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Sexual Well-Being as a Factor of Social and Psychological Rehabilitation of Persons with Disabilities

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Abstract: *The article introduces the genetic connection between the synthetic multiple-factor activity-based personality-oriented neosocial model of rehabilitation of a person with disabilities by A. Shevtsov and the structural functional model of human sexuality by V. Hupalovska. In the multiple-factor model of rehabilitation, the socio-psychological component is important, which corresponds to the dispositional model of Allport and the provisions on the “fully functioning person” according to Rogers. An attempt to consider the self-actualisation of a person with a disability and his/her subjective well-being through the lens of sexual well-being as a factor in the social construction by the person with disability of his/her life at the internal level is made. The study investigates the role of sexual well-being as a factor contributing to the social and psychological rehabilitation of people with disabilities (PwD) who acquired lifelong severe somatic diseases. Based on a comparative empirical analysis involving 125 PwD and 121 conditionally healthy participants, it was found that sexual attitudes and subjective well-being in PwD are comparable to those of their healthy peers. Notably, PwD report higher levels of positive relationships and affect balance but encounter challenges in goal-setting due to their health limitations. Predictors of subjective well-being include the adoption of romantic, patriarchal, and traditional-parental sexual scenarios, while self-realisation, market-oriented, and passionate sexual scripts negatively influence subjective well-being. The study highlights that transcendental and hedonistic-communicative scripts enhance subjective satisfaction with life, while intimate and market scripts demonstrate an inverse relationship. These findings emphasise the importance of addressing sexual well-being in rehabilitation programs. Sexuality, functioning across physical, emotional, and spiritual dimensions, plays a crucial role in enabling PwD to construct meaningful lives and achieve subjective psychological balance. The research supports the integration of personal, social, and psychological factors into rehabilitation strategies, aligning with the neosocial model of rehabilitation.*

Keywords: *subjective psychological well-being; sexual well-being; sexual script; person with disability; social rehabilitation.*

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1. Introduction

Due to recent historical events in Ukraine – the full-scale invasion of the territory of Ukraine by Russian troops – the problem of rehabilitation of people injured as a result of shelling and military operations with the loss of body parts and severe health disorders is becoming particularly relevant.

In the structure of the rehabilitation process as a system, the starting point is the object of rehabilitation – the rehabilitated person in his or her unity of mental, social, and biological characteristics. The scientific justification of the rehabilitation programme, the formation of goals and objectives, and the modelling of different levels and structural elements of the correctional and rehabilitation system depend on the appropriate model of the rehabilitated person.

Obviously, the new paradigm of modelling the processes of social rehabilitation and socio-psychological adaptation of people with disabilities involves the subjectivity of the rehabilitated person and the construction of their own social experience. Not the least role in this is played by the effects of achieving subjective well-being, and along with this well-being in the sphere of sexual life.

Object of study: sexual well-being and subjective well-being of people with disabilities.

Subject of study: predictors of sexual well-being and subjective well-being of people with disabilities as factors of their social rehabilitation process.

Aim of research – identify the features of sexual attitudes and sexual scenarios that contribute to the subjective well-being of persons with disabilities, and therefore to their social and psychological rehabilitation

2. Methodological approach and methods of the research.

From the standpoint of the social construction theory, which emerged in the fields of education and social psychology (Koshmanova, 1999; Moskalenko, 2008), it is very important to take into consideration objective psychometric data on subjective and sexual well-being for this population of subjects of correctional and rehabilitation interventions.

When considering the correlation between these types of well-being, the starting point is obviously the position that sexual well-being is a factor of subjective well-being in both the external and internal mental levels. At the same time on the external level, sexual well-being is more closely related to social well-being. However, in this study, we focus on identifying the level of subjective well-being of people with disabilities, in finding out the factors and features of sexuality that have the greatest impact on the psychological well-being of people with severe somatic diseases and disabilities as a result of them.

In our previous papers, we define sexual well-being as “the harmonious realisation by the subject of his sexuality on the bodily-physical, soul-emotional and spiritual-mental levels; a person’s harmonious experience of belonging to the sex and an adaptive way of realising this belonging” (Hupalovska, 2021).

Byers and Rehman (2014) define sexual well-being as a balance of positive and negative affect. Individuals with predominantly positive feelings, such as satisfaction with their own (sexual) relationships, are considered to have high levels of sexual well-being.

Sexual well-being can be considered on at least two levels: non-deficient, from the standpoint of the absence of feelings of disorders and problems, and eudemonic, meaningful, and existentially filled. According to the levels of sexual development that we have presented in our model of sexuality (Hupalovska, 2015), sexual well-being can be assessed at the bodily-physical, soul-emotional, and mental-spiritual levels.

Allsop et al. (2023) distinguish four domains of sexual well-being (i.e., sexual satisfaction, desire, distress, and frequency).

We define a sexual scenario as a discursive way of organising one’s own sexual life, a largely imaginary cognitive scheme according to which a person organises and evaluates his or her sexual life.

We will study subjective well-being based on the concept of the psychological health spectrum as a representative of happiness by C. Keyes (Keyes, 2009; Keyes & Annas, 2009). In this model, psychological health/illness and mental illness are independent (orthogonal) axes, and dimensions. The model considers three factors: emotional hedonic well-being as a predominance of positive emotions, social eudemonic well-being (contribution to social processes, social usefulness, sense of belonging, development, acceptance), psychological eudemonic well-being (corresponds to the components of C. Ryff's model of psychological well-being (Ryff & Keyes, 1995) and reflects self-acceptance, management of the environment, positive relationships, goals in life, autonomy, personal growth, development, etc.)

