

THE PSYCHOLOGICAL TREATMENT FEATURES OF THE INTERNAL PICTURE OF HEALTH IN ADOLESCENTS WITH THE ACQUIRED DEFECTS OF THE MUSCULOSKELETAL SYSTEM

Проаналізовано суть поняття «внутрішня картина здоров'я» як знання про здоров'я, усвідомлення і розуміння ролі здоров'я у процесі життєдіяльності людини, розуміння впливу здоров'я на соціальні функції, емоційні і поведінкові реакції. Показано, що внутрішня картина здоров'я це не лише знання своїх можливостей, а й уміння користуватись істинними та нерозкритими резервами організму. Розглянуто внутрішню картину здоров'я (ВКЗ) як особливе ставлення особистості до свого здоров'я, яке виражається в усвідомленні його цінності й активно-позитивному прагненні до його вдосконалення. Досліджено специфіку корекції внутрішньої картини здоров'я підлітків з набутими вадами опорно-рухового апарату. Внутрішня картина здоров'я підлітка з набутими вадами опорно-рухового апарату – це сукупність інтелектуальних уявлень про теперішній стан здоров'я, комплекс емоційних переживань і відчуттів щодо нього, а також сукупність поведінкових реакцій щодо збереження та відновлення здоров'я.

Доведено, що формування ВКЗ пов'язане з проекцією об'єктивної реальності здоров'я в самосвідомість людини, із суб'єктивним сприйняттям і переживанням свого здоров'я.

Описано три грані ВКЗ. Когнітивну, як сукупність суб'єктивних думок про причини, зміст, способи збереження, зміцнення та розвитку здоров'я у ситуації хвороби. Корекція когнітивної грані формує уявлення про самого себе, ставлення до себе у ситуації хвороби, до свого зовнішнього образу, свого тіла, своїх фізичних якостей, відображає рівень самоповаги. Емоційна грань, як комплекс відчуттів (спокій, радість, умиротворення, воля, легкість, симпатія) зокрема відображає емоційне порівняння себе з іншими. Поведінкова грань як поведінка, конкретні дії спрямовані на збереження, відновлення здоров'я.

Описано компоненти ВКЗ підлітка з набутими вадами ОРА, сенситивна компонента (психологічний образ тіла у ситуації хвороби), емоційна компонента (емоції в ситуації хвороби), когнітивна компонента (розуміння всіх аспектів хвороби / здоров'я), ціннісно-мотиваційна компонента (переконання і внутрішні цінності у сфері здоров'я, воля до здоров'я).

Доведено, що адекватне, усвідомлене, послідовне емоційно-ціннісне ставлення до здоров'я є необхідною умовою збереження особистісної цілісності, а отже однією з центральних складових «Я концепції».

Виділено особистісну позицію щодо здоров'я що може бути як індивідуально орієнтованою або соціально орієнтованою. Стратегія підлітка по відношенню до підтримки та збереження власного здоров'я розподіляється на стратегію активних дій та пасивну стратегію.

Ключові слова: внутрішня картина здоров'я, внутрішня картина хвороби ставлення до здоров'я, «Я-концепція», підлітки, особистісна позиція, корекція.

The article analyzes the concept of «internal picture of health». It also researches the possible distortion of the internal picture of health in adolescents with acquired defects of the musculoskeletal system. It is emphasized the connection of the IPH with the phenomenon of «self-concept». It is identified the risks of the violation of «self-concept» in adolescents with the acquired defects of the musculoskeletal system. The basic distortion causes of the SCC and its reflection on the behavioral level and the possible ways of correction are described as well.

Keywords: *internal picture of health, distortion of the internal picture of health, behavioral strategy, psychocorrection, self-esteem, health attitude, training.*

Formulation of the problem. Today the theoretical and methodological foundations of psychological support for teenagers with acquired defects of the musculoskeletal system are not sufficiently developed in a special psychology, there are not enough improvements on the content and methods of psychocorrection work with children who have the acquired functional disorders. Thus, studying the features of the self-concept of adolescents with acquired defects of the musculoskeletal system, the academic O.I. Kuprieieva concluded that the acquired physical defect is the cause of negative self-attitude, the rejection of his own «Me», the lowering of self-respect which is reflected in the low self-esteem [4].

The analysis of theoretical research allowed the hypothesis that the change of the life quality of the adolescents with the acquired musculoskeletal disabilities may be possible through the change of attitude to themselves as well as to their health. The self-adoption in a new physical state through changing the attitude towards health is a strategy for survival behavior.

