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ОСОБЛИВОСТІ ІНТЕЛЕКТУАЛЬНОГО СТАВЛЕННЯ ДО ЗДОРОВОГО СПОСОБУ ЖИТТЯ

Анотація

В статті описуються свідомі та неусвідомлювані (валеоустановки) ставлення до здорового способу життя. Аналізуються сучасні наукові дослідження проблеми психологічних особливостей розвитку ціннісного ставлення до здоров'я. На основі узагальнення теоретичних даних робляться висновки, які стосуються психологічної природи, механізмів та функцій ціннісного ставлення до здорового способу життя.

Ключові слова: ставлення, валеоустановка, цінності, здоров'я, здоровий спосіб життя, формування, розвиток.

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ОСОБЕННОСТИ ИНТЕЛЛЕКТУАЛЬНОГО ОТНОШЕНИЯ К ЗДОРОВОМУ ОБРАЗУ ЖИЗНИ

Аннотация

В статье описываются сознательные и неосознаваемые (валеоустановки) отношения к здоровому образу жизни. Анализируются современные научные исследования проблемы психологических особенностей развития ценностного отношения к здоровью. На основе обобщения теоретических данных делаются выводы, которые касаются психологической природы, механизмов и функций ценностного отношения к здоровому образу жизни.

Ключевые слова: отношение, валеоустановка, ценности, здоровье, здоровый образ жизни, формирования, развитие.

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PECULIARITIES OF INTELLECTUAL ATTITUDE TO THE HEALTHY WAY OF LIFE

Summary

The article deals with conscious and unconscious attitudes toward the healthy way of life. Modern scientific researches on the problem of psychological peculiarities of the

evaluative attitude development toward health have been analysed. On the basis of theoretical data the conclusions, which concern the psychological nature, mechanisms and functions of evaluative attitude toward the healthy way of life have been made.

Keywords: *attitude, valeological attitude, values, health, healthy way of life, formation, development.*

Orientation toward health is sometimes termed as “valeological attitude”. However, if the notion “attitude” is used in its primary meaning, that it possessed in classical experiments of D.M. Uznadze, then it has the meaning “integrated state of the subject”, which is unconscious, but includes “specific tendency toward peculiar content of conscious” [7]. Not simply something from the content of psychical life take place here, but “moment of its (conscious) dynamic definitness”, i.e. direction toward peculiar activity. The valeological attitude defines personality in its direction to health support and overcome of the disease, but it is characterized by readiness to peculiar way of recipience, attitude and reaction in situations dealing with the subject’s health correspondingly.

According to V.M. Miasishchev, attitude (dynamic stereotype) is entirely defined by previous (life) experience. “Conscious orientation, growing out from the past, is oriented on the prospective of the future. That is why it cannot be identified neither as stereotype, nor as attitude.”[5, p. 32].

Proceeding from the abovementioned, the valeological attitude can be defined as psychic formation, including three components, corresponding, but not identical due to their content constituent parts in the structure of conscious orientation:

- 1) *Cognitive – apprehension* of health (healthy way of life) and the disease;
- 2) *Emotional - evaluative* – emotional attitude to the health problems, their subjective evaluation;
- 3) *Behavioural* – stereotypes of behavior, aimed to support health and overcome of the disease [3].

Thus, there exist two interconnected types of subjective orientation to health: conscious (awareness) and unconscious (valeological attitude). While investigating the problem of evaluative attitude development to health, we speak about the conscious (aware) attitude development, contemplating the existing attitudes of personality as a condition defining the effectiveness of the process.

Scientific researches of the prominent scholars like O.V. Vodnieva, T.V.Sushenko, V.S. Kuchmenko, V.N. Belenov, Z.A. Chainikov, L.N. Ovchinnikova are devoted to the

problem of evaluative orientation to health and healthy way of life. The analyses of the abovementioned scientific works made it possible to point out the following peculiarities, we are interesting in:

At first, all the authors formulate the problem of evaluative orientation to health and healthy way of life as the problem of its very formation. We consider it as problem of the evaluative development attitude to health. The pointed out diversity needs further explanation. Since the formation is the subcategory of the development, which is applied to socio-cultural structures and represents the process design (gaining some shape) and improvement (gaining of ideal image) [6], the terms “formation” and “development” does not contradict each other. But in the above mentioned works we did not come across neither definition of the term ”formation”, nor the position of the authors to the correlation of terms “formation” and ”development”.

Secondly, some of the authors (S.A. Chainikov, and L.N. Ovchinnikova) formulate the problem of the formation of evaluative attitude to healthy way of life as both terminal (initiate the realization of needs in healthy way of life), and instrumental value (it serves as means of preservation of health). And such ambiguity, on her way of thinking, proves the possibility to transfer the values-aims into values-means, and vice versa, which was described by V.P. Bezdukhov [1]. In this case we follow the viewpoint of V.N. Belenov, which lies in the formulation of healthy life needs, taking place in the process of realization of evaluative attitude to health [2]. Healthy way of life – is the manifestation of attitude to health, instrument for achievement of health and it cannot be considered as terminal value. That’s why we are to speak about the development of evaluative attitude to health. As a result of priority of evaluative attitude to health, but not the healthy way of life, are not substantiated, and as we consider the statement of S.A. Chainikov about that axiological function of healthy way of life is realized not directly, but mediately through the system of attitudes and personal relations [8].

