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Psychological Characteristics of the Attitude to Life among Terminally Ill Convicts

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Abstract

Introduction: the article considers psychological features of terminally ill convicts' attitude to life in correctional institutions. The presence of an incurable disease and prospects of an early death can push a convicted person to violate socially beneficial relationships and internal regulations of the institution. A theoretical analysis of the specifics of attitudes to life is carried out. A number of the most frequent reactions to the manifestation of an incurable disease and specific psychological problems in this category of convicts are given. An attitude to life is considered as one of the important components of the issue to prevent suicidal behavior among convicts with incurable socially significant diseases. *Purpose:* to study psychological features of the attitude to life among terminally ill convicts and to provide recommendations on psychological support for this category. *Methods:* comparative analysis, Purpose-in-Life Test, and Mann-Whitney U-test. *Results:* the results of the study show that convicts with incurable diseases have the lowest level of acceptance of their lives. They do not worry about their lives and do not believe in themselves and others. When interacting with others, they feel pity. They make contact indirectly and do not care about their appearance and behavior. Terminally ill convicts often report chronic fatigue, which is the effect of constant negative thoughts. They experience feelings of social isolation and loneliness. *Conclusion:* when providing psychological support to convicts in this category, a realistic attitude to life can serve as the basis for longer productive life and, on the other hand, the basis for adequate communication with others, including in terms of compliance with behavioral norms.

Keywords: attitude to life, terminally ill convicts, penitentiary system, correctional facilities, psychological aspects, psychological support, incurable diseases.

5.3.9. Legal psychology and accident psychology.

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Introduction

At the present stage of the penal system development in Russia, the improvement of work with convicts of various categories is one of the most urgent problems. In the Russian Federation, there is an increase in the incidence of incurable diseases in society as a whole, including among convicts. Therefore, studying the attitude to life of terminally ill convicts will make it possible to build effective socio-psychological work with this contingent in correctional institutions. The presence of incurable diseases, such as oncological diseases (cancer), human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), typified hepatitis viruses (A, B, C, D, E), provides a large number of directions for studying various aspects of the development of diseases and their impact on human psychological characteristics. Convicts in correctional colonies are most susceptible to diseases. This problem necessitates the improvement of both psychological and medical care for this category of convicts.

According to data provided by the Federal Penitentiary System of Russia, as of December 20, 2024, 9,209 people were treated for tuberculosis in correctional institutions, the incidence rate was 78.8 per 100,000 people [1]. It is worth mentioning that there are other types of incurable diseases in places of detention, which also need to be addressed in order to highlight and further inform interested people in solving problems of providing assistance to convicts with incurable diseases.

The total number of convicts infected with HIV in places of detention was 51,627 people as of December 20, 2024. The presence of an incurable disease and the prospect of an early death may push a convict to violate socially useful relationships and internal regulations of the institution. The convict's concentration on the role of a patient and his/her rejection of other social roles may further complicate the process of his/her resocialization [2].

The person's attitude to life is considered in psychological science as a system that forms

meanings and goals of human life and regulates ways of their achievement (S.L. Rubinstein, B.S. Bratus', A.N. Leont'ev, A.G. Asmolov, E.A. Berezina, M.I. Bobneva, A.V. Seryi, N.I. Nepomnyashchaya, Yu.M. Kuznetsova, and others).

Life support provides a person with both further development and comprehensive work on him/herself and his/her personality. V.V. Belyaeva and E.V. Pokrovskii studied characteristics of people with HIV.

In foreign psychology, A. Adler drew attention to the connection between person's behavior and his/her life meaning and correlated behavioral meanings of life and a lifestyle [3]. In psychology, there are two approaches to considering the process of structuring a person's life path through its planning and scenario implementation [4]. According to the first approach (S.L. Rubinstein, B.G. Anan'ev, and others), a person consciously chooses and regulates the process of life. The second approach (A. Adler, C. Rogers, E. Berne, and others) is based on the idea of a predominantly unconscious choice of a life plan made in the early stages of a child's development. In general, the meaning of life is understood as the highest integrative basis of personality or as a structural element of consciousness and human activity [5, p. 57].

