THE CONCEPTS OF A HEALTHY AND A SICK PERSON IN SELF-COMPREHENSION OF HEALTHY PEOPLE

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Abstract

This article presents psychological analysis of the *healthy person* and *sick person* concepts that are typical for healthy people. The author considers these concepts to be a part of self- consciousness and a component of identity. The analysis is based on the ideas of health as activity and social demand, the rate of optimism concerning the possibility to preserve your health and rely on healthcare system, retrospection of «I`m healthy» and «I`m sick»-experience, the role of identification with a healthy person in the identity pattern. The author distinguishes the types of attitude to a sick person and a disease. The importance of trust towards healthcare system and optimistic attitude to health are emphasized. The results can add to the contents of internal image of health concept.

Key words: social image, healthy person, sick person, internal image of disease, health experience.

Most authors consider the phenomenon of health to be diversified. For example, B.G. Yudin thinks that a concept of health is a norm and a significant value at the same time [1]. V.M. Rozin [2] regards it as a social artifact. For a person health is not only and not so much a possibility to be socially active, but more a full-scale self-actualization [3-6].

M. Merleau-Ponty [7] wrote about the corporal *I can* as of all those actions that are available for us thanks to our health status. The more possibilities a person has, the healthier s/he is.

In modern literature the phenomenon of health is regarded in terms of societal, social, social-psychological and individual levels.

There are several health models [8]: the model of health as internal consistency, adaptative model of a healthy individual, anthropocentric or humanistic model of a healthy individual.

O.S. Vasilyeva and F.R. Philatov suggest the concept of «sociocultural health standard» which is a sociocultural phenomenon – the result of implementing a certain conception in social practice» [8, p.43]. The activity as sense of purpose can be looked at as a part of health concept.

A structural approach to health studies can be seen in the internal image of health concept [9]. V.A. Ananyev considers this concept to be a form of individual self-comprehension and self-actualization in conditions of health [10, 4].

There exist three levels of health reflection (cognitive, emotional and behavioral). It is considered that it is more difficult to form an internal image of health for a healthy person than for a sick one because people cannot register their health changes [5].

The factors of health status can be objective (features of different physiological systems) and subjective (perception, experience consisting of complaints, realization and self-evaluation) [11].

Health experience is formed through individual life experience. It helps to evaluate your health status. An individual starts evaluating life quality and its social status that comprises status of a healthy person as well. This influences social and personal identity and self-attitude, resource evaluation that includes family support and adaptative tools which an individual uses in this or that situation. Therefore, this research should be considered in terms of objective and subjective health conditions or situations when a healthy person is analyzed.

Work conditions which require high health status are the most significant. Health becomes a factor of success rate at work and functional limitations which are not connected with illness.

Attributive theory and theory of social images [12, 13] regard to health and illness as social, emotive, symbolic entities. They should be studied from the point of view of common notions which appear in numerous interactions.

Ideas of health and illness are studied by a number of social-psychological theories [14-16]: psychoanalytical, neobehaviorism, interactionist and cognitive, which is emphasized in I.N. Gurvich research [17]. I.N. Bovina also adds to this classification theories of humanistic psychology [18-21].

Healthy people create different concepts of health and illness [22]. So that, K. Herzlich points out the following common ideas of health and illness: health as vacuum, health as a reserve and health as a balance.

J. Perrot received similar results. He distinguishes four types of health discourse. Two of them are similar to common ideas of health suggested by Herzich: «health as absence of illness», «health as an instrument». The other two types reflect political and collective aspect of health – «health as a product», «health as an institution» [23].

Ideas of health and illness is «a way of society interpretation made by an individual» and «a way of individual`s attitude towards society» [24, p.139].

O.S. Vasilyeva and F.R. Philatov distinguished factors of health concepts [25] - semantic constructs which correlate to «sociocultural health standards»: antique, adaptive and anthropocentric.

Viewing health as self-efficacy has significant advantages.

The formation of acceptable self-efficacy is based on: 1) personal behavior experience; 2) substitution experience or social patterning; 3) conviction; 4) physiological state.

Having formed, self-efficacy is projected at identical situations.

There are two ways self-efficacy can have impact on health [26]. The first one means that the person’s conviction in his/her ability and capacity to fight stress factors activates their biological system. In other cases self-efficacy

influences health habits. Self-efficacy functions as a general tool mediating different health factors.

