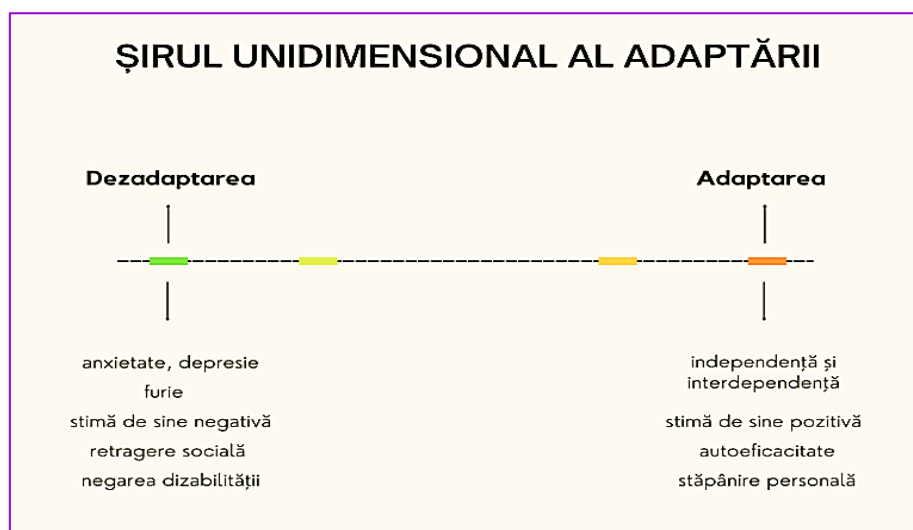


Fig. 1.2. The axis of the psychosocial adaptation process in physical disability

In addition, when the adaptation of the disabled person takes variables from the far right the person demonstrates [37]: psychosocial balance and integration/reintegration; awareness of remaining potential and existing functional limitations; adequate self-esteem, self-concept and sense of personal mastery; behavior adapted to the environment; active participation in social, professional and recreational activities. Individuals experiencing a chronic illness or disability will invariably go through a process of psychosocial adaptation, in which the disability or illness will influence the person's development, quality of life and, to varying degrees, all aspects of dominant activities.

The models reflected in point 1.2 of the thesis serve to develop the psychosocial model for optimizing the adaptation of adolescents with physical disabilities within the formative experiment of this research. At the same time, the analysis of the influence models of the psychosocial adaptation process directs us towards a deeper analysis of the psychosocial characteristics of adolescents with physical disabilities and the factors involved in the complex process of psychosocial adaptation.

In the research carried out, the experimental group is made up of teenagers. Moreover, L. Steinberg, A. Morris claim that adolescence represents a period of transition, marked by permanent learning and adaptation to new, increasingly challenging social situations and requirements, on a physical, socio-emotional, cognitive level . For the adolescent, F. Mahler mentions, this dynamic stage of transformations, which requires adaptation to the change of one's own person, as well as of reporting to the family or to the group of friends, is reflected in permanent oscillations between independence and conformity, anxiety and exuberance, discovery and confusion [39]. The research analyzed the age periods proposed by U. Șchiopu, according to which the period 14-18/20 years old is called adolescence proper, that proposed by E. Erikson (12-18/20 years) and A. Leontiev (14/15-18/19 years old). Teens with disabilities face many of the same challenges as their typically developing peers. However, the way they are resolved may be different. In addition, the type and degree of disability can have an impact on subsequent adaptation and integration. Although current research on adolescents with disabilities has helped advance an initial understanding of the challenges for this age group, there are still significant issues, noted by authors M. Maxey, T. Beckert, that need to be addressed to fully understand the developmental trajectories of these teenagers and to truly impact their lives as adults with disabilities [40].

In working with people experiencing difficulties in psychosocial adjustment, generated by the onset of a chronic illness or disability, it is useful to consider the importance of environmental factors and personal factors, as well as the significant effect of the interaction between these components on adjustment psychosocial and their socio-educational inclusion. Thus, the CIF model allows the identification of the solution from a holistic perspective, considerably improving the intervention decision-making process. For the adolescent with physical disabilities, friendships with

peers with typical development support him in self-knowledge, the formation of relational skills, and give him confidence. Relationships prevent the appearance of feelings of inferiority, negative affective states and have a positive influence on the development of the cognitive and psychoemotional sphere. Acceptance and involvement of adolescents with disabilities in various activities, including participation in physical activities, not only improves their general health, but also facilitates their interaction with adolescents without disabilities outside of school settings.

The investigation of the theoretical-methodological concepts of the process of psychosocial adaptation of adolescents with physical disabilities determined the synthesis of the following conclusions that will form the basis of the experimental research approach:

1. Psychosocial adaptation is a multidimensional process, based on the knowledge of the strengths and limits of the disability, and the finality of the psychosocial adaptation process is the harmonious relationship between the adolescent with physical disabilities and the group of belonging, the surrounding environment and involves assimilation and accommodation, influenced by skills of self-knowledge, emotional and behavioral self-regulation, effort and learning through continuous participation.

2. People with physical disabilities will invariably go through a process of psychosocial adaptation, in which the disability becomes an integrated part of their life, identity, self-awareness, body image, influencing their emotional balance and social relationships.

3. Social and emotion management skills occupy a significant place among the internal resources needed by adolescents with physical disabilities in the adaptation process, being oriented towards interpersonal relationships, dependent on the opinions of peers of the same age and significant people in their lives.

4. The process of psychosocial adaptation of adolescents with physical disabilities is characterized by a slowed dynamic, following the influence of psychosocial factors.

5. The phenomenon of psychosocial adaptation aimed at teenagers, but especially teenagers with physical disabilities, is a topical one. A condition for respecting the right to education, involving educational and, finally, social inclusion, is the efficiency of the process of psychosocial adaptation of the adolescent with physical disabilities.

Psychosocial adaptation is defined in the work as a multidimensional process, which is the product of the continuous relationship between the person and the environment, in which the knowledge of the strengths and limits of the disability, in the case of the disabled person, becomes decisive. The finality of the process of psychosocial adaptation of the adolescent with physical disabilities is his relationship with the belonging group, the environmental environment, involving assimilation and accommodation, being influenced by the personal skills of self-knowledge, emotional and behavioral self-regulation, the effort in learning through continuous participation [51; 54; 55]. People with physical disabilities will invariably go through a process of psychosocial adaptation, where the disability becomes an integrated part of their life, identity, self-awareness, body image, influencing their emotional balance and social relationships.

Chapter 2, Analysis of factors that influence the psychosocial adjustment of adolescents with physical disabilities, presents the research objectives, hypotheses and methodology. The research tools used are described; the characteristics of the investigated sample are presented. The levels of development of psychosocial adaptation and other psychosocial factors are presented; the correlational analysis of psychosocial adaptation and psychosocial factors in adolescents with physical disabilities is presented; as well as the correlational analysis of psychosocial adjustment with research variables.

For the first stage of experimental research, we proposed to verify the following *operational hypotheses*: - we assume that the psychosocial adaptation of adolescents with physical disabilities presents specific particularities; - we assume that the process of psychosocial adaptation in adolescents with physical disabilities is characterized by a slowed development, due to the influence of some factors, which stagnate, to varying degrees, the psychosocial adaptation of adolescents with physical disabilities. In order to achieve the stated goal and verify the research hypotheses, we proposed the following *objectives*: - determining the particularities of the process of psychosocial

adaptation of adolescents with physical disabilities compared to adolescents with typical development; - identifying the factors that influence the process of psychosocial adaptation of adolescents with physical disabilities.

We mention that the analysis of specialized literature helped us outline the following conceptual scheme of psychosocial adaptation to adolescents with physical disabilities, presented in figure 2.1.

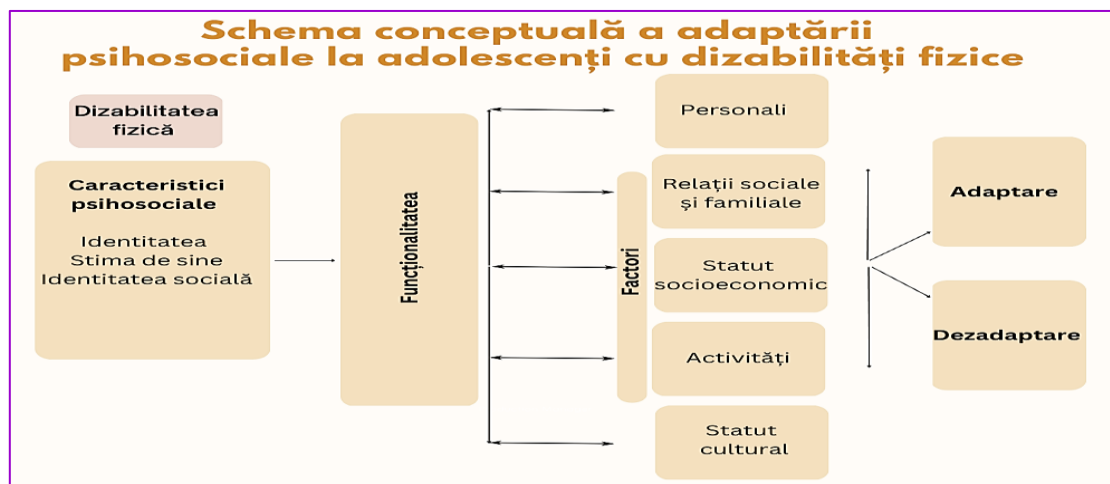


Fig. 2.1. Conceptual scheme of psychosocial adjustment in adolescents with physical disabilities

The psychosocial characteristics of the person with physical disabilities are of great importance in the adaptation process, influencing their functionality. Accordingly, functionality is interdependent with personal, environmental, and contextual factors, and how the factors interact with function and access to activity will define finality.

Several psychometric instruments were used in the research: **Psychosocial Survey; The Psychosocial Adaptation Diagnostic Questionnaire developed by C. Rogers and R. Dymond; Beck Hopelessness Scale; ASEBA test; The Dembo-Rubinstein technique for studying self-esteem in adolescents.**

The statistical tools used refer to the quantitative analysis of the results, which was carried out using **SPSS** (Statistical Package for the Social Sciences), version 21. It was used: Paired-Samples **T-Test** ; the **Kolmogorov-Smirnov test** for determining the normality of data distributions; **Chi-square** test to determine association between nominal and ordinal variables; the **Kendall-tau** test to study the correlation of scale variables; the **Mann-Witney U** test to compare data of independent samples [18].

Characteristics of the experimental sample. The purpose and objectives of the research determined the outline of the structure of the **experimental sample**, which was made up of **100 teenagers** with different levels of development. Thus, to carry out the ascertainment experiment, we selected 2 groups of respondents, consisting of 50 teenagers with physical disabilities (of which 22 boys and 28 girls) and 50 teenagers with typical development (of which 20 boys and 30 girls). To homogenize these groups, in order to increase the validity of the experimental data obtained further, the respondents were selected based on several common criteria.

The analysis of the completed experimental sheets allows us to determine the characteristics of the experimental group based on the gender criterion, respectively we note the presence of 42% of male adolescents, which represents 42 boys, and 58% of female gender, which represents 58 girls - a slightly disproportionately in favor of female subjects. Respectively, subjects aged between 14 and 20 years old were trained in the experiment (55% aged between 14-15 years and 45% aged between 16-20 years). At the time of the survey, they were studying in gymnasium classes - 20% (11% teenagers with disabilities and 9% without disabilities), high school classes - 56% (17% teenagers with disabilities and 39% without disabilities), the Center of Excellence - 5% (teenagers

with disabilities), the university cycle 9% (8% teenagers with disabilities and 1% without disabilities), and 10% of respondents (9% teenagers with disabilities and 1% without disabilities) were not enrolled in educational institutions at the time. From the mentioned experimental group, 2.2% of the subjects learn according to the mixed method: some days at school, some days at home, 10% are home-schooled and mostly - 87.8% of the respondents study in institutions of education (school, college, university). 50% teenagers from the rural environment and 50% from the urban environment were selected, of which 50% of these groups are teenagers with typical development and 50% with various types of disability, respectively. All teenagers (100%) in the group with disabilities experience physical/locomotor disabilities. The results of the declarative research (presented in the thesis) demonstrate that the type of concerns, worries and difficulties faced by the surveyed teenagers is diverse.

Following the study, the comparative analysis of the empirical data obtained in the two groups, disabled and non-disabled teenagers, was performed for all variables of the questionnaires / personality traits.

Next, we present the results of the 100 subjects (50 from the disabled group and 50 from the typically developing group) for the **Psychosocial Adjustment Diagnostic Questionnaire** (C. Rogers and R. Dymond). The results are presented in figure 2.2.

