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STRUCTURE OF COPING BEHAVIOUR OF PEOPLE WITH DISABILITIES WHO HAVE EXPERIENCED BULLYING

У статті представлено результати теоретико-емпіричного дослідження структури копінг-поведінки осіб з інвалідністю, які мають досвід булінгу. Копінг-поведінка розглядається як інтегративна система когнітивних, емоційних і поведінкових механізмів, що забезпечують подолання стресових ситуацій, пов'язаних із негативним міжособистісним впливом, соціальним відторгненням та хронічним психоемоційним напруженням. Акцентується, що булінг виступає специфічним травматичним чинником, який порушує базове відчуття безпеки, підриває довіру до соціального оточення та суттєво впливає на формування індивідуальних стратегій подолання стресу в осіб з інвалідністю.

У межах дослідження здійснено порівняльний аналіз копінг-стратегій осіб з інвалідністю з досвідом і без досвіду булінгу, а також проаналізовано гендерні особливості структури копінг-поведінки. Встановлено, що для осіб з досвідом булінгу характерне збереження проблемно-орієнтованих стратегій: «планування», «активного опанування себе» та «прийняття», що свідчить про прагнення підтримувати контроль над ситуацією й адаптуватися до складних життєвих обставин навіть за умов негативного соціального досвіду. Водночас у структурі копінг-поведінки посилюється роль емоційно-орієнтованих та уникаючих стратегій, які виконують функцію психологічного захисту, спрямованого на зниження інтенсивності внутрішнього напруження та емоційного болю.

Порівняльний аналіз засвідчив, що досвід булінгу супроводжується зниженням залученості соціальних ресурсів подолання, що проявляється у стриманішому використанні емоційної та інструментальної соціальної підтримки. Така тенденція може бути зумовлена пережитим досвідом соціального відторгнення, формуванням недовіри до оточення та прагненням до психологічного дистанціювання як способу самозахисту. Разом із тим низька вираженість дезадаптивних форм копінгу, зокрема, поведінково-деструктивних стратегій, свідчить про наявність внутрішніх ресурсів для оптимізації структури подолання стресу.

Отримані результати обґрунтовують доцільність розробки та впровадження психологічних інтервенцій, спрямованих на інтеграцію збережених конструктивних копінг-стратегій із розвитком усвідомленої емоційної регуляції, зниженням форм реагування прямованих на уникання та поступовим відновленням довіри до соціальних ресурсів. Реалізація таких підходів розглядається як важлива умова підвищення психологічного благополуччя та соціальної адаптації осіб з інвалідністю, які мають досвід булінгу.

Ключові слова: копінг-поведінка, копінг-стратегії, особи з інвалідністю, булінг, стрес, психологічна адаптація, соціальна підтримка.

The article summarises the findings of a theoretical and empirical investigation of the structure of coping behaviour among people with disabilities who have been bullied. Coping behaviour is defined as an integrative system of cognitive, emotional, and behavioural strategies that help people overcome stressful situations caused by negative interpersonal impact, social rejection, and persistent psycho-emotional stress. It is underlined that bullying is a special traumatic aspect that violates persons with disabilities' basic feeling of security, weakens trust in the social environment, and has a substantial impact on the development of individual stress-reduction techniques.

The study conducted a comparative analysis of coping techniques of people with disabilities who had and had not experienced bullying, as well as an examination of the gender characteristics of the structure of coping behaviour. It has been established that individuals who have experienced bullying retain problem-solving strategies, specifically planning, active self-mastery, and acceptance, indicating a desire to maintain control over the situation and adapt to difficult life circumstances even in the face of negative

social experiences. At the same time, the role of emotionally orientated and avoidant tactics, which serve as psychological protection by lessening the intensity of internal tension and emotional pain, is reinforced in the framework of coping behaviour.

According to a comparative study, bullying is associated with a decrease in the use of social resources for coping, as seen by a more limited use of emotional and instrumental social supports. This propensity could be attributed to the experience of social rejection, the development of distrust of the surroundings, and the desire for psychological detachment as a kind of self-protection. Simultaneously, the low intensity of maladaptive forms of coping, particularly behaviourally destructive techniques, demonstrates the presence of internal resources for improving the structure of stress response.

The findings support the feasibility of developing and implementing psychological interventions aimed at integrating existing constructive coping strategies with the development of conscious emotional regulation, reducing avoidant forms of response, and gradually restoring trust in social resources. The application of such measures is regarded as an essential condition for improving the psychological well-being and social adaptation of people with disabilities who have been bullied.