The attitude to life can be different and depends on individual characteristics of convicts, their worldview, values and beliefs. Terminally ill convicts tend to adhere to a pessimistic lifestyle and are indifferent to their own life.

The attitude to life is a perception of life activities that affects all areas of behavioral activity, is determined by person's values and expressed in acceptance or rejection of life and oneself, responsibility for one's life, and desire for development [6, p. 123]. The attitude to life forms the orientation of a convict. It is expressed in dominant goals and motives of the activity, interests, ideals, beliefs, a system of relationships, life plans and prospects formed on the basis of needs and aspirations [7]. Desire is a conscious need for something quite definite [8]. The convict's desire arises when a

volitional component is included in the structure of desire, and his/her interest is a cognitive form of orientation towards objects. According to research data, the dominant interests of most offenders (both male and female) serving criminal sentences are material, primitive and recreational [9]. Conviction (the highest form of orientation) is a system of personal motives that encourage a person to act in accordance with his/her views and principles [10].

Psychological characteristics of the attitude to life among terminally ill convicts is a complex and multifaceted topic reflecting deep inner experiences and mechanisms of personality adaptation in conditions of extreme stress. One of its key components is an attitude to the present, past and future [11, p. 3]. Being on the verge of life and death, people have other perception of time, which becomes not linear, but rather cyclical, full of moments of despair and hope. Illness conditions lead to different behavioral patterns, which may differ from those basic for society [12, p. 162].

Through the prism of the incurable disease there comes realization of the finiteness of existence, which often leads to deep existential reflections. The feeling of losing control over one's own destiny forms a mixture of anger, longing, and humility. The convict assumes the role of a patient, which involves the expression of certain emotions and social obligations [13]. These emotions can prompt convicts to rethink life values, start searching for meaning in suffering and reach reconciliation with the outside world. The needs of this category of convicts are blunted; they are interested only in physiological well-being and neglect self-development [14, p. 370].

Relationships with other people, such as administration staff and other convicts, also play a key role in shaping their attitudes towards life, serving as a source of both support and blame. The desire for self-expression and understanding the place in this world becomes the main adaptation mechanism that allows convicts to cope with the inevitability.

In a prison environment characterized by isolation and depression, support from other prisoners and staff can be vital. New communication ties let convicts feel their belonging to society. A sense of community can overcome deep loneliness and raise a person's self-es-

teem, which is a primary aspect in the process of overcoming the disease.

The very fact of having an incurable disease causes any person an internal conflict that provokes depression, emotional instability, hidden or explicit aggression. The attitude of terminally ill convicts towards their illness can vary depending on many factors, such as the type of disease and the severity of symptoms. The convict's reaction to the disease largely depends on personality characteristics, such as age, previous abuse of alcohol, drugs or their surrogates, and individual personality traits. A person is aware of the inevitability of death, and this awareness of the transience of his/her physical existence makes him/her to reflect on his/her life and its meaning [15, p. 16].

The following are the most typical reactions of HIV-infected convicts:

1. Denial. People often deny the fact of their own illness, which can have a twofold meaning. So, initial denial can be helpful, as it can ease stress for a while. However, its continuation can make it difficult to adapt to new living conditions, which are necessary to cope with the disease, prevent its further spread, and realize social responsibility that is imposed on the convict.

2. Anger. Behavior of such people can become destructive; convicts can harm themselves and others. As the disease progresses, a person may become unable to work, but at the same time feel satisfactory. A "meaningless" life full of restrictions in nutrition, activities, and contacts becomes commonplace and often causes anger. Anger is manifested in self-accusation and suicidal behavior.

3. Suicidal ideas and behavior. Convicts are characterized by increased suicide risks. Suicide can be both active (intentional self-harm resulting in death) and passive (self-destructive behavior, concealment of serious complications).

4. Fear. Fear of death is the most common. There are also fears of being abandoned or rejected, leaving a family without support, fear of injury, loss of physical or mental abilities, and loss of privacy. Fear is often based on the experiences of others.