There are several theories created for understanding and forecasting the behavior connected with health and illness: 1) model of health beliefs; 2) protective motivation theory; 3) model of mental concepts of health and illness; 4) stage models of health behavior changes.

The model of health beliefs supposes that the possibility for the individual to take preventive actions depends on: 1) understanding that negative conditions can be prevented; 2) positive expectations of a certain behavior; 3) conviction that he will be able to accomplish demanded activities [27].

Protective motivation theory, worked out by K. Rogers (Rogers, 1975) says that people try to take preventive actions to protect health from risks in case if: 1) they believe that something is dangerous for them; 2) they are not protected from it; 3) a danger can be avoided by acts of healthy behavior; 4) people are sure that they are able to behave as needed (self-efficacy) [28].

In Russia the idea of introspective sensing is developed by A. Tkhostov. The following ideas have been used to form the concept of health risks: naming of illness, reasons, duration and consequences. These notions create a pattern for interpreting the illness data.

The concepts are the so-called «bridge» between individual and social world [29].

Jean-Claude Abric (the school of Aix-en-Provence) suggested to study the representation of cognitive images. Using this method we can compare the images of the same object belonging to different social groups and analyze the dynamics of images influenced by varied social practices.

A social image, as J.-C. Abric notices, is «a functional outlook that enables individuals or groups of individuals to give meaning to their behavior, understand reality through their own system of attitudes, and therefore, adjust to it and find a place in it» [30]. In other words, a social image is a way of viewing

this or that aspect of the world which is transformed into thinking or acting [31]. «Any reality is adapted by individuals and their groups, reorganized by their cognitive system, integrated by their personal values depending on their history as well as social and ideological context» [32].

I.N. Bovina has done the research concerning the number of elements included in the nucleus of the health concept. According to Vergns's criteria [33] these elements are sport, beauty, strength, joy, sprightliness and live. The peripheral zone of potential changings includes illness, good state of health, smile, good mood, happiness, entropy, fun, self-confidence and vitamins. The peripheral zone of notion includes energy, activity, fresh air and water [22].

Recently the scientists have begun to study the health problems from the socio-psychological point of view. They are concerned about the everyday knowledge of health, ratio of the knowledge and behavior and healthy way of life. Not only those who are sick, but also healthy people have different models based on the understanding of health and illness in their minds. Every person has his own disease and treatment experience, means of examine his condition based on the knowledge and concepts of health and illness. It happens because somatic diseases go hand in hand with a person during all his life [22].

In our opinion, the most efficient approach is subject-social, which is pointed out by V. M. Rozin, I. B. Bovina, T. V. Rogacheva. According to this approach the images of health and disease is a constituent part of subject social realty.

We have studied the peculiarities of the concept of a healthy person and the connection between these concepts and self-attitude and adaptive strategies of a healthy person.

Materials and Methods

We have examined 543 healthy probationers who did not have any chronic somatic diseases at the age of 25-60 (both men and women). The following methods were used: investigation of the self-attitude was held according to the methodology IIA, determination of the identity according to the Kun's test "Who I am", analysis of the notions about healthy and patients, survey. Also there were used methodology of Kellerman-Plutchik-Konte called "Investigation of a lifestyle", Lazurus "Investigation if the coping-strategies", research of the retrospective evaluation of health and disease.

After the statistic handling we have detected the average number, standard derivations and difference between the groups according to Student t-test, also method of Pirson of the correlative analysis with the help of the computer program SPSS-19.

Discussing the Findings

Ideas about Patients

To study the notions about a sick person we carried out a survey which included the following questions: "In your opinion, what is the difference between a sick and a healthy person?", "What is the most terrible thing in the state of disease?", "What distinguishes the position of a sick person among other people?", "What are the prospects of a sick person?".