Identification of the level and factors of subjective well-being of persons with disabilities, and clarification of the factors and features of sexuality (that have the greatest impact on the psychological well-being of persons with severe somatic diseases and disabilities as a result of them) will allow us to model the personality of a person with disabilities in terms of the formation (if necessary, correction) of scenarios of sexual behaviour leading to social adaptation. At the same time, the leading role in forming respective adaptive behaviour is played by internal motivational forces that fundamentally reflect the subjectivity of the social rehabilitation and self-rehabilitation mechanisms.

This approach tends to explain the phenomenon of disability and rehabilitation from the perspective of social constructivism. This and other social concepts of disability were certainly a significant step forward in the modernistic understanding of this problem and in overcoming the socio-political pressure on a person with limitations of life activity of the family of clones of the medical model of disability (administrative, functional, economic, etc.).

Social models effectively facilitate transforming of the social environment into a comfortable one for persons with limitations of life activity. However, the extent to which they contribute to the creation of effective mechanisms for the comprehensive social rehabilitation of these people depends on the ability of the individual to construct their life plan. This is especially evident in the formation of a subjective sense of one's sexual well-being. After all, there are no other ways to achieve this type of well-being state than through one's interpersonal activity.

Considering sexuality through the socio-psychological rather than physiological lens according to the structural-functional model of human sexuality (Hupalovska, 2015), we should study sexual well-being in a number of models of disability of a social type, or even in the more modern neosocial model.

According to the structural-functional model of sexuality (Hupalovska, 2015), sexuality is "a multidimensional phenomenon, a biopsychosocial phenomenon that is formed based on gender, is experienced by a person at the intrapsychic level as a complex of anatomical, physiological and psychological characteristics and self-identification and is manifested at the behavioural level (transmitted externally) in the form of an individual's gender self-representation and the desire to build interpersonal (couple) relationships". Becoming a part of an integrated self-concept and meaningful identity, sexuality reaches the mental and spiritual level. Sexuality functions at the bodily-physical, soul-emotional, and mental-spiritual levels and is considered at least in biological, psychological, and cultural aspects.

Let us consider the genetic connection between the above-mentioned model of sexuality and the neosocial model of rehabilitation of people with disability.

The neosocial model of the object-subject of correctional and rehabilitation work – the rehabilitated person – in its integrity of mental, social, and biological qualities, which takes into consideration at the same time medical, social, and personal aspects, was presented in the monograph "Educational foundations of rehabilitology" (Shevtsov, 2009). The author considered it to be a synthetic multifactorial activity-based personality-oriented neosocial model of disability. Here are some features of this model. This model of disability is activity-based. The factor of an individual's activity is systemic in the complex biological, social, and personal aspects of disability. As long as a person with health and developmental disabilities does not perform an activity (action),

he or she does not show signs of disability. The latter arises precisely when trying to perform an action. The essence of rehabilitation is to overcome disability and life's activity limitations – in the formation of appropriate forms of action. This also relates to the biological factor. A person cannot fulfill his or her needs, motives, and goals due to physical, sensory, or mental limitations, or persistent health problems. Restoring health is not the goal, but a means of overcoming disability.

The disability model is essentially dualistic and complementary. In fact, it can be stated that the structure of the disability model is represented by dual pairs of opposite factors, the interaction of which is described by the dialectical law of struggle and unity of opposites: biological - social, social - individual, physical - mental, personal - environmental, etc.

In this case, the factor of an individual's sexuality (sexual behaviour) is reflected in two modalities: social well-being (external social level) and subjective well-being (internal mental level). Nevertheless, the Physical Self (along with the Social Self) cannot but be reflected in our empirics.

Therefore, in this context, we need to involve such a quality of the disability model as its synthetic character, which combines mental, social, and biological aspects. Namely, we propose to consider our research in the paradigm of the neosocial model of disability.

Simply put, the medical model of disability focuses on restorative treatment and physical rehabilitation of a person with a disability, while the social model focuses on creating external conditions (social and physical) adapted to the person's life activity. The latter is mistakenly considered to be sufficient for compensating for these limitations and eliminating a person's disability. Although the social model of disability is more progressive than the medical one, both models do not take into account the personality factor of social rehabilitation on the part of the rehabilitated person, his or her internal psychological and competence readiness for socialisation. On the other hand, it should not be forgotten that health-related problems are the starting point for disablement and the formation of secondary developmental defects. This leads us to a dialectical synthesis of the above-mentioned models with the inclusion of a third, personal (psychological and education) factor based on an activity-based approach to the problem of overcoming disability.

The proposed model is the result of the post-non-classical person-centred period of development of the rehabilitation system, the statement of the model of “personality interest” and the concept of “independent living” (Shevtsov, 2009). It reflects the next stage in the evolution of society's attitude towards people with disability and replaces the classical social model of disability.

This model is personality-centred and based on the concepts of personal maturity with a description of personal traits that correspond to the subject's readiness for a certain type of activity, behavioural act, and their sequence – of dispositions, in order to achieve subjective well-being.