Comparative analysis of the structural components of the concepts «attitude to health» and «internal picture of health» allows us to consider them as synonyms, which essentially integrate all the psychological categories of personal health factors. This knowledge is about health, awareness and understanding of the role of health in the human life, understanding the impact of health on social functions, emotional and behavioral reactions. The attitude to health (internal picture of health) is central, but the issues on health psychology are not sufficiently developed so far, especially in the field of age psychology. Scientists ask: how to turn health into a leading, organic, conscious and vital human needs, how to help people form an adequate attitude to their health. And this is especially important in adolescence [2].

The aim of our research is to investigate the correction of internal picture of the health of adolescents with acquired defects of the musculoskeletal system.

Tasks:

1. Theoretical analysis of the concept of internal picture of health.
2. To describe the psychological characteristics of internal picture of the health of adolescents with acquired defects of the musculoskeletal system.

Theoretical presentation. The research works of I.B. Bovina, D.M. Isaieva, A.M. Kovalchuk, G.T. Krasilnikov, G.V. Kukuruz are dedicated to the study of internal picture of health [4; 7; 1].

According to V.M. Smirnova, T.N. Reznikova the internal picture of health is a special attitude of human to the health resulting in the realization of its values and the efforts to improve it [3; 7]. The researchers G.V. Lozhkin, O.V. Noskov, I.V. Tolkunov emphasize that the internal picture of health is a collection of descriptions, thinking images related to the essential characteristics of a healthy person. This is the awareness of the body's own resources, its needs, the degree of their satisfaction, the adoption of own real abilities [1].

The inner picture of health is not only the awareness of own capabilities, but the ability to use real and unopened reserves. The scientist V.E. Kahan emphasized that

the IPH misunderstanding leads to the misunderstanding of internal picture of the disease [7].

The internal picture of disease is as a set of not only emotional but certain intelligent and volitional disorders associated with consciousness, emotion and attitude to the disease [4]. The main and primary component of this structure is the patient's emotional reaction to the fact of the disease. There state of fear, guilt, anxiety, and depression may appear. The patient's thoughts are based not on logical patterns but on the emotional significance of certain facts. The disease problems occupy disproportionately large place, pushing out the other problems (like work, family, social activities). Some of the findings turn into overvalued ideas which are difficult to correct. The disease can lead the people with weak will to a state of passivity and depression. People with strong will make the decisions aimed at combating a disease and adaptation to life and the development of overvalued ideas [5; 6].

The internal picture of illness is a part of the internal picture of health. A teen taking a disease, makes the designs of the disease understanding and the real limitations and integrates internal picture of the disease in a new inner picture of health. The ability to see the illness only as a part of the health is a strategy for survival behavior.

Within this article, we consider the internal picture of health (IPH) as a special treatment to the individual's health, which is expressed in recognizing its value and active and positive striving for improvement. The inner picture of health of a teenager with acquired defects of the musculoskeletal system is a collection of ideas about the current state of health, the complex of emotional disturbances and feelings about it, and a set of behaviors to preserve and restore the health.

IPH formation is associated with the projection of objective reality of health into the human consciousness with subjective perception of one's health [5].

In IPH formation the body scheme is important. Healthy IPH model of a teenager with acquired defects of the musculoskeletal system is an absence / acceptance of bodily discomfort in any part of the body.

Scientist O.S. Lisova has offered his own multi-dimensional theoretical model of the internal picture of health, consisting of three components [4].

Thus, the emotional component of IPH – is the usual ways a man responds to his own life situations. A usual emotional mood depends on subdominants – qualitative characteristics of inner world. The scientist states that by means of psycho-correctional influence on adolescents' subdominant it may be achieved the positive changes in the structure of experience and internal reactions to traumatic situation including the reaction of physiological level. Thus, the adolescent's attitude to the situation may be changed and the possibility of his body (to discover new talents, abilities, goals) may be activated [3].

The cognitive component of the IPH is realizing the difficulty of the disease, the role of psychological factors of disease and the acceptance of the inevitability of chronification. The cognitive component is characterized by evaluation of intellectual potential and by realistic perception of reality [4].

The value-motivational component is the core of the internal picture of health. The beliefs and internal values are among the strongest incentives to constructive behavior strategies aimed at the recovering or may provoke the actions aimed at reducing health. By means of convincing, training, advisory work with the teenagers who have acquired functional disorders the belief that health is the highest value of man is formed, and it is important to build the strategy of health optimization.

Thus, it is formed the desire to be as healthy as possible and to adopt the restrictions of the disease.