All the results of the survey were converted into points in six criteria. The maximum result of every aspect is 100 or all the answers of one questioned person:

- "sick person is the same as the healthy one" (X av.=8);

- “the sick person suffers somatically”, the most frequent answers are: “sickly look” , “feebleness”, “feeling bad”, “symptoms”, “suffering, pain, torment, bad pains”, “weakness” (X av.=29);
- “the sick person is in a worse social position”, the most frequent answers are: “inability to live full life”, “to be weaker”, “limited opportunities in self-realization”, “limited options”, “isolation”, “feeling of self-imperfection”, “discrimination”, “misunderstandings with people around”, “lack of sympathy”, “inequality of rights”, “aversion”, “people keeping aside”, “people’s indifference and pity”, “estrangement, insecurity” (X av.=22);
- “negative effects and health impairment in perspective”, the most frequent answers: “incurability”, “death”, “uncertainty in future”, “obscurity”, “lack of perspectives”, “to earn one’s medicines”, “the life won’t be so good as it used to be”, “no future” (X av.=17);
- the notion about a sick person as an emotionally suffering one is less mentioned, the most frequent answers: “want nothing in life”, “sick person has more problems”, “loosing the meaning of life”, “lack of goals”, “depression”, “despair, chaos”, “uncertainty”, “inferiority” (X av.=14);
- “the person who must recover and overcome the disease”, the most frequent answers: “has an opportunity for recovering”, “need to hope for the best”, “optimism, hope”, “disease is only a life circumstance”, “has perspectives”, “alive means nothing more matters” (X av.=10).

According to the results of the research healthy people consider disease to be physical suffering (29%); deterioration of the social status (22%); a cause of the negative consequences (17%). Smaller amount of people consider sick person to be the one who emotionally suffers (14%); who has to recover (10%); who doesn’t differ from healthy people (8%). Evidently, the concept of disease

is based on physical and social components; one more factor is the one of the temporal perspective.

According the correlation analysis the idea of the significance of the physical suffering for a sick person is typical of young people (-0,142). It correlates with the decreasing of the importance of the "I am healthy"-idea (-0,090) and the increasing of the positive self-attitude: openness (0,143), self-confidence (0,156), the theory of self-looking glass (0,113), increasing of the self-control (0,139) and decreasing of the passive forms of the coping-strategies (-0,106) and psychological protections (exclusion (-0,103) and negation (-0,096). This notion is typical of those who do not have any experience connected with the diseases; the problems of health and illness are not so important for them.

The significance of socio-psychological problems of patients in conception about a sick person is typical of adults (0,156) and educated people (0,098). It correlates with the decrease of the positive self-attitude (-0,147), self-control (-0,105), self-identification with a healthy person, the credit of the public health (-0,183), inclinations towards negative self-describing (0,104). Consequently, emphasis of the socio-psychological problems of a sick person reflects pessimistic view on disease which is typical of adults.

The notion about the importance of the psychological and emotional problems of a sick person is typical of adult (0,195) women (0,089) who are really self-critical (0,09) and do not trust the public health (-0,113). This notion correlates with the decrease of the optimism concerning the possibility to keep optimum health (-0,162), notion about social approval of the desire to be healthy (-0,118), importance of disease experience (0,091), decreasing of the neuropsychic stability (-0,112) and the importance of perception of oneself through the eyes of other people (-0,088). Probably, it can be looked upon as the process of self- identifications with another person.

Significance of the negative perspectives of a sick person is typical of women (0, 0950). It correlates with the decreasing of the psychological protection: exclusion (-0,118), regression (-0,097), rationalism (-0,101), inclination to negative self-descriptions (-0,104), increasing of the neuropsychic adaptability (0,095). Obviously, this conception reflects the sympathy for the patient.

Young men have the notion that sick people do not differ from other people. This notion goes together with the severity of psychological protection: exclusion (0,101), substitution (0,099), negation (0,148) and also it decreases the importance of health as the activeness (0, 1) and increases the credit of public health (0,128). Therefore, this notion reflects optimistic attitude towards health.

The image of a sick person who overcomes the disease is typical of the young men and it correlates with their self-respect (0,129), compensation (0,097) and rationalism (0,170) as the forms of psychological protection, credit of healthcare system (0,145) and optimism (0,113) about health. This notion is clearly expressed among the young men who do not have any disease experience.

This way, concept of a sick person includes psychological and physical sufferings, social restrictions and temporal perspectives, both negative and positive. According to the results of our research we can distinguish the following types of attitude towards the patient and disease:

- formally-optimistic,
- sympathy for patient,
- self-identification with patient.

The credit of healthcare system is really important in notions about ill and healthy person. The credit of healthcare system is typical of the formally-optimistic type; the lack of the credit of healthcare system is typical of self-identification with patient. Obviously, the credit of healthcare system doesn't endure the test of notions about the real problems.