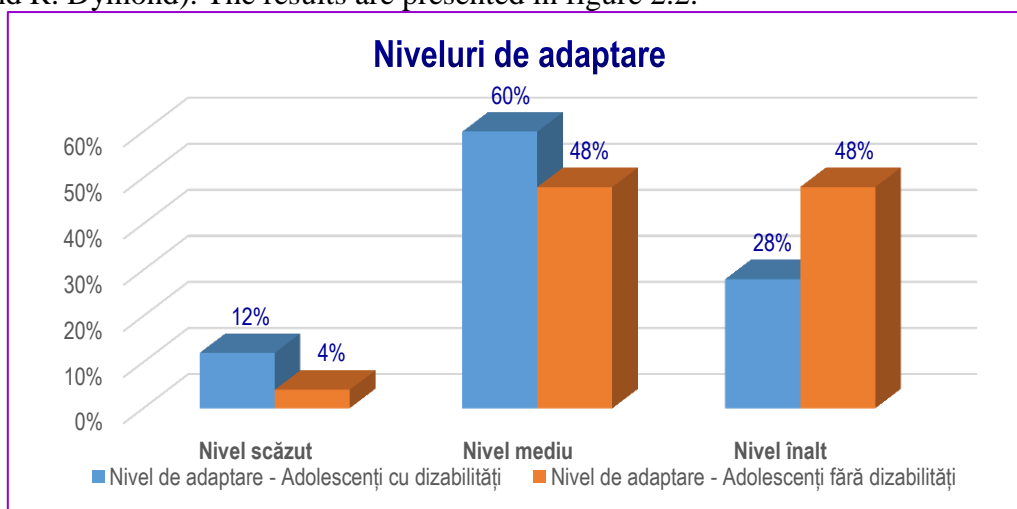


Fig. 2.2. The levels of development of the "Adaptation" variable for groups of adolescents with disabilities and with typical development

Figure 2.2 shows the weight for the "Adaptation" variable for both groups of teenagers with and without disabilities, at a comparative level. Respectively, 12% of teenagers with disabilities and 4% of teenagers with typical development have a result denoting a low level for the "Adaptation" variable. The average level on this variable denotes 60% of the subjects of the group with disabilities and 48% of the group with typical development. The third level represented, the high level, we note is characteristic of 28% of the subjects of the group with disabilities and 48% of the group with typical development. Psychosocial adaptation of a person is understood as the optimal realization of a person's internal capabilities and abilities and his personal potential in a specific field. The state of psychological adaptability is characterized as a state of relationship between the individual and the group, when the individual, without prolonged external and internal conflicts, productively carries out his dominant activity, satisfies his need for social interaction, fully fulfills the expectations for the role he manifests in the reference group and experiences a state of self-affirmation.

The levels of development for the variables *self-acceptance* and *acceptance of others* are represented in figure 2.3.

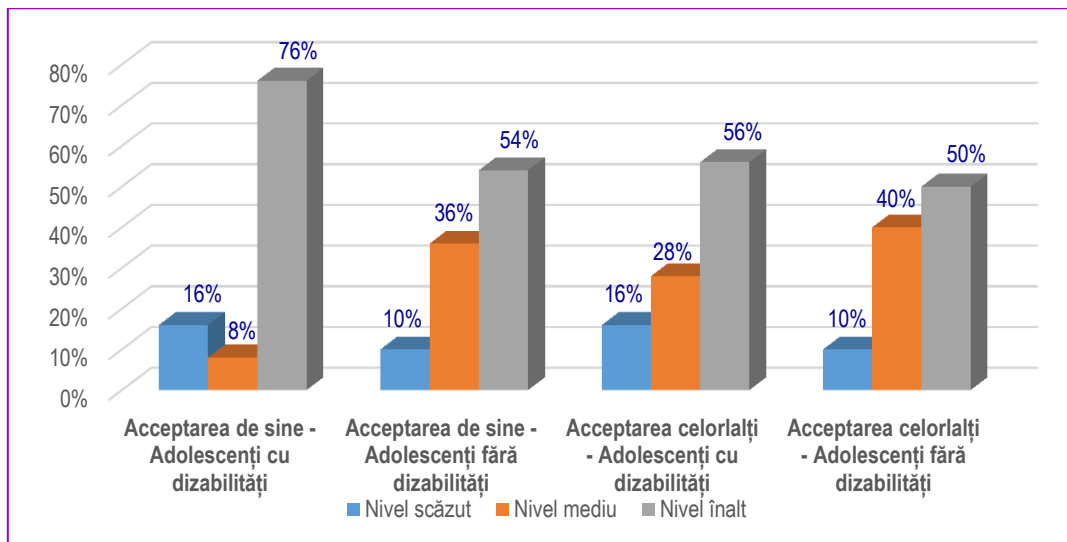


Fig. 2.3. The levels of development of the variables "Self-acceptance" and "Acceptance of others" for the groups of adolescents with disabilities and with typical development

Only 16% of subjects in the group with disabilities and 10% of subjects in the group of typically developing adolescents report a low level of self-acceptance. A smaller number, 8% of adolescents with disabilities and 36% of adolescents with typical development have scores that place the adolescents surveyed at an average level. More than half stand out for the high level of self-acceptance – 76% of teenagers with disabilities and 54% of teenagers with typical development. For the second variable, i.e. the acceptance of others, the subjects accumulated a score that places them on the 3 levels as follows: a little more than half of the teenagers with disabilities are positioned at the high level - 56% and 50% of the teenagers with typical development. 28% of respondents from the group with disabilities and 40% from the group with typical development are placed at the average level. Low level on the variable acceptance of others denotes 10% of the people of the group with typical development and 16% of those with disabilities. In general, acceptance is the process of perceiving reality as it really is. To accept something means not to condemn, but to give it the right to be. It also implies an internal agreement with what is happening, of being reconciled to the idea of something being the way it is. Any internal conflict is a disagreement with oneself. Any external conflict is a rejection of something considered to be bad, illegal, not having the right to exist. Self-acceptance reflects a realistic assessment of one's own qualities, abilities and opportunities, understanding and accepting developed values and urgent needs, living in harmony with oneself, getting rid of psychological complexes or reconciling with them.

In the same vein, according to the Psychosocial Adaptation Diagnostic Questionnaire, we also determined the level of development of the "Emotional Comfort" and "Internal Control" variables for the experimental subjects from the group of teenagers with and without disabilities (figure 2.4).

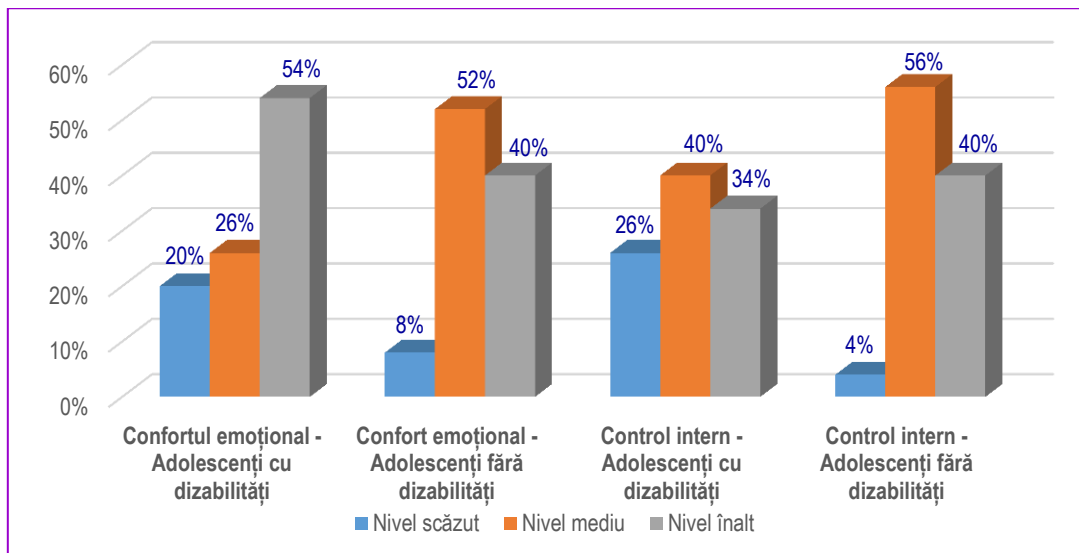


Fig. 2.4. The levels of development of the "Emotional comfort" variables and "Internal Control" for groups of adolescents with disabilities and typically developing

The weighting of the raw results for the emotional comfort component of teenagers from the group of people with disabilities, figure 2.4, shows that 54% of them register a high level, 26% of them have an average level, and 20% a low level. A smaller number – 8% of the subjects with typical development have a low level of emotional comfort, half of them – 52% medium level and 40% of the teenagers of this group registered a high level.

Emotional comfort is a state in which a person feels confident, calm and comfortable. The person is unafraid, expresses his feelings freely, is generally optimistic and content. Emotional discomfort is a state that disrupts activity, involves fear, anxiety, self-doubt, depression, excessive worry, gloomy thoughts. The next variable we referred to in figure 2.4 is internal control. We observe that 34% of the subjects in the group of adolescents with disabilities register a high level for this component, 40% a medium level, and 26% of the experimental subjects in this group register a low level.

Analyzing the data of the group of teenagers with typical development for the same internal control variable, it is highlighted that: only 4% are positioned at a low level, less than half – 40%, at a high level and 56% of them – at an average level.

For the study carried out, we determined the ratio between the research variables (general indices of psychosocial adaptation - Psychosocial Adaptation Diagnostic Questionnaire (C. Rogers and R. Dymond); hopelessness scale - Beck Hopelessness/Despair Scale; affective problems; anxiety; somatic accusations; attention problems; oppositional behavior problems; conduct problems - ASEBA Test; self-esteem components - Dembo-Rubinstein technique for studying self-esteem in adolescents) and psychosocial factors related to the process of psychosocial adaptation of adolescents: the presence of disability, residence environment (urban/rural), study mode (in institution/at home).

Figure 2.6 shows the differences between the environments according to the factor "presence of disability" for which differentiation is made in the groups: teenagers with disabilities and teenagers with typical development. Thus, according to the "health status" factor, the averages for the following general indices were identified, according to the Psychosocial Adaptation Diagnostic Questionnaire (C. Rogers and R. Dymond): psychosocial adaptation; self acceptance; acceptance of others; emotional comfort; internal control; dominance tendency.

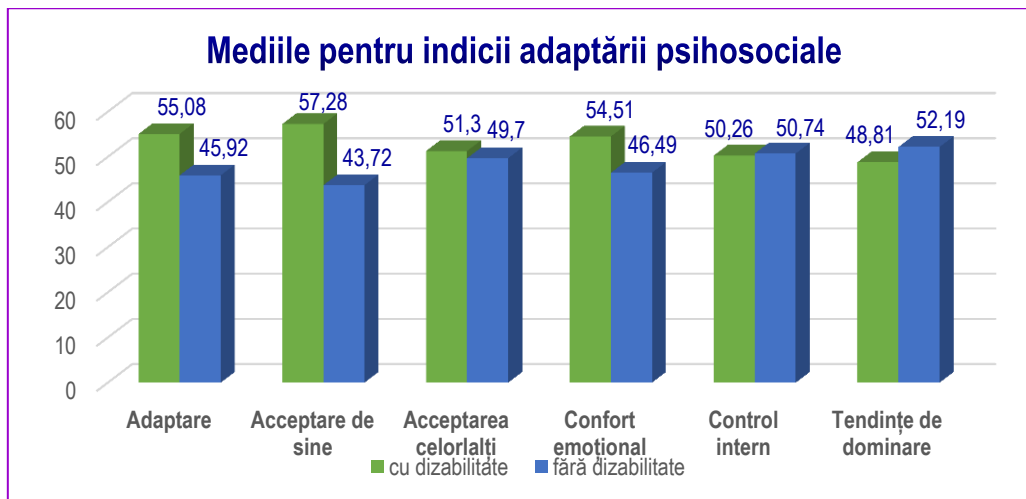


Fig. 2.5. Average values according to the factor "presence of disability" for general indices of psychosocial adjustment

According to the results presented in figure 2.5, we notice that the averages according to the factor "presence of disability" for general indices of psychosocial adaptation are different. Subjects with disabilities compared to subjects with typical development recorded higher averages for adaptation, self-acceptance, acceptance of others, emotional comfort. Subjects with disabilities compared to typically developing subjects had lower means for the general index of internal control and dominance tendencies. We mention that for the component of psychosocial adaptation, avoiding problems, subjects with disabilities compared to subjects with typical development had lower averages (41.19 (u.m.) / 59.81 (u.m.)).

In order to determine if there are significant differences recorded in subjects with disabilities compared to subjects with typical development for the mentioned general indices, we applied the Mann-Whitney U Test.