According to H. Allport's dispositional model (Allport, 2002), among the proprioceptive functions (the adaptive aspect of proprium – improving the Ego in a positive sense) is the desire for self-affirmation, which leads to the formation of a sense of pride in oneself and, accordingly, contributes most to subjective well-being and self-actualisation. The latter is a reliable source of transformation to the self-presentation of a person with a disability into a fully functioning person, according to K. Rodgers (1994).

People with disabilities, on average, face more frequently failures in their sexual life. Thus, psychological trauma leads to psychological growth - self-actualisation. Therefore, considering subjective well-being as an open system that results from personal social and psychological construction, we see the mechanisms of forming a stable disposition of sexual well-being.

According to H. Allport, the structure of personality is composed of stable characteristics and dispositions, but the author himself attributes personality to open systems. We would say that personality (the inner mental sphere) is an open, nonlinear, complex, and dissipative synergistic system that is self-developing. The described characteristics provide the basis for a psycho-synergetic model of the human psyche as a system and the implementation of the principles of synergetic methodology in the analysis of the personality structure for psychological rehabilitation of people with disabilities (Shevtsov, 2011; Shevtsov, 2009).

Therefore, the psychosynergetic methodology is in line with G. Allport's approach, in which personality is seen as a transitional process rather than a finished result. Even the few stable traits that it has are constantly changing. It is this process of change, formation, and individuation that is of particular interest in our analysis.

H. Allport (2002) notes the uniqueness of both the process and the product: "Each person is an idiom to him or herself, an obvious violation of the species syntax. An idiom develops in its own particular context. To understand an idiom, one must comprehend its context. At the same time, it cannot be said that idioms are completely independent and do not comply with any laws. In fact, the meaning of an idiom can only be understood by comparing it with the syntax of the species" (Allport, 2002).

We consider Allport's "idiom" as an analogue of the self-concept. At the same time, positive transformation of the self-concept is a necessary mechanism of social adaptation. This was proved in the work of Shevtsov A., and Chukhriy I. (2020), in which a factor model of the dynamics of transformation of adaptive personal structures in young people with movement disorders was investigated to predict further psychological assistance and psychocorrection (Shevtsov & Chukhriy, 2020).

In their turn, psychological andragogical ways of correctional and rehabilitation work with people with disabilities are consistent with the goals of forming a mode of action by the type of the "fully functioning person" type and are based on the methodological principles of humanistic psychology and correspond to the concept of "good life", which is described in the works of K. Rodgers, based on his psychotherapeutic experience (Rodgers, 1994).

Within the framework of the latter theory, socialisation is understood as a process of self-actualisation and self-realisation of the person, overcoming the negative effects of the social environment that destroy the unique structure of the self-concept. It is no longer just about adaptation but there is also analysed the problem of maladaptation as a result of the confrontation between the individual and society. Much attention is paid to the development of various approaches to its overcoming.

The ideology of "independent living" encourages us to establish such goals, tasks, and methods of psycho-correctional work and social and psychological rehabilitation of a person with a disability that forms a personality of the first type, with consideration of sexuality.

During the socialisation and psychological adaptation of a person with a disability, first of all, an increasing openness to experience should be formed in him or her, which is opposite to the position of defense that is characteristic of the personality of someone with impaired health.

Self-improvement and development occur on the basis of interaction with the environment, and with other people, through adequate perception of an external assessment that is quite significant for a person.

The task of harmoniously combining in a single rehabilitation process both measures to restore physical health and correctional and rehabilitation work with a person at the level of the personality, his/her psychological and social levels of activity leads us to the search for a universal ontological basis of rehabilitation phenomena and constructs (Shevtsov, 2009).

We strive to be an integral personality, to achieve internal psychological homeostasis and, thus, subjective well-being.

However, one of the main drivers of activity is the motivation to achieve subjective well-being. Therefore, we attribute the formation of this motivating factor to the psychological and social components of the rehabilitation process as a system that reflects a certain technology of correctional rehabilitation and psychotherapeutic work with a person with a disability.

Thus, the purpose of our study lies in identifying the level of subjective well-being of persons with disabilities, as well as in determining the factors and characteristics of sexuality that have the greatest impact on the psychological well-being of persons with severe somatic diseases and disabilities as a result of them.

3. Research sample and participants

The study involved 125 people with disabilities and somatic diseases aged 20 to 57 years, mean age of $M=28.79$ years, $Std.Dev.=10.31$. The interviewed persons with disabilities (PwD) received disabilities of groups 2 and 3 during their lifetime as a result of acquired somatic diseases. Disability by diagnosis was assigned from 1 to 24 years ago. The comparison group consisted of 121 conditionally healthy at the time of the interview, aged 19 to 52 years, $M=24.717$, $Std.Dev.=8.58$.

The study was conducted in compliance with confidentiality and general ethical principles. The psychological research was conducted voluntarily, anonymously, and online using Google Forms on the Google platform. The consent of the study participants was obtained to process their results in a generalised form. The participants were informed about the purpose of the study.

4. Methods of the research

Following the purpose of the study, we used valid standardised psychological questionnaires to empirically study hypothetical assumptions about the characteristics of sexual relations as factors of psychological well-being of persons with disabilities and conditionally healthy people: Questionnaire of subjective well-being RPWB in the adaptation of N.N. Lepeshinsky (Ryff & Keyes, 1995; Lepeshinsky, 2007), the Scale of Subjective Assessment of Well-Being, originally developed by A. Perrudet-Badoux, G. Mendelsohn, and J. Chiche (1988) and adapted by M. V. Sokolova (Sokolova, 1996), Eysenck Inventory of Attitudes to Sex, EIDS (Eysenck & Wilson, 2000), Questionnaire of sexual scenarios (Hupalovska, 2020). The validity and reliability of the psychodiagnostic methods were tested by the authors and presented in their publications.