The Concept of a Healthy Person

The analysis of the survey has shown the answers to the question “to be healthy means…” can be classified to the following types: “to have no problems”, “enjoy”, “to be physically and mentally perfect”, “to be needed”, “to work”. We can come to the conclusion that personal significance of health is connected with performing pleasure and activeness. These types can be ranged from 1 to 5 according to the level of activeness.

The answers to the question “if I’m healthy I can…” are classified to the following categories: “can have no diseases”, “can enjoy”, “to be needed, to achieve the goals”, “can work”. The conclusion is the following: the personal sense of possibilities which is given by health is also connected with performing of pleasure and activeness. These types can be ranged from 1 to 4 in accordance with the level of activeness.

The answers to the question: “does the public health service help to keep healthy?” are “no, it doesn’t”, “I am not sure”, “yes, it does”. These answers can be ranged from 1 to 3 according to the level of trust towards health service.

The following answers in accordance with the level of optimism were given to the question “will I be able to stay healthy?”: “I won’t. It’s impossible”, “no money for it”, “I don’t take care of my health, I don’t have time for it”, “yes, I will”. In accordance with the level of optimism about staying healthy the answers can be ranged from 1 to 4.

The answers to the question “Is the wish to be healthy socially approved?” were the following: “No, it isn’t”, “It is offensive because there are too many sick people”, “it is inconvenient as it causes envy”, “Yes, it is approved”. According to the level of approval it can be ranged from 1 to 4 points.

The question “What helps you to stay healthy?” was answered the following ways: “My friends do”, “I do myself”, “My family does”, “Medicines

do", "Nothing helps". All of these answers were presented. It allowed us to estimate the answers with 0, 1 or 2 points.

Table 1.

Elements Healthy People Include in the Concept of a Healthy Person from Personal Significance Point of View

The aspects of notions about a healthy person	Health is movement	Health is an ability to be active	Trust to the healthcare system	Optimistic attitude: health can be protected	Desire to be healthy is socially approved
Evidence in points	3,1 max=5	2,5 max=4	2,8 max=3	3,2 max=4	0,11 max=5
The aspects of notions about a healthy person	Friends help me to be healthy	Only I can improve my health	My family helps me to be healthy	Medicines help me to be healthy	Nothing can improve my health
Evidence in points	0,06 max=2	0,14 max=2	0,13 max=2	0,11 max=2	0 max=2

The concept of a healthy person presupposes an active and useful person, who trusts healthcare system, who believes optimistically, that his/her health can be protected and that society approves his/her desire to be healthy. This person believes that his/her health in his hands, but it depends also on his/her lifestyle, his/her family relationship and medicines.

Adult (0,135) women (0,127) tend to view healthy person as an active one. This point of view correlates with the significance of disease experience (0,087) and with his/her self-identification with economic objectives. They also differ between healthy and sick people (0, 1), their trust to healthcare systems (-0,086) is lower and they are less optimistic about health protection (-0,098). It appears to be so that the idea of health as movement goes together with pessimistic attitude to the healthcare system and health protection. It also may show that the more important the idea of health is, the more vulnerable it seems.

Adult people (0,125) tend to think that health gives them an opportunity to be active and useful. This point of view correlates with moral adaptability (0,107) and with decreasing role of medicines in health protection (-0,091).

Conspicuous is the fact that the concept of their own health is slightly connected with other concepts, as well as with self-identification and adaptation strategies. Correlation between the ideas of health as an ability" and of medicines that can help a person to be healthy illustrates the fact, that medicines are considered to be the best method if you want to bring your health back.

Young people (-0,116) tend to believe that healthcare can help to protect people's health and, at the same time, tend to give less significance to disease experience (-0,116). This point of view correlates with low auto-affection (-0, 09) and low level of psychological defence: repression (-0,154), regression (-0,106), projection (0,093), self-identification with an active "I" (-0,113). Young people with this point of view usually use negative self-descriptions (-0, 1690), see health as movement (0.86) and have a high level of self-respect (0,131). They are characterised by internal dissatisfaction with their public position (0,107), confrontational coping (0,106), self-control (0,09), positive redefinition (0,135). They do not make the difference between healthy and sick people (0,128), they consider recovering from disease as important (0,145), they are optimistic about their health protection capability (0,261) and the effectiveness of medicines (0,124).

So we can conclude that trust to healthcare system gives people an opportunity not to care for their health if they perceive ourselves positively, even though they do not accept themselves emotionally and are internally dissatisfied with their public position. Perhaps, the fact that people rely on healthcare system is connected with the fact that they feel: the loss of health is their personal fault.