Tabelul 2.1. Results of the Mann-Whitney U Test for general indices of psychosocial adaptation in groups of adolescents with disabilities and with typical development

Test Statistics ^a						
	Psychosocial adaptation	Self acceptance	Acceptance of others	Emotional comfort	Internal self-control	Dominance tendency
Mann-Whitney U	1021.000	911.000	1210.000	1049.500	1238.000	1165.500
Wilcoxon W	2296.000	2186.000	2485.000	2324.500	2513.000	2440.500
Z	-1.579	-2.342	-.276	-1.385	-.083	-.584
Asymp. Sig. (2-tailed)	.114	.019	.783	.166	.934	.559

a. Grouping Variable: B8 Presence of disability

Thus, we record statistically insignificant differences between the results of subjects from the group of adolescents with disabilities compared to subjects with typical development for the indices of adaptation, acceptance of others, emotional comfort, internal control and dominance tendencies. At the same time, for the self-acceptance index ($U=911.0$; $p=0.019$) and the problem avoidance component ($U=784.0$; $p=0.001$) we record statistically significant differences between the results of subjects from the group of adolescents with disabilities compared to subjects with development typical.

According to the research approach, we present the correlation coefficient indices regarding the identification of the relationship between the psychosocial adaptation and the research variables according to the applied psychometric instruments. Thus, we will analyze the relationship between all research variables, according to the applied psychometric instruments. In the research carried out, in order to show the relationship between the variables used in the paper, we used the Kendall

tau-b correlation coefficient. We mention that for the interpretation of the effect size we used the reference values established by Cohen, respectively the interpretation of the effect refers to the following levels: 1) $d \geq 0.10$ and $d \geq 0.20$ – weak effect size; 2) $d \geq 0.30$ and $d \geq 0.50$ – medium effect size; 3) $d \geq 0.50$ and $d \geq 0.70$ – the size of the strong effect; 1) $d \geq 0.70$ and $d \geq 1.00$ – very strong effect size (178). In the given context, we emphasize that we considered it necessary to present all the obtained values, regardless of the size of the effect, because they offer the opportunity to thoroughly analyze the data at a comparative level, they allow the formation of a reasoned basis for power analyses.

In this vein, we will present the indices of the correlation coefficient, for the group of adolescents with disabilities, regarding the identification of the relationship between psychosocial adaptation and general indices of psychosocial adaptation, according to the Psychosocial Adaptation Diagnostic Questionnaire (C. Rogers and R. Dymond): adaptation psychosocial; self acceptance; acceptance of others; emotional comfort; internal control; dominance tendency.

Analyzing the results of statistical processing (Table A15.1 in the thesis), we highlight, in the group of teenagers with disabilities, significant positive correlations between psychosocial adaptation and general indices: self-acceptance ($\tau = 0.738^{**}$; $p=0.001$); acceptance of others ($\tau = 0.587^{**}$; $p=0.001$); emotional comfort ($\tau = 0.698^{**}$; $p=0.001$); internal control ($\tau = 0.489^{**}$; $p=0.001$); dominance tendency ($\tau = 0.414^{**}$; $p=0.001$). Thus, we find a directly proportional relationship between the listed research variables, namely, the higher the level of psychosocial adaptation, the higher the level of self-acceptance, acceptance of others, emotional comfort, internal control, and the tendency to dominate. Likewise, we highlight significant positive correlations between psychosocial adaptation and research variables according to the Dembo-Rubinstein technique for studying self-esteem in adolescents: health / E1 ($\tau = 0.159^*$; $p=0.030$); care / E2 ($\tau = 0.460^{**}$; $p=0.001$); skill / E3 ($\tau = 0.454^{**}$; $p=0.001$); communicative abilities / cheerfulness / E7 ($\tau = 0.497^{**}$; $p=0.001$); school performance / E8 ($\tau = 0.586^{**}$; $p=0.001$); self-esteem / average of the scales ($\tau = 0.516^{**}$; $p=0.001$). So, we find a directly proportional relationship between the listed research variables, namely, the higher the level of psychosocial adaptation, the higher the level of health, desire for care / good care, skill, communication capabilities / cheerfulness; high school performance and the level of self-esteem / average of the scales. In this compartment, there are no significant positive correlations between psychosocial adaptation and the variables: intelligence / E4 ($\tau = 0.106$; $p=0.153$); kindness / E5 ($\tau = 0.042$; $p=0.577$); authority in front of peers / friendship / E6 ($\tau = 0.079$; $p=0.274$). We note that we obtained significant negative correlations between psychosocial adaptation and research variables according to the ASEBA Test: affective problems ($\tau = -0.658^{**}$; $p=0.001$); anxiety problems ($\tau = -0.608^{**}$; $p=0.001$); somatic accusations ($\tau = -0.341^{**}$; $p=0.001$); attention problems ($\tau = -0.286^{**}$; $p=0.001$); oppositional behavior problems ($\tau = -0.718^{**}$; $p=0.001$); conduct problems ($\tau = -0.226^{**}$; $p=0.002$). This sequence demonstrates that we have an indirectly proportional relationship between the listed research variables, namely the higher the level of psychosocial adaptation, the lower the number of affective problems, anxiety problems, the number of somatic accusations, attention problems, oppositional behavior problems, as well as the number of conduct problems. Moreover, here, we highlight significant negative correlations between psychosocial adaptation and the research variable hopelessness, according to the Beck Hopelessness/Despair Scale ($\tau = -0.716^{**}$; $p=0.001$). Respectively, in the given case, the higher the level of psychosocial adaptation, the lower the level of hopelessness. The norm Kolmogorov-Smirnov test indicates statistically significant differences ($p \leq 0.05$) for most of the quantitative variables, which confirms that the data distributions for these variables differ from the normal distribution, which is why in the statistical processing of the data (correlation and comparison) we opted for non-parametric methods.

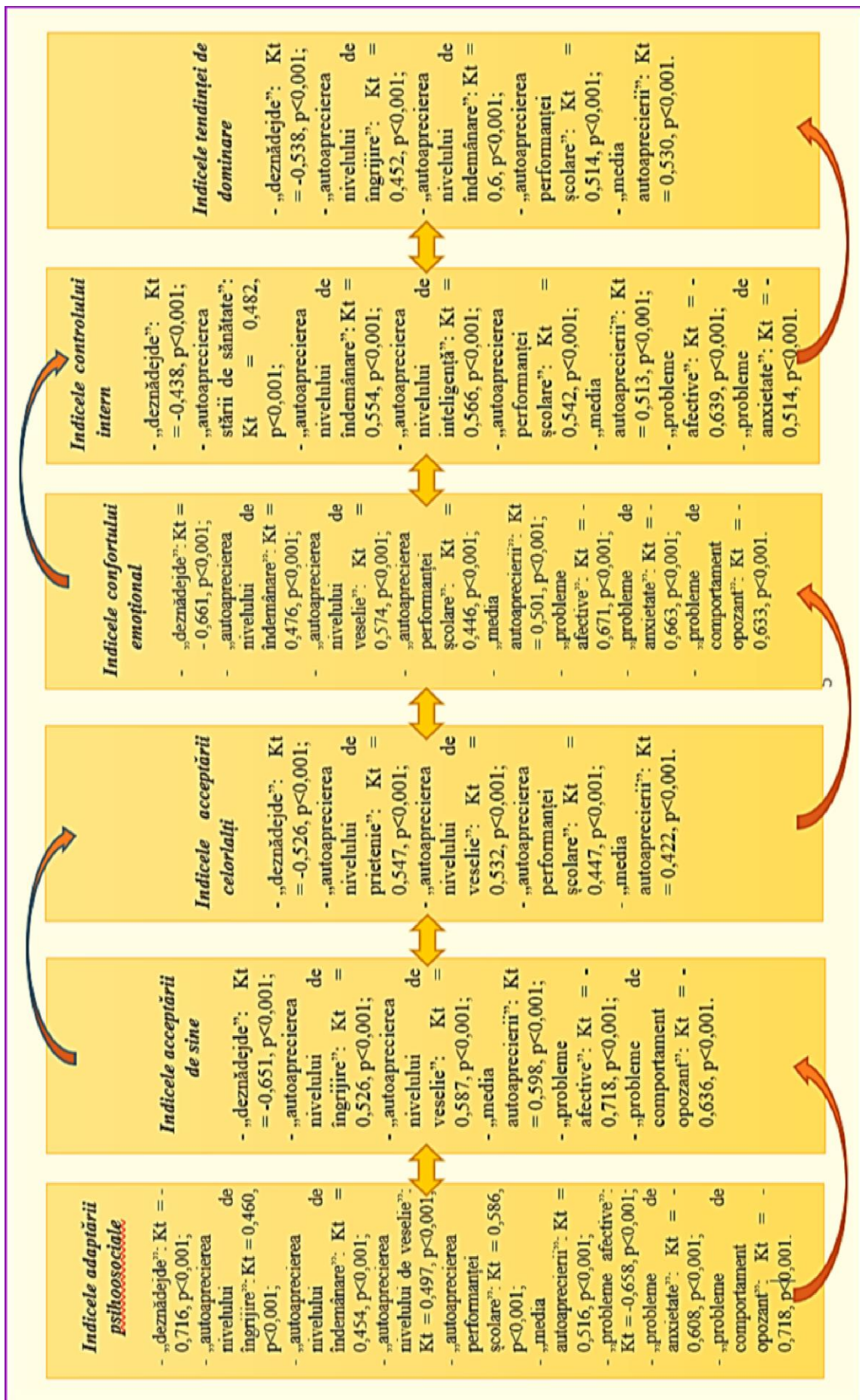


Fig. 2.6. The psychological profile of the disabled adolescent from the perspective of general indices of psychosocial adaptation

The research carried out provides the opportunity to establish the psychological profile of the disabled teenager from the perspective of general indices of psychosocial adaptation. Thus, we identify, for the general index - psychosocial adaptation, a significant association between the ranks with those obtained for the variables: "despair"; "self-assessment of level of care"; "self-assessment of skill level"; "self-reported level of cheerfulness"; "self-assessment of school performance"; "average self-esteem"; "emotional problems"; "anxiety problems"; "oppositional behavior problems".

It is important to emphasize that we register a positive association: substantial for the factors: "self-esteem of school performance"; "average self-esteem"; moderate for the factors: "self-assessment of skill level"; "self-assessment of level of care"; "self-reported level of cheerfulness". At the same time, we record a negative association: very strong for the factors: "hopelessness"; "oppositional behavior problems"; substantial for the factors: "affective problems"; "anxiety problems". The results indicate that the higher the level of psychosocial adaptation, the higher the level of self-assessment of school performance; general self-esteem; self-assessment of skill level; self-assessment of level of care; self-assessment of the level of cheerfulness. On the other hand, the significant negative correlations between psychosocial adaptation and the research variables indicated indicate that the higher the level of psychosocial adaptation, the lower the level of hopelessness; decrease the number of oppositional behavior problems, affective problems and anxiety problems. These results confirm the hypothesis according to which we assumed that the process of psychosocial adaptation in adolescents with physical disabilities is characterized by a slowed down dynamic, following the influence of a series of factors, which stagnate, to varying degrees, their psychosocial adaptation.

Logically following the series of ideas, we present the correlation coefficient indices, for the group of adolescents without disability / with normal development, regarding the identification of the relationship between psychosocial adaptation and general indices of psychosocial adaptation, according to the Psychosocial Adaptation Diagnostic Questionnaire (C. Rogers and R Dymond): psychosocial adaptation; self acceptance; acceptance of others; emotional comfort; internal control; dominance tendency.

The results presented in the paper outline the psychological profile of the adolescent with typical development from the perspective of the general indices of psychosocial adaptation. We consider it important to present the psychosocial profiles of AFD and ATd, which demonstrate the differences between the groups.

Figure 2.7 shows the psychosocial profile of adolescents with physical disabilities.