Keywords: coping behaviour, coping strategies, people with disabilities, bullying, stress, psychological adaptation, social support.

Introduction. Coping behaviour is an important psychological feature that reflects a person's ability to overcome stressful events, regulate emotional states, and maintain adaptive functioning in the face of social pressure, ambiguity, and psycho-emotional stress. People with disabilities face a particularly difficult challenge in overcoming stress because they are more frequently subjected to social stigmatisation, discrimination, and bullying, which increases the risk of chronic stress, emotional maladjustment, and decreased psychological well-being. Bullying, as a form of long-term negative interpersonal impact, violates one's basic sense of security, reduces trust in the social environment, and affects psychological adjustment processes.

Modern psychology research indicates that the efficiency of overcoming the impacts of bullying is heavily influenced by the characteristics of the person's coping behaviour. Scientists emphasise that constructive coping strategies, particularly planning, active self-mastery, acceptance, and positive rethinking, help to maintain psychological stability and adaptation in the face of negative social experiences (O. Kupreeva, L. Malimon, V. Parkhomenko, N. Tverdoklibova, N. Yevtushenko, and O. Makarenko). Bullying can lead to emotional and avoidant responses that limit stress management and social integration (S. Ho, M. Campenni, M. Manolchev; A. Sani, M. Magalhães, S. Barros). Similar trends have been observed in studies on gender-specific coping behaviour and adaptation in the context of chronic stress and military challenges, where avoidant and emotional strategies are viewed as a response to the depletion of adaptive resources (N. Myshko, T. Titova, M. Teslenko, N. Udina).

Studies on people with disabilities' coping behaviour reveal a complex and multidimensional structure that combines cognitive, emotional, and behavioural components. The availability of social resources, as well as the individual's willingness to seek help, play an important role in this process. Bullying typically results in a loss of trust in the social environment, reluctance to employ emotional and instrumental support, and a predisposition to psychological detachment, all of which impede the adaption process. Simultaneously, the preservation of constructive coping techniques promotes the possibility of psychological correction and the development of more effective forms of self-control.

Thus, studying the structure of coping behaviour in people with disabilities who have been bullied is an important scientific and practical task because it allows for a better understanding of the psychological mechanisms of adaptation to traumatic social experiences and outlines areas of psychological support aimed at reducing maladaptive forms of response and strengthening psychological well-being and social adaptation resources.

Theoretical foundations of research. In modern psychology, coping behaviour is defined as a collection of cognitive, emotional, and behavioural processes aimed at managing stress and mastering the demands of a situation viewed as threatening or exceeding the individual's adaptive skills [8]. This approach is theoretically based on R. Lazarus and S. Folkman's transactional model of stress, which views coping as a dynamic process of assessing the stressor and selecting response strategies that has a direct impact on the individual's psychological well-being and adaptation.

Modern empirical research demonstrates that coping techniques are critical in overcoming the effects of bullying and other forms of persistent social stress. Studies on workplace bullying, in particular, have revealed that victims combine problem-oriented methods (planning, active problem solving) with emotionally orientated and avoidant forms of response, such as emotional "release", distraction, or

behavioural denial. Such an ambiguous coping mechanism is viewed as an attempt to relieve emotional tension during times of high stress, but it can also prolong psychological distress [6].

At the same time, the significance of the social setting in the establishment of coping behaviour is highlighted. Thus, a study conducted in the United Kingdom found that perceived organisational support promotes a shift from passive and externally orientated reactions (ignorance, formal complaints) to more active use of interpersonal support from colleagues and management, thereby increasing coping's adaptive potential [2].

A distinct area of modern research is the investigation of the relationship between coping methods and emotional regulation, self-esteem, and motivational resources. It has been demonstrated that problem-solving and socially directed methods are connected with more psychological stability and lower levels of anxiety, but avoidant and emotionally fixated responses are associated with increased discomfort and delayed resolution of bad experiences.

Ukrainian scientific research demonstrates the adaptive role of coping behaviour in the face of protracted social stress. under instance, N. Myshko and co-authors demonstrated that under times of martial law, motivational factors had a substantial influence on men's and women's coping techniques [5]. L. Malimon and V. Parkhomenko discovered that resilience resources are important predictors of adaptive coping in people who have experienced trauma, hence helping to psychological healing and functional preservation [4]. N. Tverdokhliebova and colleagues' research adds to previous findings by demonstrating a combination of active and defensive coping strategies in the face of protracted stress produced by social upheaval [7].