After obtaining and calculating the results, the following methods of mathematical statistical processing of the data were used: correlation, comparative, and regression analysis. Statistical processing of the obtained results was carried out using the statistical software package Statistica 8.0 for Windows.

5. Analysis of the research results

Below, we analyse the specific features of sexual well-being (SexWB) and sexual scenarios of people with lifelong severe systemic somatic diseases (diabetes mellitus, bronchial asthma, cancer) and resultant disabilities. For more informational content and demonstrativeness, we analyse the indicators of the PwD group in the context of comparing them with the indicators of the group of conditionally healthy people.

While comparing the sexuality characteristics of conditionally healthy individuals and respondents with an acquired disability in the course of their lives according to the questionnaire EIAS by G. Eysenck, it was revealed (see Fig. 1) that there were no statistically significant differences, but PwD had higher values in terms of permissibility, sexual neuroticism, sexual shyness, chastity, aversion to sex and aggressive sex. In the group of conditionally healthy individuals, there are statistically insignificantly higher rates of sexual realisability, sexual excitement, physical sex, sexual libido, sexual satisfaction, and sexual masculinity.

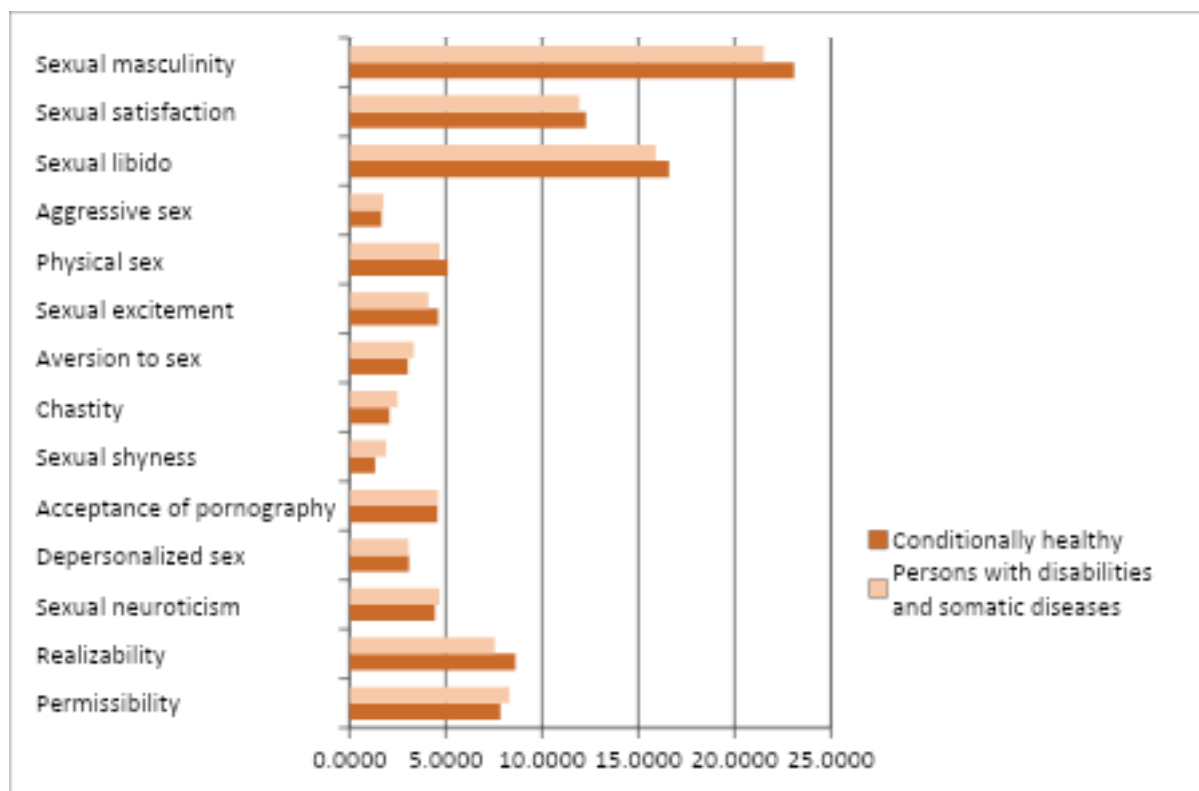


Figure 1. Comparison of sexuality characteristics between conditionally healthy individuals and respondents with acquired disabilities, based on the Eysenck Inventory of Attitudes to Sex (EIDS). Data represent mean scores with comparisons conducted using Student's *t*-test.

The rates of acceptance of pornography, depersonalised sex, and aggressive sex are practically equal in both groups. This means that sexuality is important for people with disabilities and severe somatic diseases. This result confirms the views expressed by numerous researchers (Sakellariou, Algado, McRuer, Mollow, Durham, Shakespeare, Gillespie-Sells, Davies and others) who note that people with disabilities are also sexual beings who have sexual fantasies, feelings and desires like anyone else (Sakellariou, & Algado, 2006; McRuer, Mollow, & Durham, 2012; Shakespeare., Gillespie-Sells, & Davies, 1996).