In the third place, in all cases of the formation of evaluative attitude to health and healthy way of life, authors rely on the structural components of attitude to health. To our way of thinking, the problem of the development of evaluative attitude to health should be considered on the level of substructures of consciousness determining the behaviour.

In the fourth place, the abovementioned authors express the ambiguity to that, whether the health can be a terminal value. Thus, e.g. V.N. Belenov supports the viewpoint of P.V. Bundzen and considers that health is the highest value, but cannot be the aim (a goal in itself) of life. L.N. Ovchinnikova following the methodology of “Evaluative orientations”

proposed by M. Rokych, – the author of values classification, considers the health as terminal value and points out due to the outcome of investigation the level of health representation in the list of terminal values. We consider health should be one of the main aims in life, a goal in itself. Because otherwise health will be used as means (and not be the condition according to V.N. Belenov) of achieving the rest of all meaningful values and attitude to it will not be evaluative.

In the fifth place, all the abovementioned authors analyze the problem of the formation of evaluative attitude to health from the viewpoint of Pedagogics. Thus, inspite of the accumulated experience of study of evaluative attitude to health, lack of the distinct perception about psychological components of the process. In most cases authors pay attention to psychological perception about structure of evaluative attitude to health and philosophic concept of M.S. Kagan [4]. Moreover in his thesis he represents the attempt to estimate integral understanding of evaluative attitude as world perception. (M.S. Kagan) from a perspective of structural components of each concrete attitude, that disclose his misunderstanding of both theories. According to V.N. Belenov, the list of values, that creates health (e.g. material, physical) since these values exist even on their own. Though, the explanation of the applied term “create” is author’s agreement with criteria of “significance” and “authenticity” of the value suggested by T. Parsons. We absolutely agree with the statement of necessity for changing of attitude to health as the activity, which presupposes the participation of probationer of the activity as an affiliated subject of the process, since the very activity is accompanied by severe work of his consciousness. (V.N. Belenov, V.S. Kuchmenko). Pedagogical conditions of the formation of evaluative attitude to health, which were pointed out by L.N. Ovchinnikova and O.V. Vodnieva - are intrinsically, characteristics to which the means of effective formation of the mentioned attitude should correspond. Taking into account the fact, that conditions, influencing the effectiveness of the development of evaluative attitude to health should not be neglected in the process of these means formation. We consider that each condition needs independent experimental study.

And the last, works of the mentioned authors are devoted to the formation of evaluative orientation in different social group: in preschool children (O.V. Vodnieva), in school students (pupils) (V.O Vodnieva, V.S. Kuchmenko, V.N. Belenov) in pedagogues of higher educational establishment (Z.A. Chainikov), in officials of educational establishment (T.V. Sushchenko), in future teachers (L.N.Ovchinnikova). The main interest for us is the scientific thesis of L.N. Ovchinnikova “The Formation of Evaluative Attitude to Healthy

Way of Life of Future Pedagogues“, as an experience in the problem. The following items can be announced alongside with the already mentioned differences in opinion, concerning the understanding of the healthy way of life as independent value, and description of the formation of evaluative attitude to health.

The imposed aim of L.N. Ovchinnikova's thesis is detection and substantiation of the formation of evaluative attitude to life conditions in future pedagogues and the working out of technological model of the process. But we think that conditions are the very parts of the model, which is proposed by the author. In accordance to her viewpoint, technological model should involve the system of indicators of evaluative attitude to healthy way of life formedness in future pedagogues, which is subdivided into three levels: low, middle and high. Indicators of high level of formedness of behavioural component, to the way of L.N. Ovchinnikova's thinking, may be the change of at least one component, fixed in accordance with the questionnaire (question: “Did your behavior change in some way?”) and the indicator of the middle level of formedness may be illustrated by failed try of behavioural change. On the basis of the indicators, the author made her conclusion that in many cases after the experiment the probationers show the middle level of evaluative attitude to health formedness.

Formation – is developmental subcategory, and development presupposes the act of development which takes place (then the attitude to health becomes evaluative) or does not take place (then the attitude to health is not evaluative) [6]. Reasoning from this viewpoint, the extraction of the low, middle and high levels of the evaluative attitude formedness itself is not appropriate. In this case we may speak about the evaluative attitude to health formedness (the development on peculiar stage) or about the accumulation of positive changes that are prior to the act of development, and swift-over to new stages of the development (functional development).

If we suggest that pointing out of level of evaluative attitude to health formedness can take place, the indicators, chosen by the author do not correspond to the level of evaluative attitude to health formedness, because the change at least one of the components cannot witness the high level of such formedness, and failed try of behavioural change - to be the proof of middle level of the formedness. Thus, through “under-records” the received “illusory” results are “overestimated”, though they are statistically proved. It would be better not to estimate the change of level of evaluative attitude to health formedness, but record the existence of positive changes in structural components of attitude to health. The

development of evaluative attitude to health is long-lasting, complicated process, which cannot be effectively done as a result of short-time experiment.