The study of coping behaviour in people with disabilities is particularly interesting since it complicates stress management due to a mix of objective constraints, social restrictions, and stigmatisation experiences. According to studies by Ukrainian authors, students with disabilities utilise both constructive and destructive coping mechanisms, and their choice is strongly tied to their level of self-realization and psychological functioning [3].

Thus, coping behaviour is not just a tool for reducing emotional strain in the moment, but also an important resource for long-term psychosocial adjustment. Coping methods should be viewed as a critical mediator between traumatic social experiences, emotional regulation, and psychological well-being in the context of people with disabilities who have been bullied.

The purpose of the article. The purpose of the article is to identify the features of the coping behaviour structure of people with disabilities who have experienced bullying.

Methods. Coping Strategy Diagnostics Methodology (COPE), C. Carver, M. Scheuer, D. Weintraub, in order to determine the frequency of use of constructive or destructive strategies [1, pp. 180-184]. Empirical indicators were processed using the statistical program package SPSS ver. 16.0.

Sample. The study included 159 people with impairments. The study included 57 people with impairments who had not experienced bullying and 102 people who did. The study participants' average age was 39 years, with a standard deviation of 18 years. Table 1 displays the mean values and standard deviations for each study grouping.

Table 1.
Indicators of measures of central tendency and age variability by study groups

	N	average	median	SD	minimum	maximum
Individuals who have not been bullied	57	39,8	45,5	19,7	15	71
Women	31	46,9	54	17,4	16	71
Men	26	32	18	22	15	70
Individuals who have been bullied	102	38,3	38,5	17,4	14	74
Women	65	40,8	42	16,9	14	74
Men	37	33,2	30	17,4	15	73

The data in Table 1 show that there are statistically significant differences in age between the groups of men and women, the statistical significance of which is confirmed by the results of applying the Mann-Whitney U-test (U = 1967; p = 0.001). Significant differences in age were also found in the subgroups of men and women who experienced bullying (U = 857; p = 0.016). The differences identified became the basis for the hypothesis of the existence of gender characteristics in the experience of bullying.

Results and discussion. In order to identify the features of coping behaviour and strategies for overcoming stressful and difficult life situations in the studied groups, the "Coping Strategy Diagnosis" (COPE) methodology developed by C. Kaver, M. Scheier, and D. Weintraub was applied. The distribution of mean values of coping strategies in the total sample, as well as separately among women and men, is presented in Table 2.

Table 2.

Distribution of average indicators of coping strategies according to the scales of the COPE methodology in the studied samples

Indicators	Total sample		Women		Men	
	without experience of bullying	with experience of bullying	without experience of bullying	with experience of bullying	without experience of bullying	with experience of bullying
Positive reframing	11,6	11,6	11,71	12,35	11,38	10,38
Imaginary avoidance of problems	8,5	9,6	8,32	9,76	8,77	9,38
Focusing on emotions and their active expression	10,4	11	11,06	11,09	9,65	10,84
Using instrumental social support	12	11	12,23	11,23	11,69	10,68
Active self-mastery	12,8	12,3	13,39	12,65	12,31	11,68
Denial	8,7	9,2	9,32	9,38	8,04	8,78
Appeal to religion	9,9	10,3	10,9	10,7	8,69	9,51
Humor	9,7	10,1	9,84	10,42	9,5	9,59
Behavioral avoidance of problems	8,5	9,1	8,81	9,15	8,08	9,03
Inhibition	10,7	10,9	10,84	11,18	10,62	10,41
Using emotional social support	11,6	10,5	12,03	10,44	11,19	10,51
Using "calming"	6	6,9	5,48	6,95	6,65	6,89
Acceptance	10,6	11,6	10,68	12	10,5	10,95
Suppression of competing activities	11,8	11,3	12,32	11,64	11,15	10,65
Planning	13,4	12,8	13,39	13,21	13,46	11,95

A comparative investigation of descriptive statistical indicators of coping techniques in groups of people with disabilities who have experienced bullying and those who have not helps us to uncover both common and unique patterns of dealing with stressful situations. In all groups, a broad preference for constructive, problem-oriented coping mechanisms is maintained. In particular, the indications of "positive reformulation" are identical in both samples (M = 11.6), indicating the ability to cognitively reassess adverse life situations in the absence of traumatic social experience. Similarly, relatively high values are maintained on the scales of "active self-mastery" (M = 12.8 in the group without bullying experience and M = 12.3 in the group with bullying experience) and "planning" (M = 13.4 and M = 12.8, respectively), indicating a desire for purposeful behaviour regulation and situational control in both groups. Also common is the low representation of maladaptive forms of coping associated with the use of "sedatives" (M = 6.0 and M = 6.9, respectively), indicating the absence of a tendency towards chemical or behavioural avoidance as a dominant way of coping with stress and can be considered a positive prognostic factor for psychological correction.