They can afford to have sexual activity, but they are unable to realise it as much as they would like, which can increase their level of neuroticism. They have a slightly higher level of shyness, chastity, and aversion to sex, which indicates certain obstacles in the realisation of sexuality. As Shuttleworth, Sanders, and Siebers point out (Shuttleworth, 2007; Shuttleworth, & Sanders, 2010; Siebers, 2008), people with disabilities are often unable to fully express their sexuality, not so much because of their disability, but because of mobility limitations, lack of communication, negative social attitudes and a constant lack of personal support, as well as the lack of educational, recreational, social health services and rights available to other people.

As noted by Sandra Phillips (2012), a researcher of the lives of people with disabilities in Ukraine, such people may experience a lack of masculinity, they are treated with pity, and such attitudes do not contribute to their well-being. In our opinion, the interest in the sexuality of people with somatic diseases is natural, but when faced with a certain lack of understanding of this by others, such people may hide their sexual interests, and their sexual life may become less public, more hidden, and introverted. This may explain the higher level of permissiveness, acceptance of pornography, and aggressive sex among people with somatic diseases and disabilities.

More targeted and specialised research is needed to draw more specific conclusions about the sexuality of people with disabilities and somatic diseases. In this paper, the fact that there were no statistically significant differences between conditionally healthy and persons with somatic diseases in their sexual attitudes was sufficient for us.

The few conversations about the sexuality of people with disabilities and somatic diseases often took place only from a healthcare perspective or in the context of sexual violence, abuse, and cases of abuse (by them or with them). This can negatively affect the subjective well-being of persons with disabilities.

Table 1 presents the results of a comparative analysis based on the non-parametric Mann-Whitney criterion between conditionally healthy and persons with disabilities according to indicators of subjective well-being.

As observed in Table 1, there are statistically significant differences between the analysed groups on the scales of Positive relationship (higher in the PwD group: $U=312.5$, $Z=-3.064$, $p=0.0022$), Purposes in life (lower in the PwD group: $U=343.5$, $Z=2.684$, $p=0.0073$), and Affect balance (higher in the PwD group: $U=211.5$, $Z=4.302$, $p=0.0000$).

Thus, people with disabilities are better able to establish positive relationships with their environment because they understand that they need help, or they receive proper care and assistance from their relatives due to their health condition and therefore assess their relationships as more positive.

Table 1. Mann-Whitney U Test Comparing Psychological Well-Being (PWB) of People with Disabilities (PwD) and Without Disabilities (0).

Variable	Rank Sum (0)	Rank Sum (PwD)	<i>U</i>	<i>Z</i>	<i>p</i> -level	<i>Z</i> -adjusted	Adjusted <i>p</i> -level	Exact 2-sided <i>p</i>
Positive relationship	1347.5	1137.5	312.5	-3.064	0.0022**	-3.068	0.0022**	0.0018**
Autonomy	1457.0	1028.0	422.0	-1.722	0.0851	-1.725	0.0845	0.0862
Environmental management	1553.0	932.0	518.0	-0.545	0.5855	-0.546	0.5848	0.5921
Personal growth	1654.0	831.0	506.0	0.693	0.4886	0.694	0.4878	0.4951
Purposes in life	1816.5	668.5	343.5	2.684	0.0073**	2.687	0.0072**	0.0067**
Self-acceptance	1639.0	846.0	521.0	0.509	0.6110	0.509	0.6107	0.6176
Psychological well-being	1589.0	896.0	554.0	-0.104	0.9170	-0.104	0.9170	0.9224
Affect balance	1948.5	536.5	211.5	4.302	<0.001***	4.304	<0.001***	<0.001***
Meaningfulness of life	1677.0	808.0	483.0	0.974	0.3298	0.975	0.3294	0.3353
Humans as an open system	1544.0	941.0	509.0	-0.656	0.5120	-0.657	0.5114	0.5186

Note. Marked tests are significant at $p < .01$ (**), and $p < .001$ (***).

Table 1 shows that the general indicator of subjective well-being in both groups does not differ statistically. This means that people with disabilities find opportunities to feel quite happy in life. They demonstrate a sufficient ability to establish positive relationships with people around them, confidence in their own abilities, and a positive assessment of their significant capabilities to overcome life's obstacles and learn new skills. Although it is more difficult for them to set goals in life, as health problems make it difficult to achieve them, by establishing a greater number of positive connections or more favourable relationships with others, PwD manages to increase their psychological well-being to an average level that is not much lower than the subjective (psychological) well-being of people without significant health problems.

Table 2. Data of descriptive statistics (mean value Mean and standard deviation Std.Dev.) psychological well-being (PWB) of people with disabilities (PwD) and people without disabilities (O).