5. Anxiety. Anxiety is almost always present in the life of a terminally ill person, reflecting the chronic uncertainty associated with the disease. It can be caused by increased risks of

being contaminated by other diseases, deteriorated abilities to work effectively, and the loss of physical and financial independence.

It is also possible to note the negative attitude of citizens towards people with incurable diseases. Terminally ill convicts are presented as socially rejected people. They often experience a negative reaction due to the lack of awareness of most people. Society presents the terminally ill as socially different, practicing marginal forms of social behavior (drug use and sexual promiscuity), which is often not without reason. In this regard, a convict rejects society, which is often manifested in aggressive behavior, a desire for revenge, fear for one's life, and sometimes ends in committing crimes or suicides [16].

Convicts focus on negative events of the past, while realizing that irreparable mistakes, painful memories and unpleasant images of the past aggravate the severity of the present. Requirements of the regime and special conditions of the penitentiary exclude a hedonistic orientation to the present [17, p. 11]. At the same time, the time perspective undergoes drastic changes, it obeys the new reality. There is a low meaningfulness of life, narrowness of the meaning of life, a lack of ideas about the path of life, low activity in the realization of life meanings, concentration on past events and unwillingness to think about the future. The impossibility of exercising control over one's own life in places of deprivation of liberty provokes the sense of meaninglessness of what is happening around and reinforces the fear of the future and despair [18, p. 3].

Complex emotional states of terminally ill prisoners are often expressed through creativity, which becomes an important channel for their self-expression. Using such types of creativity as visual arts, writing literary and musical works, terminally ill prisoners can convey their thoughts and feelings through art. For example, Kovalev A.G. and T.V. Borodkina consider an art therapy method as one of the main methods of working with seriously ill patients. Creating drawings, writing lyrics, or composing music helps sick patients express their inner feelings and experiences that they cannot put into words. [19, pp. 145–147]. Analyzing their works, we can form a picture of the problem and find out what they feel.

Terminally ill convicts often face internal conflicts, fears, and worries about their lives. Some convicts begin to feel guilty about their condition in front of others. These emotions often manifest themselves in relationships with other convicts. Instead of empathy, hostility is most often manifested in the social environment. In this regard, terminally ill convicts have many psychological problems. Let us look at some examples of these problems:

- Social isolation: the removal of a convict with incurable diseases from society and the avoidance of the convict's society itself. Prolonged exposure to social isolation can lead to the disruption of socially useful connections, skills, etc., which may further complicate the process of resocialization of the convict [20, p. 327].

- Feeling of loss over their lives: terminally ill convicts experience a feeling of loss of control over their lives, they believe that they cannot plan their lives in any way or manage it at all. All events in their lives occur randomly [21, pp. 124–128];

- Fear of the inevitability of death: constant thoughts about one's death and the impossibility of a future life without illness, contributes to the development of anxiety, depression and many other negative psycho-emotional states [22, pp. 235–239];

- Feeling of doubt: a convict faces the question of his/her treatment or refusal of medical care. It is often associated with convict's low information awareness about the disease itself and his/her low self-esteem [20, p. 150].

- Problems with adaptation to the disease: presence of an incurable disease also affects the physical condition of a convict. There is weakness, anxiety, and various body problems. All this can lead to a decrease in physical condition [23, p. 178];

- Problems in the communicative sphere: other people are afraid of communicating with a convict with a disease [24, pp. 95–99]. Against this background, a convict may experience a feeling of loneliness and insufficient support on the part of his/her relatives and acquaintances;

- Aggression towards administration staff: terminally ill convicts may experience feelings of aggression and distrust towards administration and medical staff. Such behavior is often accompanied by the violation of internal regu-

lations of the institution and refusal to undergo treatment [25, pp. 12–15];

- A sense of injustice: an incurable disease can cause feelings of anger and resentment towards one's fate and one's relatives. A convicted person may blame other people for everything, but forget about his/her own decisions in his/her life [26, p. 110];

- Depression: receiving information about the presence of an incurable disease is often accompanied by depression [23, p. 182]. In this state, a convict almost completely renounces all his/her needs, leaving only physical ones in his/her life, which in the future may affect the personality development;

- Affective and latent suicide: having negative emotions after receiving information about the disease, a convicted due to lack of strength and support to combat this illness [21, p. 128] may choose an easy way to avoid this problem by committing suicide.