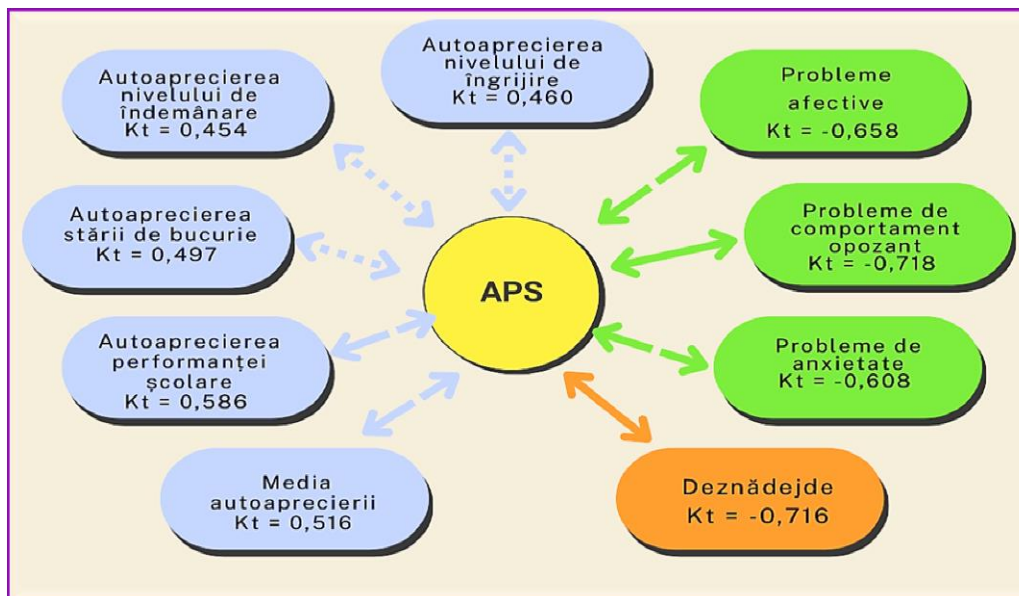


Fig. 2.7. Psychosocial Profile of Adolescents with Physical Disabilities

The data obtained for the variable "adaptation index" (Rogers-Dymond) revealed a significant association between ranks with those obtained for the variables: "hopelessness" (Beck): $Kt = -0.716$, $p < 0.001$, very strong negative association; "self-assessment of the level of care" (Дембо-

Рубинштейн): $K_t = 0.460$, $p < 0.001$, moderate positive association; "self-assessment of skill level" (Дембо-Рубинштейн): $K_t = 0.454$, $p < 0.001$, moderate positive association; "self-appraisal of the level of cheerfulness" (Дембо-Рубинштейн): $K_t = 0.497$, $p < 0.001$, moderate positive association; "self-assessment of school performance" (Дембо-Рубинштейн): $K_t = 0.586$, $p < 0.001$, substantial positive association; "mean self-esteem" (Дембо-Рубинштейн): $K_t = 0.516$, $p < 0.001$, substantial positive association; "affective problems" (ASEBA): $K_t = -0.658$, $p < 0.001$, substantial negative association; "anxiety problems" (ASEBA): $K_t = -0.608$, $p < 0.001$, substantial negative association; "oppositional behavior problems" (ASEBA): $K_t = -0.718$, $p < 0.001$, very strong negative association.

Figure 2.8 shows the psychosocial profile of adolescents with typical development.

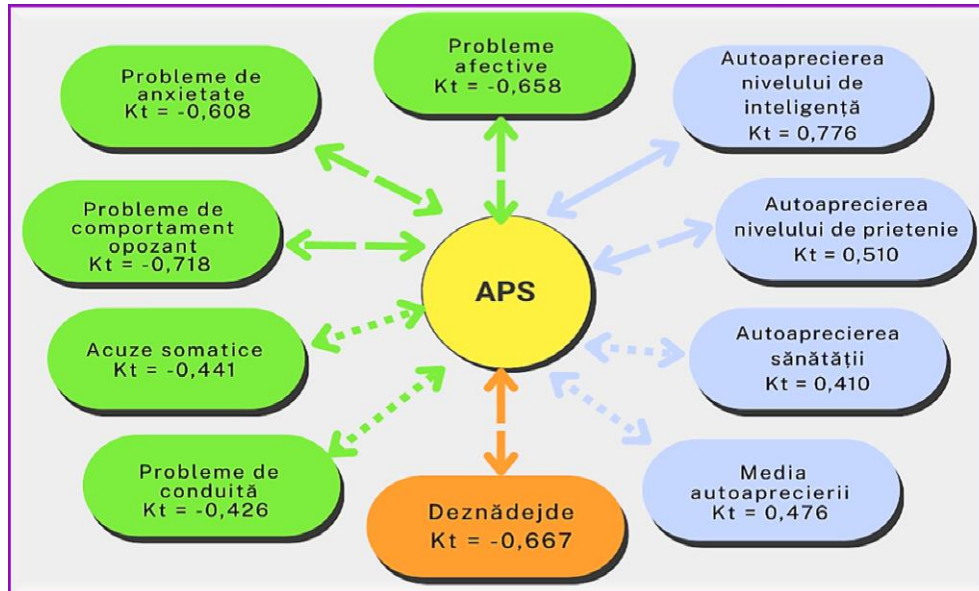


Fig. 2.8. The psychosocial profile of typically developing adolescents

The data obtained for the variable "adaptation index" (Rogers-Dymond) revealed a significant association between the ranks with those obtained for the variables: "despair" (Beck): $K_t = -0.667$, $p < 0.001$, substantial negative association; "self-assessment of health" (Дембо-Рубинштейн): $K_t = 0.410$, $p < 0.001$, moderate positive association; "intelligence" (Dembo-Rubinstein): $K_t = 0.776$, $p < 0.001$, very strong positive association; "friendship" (Дембо-Рубинштейн): $K_t = 0.510$, $p < 0.001$, substantial positive association; "mean self-esteem" (Дембо-Рубинштейн): $K_t = 0.476$, $p < 0.001$, moderate positive association; "affective problems" (ASEBA): $K_t = -0.658$, $p < 0.001$, substantial negative association; "anxiety problems" (ASEBA): $K_t = -0.608$, $p < 0.001$, substantial negative association; "somatic complaints" (ASEBA): $K_t = -0.441$, $p < 0.001$, moderate negative association; "oppositional behavior problems" (ASEBA): $K_t = -0.718$, $p < 0.001$, substantial negative association; "conduct problems" (ASEBA): $K_t = -0.426$, $p < 0.001$, moderate negative association.

Generalizing the aspects presented in chapter two, we consider the following ideas important:

1. Research was aimed at determining the level of development of psychosocial adaptation, general indices of psychosocial adaptation and psychosocial factors that influence this process.

2. In order to determine the levels of manifestation of the mentioned factors, several psychometric instruments were used, namely: Psychosocial survey; The Psychosocial Adaptation Diagnostic Questionnaire developed by C. Rogers and R. Dymond; Beck Hopelessness Scale; ASEBA test; The Dembo-Rubinstein technique for studying self-esteem in adolescents. Thus, different levels of manifestation of the factors were identified: psychosocial adaptation; self acceptance; acceptance of others; emotional comfort; internal control; tendency to dominate; despair; affective problems; anxiety problems; somatic accusations; attention problems; oppositional behavior problems; conduct problems; health; care; skill; intelligence; kindness; authority in front of peers / friendship; communication skills / joy; school performance.

3. For the studied variables, according to the empirical tests applied in the research (psychosocial adaptation; self-acceptance; acceptance of others; emotional comfort; internal control; dominance tendency; hopelessness; affective problems; anxiety problems; somatic accusations; attention

problems; problems of oppositional behavior; conduct problems; health; care; skill; intelligence; kindness; authority in front of peers / friendliness; communicative abilities / joy; school performance) are characteristic various differences between environments according to psychosocial factors: the presence of disability (with disability / with typical development), residence environment (urban/rural), study mode (in institution/home).

4. Analyzing the results obtained by the experimental subjects, we identify multiple differences depending on the factor of the presence of disability (disabled / with typical development) of adolescents. In this regard, we mention that from the perspective of "the presence of disability" we found statistically significant differences for the following variables: "self-acceptance index", "avoidance of problems", "attention problems", "conduct problems", "self-esteem of the level of health", 'self-rated care level', 'self-rated skill level', 'self-rated intelligence level', 'self-rated friendship level', 'self-rated communication skills/joy level', 'self-rated school performance'. The conducted experiment demonstrates that the results of adolescents with typical development are higher than those of adolescents with disabilities for the variables listed, except for the variable "self-acceptance index". Thus, referring to the relationship between the listed variables and the state of health of the adolescents, there are particularities that indicate that adolescents with disabilities have a harder time accepting themselves and more frequently register behavior and attention problems, in general they tend to avoid problems and have lower self-esteem than typically developing adolescents. We note that the hypothesis that we assumed that adolescents with physical disabilities and adolescents with typical development show different levels for general indices of psychosocial adjustment and for the research variables used is confirmed.

5. We obtained different relationships, within the observation experiment, in adolescents with disabilities and adolescents without disabilities, for general indices of psychosocial adaptation and research variables / personality traits such as: hopelessness; affective problems; anxiety problems; somatic accusations; attention problems; oppositional behavior problems; conduct problems, self-esteem levels for scales: health; care; skill; intelligence; kindness; authority in front of peers / friendship; communication skills / cheerfulness; school performance.

6. We record statistically significant differences according to the "presence of disability" factor, between the results of subjects from the group of disabled adolescents compared to subjects with typical development for the general self-acceptance index and the variables attention problems, conduct problems, self-assessment of health, care, skill, intelligence, kindness, friendship, cheerfulness, school performance. In the given context, we find statistically insignificant differences in these groups for general indices of psychosocial adaptation, acceptance of others, emotional comfort, internal control, dominance tendencies and the variables hopelessness, affective problems, anxiety problems, somatic accusations, oppositional behavior problems. The results obtained in this chapter, regarding the relationship between the research variables and the peculiarities of the process of psychosocial adaptation of adolescents through the factors presence of disability, environment of residence, mode of studies, show that the hypothesis is confirmed according to which we assumed that adolescents with physical disabilities have particularities specific in psychosocial adaptation.

7. The correlative study of the research variables shows a correlation with a high effect size between the level of psychosocial adaptation in adolescents with physical disabilities with internal, social and contextual factors: general self-esteem, with a series of its manifestations (self-esteem of school performance, of one's own level of skill, care, joy); the state of hopelessness; oppositional behavior problems; emotional problems and anxiety problems. The results identified in the ascertainment experiment substantiated the psychological profile of the disabled adolescent from the perspective of the general indices of psychosocial adaptation.

8. We believe that the implementation of a psychological intervention model will contribute to the efficiency of the psychosocial adaptation of adolescents with physical disabilities from the perspective of contemporary societal approaches, respectively, this directive requires additional investigations.

In Chapter 3, Making the psychosocial adaptation of adolescents with physical disabilities more efficient, the principles and strategies for working with physically disabled adolescents to make

the psychosocial adaptation process more efficient are presented; the psychosocial intervention model is described, as well as the test-retest results.

The theoretical research carried out demonstrated the relationship between the developmental characteristics of adolescents with physical disabilities and the particularities of psychosocial adaptation. The conclusions reached after the ascertainment experiment confirm that adolescents with physical disabilities show specific peculiarities in psychosocial adaptation, which correlate with several variables: self-assessment of school performance; general self-esteem; self-assessment of skill level; self-assessment of level of care; self-assessment of the level of cheerfulness and psychosocial adaptation. At the same time, the finding experiment demonstrated significant negative correlations between psychosocial adaptation and the variables: hopelessness; oppositional behavior problems; affective problems and anxiety problems among adolescents with physical disabilities (AFD). In this context, a natural continuation of the experimental approach resonated in the need to develop and implement a psychosocial program to train emotional and social skills among AFD, in order to positively influence the dynamics and evolution of their psychosocial adaptation. The specialized assistance offered to the target group, but also the interventions on the environment in which the AFD are integrated, offer the maximum opportunity to capitalize on the remaining potential and realize the rights of the AFD to a decent life with equal opportunities in the community. This situation is confirmed by several studies in the field [14; 29; 42] which show that the application of measures from a psychological perspective leads to the achievement of equal opportunities in the community for AFD.

Thus, the research approach continued outlining a *complex intervention model to facilitate the process of psychosocial adaptation of AFD*.

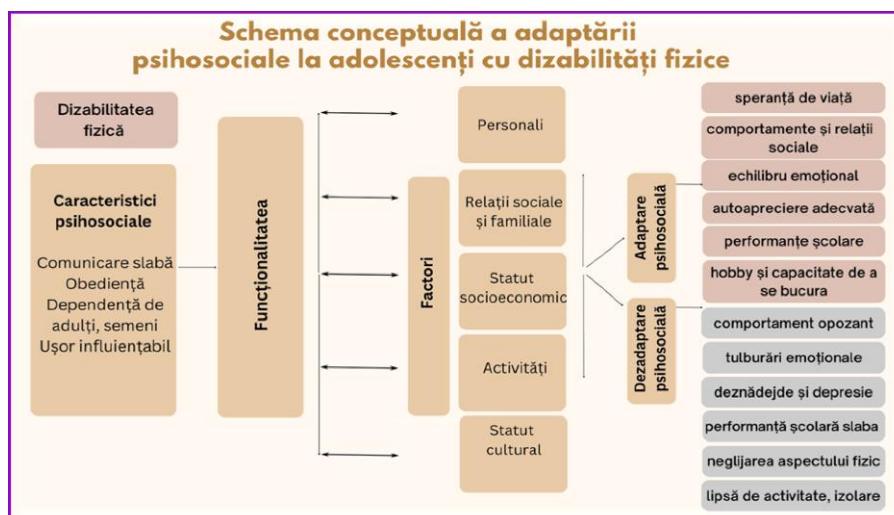


Fig. 3.1. Conceptual scheme of psychosocial adjustment in adolescents with physical disabilities

The inclusive environment provides the framework for the development of emotional balance and control, resilience, experiential learning, encourages open, positive communication, is characterized by a safe climate, which provides emotional validation and support for academic progress, effective interaction between all participants in the educational process (students, teachers, school counselors, parents, school management). In summary, along with the individual counseling, I supplemented the counseling program with group sessions. The action approach of the formative experiment in question focuses on a comprehensive approach and includes both individual and group counseling sessions, as well as inclusive environment management actions.