Simultaneously, qualitative differences in the organisation of the coping repertoire are shown between the groups, with persons with bullying experience showing more tension and contradiction of techniques. Thus, in this group, there is an increase in indices of avoidant and defensive coping: "imaginary avoidance of problems" (M = 9.6 vs. M = 8.5), "behavioural avoidance" (M = 9.1 vs. M = 8.5), and "denial" (M = 9.2 vs. M = 8.7). This could indicate the activation of psychological defence systems aimed at decreasing emotional discomfort and stress associated with systematic unfavourable interpersonal influence. In parallel, in the group with bullying experience, the indicators of emotionally orientated

strategies increase, particularly "concentration on emotions and their active expression" (M = 11.0 vs. M = 10.4), as well as compensatory resources such as "appeal to religion" (M = 10.3 vs. M = 9.9) and "humour" (M = 10.1 vs. M = 9.7). This could imply a search for additional semantic and emotional supports in the face of low success of merely behavioural techniques. At the same time, persons who have experienced bullying have a significantly lower intensity of use of social resources, specifically "instrumental social support" (M = 11.0 vs. M = 12.0) and "emotional social support" (M = 10.5 vs. M = 11.6). Such dynamics may reflect a loss of trust in interpersonal engagement, social apprehension, or a previous unfavourable experience with social contacts.

A comparative investigation of coping techniques in a sample of women with disabilities based on their experience with bullying allows us to identify both intact coping resources and particular modifications in the structure of the stress response. Regardless of their experience with bullying, women have a strong preference for active and meaningful ways of resolving obstacles. In both groups, the highest average values were recorded on the scales of "planning" (M = 13.39 and M = 13.21) and "active self-mastery" (M = 13.39 and M = 12.65), which indicates a desire for structured analysis of the situation and self-regulation of behaviour. The intensity of "concentration on emotions and their active expression" (M = 11.06 and 11.09) is likewise steady, indicating the relevance of emotional expression as a source of internal relaxation. There is a slight rise in psychological distancing strategies among women who have been bullied. In particular, indications of "imaginary problem avoidance" (M = 9.76 vs. M = 8.32) and "behavioural avoidance" (M = 9.15 vs. M = 8.81) rise, possibly indicating an attempt to temporarily lessen the intensity of experiences in response to chronic social stress. In parallel, the level of "inhibition" (M = 11.18) rises somewhat, indicating a desire to control emotional manifestations and postpone emotions. Bullying is associated with a decreased reliance on interpersonal support. Women with this experience have lower indicators of the usage of both instrumental (M = 11.23 vs. M = 12.23) and emotional social support (M = 10.44 vs. M = 12.03), which could reflect increased caution in social connections or a lack of trust in the social environment. In light of this, humour (M = 10.42) is becoming a more important internal compensatory resource.

The growth in the indicator of "use of "sedatives"" (M = 6.95) needs special attention, despite the fact that it remains relatively low. This might be viewed as a possible risk area that requires preventive measures within the context of correctional work.