V.N. Myasishchev considers the problem of personality's attitude to one's life along with its development. The attitude to one's life is revealed as a component formed with the help of such parts as the attitude to oneself, others, and one's activities [13, p. 398]. In this regard, we can conclude that psychocorrective work with incurable convicts should be carried out in various directions, such as formation of personality values, self-regulation, relationships with other convicts and the administration staff. One of the main directions will be the formulation of goals and their achievement. According to the promotion criterion theory, the following conditions are necessary for the goal achievement: criterion of promotion to the goal and monitoring of effectiveness [27, p. 903].

Analyzing the research of foreign authors, we also see a problem related to the attitude of terminally ill convicts to life. For example, L. Maruschak states that prisoners with chronic diseases are more likely to report mental stress, depression, and loss of interest in everyday life than those without such diseases [28, p. 18]. Many male prisoners with HIV/AIDS deeply grieve the loss of future life opportunities, including freedom, family relationships, and personal goals. This indicates a crisis of the meaning of life that occurs in terminally ill convicts — they may feel that everything they wanted to achieve has become unattainable

[29, pp. 23–29]. J.D. Rich notes that prisoners with incurable diseases find it difficult to make life plans, since their diagnosis is perceived as a sentence, and the conditions of detention increase the sense of meaninglessness of existence [30].

S. Fazel in his empirical study reveals that among prisoners with chronic diseases (HIV, cancer, hepatitis) there is a significantly higher number of suicide attempts than among healthy prisoners. It is also found that the introduction of specialized support programs (including psychotherapy, work diagnosis and future planning) has reduced the level of suicidality by 30% [31]. It is also worth noting that terminally ill convicts are more often exposed to recidivism than healthy ones [32].

Thus, based on the analysis of the literature of domestic and foreign authors, we can conclude that terminally ill convicts often experience a feeling of hopelessness and desperation, they lose interest in life. The diagnosis in this category is perceived as a sentence that is reinforced in correctional institutions and causes anxiety, depression and a tendency to self-destruction. Such a criterion as the attitude to life of terminally ill convicts can play an important role in their rehabilitation, assistance in treating the disease, and is also one of the important indicators for reducing the level of suicide risk and reducing the recurrence of crime in this category of convicts, in order to form a realistic and positive attitude to life.

Description of the study

To study the category of "Attitude to life" of terminally ill convicts, an empirical study was conducted on the basis of the Interregional Hospital for Convicts No. 10 of the Federal Penitentiary Service of Russia in the Vologda Oblast. The study covered 60 males aged 25–30 with basic general education. They were divided into experimental groups No. 1 (healthy convicts) and No. 2 (terminally ill convicts). The diseases were HIV/AIDS, tuberculosis (in advanced form), grade II diabetes mellitus, cirrhosis of the liver, and chronic heart failure. To analyze and compare the "Attitude to life", the method of "Meaningful life orientations" by D.A. Leont'ev was used. This is a technique developed by a Russian psychologist and philosopher, it focuses on identifying and developing the meaning of a person's life, as well as de-

termining their values, goals and motives. The analysis of the obtained results revealed conscious and unconscious attitudes of the con-

victs towards their lives. Figure 1 shows results of the study conducted in experimental groups No. 1 and No. 2.