Young people tend to be optimistic about their health protection capability (-0,122). At the same time they consider disease experience as not that significant (-0,145) and demonstrate the tendency to denial (0,089) and negative self-description (-0,089). They perceive a healthy person as an active and useful one (-0,098), consider recovering from disease as important for the sick person

(0,113), trust healthcare system (0,262) and presume that their desire to be healthy is socially approved (0,175).

We can conclude, that young people are characterised by optimism about their health protection capability, which is closely connected with the fact that they have positive attitude towards themselves, believe that any disease can be conquered, pay less attention to the importance of health and rely on medical care.

For men (0,239) it is important that their desire to be healthy is socially approved. It correlates with low auto-affection (-0,135), subjective ill-being (-0,1), acceptation of responsibility (-0,179), confrontational coping (-0,126), distanciation (-0,193), search of social support (-0,162), escape behaviour (-0,104), importance of medicines (-0,222), higher level of repression (0,098), projection (0,091), compensation (0,111), adaptability (0,143), optimism towards their own health protection capability (0,175).

It appears to be so that for men it is self-evident, that their desire to be healthy should be socially approved. That is the reason for them to see health as an obligatory self-requirement. Situation, when this requirement does not correspond to reality, causes lower self-acceptance and stronger physiological defence.

The concepts of a healthy and of a sick person differ among people depending on their sex and age:

- Men tend to think that they must be healthy
- Women tend to consider activeness of a person as significant
- Young people tend to think that a healthy person is an active person, who has a positive attitude towards his/her health and trusts the healthcare system.

The older people get, the more often they describe “healthy person” as an active person and consider their own health protection capability as significant.

So, the concept and the idea of a healthy person presuppose an active and useful person, whose health is volatile and whose desire to be healthy is socially approved. This idea is slightly connected with personal capabilities, and people's optimism towards health lasts as long as people can afford not to think about it. People's trust to the healthcare system is connected with their desire to shift responsibility for their health onto the shoulders of healthcare. It appears that healthy person is definitely included into the system of social values; health is volatile and depends on the healthcare system.

Young (-0,152) men (0,086) tend to think that healthy lifestyle helps to protect their health. This point of view correlates with auto-affection (0,091), lower subjective ill-being (-0,086), acceptation of responsibility in a form of coping strategy (-0,089), adaptability (0,099), identification with a healthy human-being (0,136). These ideas are typical for young people who feel sure about their health potential.

The idea that friends can help one to be healthy correlates with subjective ill-being (0,09), rare use of coping strategies, such as social support (-0,089), adaptability (-0,121), higher repression (0,087) and higher significance of emotional problems, which a sick person has (0,98). So we may conclude that emotionally vulnerable people usually seek support from their friends.

Elder people (0,127) tend to rely on themselves when it comes to healthcare questions. This point of view correlates with lower use of confrontational coping (-0,089). It seems to be a personal belief, which is not connected with personal mechanisms.

Women (0,086) tend to believe that family can help them to be healthy. This idea correlates with lowering level of auto-affection (-0,087), physical problems (-0,086), tendency to negative self-description (0,095). It's closely connected with vulnerability of self-perception.

When it comes to health protection, well-educated (0,099) and highly-qualified (0,161) women (-0,177) tend to rely on medicines. This idea correlates

with self-acceptance (0,086) and coping strategies: distanciation (0,96), search of social support (0,092), acceptance of responsibility (0,138), lower repression (-0,117), neuropsychic adaptation level (-0,101), significance of a healthy person concept, that presupposes an active and valuable for the society human-being (-0,091), the idea of society approving their desire to be healthy (-0,22) and the higher level of trust to the healthcare system (0,124).

So, such reliance on medicines, which are considered to be the best remedy for all diseases, can be seen as an "advanced-level" attitude to pills.

The idea that nothing can help to preserve our health correlates with our mirror Self (0,134). This idea seems to represent our social expectations.

The conclusion is that the ideas of self-reliance and reliance on lifestyle are typical of young people, and are not connected with personal adaptation strategies. Reliance on friends and family is typical of emotional people, suffering from the lack of self-confidence. Hence, people do not usually feel a conscious need to care for their health.

Health and Disease Experience

The studies of health and disease experience were held according to the author's method of retrospective evaluation of health and disease. In accordance with the results of the survey where the questioned people were proposed to recollect the situations when they felt healthy and sick evidently for themselves, the following types of attitude to health and disease experience were singled out.