The finding experiment carried out among AFD and adolescents with normal development shows differences in variables, such as: self-assessment of school performance; general self-esteem; self-assessment of skill level; self-assessment of level of care; self-assessment of the level of cheerfulness. Thus, a series of factors influence psychosocial adaptation, giving it a slowed down dynamic, sometimes even to the point of stagnation. Both the theoretical and the experimental study of the peculiarities of PSA in AFD demonstrated the need for psychosocial support for AFD in order to increase their degree of psychosocial adaptation.

Guided by these findings, we set out to positively influence, experimentally, the PSA process at the AFD, in order to make it more efficient, initiating the formative stage of the research. The purpose of the intervention approach at the described stage consisted in the development and implementation of the psychosocial model for optimizing AFD's PSA, with the experimental evaluation of its impact. To achieve this, we formed two homogeneous groups, one experimental and one control. 10 teenagers were included in each group, 6 of them were girls and 4 were boys. The groups were constituted so that each adolescent in the experimental group was matched by another adolescent in the control group who presented approximately the same results in terms of studied variables. The target in the selection process was the teenagers who recorded low scores on the indices aimed at PSA. The 10 teenagers from the experimental group are beneficiaries of the support programs carried out by the "Speranța" Center in the municipality of Chisinau, being students of 4 educational institutions: "Pro Succes" Theoretical High School, Chisinau municipality; "Ion and Doina Aldea-Teodorovici" Theoretical High School, Chisinau municipality; Măgdăcești Theoretical High School, Măgdăcești village, Criuleni district; Gymnasium "Mihai Viteazul", town Strasseni.

In the following, we will present the Psychosocial **Model for the efficiency of PSA at AFD**. The model was oriented to facilitate the PSA process by influencing the "personal" factors targeting AFD, which in turn can modify PSA, the "familial and social interpersonal relations" factors and environmental factors. The model focused on facilitating the PSA process, influencing the "personal" factors aimed at AFD, which, in turn, can modify PSA, the social / environmental factors, aimed at family, social interpersonal relationships, including, in the educational environment.

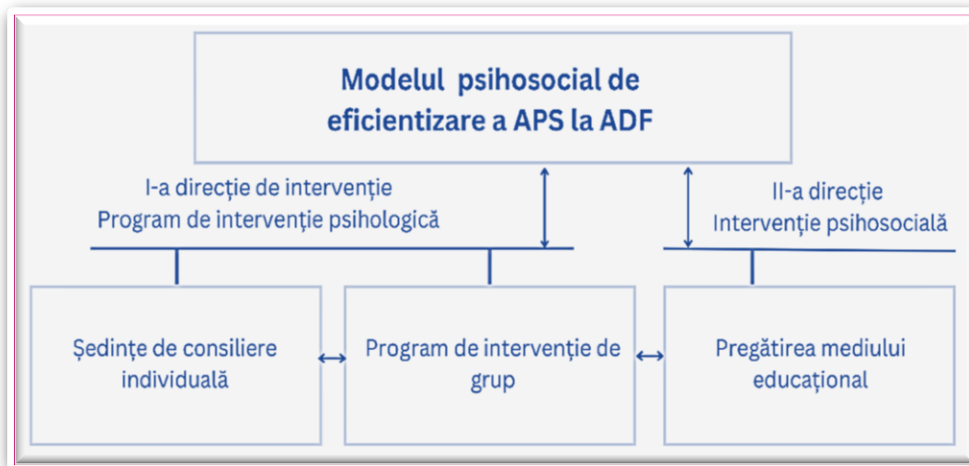


Fig. 3.2. The psychosocial model of streamlining psychosocial adaptation of adolescents with physical disabilities

Thus, the intervention approach included two distinct directions: 1. the intervention involving the AFD; 2. intervention at the level of an educational institution, attended by the adolescent, with the aim of preparing the educational environment to facilitate the inclusion of AFD.

The first direction of intervention aimed at individual and group psychological counseling of AFD, carried out within structured activities in accordance with the particularities and development needs of AFD, to increase their personal and social development. The psychological intervention program with the involvement of adolescents was based on a complex of individual counseling sessions and a group intervention program, focused on the training activity, with a total of 16 sessions. The group activities took the form of a Club of teenagers, with unanimously accepted rules and working principles, with a relatively stable composition, which met in periodic meetings, with a frequency of 2 times a month.

The individual counseling sessions followed a classic course, in which several stages could be outlined: the stage of establishing the counseling relationship; the stage of identifying and examining the problems presented in the counseling; the stage of planning actions to solve the identified problems; the stage of carrying out actions that favor solving problems.

The group intervention approach, based on training activities, served as continuity for the

individual counseling activities, being focused on solving the psychological problems established in the initial stage. In the training program, which took the form of a model of psychosocial intervention to optimize the AFD's PSA, its effectiveness was validated in the experiment, by establishing the particularities of the PSA indices, as well as the degree of their influence on the psychosocial adaptation of the AFD from the experimental group that participated in the formative experiment.

So, for the formative experiment of the 50 adolescents with disabilities, 20 adolescents who obtained the lowest scores for general indices of psychosocial adaptation were selected. These 20 were equally divided into 2 homogeneous groups – one experimental and one control. Each group consisted of a number of 10 teenagers – 4 boys and 6 girls – the frequencies per level of the results being similar in the 2 groups.

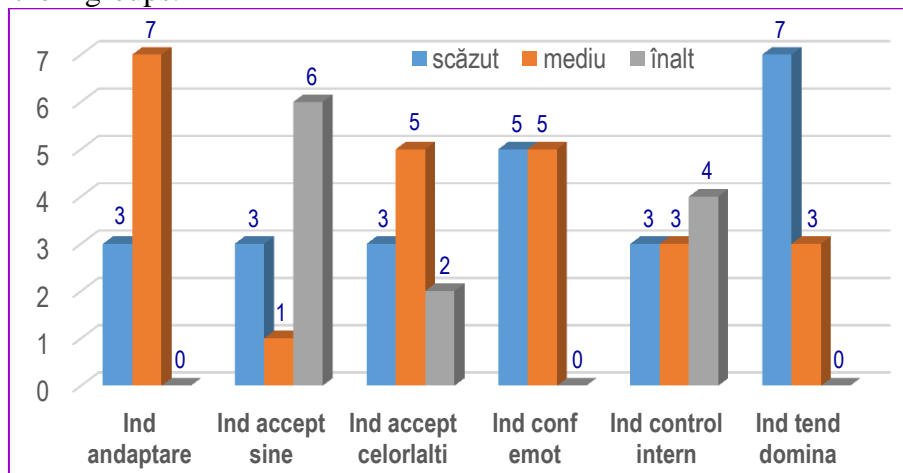


Fig. 3.3. Frequencies by levels of test scores on adaptation indices in both groups

The homogeneity of the groups was tested - for the comparison of 2 independent samples - by means of the U Mann-Whitney statistical test. When comparing the results obtained at the stage of ascertaining the participants from the 2 groups, no significant statistical differences were found.

Description of the formative experiment. After completing the cycle of training activities addressed to AFD, the control experiment was carried out, in order to determine the effectiveness of the conducted training experiment. At the end of the intervention, the retesting of adolescents with physical disabilities from the experimental and control groups was organized, in order to determine the changes in their psycho-emotional development..

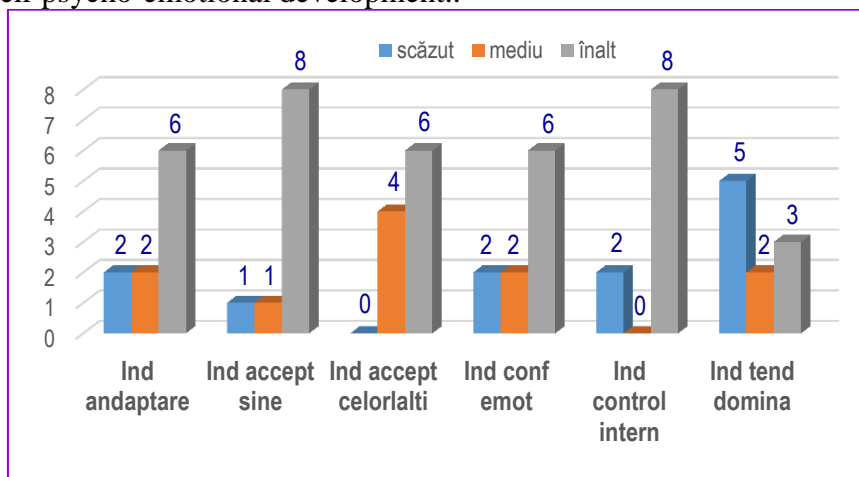


Fig. 3.4. Frequencies by levels of retest results to indices of adaptation, experimental group

The effectiveness of the program was demonstrated in two ways. The first method consisted in comparing the test and retest results obtained in the experimental group and we found after the intervention a significant increase in the scores for the adaptation variables in the experimental group. At the same time, in the control group, no statistical differences were found. Test-retest comparison was made with the Wilcoxon test for paired samples (same group, but different measurements, taken at different time periods): "*adaptation index*": $Z=-2.803$ at $p=0.005$; "*self-acceptance index*": $Z=-2.805$ at $p=0.005$; "*index of others' acceptance*": $Z=-2.668$ at $p=0.008$; "*emotional comfort index*": $Z=-$

2.805 at $p=0.005$; "*internal control index*": $Z=-2.810$ at $p=0.005$; "*dominance tendency index*": $Z=-2.668$ at $p=0.008$.

Comparison of test and retest results obtained in the control group (Wilcoxon test for paired samples) (figure 3.5) did not reveal statistically significant differences.

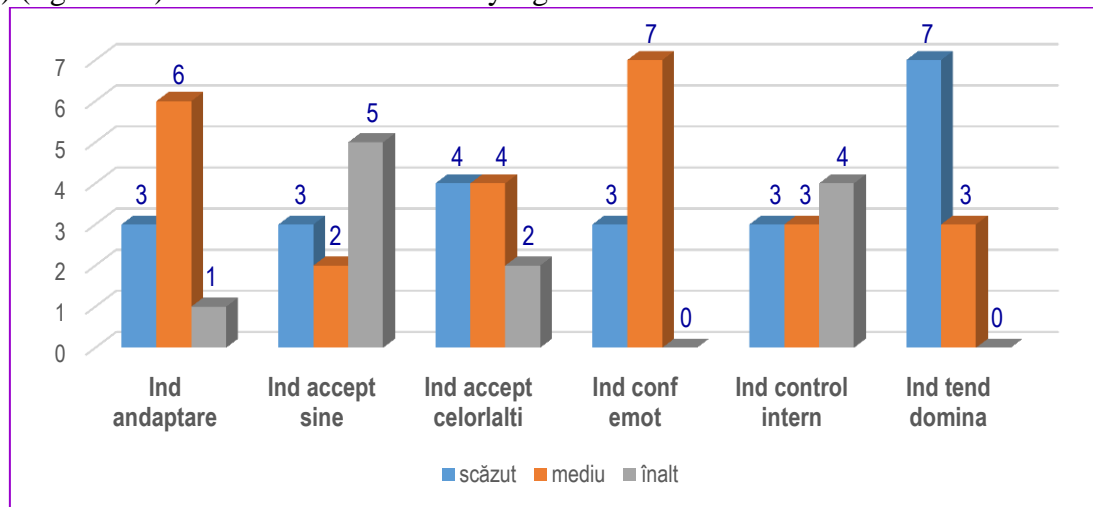


Fig. 3.5. Frequencies by levels of retest results to indices of adaptation, control group

Consequently, we can state that the changes in the values of the adaptation indices of the participants in the experimental group were possible only thanks to the intervention. A fact that was also confirmed by the statistically significant differences obtained when comparing the retest results obtained by adolescents with FD from the 2 groups. The last test was applied to exclude the influence of time or other variables on the production of changes, the results from the retest were compared with the initial ones between the 2 groups: "*adaptation index*": $U=22$ at $p=0.034$ (average of GE ranks=13.3, GC=7.7); "*self-acceptance index*": $U=26.5$ at $p=0.048$ (mean ranks GE=12.85, GC=7.55); "*others' acceptance index*": $U=23.5$ at $p=0.045$ (mean ranks GE=13.15, GC=7.85); "*emotional comfort index*": $U=20$ at $p=0.023$ (mean ranks GE=13.5, GC=7.5); "*internal control index*": $U=21.5$ at $p=0.031$ (mean ranks GE=13.35, GC=7.65).