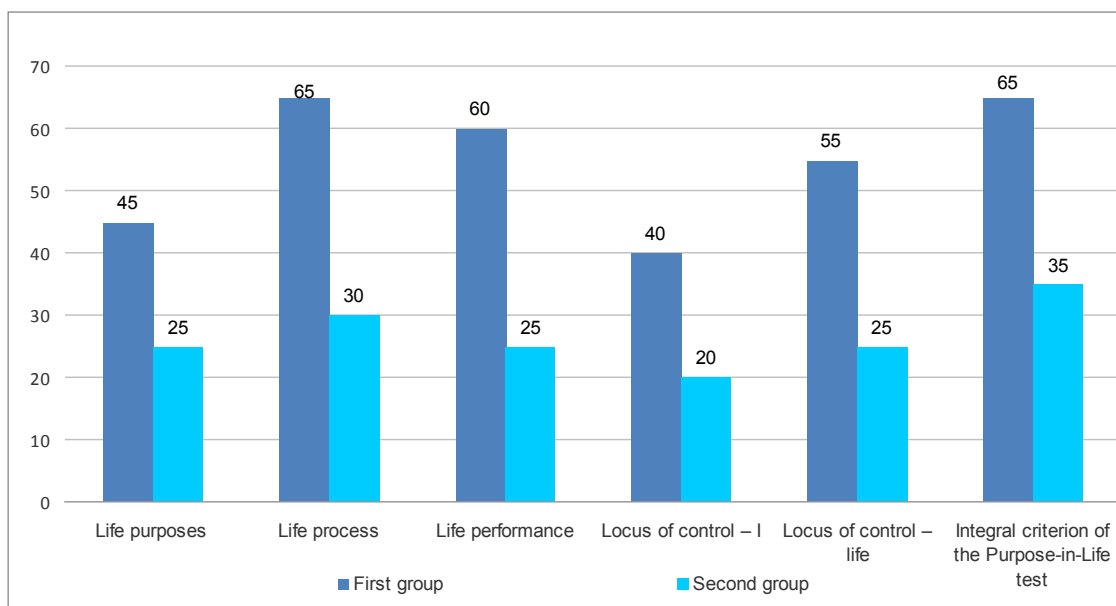


Figure 1. Indicators for assessing the meaning of life (in %)

Figure 1 shows an average level of the indicator “Life purposes”. The convicts of both experimental groups have no plans for the distant future, they live for the day. There is no way to change the life they have lived.

The convicts of the experimental group No. 1 have much higher figures on the “Life Process” scale than the convicts with incurable diseases. They note that they have fully realized themselves in life and have immediate life plans. They believe that it is necessary to develop themselves, as well as use their life experience in the future.

A low value on the scale of “Life performance” is noted in the experimental group No. 2. Convicts in this category are more likely to express the opinion that their lives have not achieved important goals. All plans for their lives have no further possibility of implementation. Terminally ill convicts do not have a well-formed idea of their lives, specific goals, and faith in themselves. They would like to change their lives, but do not have the strength and capabilities to do so.

Terminally ill convicts have below-average results in all indicators of the methodology. They believe that a person cannot control his/her life and do not believe in any medical treatment options. They have lost their memories of their life from a positive point of view and believe that it

has always had a negative character. They note that relationships with relatives and others have always had a negative effect, as well as misunderstandings on the part of others.

When comparing the results obtained, it is revealed that the convicts of the experimental group No. 1, on the contrary, have higher scores on all scales. Healthy convicts believe they can control their lives. They can express themselves freely and choose their own circle of interaction. They are convinced that they are in control of their lives and their actions. They make further plans for their lives, want to start a family and change one’s life in order to prevent further criminal acts.

The “Integral criterion of the Purpose-in-Life test” shows general meaningfulness of life. The convicts of the experimental group No. 1 have certain achievements in their lives and find themselves physically and mentally healthy. On the contrary, the convicts of the experimental group No. 2 have a negative attitude towards themselves, low self-esteem, low indicators of adaptive abilities and cognitive abilities.

Terminally ill prisoners find it difficult to make decisions and act only when they are sure that everything will be fine. This category is prone to self-destruction, they consider themselves losers. They can be self-critical and judge themselves harshly. They are highly sensitive to oth-

er people's opinions and fear that they will be judged or rejected. According to the results obtained, the convicts of this experimental group may doubt their decisions, even if they have already made them. The presence of an incurable disease can prevent convicts from achieving their goals, taking responsibility and living a full life.