A comparative examination of coping techniques in the male sample demonstrates a distinct metamorphosis of stress coping mechanisms that differs from that in the female group and reflects a shift in the balance of activity, emotional regulation, and avoidance. Men who have not been bullied exhibit a strong preference for active and systematic problem-solving. The highest indicators were found on the scales "planning" (M = 13.46), "active self-mastery" (M = 12.31), and "positive reformulation" (M = 11.38), indicating a desire for rational understanding of the issue and control over behaviour. In the group of men with bullying experience, there is a moderate decline in the intensity of active strategies: the indicators of "planning" (M = 11.95), "active self-mastery" (M = 11.68), and "positive reformulation" (M = 10.38) all fall. This may suggest tiredness or lack of subjective effectiveness in the face of recurrent negative interpersonal influence, rather than an unwillingness to engage in the activity itself. Men who are bullied exhibit an increase in emotionally orientated and avoidant tactics, despite a decrease in problem-oriented coping. The indicators of "concentration on emotions and their active expression" (M = 10.84 versus M = 9.65), "imaginary avoidance of problems" (M = 9.38), and "behavioural avoidance" (M = 9.03) all show an increase. Such dynamics may indicate a shift from action to interior experience and psychological detachment as a means of reducing emotional tension. A moderate increase in "denial" (M = 8.78) suggests the adoption of protective mechanisms aimed at downplaying the impact of the traumatic experience, which may hamper integration. Men who are bullied are less likely to seek social support, both instrumentally (M = 10.68 vs. M = 11.69) and emotionally (M = 10.51 vs. M = 11.19). This could imply a preference for an autonomous, "closed" experience of issues, or a lack of faith in the social context. At the same time, the indicator of "turning to religion" (M = 9.51) rises significantly, allowing us to view it as an alternative source of semantic support in times of low interpersonal support. The use of humour in both groups remains rather steady, serving as a mild compensatory strategy.

A comparison analysis of two samples was used to find statistically significant gender characteristics of coping strategy indicators using the Mann-Whitney U-criterion. The findings show statistically significant changes in women's coping techniques based on the presence of bullying experience, highlighting the importance of responding to a stressful circumstance induced by a painful social experience. Women who have been bullied are more likely to utilise avoidant and compensatory techniques, including "imaginary avoidance of problems" (U = 706; p < 0.013) and "use of sedatives" (U = 709; p <

0.012). This suggests a tendency to psychologically distance themselves from difficult situations and a desire to reduce emotional tension through passive coping methods, which could be the result of increased vulnerability and a loss of control over stressful events following bullying.

Women who did not experience bullying were more likely to use adaptive and socially orientated coping methods, such as "using emotional social support" (U = 676; p < 0.007) and "acceptance" (U = 768; p < 0.047). This demonstrates a higher desire to seek aid from others, an openness to expressing emotions, and the ability to accept unpleasant life circumstances constructively.

The results indicate that people with disabilities who have experienced bullying combine preserved constructive strategies with enhanced avoidant and emotionally protective reactions, making the stress coping system more tense and internally contradictory. In women, this manifests as a combination of activity and reflection, as well as avoidance and a decline in social interaction, highlighting the importance of integrating emotions and actions. Men are shifting from a rational-active approach to more emotionally charged and fragmented forms of response, with a decrease of social support as a resource. In general, the findings support the feasibility of corrective therapies that attempt to integrate existing constructive coping, reduce avoidant tactics, and restore effective emotional regulation and social connection.

Factor analysis was utilised to determine the structure of disabled people's coping behaviours. The Bartlett sphericity test ($\chi^2 = 499$; df = 91; p < 0.001) confirms the effectiveness of the principal components method in analysing coping behaviour indicators in a sample of women. The results show significant correlations between variables. The total value of the CMO adequacy indicator was 0.751, with the minimum value for individual indicators at 0.611, indicating an adequate level of factor fitness in the empirical data.

The derived factor structure has three components and explains 64.3% of the total variance in the analysed indicators. At the same time, the first component contributes 30.6%, the second 18.8%, and the third 14.9%, indicating that the model is sufficiently informative and balanced.

The first component combines coping strategies for active and constructive problem-solving, in particular "active mastery" (0.864), "positive reframing" (0.841), "planning" (0.821), "suppression of competing activities" (0.778), "acceptance" (0.744), "humour" (0.643), and "restraint" (0.634). This structure enables us to understand it as a component of constructive-adaptive coping methods, reflecting the preference for conscious regulation of behaviour and emotions in tough situations.

The second component includes coping strategies involving the use of social and emotional resources, specifically "using emotional social support" (0.912) and "instrumental social support" (0.848), "focussing on emotions and their active expression" (0.709), and "turning to religion" (0.613). It can be described as an emotionally charged component that represents the need for interpersonal support and meaningful processing of experiences.

The third component combines the strategies of "imaginary problem avoidance" (0.707) and "behavioural problem avoidance" (0.661), as well as the use of "calming" (0.793), allowing us to interpret it as an avoidant-compensatory component aimed at reducing subjective tension while not actively solving the problem.

Thus, the coping behaviour of women with disabilities in situations of experienced bullying is structured around three relatively autonomous but internally consistent blocks: constructive-adaptive, emotionally orientated, and avoidant-compensatory, reflecting a holistic and yet differentiated system of stress management.