Carrying out the totals of the comparative analysis of the initial and final results of the manifestation of psychosocial adaptation in both groups involved in the experiment, we will mention that the experimentation of the psychosocial model of facilitating adaptation AdDF generated positive changes in the process of adaptation. In the comparative analysis within the control experiment of the natural psychosocial adaptation process of AdDF and the intensity of the manifestation of adaptation indices in experimental conditions, high tempos of the improvement of the psychosocial adaptation process were established among AdDF participating in the training program.

In conclusion, we affirm that thanks to the involvement of adolescents from the experimental group in the training program, it was possible to make their adaptation more efficient through better acceptance of themselves and others, by increasing emotional comfort and internal control. The implementation of the intervention model for the purpose of streamlining the psychosocial adaptation of adolescents with physical disabilities, of support in the development of psychosocial adaptation of adolescents with physical disabilities, targeted the personal, environmental and contextual factors analyzed in chapter 1 of the thesis. As I mentioned, the psychosocial characteristics of the person with physical disabilities are of great importance in the adaptation process, influencing functionality. The results of the research confirm the hypothesis that the psychosocial adaptation of physically disabled adolescents can be made more efficient by implementing the intervention model in order to improve the psychosocial adaptation of physically disabled adolescents.

The analysis of the research results within the formative experiment allowed us to issue the following conclusions:

1. In the process of educational and social inclusion, adolescents with physical disabilities go through a series of personal and social experiences, including negative ones, associated with their psychosocial adaptation. Facilitating the process of psychosocial adaptation in their case necessarily

involves intervention focused on the interdependence and influence of several factors: personal, environmental, contextual.

2. The educational approach carried out and the results obtained contribute to the development of the methodology to make the psychosocial adaptation of adolescents with physical disabilities more efficient.

3. The implementation of the intervention model in order to improve the psychosocial adaptation of adolescents with physical disabilities, based on individual and group counseling activities (training) and the preparation of the inclusive educational environment have favored the improvement of their psychosocial adaptation.

4. The research confirms the veracity of the hypothesis regarding the possibility of streamlining the process of psychosocial adaptation of adolescents with physical disabilities by implementing the intervention model for the purpose of streamlining the psychosocial adaptation of adolescents with physical disabilities.

5. The comparative analysis of the test-retest results within the experimental group shows changes in the psychosocial adaptation of adolescents with physical disabilities. Thus, after the intervention we found a significant increase in the scores for the adaptation variables in the experimental group. At the same time, we identified higher scores for general indices: "self-acceptance", "acceptance of others", "emotional comfort", "internal control". No statistically significant differences were identified in the comparative test-retest analysis of the control experiment.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

The investigative approach aimed at the psychosocial adaptation of adolescents with physical disabilities generated the following general conclusions:

1. Psychosocial adaptation is defined in the paper as a multidimensional process, which is the product of the continuous relationship between the person and the surrounding environment, in which the knowledge of the strengths and limits of the disability, in the case of the disabled person, becomes decisive. The finality of the process of psychosocial adaptation of the adolescent with physical disabilities is his relationship with the belonging group, the environmental environment, involving assimilation and accommodation, being influenced by the personal skills of self-knowledge, emotional and behavioral self-regulation, the effort in learning through continuous participation [51; 54; 55]. People with physical disabilities will invariably go through a process of psychosocial adaptation, where the disability becomes an integrated part of their life, identity, self-awareness, body image, influencing their emotional balance and social relationships (Chapter 1).

2. A psychodiagnostic model was conceptualized and experimentally implemented for the evaluation of the psychosocial adaptation of adolescents with physical disabilities, the factors related to the process of psychosocial adaptation were identified. We believe that determining the psychosocial factors that make the psychosocial adaptation of adolescents with physical disabilities more efficient is a significant element in the process of successful school and social inclusion and the prevention of their marginalization. The methodology highlighted in is useful for specialists who propose to study the manifestations of the phenomenon in question. [52; 53; 54] (Chapter 2).

3. In the observation experiment, specific peculiarities were identified that characterize the psychosocial adaptation of adolescents with physical disabilities, compared to adolescents with typical development, dictated by a lower level of the general index of adaptation. The limits determined in the process of psychosocial adaptation of adolescents with physical disabilities are expressed through self-esteem difficulties, in particular, when it comes to their own health, aspects of care, skill, estimation of their own level of intelligence, school success, communicative abilities, of the level of joy experienced, of the ability to be a good friend; through frequent behavior and attention problems; through marked tendencies to avoid solving the problems that have arisen, all together generating difficulties in accepting one's own person. The analysis of the results of the experimental observation research allowed the outline, in the end, of the psychosocial profile of the adolescent with physical disabilities from the perspective of his psychosocial adaptation [53; 58] (Chapter 2).

4. The specific peculiarities of the psychosocial adaptation of adolescents with physical

disabilities are also outlined by the multifaceted dimension of the complexity of factors that influence this process. Among them, the following were highlighted: personal factors, which aim at the personality of the adolescent itself, the most important referring to the feeling of presence of life expectancy, adaptability, self-esteem, self-acceptance, acceptance of others, internal control, emotional intelligence; social and environmental factors, including the presence of friendships, the environment of residence (rural/urban), the specifics of the family environment (the presence of family, brothers/sisters, etc.), the educational environment (attending the educational institution/organization of studies through training at residence, the possibility to access recovery services) [50; 52; 56; 59; 57; 60; 63] (Chapter 2).

5. The Intervention Model was developed, implemented and experimentally validated in order to improve the psychosocial adaptation of adolescents with physical disabilities, which targeted personal, social and environmental factors. The intervention model based on individual and group counseling activities (training) and the preparation of the inclusive educational environment, favored the improvement of the psychosocial adaptation of adolescents with physical disabilities. By reducing the difficulties in terms of personal and social development of adolescents, by reducing environmental barriers, conditions were created to make psychosocial adaptation more efficient and increase the social inclusion of adolescents with physical disabilities. The skills acquired among adolescents with physical disabilities will contribute to increasing the degree of social participation and exercising the rights of people with disabilities [50; 51; 53; 55; 56; 57; 59; 61; 62; 63] (Chapter 3).

The results obtained that contribute to the solution of the important scientific problem in this doctoral thesis consist in determining the particularities of the psychosocial adaptation of adolescents with physical disabilities, the use of the results in the development and implementation of the psychosocial model for the efficiency of the psychosocial adaptation of adolescents with physical disabilities, resulting in the reduction of difficulties faced by adolescents with physical disabilities and increasing the chances of educational and social participation and inclusion. The obtained results can be used in order to ensure the conditions for the efficiency of psychosocial adaptation and increase the social inclusion of adolescents with physical disabilities. The results of the investigation confirmed the research hypothesis, thus contributing to the realization of its purpose and objectives, as well as underlining its theoretical and applied value.

The results of the theoretical-experimental study with reference to the psychosocial adaptation of adolescents with physical disabilities allow us to formulate the following **recommendations**.

For decision makers:

- Elaboration of policies that would support the development of educational support services to support the process of psychosocial adaptation of adolescents with physical disabilities; for this purpose, it would be necessary to capitalize on the tools for assessing the level of psychosocial adaptation, but also the level of training of educational institutions to respond to the individual development needs of all students;
- Promoting the results of research in the field among educational institutions, a fact that would favor the understanding of the causes/conditions/barriers favoring maladaptation and, respectively, the solutions to optimize psychosocial adaptation among adolescents with disabilities;
- Monitoring the psychosocial adaptation of adolescents with physical disabilities in the context of the changes taking place in the educational system through active participation.

For general, professional, technical and higher education institutions:

- Inclusion in study programs of disciplines, courses, subjects that facilitate personal knowledge of adolescents, identification through the use of self-assessment tools of strengths and limits that would support them in vocational orientation, personal development but also for a subsequent successful integration into society;
- Ensuring the psychological assistance service in all educational institutions and creating access for adolescents from vulnerable groups, adolescents with special educational requirements, including physical disabilities, to programs to optimize social and emotional skills and abilities that would prepare them for educational inclusion and social;

- Training of school psychologists, psychopedagogues in training with reference to the possibilities of intervention in order to facilitate the psychosocial adaptation of all adolescents.

For school psychologists, psychopedagogues:

- Capitalizing on the psychosocial model for streamlining the psychosocial adaptation of adolescents with physical disabilities;
- Elaboration of **parental education programs** in order to develop / improve the psychosocial adaptation of people with disabilities from an early age. Implementation of training programs for teachers, parents and teenagers in order to know the particularities of development and the specifics of psychosocial adaptation of teenagers;
- Implementation of psychological intervention programs for groups of teenagers, including those with disabilities, in order to train skills and abilities of self-knowledge, effective relationship with peers and adults in order to increase the degree of psychosocial adaptation, the degree of awareness and the request for respect of rights;
- Ensuring access to the services of the school psychologist, psychopedagogue for counseling sessions, will prevent maladjustment and social isolation by supporting personal development and the development of social skills of the disabled teenager. At the same time, the acquired skills will contribute to increasing the degree of social participation and exercising the rights of people with disabilities.

We emphasize that the research carried out also presents **certain limits of the obtained results** that highlight the difficulty of working with a large sample of adolescents with physical disabilities, but - first of all - the identification of respondents with such characteristics.

The potential future directions of research regarding the psychosocial adaptation of physically disabled adolescents may refer to: - The extension of the investigative approach aimed at the psychosocial adaptation of physically disabled persons for other age stages; - Expanding the investigative approach for subjects with other types of disabilities; - Highlighting the degree of influence of indices of psychosocial maladjustment in adolescents with physical disabilities on their school performance, social interaction, etc.

BIBLIOGRAFIE

1. BRÂNZEI, P. *Adolescență și adaptare*. Iași: Editura Științifică, 1974. 366 p. ISBN/COD: ACPSCG.
2. BUCUN, N. Particularitățile psihofiziologice ale interacțiunii canalelor senzoriale la persoanele cu deficiențe de auz. În: *Univers Pedagogic*, 2016, Nr. 4(52), pp. 74-85. ISSN 1811-5470.
3. BUCUN, N., PALADI, O. Motivația pentru succes la adolescenți. În: *Ediția a X-a a Simpozionului Internațional KREATIKON. Creativitate-Formare-Performanță: Materialele conferinței științifice internaționale*. 5-6 aprilie 2013. Iași: Performantica, 2013, pp. 66-70. ISSN 2068-1372.
4. BUCUN, N., PALADI, O. Pledoarie pentru educație: cheia creativității și inovării. În: *Univers Pedagogic*, 2011, Nr. 4(32), pp. 81-88. ISSN 1811-5470.
5. BUCUN, N., PALADI, O. Priorități în cercetarea activității psihologice în sistemul de învățământ general. În: *Educația: factor primordial în dezvoltarea societății: Materialele Conferinței Științifice Internaționale*, 09-10 octombrie 2020. Chișinău: IȘE (Tipogr. „Print Caro”), 2020, pp. 182-186. ISBN 978-9975-48-178-6.
6. BUCUN, N., PALADI, O., RUSNAC, V. *Evaluarea pentru educația incluzivă a copiilor de vârstă preșcolară și școlară mică*. Chișinău: S.n. (Tipogr. „Sirius”), 2013. 372 p. ISBN 978-9975-57-114-2.
7. BUCUN, N., TOMA, S. *Particularitățile adaptării psihosociale a elevilor cu cerințe educaționale speciale în instituțiile de învățământ general*. În: *Univers Pedagogic*, 2018, Nr. 4(60), pp. 18-27. ISSN 1811-5470.
8. GÎNU, D., BULAT, G. *Suportul educațional. Asistența copiilor cu CES*. Ghid metodologic. Chișinău: Bons Offices, 2015. 150 p. ISBN 978-9975-80-916-0.