The convicts of the experimental group No. 1 claim to have opportunities to realize themselves in life and to set new goals. They are interested in preserving their health. Terminally ill convicts note that they have not taken enough care of their health and they would like to change their past. They believe that their lives are doomed and no amount of treatment will help solve their problems.

To confirm or deny that there are differences in attitudes towards life among convicts with incurable diseases and healthy ones, the indicators in the studied samples were analyzed using the Mann-Whitney U-test. According to the results obtained, all 6 criteria are in the zone of significance of $U_{cr} = 2.63$ ($p < 0.01$), thus, there are significant differences in indicators in the groups of convicts, which means that terminally ill convicts have a negative attitude towards their lives.

According to results of the study conducted to determine the level of "Attitude to life", convicts with incurable diseases are characterized by the lowest level of acceptance of their lives, denial of their reality, as well as insufficient acceptance of one's lived life. Terminally ill convicts do not worry about their lives, they believe nobody. When interacting with others, they feel sorry for themselves. They make contact indirectly and do not care about their appearance and behavior. Terminally ill prisoners often report chronic fatigue, which is the effect of constant negative thoughts. They experience feelings of social isolation and loneliness. Due to their condition, these convicts may have difficulty performing normal tasks in their lives, which leads to a loss of independence and the need for other people's help.

Conclusions

The conducted research is a pilot study aimed at studying general mechanisms of experience in terminally ill convicts with different diseases. According to the study results, it can be concluded that no matter what incurable diseases

convicts have, they all have equal physical and emotional experiences. In the future, this study may become the basis for scientific research that takes into account each diagnosis, such as oncological diseases or various pathologies. Deepening this issue will help to form more accurate and effective measures of psychological, medical, and social assistance to convicts, depending on their diagnosis.

Based on the results of the study, we have developed recommendations for psychological support of terminally ill convicts, so that they can change their anxiety levels, determine their life orientations, form a realistic attitude to their own lives and accept their diagnosis. Systematic psychological work is required. Several stages of work with terminally ill convicts are identified. The first stage includes diagnostics in order to determine the emotional and psychological state of convicts, their needs and level of "Attitude to life". Then it is necessary to work out an individual psychological support plan for a terminally ill convict.

At the stage of individual work, the psychologist includes various methods of influence, such as psychocorrection, consultations, and trainings. A convict should not be left alone. It is important to constantly conduct longitudinal studies to identify changes in behavior, as well as to form a realistic image of one's own future. What is more, it is necessary to form a sense of self-confidence and goal-setting skills in convicts of this category, to teach methods of self-regulation and reflection in order to change attitudes towards one's life. It is important to use cognitive behavioral therapy techniques to change negative attitudes and beliefs about present and future life.

Terminally ill prisoners should see the achievement of their goals and objectives in order to develop self-regulation and self-development skills, and to form a positive orientation for their future lives. When providing psychological help and support, it is worth using pedagogical methods of influence. Employees of the educational department should involve these convicts in educational work during the correctional process. Participation of terminally ill convicts in the educational process will raise convicts' self-confidence and contribute to personal development. The presence of an incurable disease can prevent convicts from

achieving their goals, taking responsibility and living a full life, so it is important to work on overcoming fears and doubts. Already at the early stages of receiving information about the presence of an incurable disease, it is required to increase convicts' adaptive capabilities and encourage them to accept their illness. The involvement of medical unit staff will make it possible to inform convicts about the possibilities of treating the disease at an early stage. Social workers in correctional institutions should help convicts to restore and maintain social ties with relatives. Communication with relatives can play an important role in helping terminally ill convicts. Support of the loved ones is vital for many people in custody, especially when they struggle with a serious illness. In such cases,

communication with relatives can help improve the mental and emotional state of patients, as well as help them cope with feelings of loneliness.

Compliance with these recommendations, which include work on the formation of positive self-esteem and a positive attitude towards their lives and the future and the development of decision-making skills will significantly improve the psychological state of this category of convicts. By using these recommendations, terminally ill convicts will be able to find meaning and purpose in life and regain confidence in themselves and their actions. In the future, comprehensive work with this category will be an important step towards reducing mortality and suicidal rates among terminally ill convicts.

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