The value-motivational component of the internal picture of health – is a work on the motive of improvement, the will to live.

Convincing the child that the health really takes the first position in the system of his values, his behavior thus will be directed to recreation by the specific motive – the will to health care. It is proved that an adequate, conscious, consistent emotionally valuable attitude to oneself is a prerequisite for the preservation of personal integrity and thus one of the central components of the internal picture of health. It means that the components of the «self-concept» highlighted by Robert Burns: «I'm real», «I'm mirror «and» I'm perfect» [3] should be consistently agreed and not have large gaps and opposite characteristics. Otherwise, it may occur the changes of internal picture of health which are often manifested as depression, unwarranted aggression, apathy, the violation in contact with the social environment.

Examining the IPH in adolescents with acquired defects of musculoskeletal system, the researchers emphasize the impact of the children age peculiarities on its formation. The scientist N.E. Tytarenko said that young people with acquired disabilities of musculoskeletal system are more focused on the social activity (can or cannot go to school, do certain activity, etc.), they understand better the need for more personal activity to maintain health [1; 7].

Health for a healthy person is a commonplace. The scientific J.G. Frolova proves that healthy people do not tend to pay attention to physical manifestations of health [1; 2]. In this regard, the IPH of a healthy person may not be so clear, emotionally vivid; may not have a formed nucleus, i.e. the value-motivational component. Due to the illness in the structure of IPH in adolescents with acquired functional disorders the new elements may occur which reflect a new state body i. e. – disease, when a certain part of IPH is transformed into IPD. The disease becomes dominant, it makes brighter the images, her inner picture will be clearer and deeper [6].

High sensitivity and dissatisfaction to the body image «Me» in adolescents with acquired defects leads to affective reactions, such as: tendency to depression, hypochondria, phobias, emotional isolation, frustration, aggressiveness.

The combination of feelings, ideas and disturbances of a teenager as to the physical appearance can distort the image of «Me». The distortion of the image «Me» appears in adolescence differently. The determining factor that distorts teens' self-concept may be a weak reflection which reveals in insufficient awareness of their personal qualities and inadequate self-estimation (disability in behavior control, impulsivity, and low level of cognitive activity). All this adversely affects the internal

picture of health. These teenagers do not show interest in the problem of health, physical development, but they may be sensitive to their body and appearance [7].

Scientists G.V. Kukuza, O.O. Kirillova, examining the inner picture of health, underlined three types of IPH, which reflect the different treatment variants of adolescents to their health and are described by the following parameters that are correlated with dynamic scales of IPH [1; 2]:

- Personal position on health;
- Identification of the source of responsibility for their own health;
- Teenagers' strategy towards caring for their own health.

Personal position on health is defined by the features of individual appropriation of knowledge and ideas about health and may be individually oriented or socially oriented.

Individually-oriented attitude characterizes the formation of personal view on one's health, when a teenager defines «health» through his own health. Socially-oriented position is characterized by the use of health, social and cultural stereotypes when describing one's health [1; 2].

If there is a personal position on health the tendency to attribute individual responsibility for one's own health appears. The source of the formation of health can be internal, personal factors or health of the individual depends on external factors [1; 4].

If there is a socially oriented position on health the locus of control of one's own health cannot be defined, but it can be determined the person's belief as to the dependence of health, as a general concept, on the human efforts or on the influence of external environmental factors [2].

Strategy of a teenager towards caring for his own health is divided into active and passive strategies.

Active strategy includes actions that could have a positive impact on health in case of a focus on a healthy lifestyle, or adversely affect health of a teenager, if it is a destructive behavior towards his health.

For example, if it is an active strategy, then it is observed such expressions as «I do therapeutic physical training», «I regularly have healthy food», «I take treatment and diligently execute a prescription». The negative strategy – «I usually have junk food», «I often play computer games» [1].

The passive strategy was determined by the desire to preserve and support health, declaration of a healthy lifestyle without the presence of elements of behavior or abandonment of any action aimed at supporting health, as a result of denial of the disease.

The teenager's belief as to his health in continuum «Health / Disease» is characterized by different versions of including the ideas about the disease into a semantic space of the concept «Health»: the disease is excluded from the semantic space of beliefs about health; the health image is replaced or limited by the image of the disease, that is a teen identifies his health to illness; subjective perceptions of adolescent about health have both health and disease components [4].

According to G.V. Kukuza, O.O. Kirilova, a special combination of above parameters defines each type of internal picture of health.