The Bartlett sphericity test confirms the effectiveness of using the principle components approach to analyse coping behaviour indicators in men ($\chi^2 = 373$ with 78 degrees of freedom, p < 0.001). The sample KMO's overall adequacy measure was 0.773, with a minimum value of 0.662 for individual indicators, indicating that the data is suitable for factor analysis. The indicator of the coping technique "appeal to religion" had a low KMO value (0.455), which did not fulfil the minimum adequacy requirements. In this regard, this indication was omitted from further development of the component structure in the male samples.

The component statistics reveal that the resulting factor structure explains 76.2% of the variation, indicating that it is highly informative and structurally organised. The first component has the biggest contribution, accounting for 38.4% of the variance, followed by the second and third components, which explain 19.4% and 18.3% of the variability in the indicators. Thus, in the group of men with disabilities, the factor model is more powerful compared to the female sample, which is manifested in the dominance of the first component and the almost equal contribution of the second and third. This may indicate a more defined hierarchy of coping techniques in men.

In terms of content, the first component combines primarily constructive and active coping strategies ("positive reframing" (0.874), "planning" (0.871), "active self-mastery" (0.843), "humour" (0.825), "acceptance" (0.799)), as well as "instrumental social support" (0.597), which corresponds to a problem-oriented coping style. Its central role reflects men's preference for rational knowledge of the issue, deliberate actions, and control over circumstances.

The second component represents an emotionally orientated way of responding, combining "concentration on emotions" (0.791), "use of emotional social support" (0.744) and partly "instrumental support" (0.371), which characterises the orientation towards emotional processing of the bullying experience.

The third component is made up of avoidance tactics (behavioural (0.821) and mental avoidance (0.792)), as well as restraint (0.631), which suggests a propensity to withdraw oneself from a difficult circumstance and postpone active response.

It was discovered that the factor structures of coping behaviour in both groups of subjects are broadly similar. Compared to women, the male group's structure is more integrated and clearly distinguished, reflecting the peculiarity of male stress coping mechanisms in the context of experienced bullying.

In the male group, the factor structure of coping methods explains a considerably greater percentage of the overall variance than in the female sample (76.2% versus 64.3%). The difference in the contribution of the first component is especially noticeable, as it is more dominating in men (38.4%), but less so in women (30.6%). This shows a more organised leading, constructively directed coping block in the male group. The second and third components contribute similarly in both populations, but men are slightly more potent, indicating a higher structural differentiation of the coping repertoire.

Thus, when women with disabilities experience bullying, their coping behaviour mixes constructive-active and emotional-social techniques with an avoidant block, resulting in an integrated but less distinct system. Men have a more structured, three-component, hierarchical system that reflects complicated methods of adaptation and the use of internal and external resources to resist stress.

Conclusions. Coping behaviour of persons with disabilities who have been bullied is a complex, ordered system of interwoven cognitive, emotional, and behavioural components that determine the characteristics of their psychological adaption in the face of traumatic social influence. The findings revealed that this group's coping behaviour is marked by a combination of intact constructive, problem-solving tactics and increased emotional-protective and avoidant forms of response.

The prevalence of planning, active self-mastery, and acceptance suggests a desire to maintain situational control and adaptive potential even in the midst of unpleasant interpersonal interactions. At the same time, the increased use of emotionally focused and avoidant tactics reflects the action of protective mechanisms aimed at lowering internal tension and emotional discomfort, resulting in internal inconsistencies in the structure of coping behaviour. Another distinguishing aspect is the restricted engagement of social resources, which may be the result of rejection, decreased trust in the social environment, and a tendency to psychological detachment.

At the same time, the low intensity of maladaptive types of coping suggests that there are resources available to optimise the structure of stress coping.

Thus, the pattern of coping behaviour in people with disabilities who have experienced bullying enables relative adaptation to stressful social stimuli while retaining symptoms of internal tension and fragmentation. The discovered characteristics support the viability of psychological therapies targeted at merging active coping methods with conscious emotional regulation and gradually restoring trust in social resources as a necessary condition for psychological well-being and social adjustment.

A perspective for further research. Further research opportunities include investigating the dynamics of coping behaviour in people with disabilities under conditions of extended social stress and recurrent bullying. An important area of research is the relationship between coping methods and self-esteem, self-actualization, emotional regulation, resilience, and social support. The findings can be utilised to construct and evaluate the efficacy of corrective programs targeted at reducing avoidant responses and improving adaptive stress coping mechanisms.

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