RPWB scales	Mean – 0	Std.Dev. - 0	Value in standardised points 0-10	Mean – PwD	Std.Dev. – PwD	Value in standardised points 0-10
Positive relationship	55,09	7,12	4	61,32	16,07	6
Autonomy	56,96	7,69	6	59,24	10,56	7
Environmental management	56,47	8,16	5	57,36	9,72	5
Personal growth	65,40	7,09	6	64,12	9,78	6
Purposes in life	64,00	7,48	6	58,44	8,33	5
Self-acceptance	58,78	11,53	6	57,44	12,33	5
Psychological well-being	351,33	54,27	5	345,88	76,09	5
Affect balance	119,98	19,09	above average	102,40	60,62	medium
Meaningfulness of life	97,27	10,51	medium	94,52	10,92	medium
Humans as an open system	63,76	5,87	medium	65,60	9,56	medium

It should be noted that the survey was conducted during 2020-2021, at the time of the Covid-19 pandemic, which could have affected the self-esteem of psychological WB as a result of the threat of a dangerous infection. However, all respondents in this context were in the same conditions and the pandemic situation affected the results of both groups. However, the pandemic situation could have actualised the fear of getting sick and dying in conditionally healthy people, and their health and psychological well-being were, so to speak, “put into equal conditions” with PwD.

Perhaps exactly the threat of Covid-19 has led to a higher average score on the Affect balance scale in the healthy group, which indicates the respondent's negative self-esteem, dissatisfaction with the circumstances of his or her life, feeling of his or her own worthlessness and powerlessness. Insufficient ability to maintain positive relationships with others, lack of faith in one's own strength, underestimation of one's own abilities to overcome life's obstacles, and learn new skills and abilities. Persons with disabilities rated their level of affect balance as average. Low and normal scores indicate the predominance of positive self-esteem, and acceptance of oneself with all merits and demerits. A positive assessment of all aspects of a person's PWB, especially the ability to acquire and maintain contact with others. They indicate confidence in oneself and one's own strengths, a high opinion of one's own capabilities, a sense of competence in managing everyday affairs, and a higher satisfaction with one's own life. PwD probably have lower expectations of their capabilities and the realisation of opportunities.

In order to identify the specific features of sexual behaviour that are related to well-being, we will analyse the correlations between the scales of Questionnaire of subjective well-being RPWB (Ryff & Keyes, 1995) and the Scale of subjective assessment of well-being SAWB originally developed by A. Perrudet-Badoux, G. Mendelsohn, and J. Chiche (1988) and adapted by M. V. Sokolova (Sokolova, 1996) with indicators of sexual scenarios (Questionnaire of sexual scenarios (V. Hupalovska)) (see Table 3).

Table 3. Correlations (Spearman Rank Order) between Psychological Well-being, Sexual Well-being, and Sexual Scenarios of People with Disabilities (N = 125).

Variables	Sexual Need	Romantic Sexual Script	Market Sexual Script	Self-realisation Sexual Script	Instrumental Sexual Script	Passionate Sexual Scenario
Tension and Sensitivity	0.10	-0.24	-0.16	0.25	0.52**	0.26

Variables	Sexual Need	Romantic Sexual Script	Market Sexual Script	Self-realisation Sexual Script	Instrumental Sexual Script	Passionate Sexual Scenario
Social Environment	0.08	-0.22	-0.30	-0.26	-0.07	0.46**
Satisfaction with Daily Activities	-0.39*	-0.36	-0.37	-0.28	-0.02	0.14
"Raw" Score	-0.20	-0.41*	-0.24	-0.14	0.16	0.09
Stan	-0.23	-0.52**	-0.27	-0.04	0.11	-0.05
Positive Relationship	0.09	0.34	-0.08	-0.46**	-0.11	0.08
Autonomy	-0.16	0.09	-0.07	-0.41*	-0.07	0.03
Environmental Management	-0.22	-0.17	-0.40*	-0.35	0.17	0.52**
Purposes in Life	-0.15	-0.18	-0.48**	-0.48**	-0.06	0.20
Self-acceptance	-0.26	-0.19	-0.13	-0.44*	0.19	0.13
Psychological Well-being	-0.06	0.09	-0.35	-0.56**	-0.10	0.17
Affect Balance	-0.10	0.10	0.42*	0.41*	-0.06	-0.14
Meaningfulness of Life	-0.03	0.11	-0.44**	-0.61***	-0.18	0.43*
Humans as an Open System	-0.34	0.18	0.11	-0.63***	-0.01	0.16

Note: Marked correlations are significant at $p < .05$ (*), $p < .01$ (**), and $p < .001$ (***)

As can be seen from Table 3, sexuality features in PwD are not related to self-assessment of health – the Perrudet-Badoux questionnaire scale. The scales of this questionnaire have the reverse interpretation: the higher the scale score, the lower the level of subjective well-being observed. Therefore, as the tension and sensitivity in PwD decrease, the ability to use sexuality as a means of achieving non-sexual goals, i.e., to an instrumental sexual scenario, increases ($r=0.522$). As the significance of the social environment and the sense of control over the environment decreases ($r=0.520$), the need for a passionate scenario arises in PwD. Presumably, when they allow themselves to ignore the opinions of the environment, people with disabilities dare to desire sensual pleasure. As the level of satisfaction with everyday activities increases, sexual needs increase ($r=-0.388$). As the level of life satisfaction increases, the desire for romantic relationships and love increases. This is in line with the findings of Young, Klosko, & Weishaar (2024) that positive attitudes towards the world, people, reliance on fairness in relationships, and self-esteem determine emotional well-being.

The higher the eudemonic subjective well-being, the less one wants to use manipulation – to treat sexuality as a means of self-realisation (significant scale correlations of subjective well-being from $r=-0.41$ to $r=-0.66$ with the self-realising sexual scenario) or a tradeable commodity in the market world ($r=-0.558$ with the market sexual scenario). Hardy (2020) also points out that a specific vision of the future, and the ability to realise one’s own potential and find ways to achieve goals are the basis for psychological well-being.