Thus, type 1 is characterized by individually-oriented personal position, passive positive strategy for sustaining one's own health, one's health identification with the disease, increased focus on the illness, and the belief that the health depends on external factors. This type of IPH can be regarded as inverted for health image is replaced by the image of the disease [2].

Type 2 is characterized by individually-oriented personal position, connecting passive and active positive strategies for sustaining one's own health, the presence of both components of health – the health and illness and the beliefs that health depends on own efforts and personal factors [2]. This type of IPH can be viewed as a whole, because the health idea of a teenager with functional disorders when there is a disease includes both components of health and disease. Having an active strategy for sustaining one's own health, the pursuit of a healthy lifestyle and the beliefs that the health depends on one's efforts makes this type of IPH adaptive.

Type 3 is characterized by social-oriented personal position with a passive strategy as to the support of one's health both positive and negative, including the declaration of a healthy lifestyle without any action to support one's health and denial the disease, and conviction that health depends on human efforts [1].

Thus, the internal picture of health in adolescent with acquired defects of the musculoskeletal system is a collection of ideas about the current state of health, complex of emotional disturbances and feelings about it, and a set of behaviors to preserve and restore health. Internal picture of disease is not only a set of emotional disorders, but also certain processes of intellectual manner associated with consciousness, disturbances and attitude to the disease.

There are three types of IPH, two of which are maladaptive and need psychological correction. In the inverted IPH type the psychological correction should be aimed at forming an active strategy for sustaining one's own health, pursuing the adolescent with acquired defects of the musculoskeletal system that his health depends on his own efforts and the expansion of consciousness towards positive trends. In dissociative IPH type the psychologist work with adolescent should be aimed at the adoption of the existence of actual disease and forming the individual-oriented position on one's own health.

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ІНКЛЮЗИВНА ОСВІТА ДІТЕЙ З АУТИЗМОМ ЯК ФАКТОР РОЗВИТКУ «ТЕОРІЇ РОЗУМУ»

Реформування системи спеціальної та інклюзивної освіти актуалізує наукові дослідження задля впровадження найбільш ефективних методів соціалізації дітей з особливими освітніми потребами у загальноосвітній простір. З цією метою розглядаються можливості поведінкового, соціально-комунікативного, соціально-когнітивного та мультимодального підходів у інклюзивній, корекційно-розвитковій роботі з дітьми з розладами спектру аутизму. З'ясовано, що розвиток соціально-когнітивного феномену «Теорія розуму» визначається ієрархією підсистем: мікросистеми, мезосистеми, екосистеми, макросистеми та хроносистеми. Емпіричне дослідження педагогічних працівників інклюзивних освітніх закладів розширило уявлення про можливості екосистеми України щодо розвитку «теорії розуму». У результаті контент-аналізу офлайн-опитування було з'ясовано перевагу тренування пізнавальних функцій перед соціальними (кількість часу та уваги, які приділялися, а також усвідомлення потреби професійного вдосконалення); навчати взаємодії дітей педагоги прагнуть шляхом позитивного ставлення до дитини з РСА; вони переконані, що добре розуміють вміння та особистісні якості, які необхідні для інклюзії; обґрунтовано вважають, що рівень задоволеності своєю професією педагогами інклюзивних закладів є однією з умов ефективності профдіяльності та налагодження психологічного клімату класу, позитивної мотивації до навчання як дітей з розладами спектру аутизму, так і нейротипових дітей інклюзивного класу.

Ключові слова: «Теорія розуму», аутизм, інклюзивна освіта, метарепазентація, психологічний клімат класу, позитивна мотивація до навчання.

The reform of the system of special and inclusive education updates scientific research in order to implement the most effective methods of socializing children with special educational needs in the general education space. For this purpose are considered the possibilities of behavioral, social-communicative, social-cognitive and multimodal approaches in inclusive, corrective-development work with children with autism spectrum disorders. It is revealed that the development of the socio-cognitive phenomenon «Theory of mind» is determined by the hierarchy of subsystems: microsystem, mesosystem, ecosystem, macrosystem and chronosystem. An empirical study of pedagogical staff of inclusive educational institutions has expanded the idea of the Ukrainian ecosystem's potential for the development of the «theory of mind». As a result of the content analysis of the offline survey, the advantage of training cognitive functions before social (the amount of time and attention that was paid, and awareness of professional development needs); teachers seek to educate the children through the positive attitude towards the child with the ASD; they are convinced that they are well aware of the skills and personal qualities that are required for inclusion; reasonably believed that the level of satisfaction with their work by teachers of inclusive institutions is one of the conditions for the effectiveness of the professional activity and the establishment of the