9. MURARIU, D. *Adaptarea socială la adolescenți – un construct multidimensional complex*. In: Psihologie, revista științifico-practică, 2015, Nr. 1-2, pp. 39-44. E-ISSN 2537-6276.
10. Obiectivele de Dezvoltare Durabilă. Anexă la scrisoarea nr. 07/13-682 din 02.08.2017. 11 p. [citat 26.10.2022]. Disponibil: https://mecc.gov.md/sites/default/files/obiectivele_de_dezvoltare_durabila.pdf
11. OLĂRESCU, V. Modalități de dezvoltare intelectuală a elevilor cu forme ușoare de dizabilități prin prisma educației incluzive. În: *Materialele Forumului Național „Parteneriatul socio-psihopedagogic pentru dezvoltarea educației incluzive”*, 16-18 decembrie 2013. Chișinău: Metrompaș, 2013, pp. 21-26. ISBN 978-9975-4455-7-3.
12. OMS. Clasificarea internațională a funcționării, dizabilității și sănătății: CIF. București: MarLink, 2004, pp. 2017-2019. 303 p.
13. OMS. Raport Mondial Privind Dizabilitatea. Ediție tipărită. București: Visual Promotion SRL, 2012. 327 p. ISBN 978-973-0-13597-8.
14. OPRE, A. (coord.) et al. *Dezvoltare socială și emoțională. Ghid pentru licee*. București: Advans Print, 2020. 232 p. ISBN 978-973-0-31959-0.
15. PALADI, O. Conștiința de sine - construct al inteligenței emoționale. În: *Conferința internațională științifico-practică a psihologilor „Paradigmele inteligenței în psihologia contemporană”*, 26 aprilie 2012. Chișinău: Sirius, 2012, pp.104-107. ISBN 978-9975-57-045-9.
16. PALADI, O. *Conștiința de sine și sistemul de valori ale adolescentului*. Chișinău: IȘE (Tipogr. „Print-Caro”), 2013. 223 p. ISBN 978-9975-48-061-1.
17. PALADI, O. *Orientările valorice și adaptarea psihosocială la vârsta adolescenței: abordări teoretice*. Monografie; coord. șt. N. Bucun. Chișinău: S.n. (Print-Caro SRL), 2021. 261 p. ISBN 978-9975-48-190-8.
18. POPA, N.-L., ANTONESSEI, L., LABĂR, A.-V. *Ghid pentru cercetarea educației. Un „abecedar” pentru studenți, masteranzi, profesori*. Iași: Polirom, 2009. 188 p. ISBN 978-973-46-1279-6.
19. Programul pentru protecția copilului pentru anii 2022-2026. 84 p. [citat 22.10.2022]. Disponibil: <https://cancelaria.gov.md/ro/content/cu-privire-la-aprobarea-programului-national-pentru-protectia-copilului-pe-anii-2022-2026-si>
20. PUZUR, E. Abordări ale adaptării psihosociale. În: *Curriculumul școlar: provocări și oportunități de dezvoltare. Materialele Conferinței Științifice Internaționale*, 7-8 decembrie 2018. Chișinău: IȘE („Lyceum”), 2018, pp. 546-549. ISBN 978-9975-48.
21. RUSNAC, S., MICU, M. Rezultatele investigației adaptării sociale a adolescenților cu cerințe educative speciale. În: *Conferința „Preocupări contemporane ale științelor socio-umane”. Ediția a VI-a - Mentalități ale societății în transformare*. 11-12 decembrie 2015. Vol. II. Chișinău: ULIM, 2016, pp. 162-163. 243-252. ISBN 978-9975-933-82-7.
22. RUSNAC, V. Implementarea educației incluzive în Republica Moldova: provocări, realizări și viziuni. În: *Asistența complexă a copiilor cu cerințe educaționale speciale în mediul educațional incluziv: Materialele Conferinței Științifice Internaționale*, 10 decembrie 2020. Chișinău: S.n. (Tipogr. UPS „Ion Creangă”), 2020, pp. 8-18. ISBN 978-9975-46-480-2.
23. Strategia de dezvoltare „Educația 2030”. Anexa nr. 1 la Hotărârea Guvernului nr. 114/2023. 42 p. [citat 22.11.2022]. Disponibil: https://www.legis.md/cautare/getResults?doc_id=1366_00&lang=ro
24. Strategia de dezvoltare a sectorului de tineret pentru anii 2022-2030 „Tineret 2030”. 28 p. [citat 25.10.2022]. Disponibil: <https://mecc.gov.md/ro/content/elaborarea-strategiei-de-dezvoltare-sectorului-de-tineret-tineret-2030>.
25. Strategia națională de dezvoltare „Moldova Europeană 2030”. [citat 07.11.2022]. Disponibil: <https://particip.gov.md/ro/strategy/strategia-nationala-de-dezvoltare-moldova-2030/4>
26. BISHOP, M., FEIST-PRICE, S. Quality of life in rehabilitation counseling: Making the philosophical practical. In: *Rehabilitation Education Journal*. Vol. 15(3). New York: Springer Publishing, 2001, pp. 201-212. ISSN (online) 2578-4684.
27. COAKLEY, R.M., HOLMBECK, G.N., BRYANT, F.B. Constructing a Prospective Model of Psychosocial Adaptation in Young Adolescents with Spina Bifida: *An Application of Optimal*

- Data Analysis. In: Journal of Pediatric Psychology.* Vol. 31, issue 10. s.l.: Oxford University Press, 2006, pp. 1084-1099. Online ISSN 1465-735X.
28. Convention on the Rights of Persons with Disabilities. Resolution adopted by the General Assembly on 13 December 2006 [without reference to a Main Committee (A/61/611)]. 2006. 29 p. [citat 12.10.2022]. Disponibil: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_61_106.pdf
 29. DOWD, T., TIERNEY, J. *Teaching social skills to youth. A curriculum for child-care providers.* Douglas: Boys Town Press, 1995. 300 p. ISBN 0-938510-30-4.
 30. FOLKMAN, S., MOSKOWITZ, J. Positive affect and the other side of coping. In: *American Psychologist.* Vol. 55(6). Washington: American Psychological Association Inc., 2000, pp. 647-654. ISSN 1935-990X (Electronic).
 31. KRUEGER, D. Emotional rehabilitation of the physical rehabilitation patient. In: *International Journal of Psychiatry in Medicine.* New York: SAGE Publications Inc., 1981-1982, pp. 183-191. Online ISSN 1541-3527.
 32. LEWIN, K. *A dynamic theory of personality: Selected Papers.* New York: McGraw-Hill, 1935. 288 p. ASIN B000V01D4G.
 33. LEWIN, K. *Field Theory in Social Science: Selected Theoretical Papers.* New York: Harper & Brothers, 1951. 374 p. ASIN B0007DDXKY.
 34. LEWIN, K. *Principles of Topological Psychology.* New York: McGraw-Hill Book, 1936. 210 p. ISBN-13 978-1122721615.
 35. LIVNEH, H. Psychosocial Adaptation to Chronic Illness and Disability: An Updated and Expanded Conceptual Framework. In: *Rehabilitation Counseling Bulletin.* Vol. 65(3). Newbury Park: SAGE Publication, 2021, pp. 171-184. ISSN 1538-4853.
 36. LIVNEH, H. The use of generic avoidant coping scales for psychosocial adaptation to chronic illness and disability: A systematic review. In: *Health Psychology Open,* 2019, Vol. 6, Issue 2. New York: SAGE Publications Inc., 2019. Online ISSN 2055-1029.
 37. LIVNEH, H., ANTONAK, R.F. Psychosocial Adaptation to Chronic Illness and Disability. Gaithersburg, MD: Aspen Publishing, 1997. 470 p. ISBN 978-0834209671.
 38. LIVNEH, H., LOTT, S., ANTONAK, R. Patterns of psychosocial adaptation to chronic illness and disability: a cluster analytic approach. In: *Psychology, Health & Medicine.* Vol. 9(4). Philadelphia: Routledge, 2004, pp. 411-430. Online ISSN 1465-3966.
 39. MAHLER, F. *Introducere în juventologie.* București: Editura științifică și enciclopedică, 1983. 296 p. ISBN 1447IP13D1918IN.
 40. MAXEY, M., BECKERT, T.E. Adolescents with Disabilities. In: *Adolescent Research Review.* Vol. 2(2). New York: Springer International, 2016, pp. 59-74. ISSN 2363-8354.
 41. McDANIEL, J. *Physical disability and human behavior.* 2nd edition. New York: Pergamon Press, 1976. 166 p. ISBN 13 978-0080197210.
 42. MEUWLY, M. *Working with children and their environment.* Manual of psychosocial skills. Bern: Terre des hommes, 2014. 192 p. ISBN lipsă. [citat 08.11.2022]. Disponibil: <https://www.socialserviceworkforce.org/system/files/resource/files/Working%20with%20Children%20and%20Their%20Environment%20-%20Manual%20of%20Psychosocial%20Skills.pdf>
 43. ROESSLER, R.T. A Quality of Life perspective on rehabilitation counseling. In: *Rehabilitation Counseling Bulletin.* Vol. 34(2). Thousand Oaks: SAGE Publications, 1990, pp. 82-90. ISSN 1538-4853.
 44. SHONTZ, F. *The psychological aspects of physical illness and disability.* New York: Macmillan, 1975. 294 p. ISBN 13 978-0024101501.
 45. SHONTZ, F.C. Reaction to crisis. In: *Volta Review.* Vol. 67(5). Washington: AG Bell, 1965, pp. 364-370. ISSN 0042-8639.
 46. SKÄR, R.N. Peer and adult relationships of adolescents with disabilities. In: *Journal of Adolescence.* Vol. 26. Cambridge: Academic Press, 2003, pp. 635-649. ISSN 0140-1971.
 47. STEINBERG, L., MORRIS, A.S. Adolescent development. In: *Annual Review of Psychology.* Vol. 52. San Mateo, California, SUA: Annual Reviews, 2001, pp. 83-110. ISSN 1545-2085.

48. WELLER, D., MILLER, P. Emotional reactions of patient, family, and staff in acute-care period of spinal cord injury: Part I. In: *Social Work in Health Care*. Vol. 2(4). Philadelphia: Routledge, 1977, pp. 369-377. ISSN 1541-034X (Electronic).
49. WRIGHT, B.A.P. *Physical Disability: A Psychological Approach*. New York: Harpercollins Publishers, 1983. 520 p. ISBN 978-0060472412.

LIST OF PUBLICATIONS OF THE AUTHOR ON THE THEME OF THE THESIS

1. Articles in magazines from the National Register of professional magazines (Category B)

50. PALADI, O.; COJOCARU, V. Particularitati ale adaptării psihosociale a adolescentilor din perspectiva stării de sănătate. În: *Studia Universitatis Moldaviae*, Seria: Științe ale Educației (Pedagogie, Psihologie), Categoria B, USM, nr. 5 (165), 2023, p. 237-244. ISSN 1857-2103. ISSN online 2345-1025. [https://doi.org/10.59295/sum5\(165\)2023_38](https://doi.org/10.59295/sum5(165)2023_38).
51. COJOCARU, V. Incluziunea educațională la o nouă etapă de dezvoltare prin prisma adaptării psihosociale a elevilor cu dizabilități. În: *Revista de teorie și practică educațională a Centrului Educațional PRO DIDACTICA*, Categoria B, nr. 6 (136), 2022, p. 13-17. ISSN 1810-6455.

2. Articles in the proceedings of international scientific conferences (Republic of Moldova)

52. COJOCARU, V. Adolescentul cu dizabilități fizice între bariere și oportunități de adaptare psihosocială. În: *Evoluția sistemului național al învățământului special și incluziv ca proces unitar teoretico-praxiologic în câmpul educațional european* (50 de ani de activitate a catedrei psihopedagogie și psihopedagogie specială). Materialele Conferinței Științifice Internaționale, 2 decembrie 2022, Universitatea Pedagogică de Stat "Ion Creangă", Chișinău. Centrul Editorial-Poligrafic al Universității Pedagogice de Stat „Ion Creangă” din Chișinău, nr.1, MD-2069, 2023, p. 152-156. ISBN 978-9975-46-732-2.
53. COJOCARU, V. Importanța asistenței elevilor și adolescenților cu dizabilități fizice în procesul de adaptare psihosocială. În: *Научно-образовательное пространство: реалии и перспективы повышения качества образования*. Materialele Conferinței Științifice Internaționale, 16 decembrie 2022, Universitatea de Stat din Comrat. Comrat: A&V Poligraf, 2023, p. 182-187. ISBN 978-9975-83-229-8.
54. LUNDY, L.; BYRNE, B.; TEMPLETON, M.; LANSDOWN, G.; COJOCARU, V. (reprezentant R. Moldova). *Two clicks forward and one click back: Report on children with disabilities in the digital environment*. 2019, Consiliul Europei, Queen's University Belfast, United Kingdom (Northern Ireland). <https://rm.coe.int/two-clicks-forward-and-one-click-back-report-on-children-with-disabili/168098bd0f>

3. Articles in the proceedings of national scientific conferences

55. COJOCARU, V.; NOSATÎI, A. Comportamentul copiilor din instituții rezidențiale în perioada post-instituționalizare. În: *Aspecte psihosociale ale tinerilor delicvenți*. Materialele Conferinței Științifice Naționale, 2012, Universitatea de Stat „Ion Creangă” din Chișinău. Tipografia UPS „Ion Creangă”, 2012, p. 266-274. ISBN 978-9975-46-136-8.
56. COJOCARU, V. Interacțiunea dintre activitatea ocupațională și adaptarea psihosocială a adolescenților și tinerilor cu dizabilități. În: *Pledoarie pentru educație – cheia creativității și inovării*. Chișinău: IȘE, 1-2 noiembrie 2011, p. 190-192. ISBN: 978-9975-56-010-8.