Increasing the level of meaningfulness of PwD’s life, managing the environment ($r=-0.400$) and the presence of goals contribute to greater authenticity of a person - the realisation of sexuality as a means of romantic couple relationships. Kuprieieva et al. (2020) also determined that self-perception, self-efficacy, and the ability to rely on a positive, optimistic attitude towards the surrounding world, a sense of justice, positive self-attitude, and adequate self-esteem are important for the development of personal autonomy of students with disabilities.

We used regression analysis to determine the predictive indicators of psychological well-being through the lens of PwD’s sexuality. The results of the calculation of predictors of psychological well-being are presented in Tables 4 and 5.

Table 4. Prognostic models of psychological well-being in context sexuality of person with disabilities (N=125).

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.7544	0.5692	0.68774	18.1796

c. Predictors: (const) Romantic sexual scenario, Market sexual script, Self-fulfilling sexual script, Patriarchal sexual script, Game sexual scenario, Traditional-parental sexual scenario, Passionate sexual scenario.

Dependent variable: psychological well-being

Table 5. Linear coefficients for the predictor's, dependent variable: psychological well-being (N=125).

Predictor	B	Standard Error	Beta	t	p-value
Intercept	898.66	435.03		2.07	0.045
Romantic Sexual Scenario	29.40	7.91	1.02	3.72	0.0006
Market Sexual Script	-13.20	6.34	-0.40	-2.08	0.0434
Self-Fulfilling Sexual Script	-41.60	11.99	-1.42	-3.47	0.0012
Patriarchal Sexual Script	28.08	12.28	0.64	2.29	0.0273
Game Sexual Scenario	-40.81	11.05	-1.36	-3.69	0.0006
Traditional-Parental Sexual Script	22.42	8.62	0.61	2.60	0.0128
Passionate Sexual Scenario	-36.38	8.29	-1.69	-4.39	0.0001

Note: Dependent variable = psychological well-being.

The model explaining 57 % of the data variance predicts psychological well-being the most accurately. The model is considered valid if the R-square exceeds 0.5. The obtained value is height – greater than 0.5, therefore, we can say that the obtained model is statistically significant.

Table 5 shows the resulting linear coefficients linking the dependent variable with predicting personal sexual scenarios of PwD.

The model shows that the use of romantic, patriarchal, and traditional parental scenarios contributes to the subjective well-being of PwD. The implementation of the passionate, role-playing, self-realisation, and market scenarios will lead to a decrease in the level of eudemonic subjective well-being of persons with acquired disability. Thus, we can see the peculiarities of sexual scenarios of persons with disabilities, which lead to a high level of life-affirming and meaningful subjective well-being. They require romantic feelings, and the need and desire to be loved, but they also require traditionalism and reliance on patriarchal patterns of relationship building. Perhaps they need the support of the older generation and more stable mechanisms of social processes for their existence.

Another indicator, subjective life satisfaction, is also used to assess well-being (WB), which is measured by the Perrudet-Badoux questionnaire. This psychodiagnostic tool has a different character – it measures more visible everyday indicators, such as the prevalence of a positive mood, satisfaction with everyday life, health, and social relationships.

No statistically significant differences were found, and the standardised value (stan) is equal in both groups – about 6 points. The PwD group has a somewhat lower self-assessment of health and higher satisfaction with relationships with other people, which corresponds to the Questionnaire of subjective well-being RPWB.

It was also possible to build a regression model that revealed the sexual scenarios that lead to subjective satisfaction with well-being in PwD. The validity of this model is 71%, demonstrating its good predictive power. (see Table 6). R=0,8424, R Square=0,7096, Adjusted R Square =0,2476 F(35,22)=1,5358, p<0,0146, Std. Error of estimation: 11,356.

When analysing the dependence of the residuals on the predicted values, no systematicity is observed, so the residuals do not belong to the predicted values. The analysis of the residuals confirmed the relevance of the regression model.

Table 6. Prognostic Models of Subjective Assessment of Well-Being (SAWB) in the Context of Sexual Scenarios of Persons with Disabilities (N = 125).

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
2	0.8424	0.7096	0.2476	11.356

Note: Dependent variable = subjective assessment of well-being.

The following table shows the indicators of sexual scenarios that cause a subjective assessment of well-being. Recall that in the Perrudet-Badoux questionnaire, the lower the score, the higher the level of SAWB. Therefore, the interpretation will be reversed. Thus, SAWB contributes to the transcendental and hedonistic-communicative scripts of PwD’s sexual behaviour and does not favour the market and intimate ones (see Table 7). It is worth noting that none of the sexuality indicators were included in the regression model, which indicates the importance of the constructed scripts of sexual behaviour that a person intends to implement in life.

Table 7. Linear Coefficients for the Predictors of the Dependent Variable: Subjective Assessment of Well-being in People with Disabilities (N = 125).