Summing up the analysis of modern scientific researches (2001-2004yy.), devoted to the problem of evaluative attitude to health development, it is necessary to point out the nondisclosure of the question about psychological essence of the process, insufficient discovery of mechanisms and means of development of evaluative attitude to health, uncompleted experimental study the conditions of its development testifying the importance of psychological components study of the process proves the actual need of this investigation and substantiate its aim.

Development is a process of qualitative changes of existing reality [6], transition from one state to the other more accomplished.

Evaluative attitude to health development, first of all presupposes the change of existing attitude, that's why we propose the scheme of changing of attitude to health.

Primary attitude of personality to health is determined by the system of needs, individual characteristics, as well as adopted traditions, norms, values and are characterized by usage of usual for an individual ways of behaviour in the sphere of health. Corresponding to usual behaviours, physical and emotional levels are usual for the human body. The change of substructures of consciousness under the influence of outer (directed or indirected social influence, previously unfamiliar phenomena of the surrounding world and other factors) or inner (change of health) reasons, that define the behaviour. In such case a human being feels discomfort and expects to turn to "usual" state, that's why the search for reasons of the appeared situation is done: the information, usual ways of behaviour, primary attitude to health and factors that define it are analyzed.

As a result of the described activity the attitude of person to health can change. But substructure of orientations is extremely strong, that's why very often attitude is left unchanged and, thus, the comeback to usual ways of behaviour takes place. Steadiness of substructure of orientations is supported by mechanism of diminish of incoming information. If the change of attitude to health took place, it would lead to the change of positive or negative behaviour. While changing the behaviour a human being uses new ways of behaviour. These ways may become "usual" (this form of behaviour can be fixed in as the own one).

Inner and outer reasons, changing the body state are many-sided, that's why the process of awareness of personal body state and analysis of the reasons can be repeated endless times. Only the total result of recurrent repetitions of the process determine the

personal attitude to health in general. Thus, the attitude to health is made up continuously, during long period of time.

Evaluative attitude to health is complex psychological formation, that is characterized by knowledge formedness and notions of health as value, positive valueological activity, awareness of attitude to health, terminal character of health value, formedness of abilities and skills of protection and strengthening of health, long lasting positive change of behaviour.

The above illustrated scheme made possible to find out and describe psychological essence, mechanisms and psychological components of evaluative attitude to health (inner personal conditions and means of the process under study).

Psychological essence of the process of development of evaluative attitude to health lies in recurrent repetitions of gradual changes on the conscious level and individual behaviour:

- changes in substructures of consciousness, determining the behaviour;
- change of body state on the emotional level;
- awareness of personal state and searching for the reasons;
- positive change to attitude to health;
- usage of new positive ways of behaviour;
- transformation of new ways of behaviour into "usual".

Mechanism of evaluative attitude to health development is goal-oriented active work of the subject in solving the controversy between awareness of health value and real behaviour. Action of the mechanism is mediated by psychological components (inner personal conditions and means) of evaluative attitude to health development. Inner personal conditions, influencing the results of evaluative attitude to health development are individual characteristics (level of subjective control, self-esteem, motivation for success and avoiding of failures) as basis of peculiar reaction of personality on outer actions; needs (firstly in good health). As a form of connection of body and environment, accepted standards, values and anchorages of previous personal experience, defining specificity of the initial attitude to health.

Means of evaluative attitude to health development are directed social actions based on providing of significant information about health by probationers. Criteria of choice of informational content are specific character of need in health of the given group of probationers, and ability of usage in future professional activity. Mechanism that increases the significance of the received information, are the activation of work of those

probationers, which is directed on self-knowing cognition, reflexion, widening of notions about the already chosen profession, collective and individual creativity through the interactive methods used.

The analysis carried out gave the possibility to make the following conclusions:

1. Positive scientific definition of health as complex notion should be understood as a unity of two approaches: adaptational approach, based on compensatoric abilities of the human body and creative approach that take as a point of departure the system of individual values (as central guide of behaviour). In conditions of culture and society crisis, that are in modern Ukraine, the development of valuable relations and axiological approach in the investigation of health is of vital importance.

2. From psychological viewpoint the problem of health saving and improving – is the problem of evaluative attitude to health development of personality to his / her own health, which is complex psychologically new formation, that promote long-lasting positive behavioural changes. The important part of the development of such personal attitude to his / her own health is every teacher in particular as change-agent of evaluative attitude to health.

3. Evaluative attitude to health development – is long-lasting complex process, which lies in recurrent successive repetition of changes on the levels of individual consciousness and behaviour. One of the central mechanisms of the individuum to overcome irregularities between value of health cognition and real behaviour, which is intermediated by psychological components.

4. Psychological components of evaluative attitude to health development are inner personal conditions: individual characteristics, the system of needs, accepted standards, values, anchorages and means of development, as well as directed social actions, based on providing of significant information about health for probationers.

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