4. Articole în alte culegeri de lucrări în domeniul editate în Republica Moldova

57. COJOCARU, V.; CERNOLEVSCHI, E.; COROBAN, C. Dezvoltarea abilităților sociale copiilor și părinților aflați în situație vulnerabilă. Chișinău: Imprint Plus, 2022. ISBN 978-9975-3484-2-3.
58. COJOCARU, V. et.al. O carieră de succes acasă pentru toți și pentru fiecare. Chișinău: Editura Arc, 2022.
59. COJOCARU, V.; BOSSA, A. Ghid de bune practici în aplicarea Indexului Incluziunii. Chișinău : CCF MOLDOVA, 2021.
60. COJOCARU, V. et.al. Experițe practice în incluziunea educațională a copiilor dezinstituționalizați. Chișinău: Policolor, 2013. ISBN 978-9975-4362-2-9.

61. **COJOCARU, V.** et. al. Suport de curs: Asistența familiilor în situație de criză. Chișinău: Bons Office, 2019. ISBN 978-9975-87-482-3.
62. **COJOCARU, V.** et.al. Suport de curs: Consolidarea Capacității asistenților parentali profesioniști și a părinților-educatori pentru gestionarea eficientă a comportamentelor copiilor din plasament. Chișinău: Pro-Mapix, 2019. ISBN 978-9975-3366-2-8.
63. **BOLBOCEANU, A.; VASIAN, T.; COJOCARU, V.; PAVLENKO, L.** et.al. Inclusiv EU. Studiul eficienței experiențelor de incluziune a copiilor cu CES dezvoltate în instituțiile de învățământ general din R. Moldova. Chișinău: 2010, 192 pag.

ADNOTARE

Cojocarui Viorica. Adaptarea psihosocială a adolescenților cu dizabilități fizice. Teză de doctor în psihologie. Chișinău, 2023.

Structura tezei. Teza constă din introducere, 3 capitole, concluzii generale și recomandări, bibliografie din 220 de titluri, 17 anexe, 151 pagini de text de bază, 25 tabele și 40 figuri. Rezultatele obținute sunt publicate în 14 lucrări științifice.

Cuvinte-cheie: adaptare psihosocială, dizabilitate fizică, incluziune, excluziune socială, vârsta adolescenței, adolescent cu dizabilități, adolescent cu dezvoltare tipică.

Scopul cercetării: stabilirea particularităților adaptării psihosociale a adolescenților cu dizabilități fizice, elaborarea și validarea modelului de eficientizare a acestora în condițiile incluziunii lor educaționale și sociale.

Obiectivele cercetării: analiza conceptelor teoretico-metodologice ale procesului de adaptare psihosocială a adolescenților cu dizabilități fizice; determinarea particularităților procesului de adaptare psihosocială a adolescenților cu dizabilități fizice comparativ cu adolescenții cu dezvoltare tipică; identificarea factorilor ce influențează procesul de adaptare psihosocială a adolescenților cu dizabilități fizice; elaborarea și validarea modelului psihosocial de eficientizare a adaptării psihosociale a adolescenților cu dizabilități fizice.

Noutatea și originalitatea științifică a cercetării: este unul din primele studii teoretico-experimentale în psihologia socială autohtonă, care stabilește particularitățile adaptării psihosociale ale adolescenților cu dizabilități fizice incluși în învățământul general; determină diferențele dintre adaptarea psihosocială a adolescentului cu dizabilități fizice comparativ cu adolescentul cu dezvoltare tipică; stabilește influența diversilor factori psihosociale asupra procesului de adaptare psihosocială; determină Modelul psihosocial de eficientizare a adaptării psihosociale a adolescenților cu dizabilități fizice.

Rezultatele obținute care contribuie la soluționarea problemei științifice importante constau în determinarea particularităților adaptării psihosociale ale adolescenților cu dizabilități fizice și utilizarea rezultatelor obținute în elaborarea și implementarea modelului psihosocial de eficientizare a adaptării psihosociale a adolescenților cu dizabilități fizice, având ca rezultat diminuarea dificultăților cu care se confruntă adolescenții cu dizabilități fizice. Rezultatele obținute pot fi utilizate în scopul asigurării condițiilor de eficientizare a adaptării psihosociale și sporire a incluziunii sociale a adolescenților cu dizabilități fizice.

Semnificația teoretică a cercetării: rezultatele obținute au permis formarea unei viziuni științifice complexe privind particularitățile adaptării psihosociale ale adolescenților cu dizabilități fizice, factorii psihosociale ce influențează adaptarea în baza studiului comparativ al particularităților adaptării psihosociale a adolescenților cu dizabilități fizice incluși în învățământul general, justificând astfel necesitatea organizării asistenței psihosociale a adolescenților cu dizabilități în vederea pregătirii pentru incluziunea educațională și socială a acestora.

Valoarea aplicativă a cercetării: rezidă în fundamentarea și experimentarea metodologiei de diagnosticare a adaptării psihosociale a adolescenților cu dizabilități fizice; elaborarea și validarea modelului psihosocial de eficientizare a adaptării psihosociale a adolescenților cu dizabilități fizice în vederea sporirii nivelului de acceptare și incluziune a adolescenților cu dizabilități, care poate fi utilizat în asistența psihologică a elevilor cu dizabilități și a elevilor cu dezvoltare tipică, la elaborarea programelor de sprijin pentru facilitarea incluziunii elevilor cu dizabilități, în activitatea cadrelor didactice, a psihologilor școlari, psihopedagogilor, în cadrul serviciului de asistență psihopedagogică, centrelor comunitare ș.a.

Implementarea rezultatelor științifice: rezultatele cercetării au fost prezentate la manifestările științifice naționale și internaționale; au fost aplicate în demersul de asistență psihologică adresat adolescenților cu dizabilități fizice din cadrul Centrului „Speranța”, mun. Chișinău; în munca de formator în cadrul activităților de formare și mentorat pentru cadrele didactice, specialiștii din serviciile de educație incluzivă din țară; în acțiunile de consultanță în vederea elaborării documentelor de politici educaționale, a creării și dezvoltării serviciilor de educație incluzivă în țară.

ANNOTATION

Cojocaru Viorica. Psychosocial adaptation of adolescents with physical disabilities. Doctoral thesis in psychology. Chişinău, 2023.

Thesis structure. The thesis consists of an introduction, 3 chapters, general conclusions and recommendations, a bibliography of 220 titles, 17 annexes, 151 pages of basic text, 25 tables and 40 figures. The results obtained are published in 14 scientific papers.

Keywords: psychosocial adaptation, physical disability, social inclusion, social exclusion, adolescence age, adolescent with disabilities, adolescent with typical development.

Research goal: to establish the peculiarities of psychosocial adaptation of adolescents with physical disabilities, to develop and validate the model of its efficiency in the conditions of their educational and social inclusion.

Research objectives: analysis of the theoretical-methodological concepts of the process of psychosocial adaptation of adolescents with physical disabilities; determination of the peculiarities of the psychosocial adaptation process of adolescents with physical disabilities compared to adolescents with typical development; identification of the factors influencing the psychosocial adaptation process of adolescents with physical disabilities; elaboration and validation of the psychosocial model for improving the psychosocial adaptation of adolescents with physical disabilities.

Scientific novelty and originality: it is one of the theoretical-experimental studies in domestic social psychology, which establishes the peculiarities of psychosocial adaptation of adolescents with physical disabilities included in general education; determines the differences between the psychosocial adaptation of adolescents with physical disabilities compared to adolescents with typical development; establishes the influence of various psychosocial factors on the process of psychosocial adaptation; determines the psychosocial model for improving the psychosocial adaptation of adolescents with physical disabilities

The obtained results that contribute to solving an important scientific problem consist of determining the peculiarities of psychosocial adaptation of adolescents with physical disabilities and using the obtained results in elaborating and implementing the psychosocial model for improving the psychosocial adaptation of adolescents with physical disabilities, resulting in reducing the difficulties they face. The obtained results can be used to ensure the conditions for improving the psychosocial adaptation and increasing the social inclusion of adolescents with physical disabilities.

The theoretical significance of the research: the obtained results have allowed the formation of a complex scientific vision regarding the peculiarities of psychosocial adaptation of adolescents with physical disabilities, the psychosocial factors influencing adaptation based on the comparative study of the peculiarities of psychosocial adaptation of adolescents with physical disabilities included in general education, thus justifying the need to organize psychosocial assistance to adolescents with disabilities in order to prepare them for educational and social inclusion.

The applied value of the research: consists of establishing and experimenting with a methodology for diagnosing the psychosocial adaptation of adolescents with physical disabilities; developing and validating a psychosocial model for enhancing the psychosocial adaptation of adolescents with disabilities in order to increase the level of acceptance and inclusion of adolescents with disabilities, which can be used in psychological assistance for students with disabilities and those with typical development, in developing support programs for facilitating the inclusion of students with disabilities, in the work of teachers, school psychologists, psychopedagogues, in the framework of the psychopedagogical assistance service, community centers, etc.

Implementation of scientific results: the research results have been presented at national and international scientific events; they have been applied in the process of psychological assistance for adolescents with physical disabilities at the „Speranța” Center, Chisinau; in the work of trainer in the activities of training and mentoring for teachers, specialists from inclusive education services in the country; in consultancy actions for the development of educational policy documents, the creation and development of inclusive education services in the country.

АННОТАЦИЯ

Кожокару Виорика. Психосоциальная адаптация подростков с ограниченными физическими возможностями.

Диссертация на соискание степени доктора психологии. Кишинев, 2023.

Структура диссертации. Диссертация состоит из введения, 3 глав, общих выводов и рекомендаций, библиографии из 220 наименований, 16 приложений, 151 страницы основного текста, 25 таблиц и 40 рисунков. Полученные результаты опубликованы в 14 научных статьях.

Ключевые слова: психосоциальная адаптация, инвалидность, социальная инклюзия, социальная эксклюзия, подростковый возраст, подросток-инвалид, подросток с типичным развитием.

Цель исследования: установить особенности психосоциальной адаптации подростков с ограниченными физическими возможностями, разработать и обосновать модель ее эффективности в условиях их образовательной и социальной инклюзии.

Задачи исследования: анализ теоретико-методологических представлений о процессе психосоциальной адаптации подростков с ограниченными физическими возможностями; определение особенностей процесса психосоциальной адаптации подростков с физическими недостатками по сравнению с подростками с типичным развитием; выявление факторов, влияющих на процесс психосоциальной адаптации подростков с ограниченными физическими возможностями; разработка и валидация психосоциальной Модели улучшения психосоциальной адаптации подростков с ограниченными физическими возможностями.

Научная новизна и оригинальность: это одно из теоретико-экспериментальных исследований в отечественной социальной психологии, устанавливающее особенности психосоциальной адаптации подростков с ограниченными физическими возможностями, включенных в общеобразовательную систему образования; определяет различия психосоциальной адаптации подростков с физическими недостатками по сравнению с подростками с типичным развитием; устанавливает влияние различных психосоциальных факторов на процесс психосоциальной адаптации; определяет психосоциальную модель совершенствования психосоциальной адаптации подростков с ограниченными физическими возможностями

Полученные результаты, способствующие решению важной научной задачи, заключаются в определении особенностей психосоциальной адаптации подростков с ограниченными физическими возможностями и использовании полученных результатов при разработке и реализации психосоциальной модели повышения психосоциальной адаптации подростков с ограниченными физическими возможностями, в результате чего снижается трудность, с которыми они сталкиваются. Полученные результаты могут быть использованы для обеспечения условий для улучшения психосоциальной адаптации и повышения социальной включенности подростков с ограниченными физическими возможностями.

Теоретическая значимость исследования: полученные результаты позволили сформировать комплексное научное видение особенностей психосоциальной адаптации подростков с ограниченными физическими возможностями, психосоциальных факторов, влияющих на адаптацию, на основе сравнительного изучения особенностей психосоциальной адаптации подростков с ограниченными физическими возможностями, включенных в общего образования, обосновывая тем самым необходимость организации психосоциальной помощи подросткам с ограниченными возможностями с целью подготовки их к образовательной и социальной интеграции.

Практическая значимость исследования: состоит в создании и апробировании методики диагностики психосоциальной адаптации подростков с физическими недостатками; разработка и апробация психосоциальной модели усиления психосоциальной адаптации подростков с ОВЗ с целью повышения уровня принятия и включения подростков с ОВЗ, которая может быть использована в психологической помощи учащимся с ОВЗ и с типичным развитием, в развитии поддержки программы содействия включению учащихся с ОВЗ, в работу учителей, школьных психологов, психопедагогов, в рамках службы психолого-педагогической помощи, общественных центров и т.д.

Внедрение научных результатов: результаты исследований были представлены на национальных и международных научных мероприятиях; они были применены в процессе психологической помощи подросткам с ограниченными физическими возможностями в Центре «Сперанца», Кишинев; в работе тренера в деятельности по обучению и наставничеству педагогов, специалистов служб инклюзивного образования страны; в консультационных мероприятиях по разработке документов образовательной политики, созданию и развитию услуг инклюзивного образования в стране.

COJOCARU VIORICA

PSYCHOSOCIAL ADAPTATION OF ADOLESCENTS WITH PHYSICAL DISABILITIES

511.03 – SOCIAL PSYCHOLOGY

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