Predictor	B	Standard Error (B)	Beta	Standard Error (Beta)	t	p-level
Market Script	0.75	0.35	5.53	2.56	2.16	0.042
Transcendent Script	-0.86	0.40	-5.42	2.54	-2.14	0.044
Intimate Script	0.74	0.33	4.88	2.22	2.20	0.039
Hedonistic-Communicative Script	-1.29	0.45	-5.51	1.92	-2.87	0.009

Two more features of PwD’s construction of their own proprium with the help of sexuality have been revealed. Well-being arises from the capacity to communicate, to share one’s thoughts, feelings, and sensations with someone, and the ability to receive pleasure and pleasant sensations. Transcendental level of functioning of sexuality in PwD’s – the ability to rise to the mental and spiritual level in sexual practices is important. Transcendence helps to abstract away from the imperfections of the body or emotions and acts as a universal level at which a person feels worthy.

6. Discussion

In our study, it was found that the level of subjective well-being in persons with disabilities and in conditionally healthy interviewees is actually the same and does not differ statistically significantly. Archuleta & Burr (2015) studied financial and sexual processes in couples and state that they are very much related. This became the basis of couple and finance theory. According to empirical evidence (Dew et al., 2018; Glenn et al., 2019), this theory suggests that financial processes, such as the perception of the financial burden from various activities and household income, are associated with the quality of romantic relationships, which should be considered in the context of individual partner attributes such as quality of life (Archuleta & Burr, 2015). Quality of life is defined as “a person’s perception of his or her position in life... in relation to his or her goals, expectations, standards, and problems” (WHOQOL Group, 1995). Therefore, it can be assumed that financial issues and the quality of relationships may be the basis for a low estimation of psychological well-being in people without health problems.

We have found that as the level of life satisfaction increases, the desire for romantic relationships and love rises. This is in line with the findings of Young, Klosko, & Weishaar (2024) that positive attitudes toward the world, and people, reliance on justice in relationships, and self-esteem determine emotional well-being.

According to the results of our study, increasing the level of life meaningfulness of PwD, managing the environment, and having goals contribute to greater authenticity of a person with disability and realisation of sexuality as a means of romantic couple relationships. Kuprieieva et al. (2020) also determined that self-perception, self-efficacy, and the ability to rely on a positive, optimistic attitude towards the surrounding world, a sense of justice, positive self-attitude, and adequate self-esteem are important for the development of personal autonomy of students with disabilities.

In our study, the question of why only one scale of the Questionnaire of sexual well-being (Hupalovska, 2021) in PwD - sexual need - has correlations with indicators of subjective well-being remained unclear to us. However, its other scales - Relationships as a value, Sexual life satisfaction, and Sexual communication – did not reveal any correlations and were not included in the regression models. We assume that the questionnaire, which was developed for conditionally healthy people, may not take into account some psychological features of the self-assessment of sexual well-being by persons with disabilities. Or perhaps, for persons with disabilities, the very fact of having, being aware of, and being able to fulfill sexual needs is already a sufficient indicator of sexual well-being due to the specifics of functioning because of their health condition. This opens up opportunities for further research.

It should also be noted that none of the indicators of attitudes towards sexuality were included in the regression models, which indicates the importance of not beliefs, but rather the constructed scripts of sexual behaviour that a person intends to implement in life.

7. Conclusions

1. It has been found that the use of romantic and, under certain conditions (reducing the importance of the social environment), passionate sexual scenarios contributes to a positive assessment of one's subjective well-being. Sexual scenarios that do not contribute to subjective well-being have been identified. These are sexual scenarios that are manipulative in nature - market, self-realisation, and instrumental.

2. It has been determined that the predictors of subjective well-being are romantic, patriarchal, and traditional-paternal scenarios. Subjective assessment of well-being causes the transcendental and hedonistic-communicative scenarios of sexual behaviour. Thus, we can see that individual and cultural aspects of functioning are involved in building their own well-being by persons with disabilities and somatic diseases, and the constructs of all three levels of sexuality functioning are important: the bodily-physical level, the emotional and soul level, and the mental and spiritual level. The constructs of the bodily-physical level were manifested in the prediction of well-being by the hedonistic-communicative scenario. The constructs of the emotional and mental level are represented by the prediction of well-being by the romantic scenario of sexual behaviour. However, the aspect of emotional closeness between partners - the intimate sexual scenario - reveals the opposite prediction. Thus, at the emotional and spiritual level, PwD exhibits ambivalent tendencies that can be compensated for by the mental and spiritual level of sexuality using the transcendental sexual script or by the bodily-physical level of sexuality represented by the hedonistic and communicative sexual behaviour scenario.

The sexual well-being of PwD is a factor in the subjective well-being of PwD. According to A. Shevtsov's rehabilitation model, the holistic and openness of rehabilitation systems is realised in the effective striving of PwD for subjective well-being, which through the realisation of sexuality is a way of acting to overcome the limitations of life activities arising from physical limitations and relationships with the environment.

3. Sexual well-being of PwD is a factor in the social and psychological rehabilitation of persons with disabilities. As revealed in our study, with the growth of subjective well-being, sexual needs increase. According to V. Hupalovska's (2015) model of sexual well-being, sexual well-being of PwD as a factor of their social and psychological rehabilitation can be considered at least at two levels: non-deficit, from the point of view of the absence of disorders and problems; and

eudemonic, existential. In accordance with the levels of sexuality deployment, the sexual well-being of PwD can be assessed at the physical-bodily, soul-emotional, and mental-spiritual levels. The non-deficit level means that the sexual life of PwD is important for feeling fully functioning, which has been proved empirically – there are no statistically significant differences in attitudes towards sexuality and the level of subjective well-being of PwD and conditionally healthy respondents.

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