The types of retrospective evaluation of health experience:

- the type "no problems" was diagnosed in the case when the recollection of the situation of feeling healthy evident for the person him or herself was expressed by the following answers: "was not sick", "nothing hurt", "didn't have any problems";

- the type “normative positive attitude” was diagnosed when the description of health experience was expressed by the following answers: “felt good”, “it’s alright”;
- the type “joy” was diagnosed if the description of health experience corresponded to the description of elated feelings in health experience: “I love the world”, “everything is perfect”, “extraordinary well”, “it’s the best moment of my life, excellent mood”, “nothing disturbs me and I can enjoy my life”, “flitting like a butterfly”, “feeling of lightness, feel wonderful”, “no worries”.
- the type “opportunity” was diagnosed if the description of health experience included not only elated feelings, but also the significance of perspectives connected with health: “many perspectives and they are different, I want to do my favorite sport”, “I want to be helpful for others”, “I can do everything: achieve any goal, make people happy, I can do any work, I can study”, “I’m not limited”, “I feel that the world is mine, I can do everything, I will be able to do everything”, “I am ready to do everything, I know I will be successful”.

These types of retrospective evaluation of health experience reflect different levels of personal significance of this experience. There is the index of this significance in the paper.

The types of retrospective evaluation of disease:

- the type “formal description of symptoms” was diagnosed when disease experience was just a list of symptoms in the situation when the person identified him or herself as a sick one: “had a headache”, “had a sore throat, cough”, “ran a temperature”;
- the type “helplessness” was diagnosed when the person told about his or her weakness and helplessness “felt bad, weakness”, “want to fall asleep, feel weary”, “indisposition”, “don’t want to do anything, no strength, no wishes”, “helplessness, pain, feebleness, feeling limited

and uncomfortable", "slackness, want silence, want to have a rest, want nobody to disturb you", "healthy person can not feel so bad, everything is bad, the body is heavy, want to sleep, difficult to control the body";

- the type "feeling lost" was diagnosed in the case of loosing yourself in the experience. In speech it is usually expressed by metaphors: "corpse", "I am a vegetable", "lonely", "feeling like a plant", "I'm ugly", "crayfish in a burrow", "milksop", "small, offended girl", "social outcast", "idler", "wounded animal";
- the type "fear" was diagnosed when the person is concentrated on his or her fear of the situation: "fear, panic, terrible pain", "dismal mood, illusive perspectives, fear", "fear, want nothing, everything is bad", "pain, delirium, fear, everything is bad, just terrible".

The singled out types are also ranged according to the level of personal significance of the experience from 1 to 4 points.

Retrospective evaluation of health and disease experience has shown that the significance of disease experience (1,6 points) is estimated lower than that of health experience (2,6 points).

The significance of health experience correlates with the education level (0,129), the significance of disease experience (0,316), moral adaptivity (0,095), identifying oneself with an active (0,222), business-minded person (0,092), orientated towards solving future tasks (0,180), identifying oneself with a healthy human being (0,105).

Apparently, retrospective evaluation of health experience shows that the significance of this experience is caused by identifying oneself with a healthy human being and with the future goals, which require health for their achievement.

The disease experience significance is typical of the older people (0,136), and correlates with the significance of health experience (0.316), disbelief (0,128), increase in the tendency to negative self-description, the

idea of a healthy human as an active and socially in-demand person (0,087), decrease in trust for the health care (-0,122) and in optimism concerning the capability to keep the health (-0,145). The conclusion can be drawn that the health experience sphere and the disease experience sphere actually form the one sphere, associated with the idea that a healthy human being must be active and socially in-demand.

Therefore, retrospective evaluation of health and disease experience shows that the role of a healthy person is thought to be valuable and understood as the role of an active person orientated towards future tasks.

The Concept of Health in the Identity Structure

The importance of physical sphere in the identity structure is not big, only 10 % of self-description stories. The identification of oneself with emotional and intellectual qualities (28%), social roles (26%) and activity (21%) is more significant.

Physical self correlates with openness (0,087), tendency to negative self-description (0,217), identifying oneself with a healthy person (0,478), decrease in subjective ill-being (-0,086), reliance on keeping healthy family relations (-0,086).

15% of the testees identify themselves with healthy people. Correlation analysis has shown that this role is more significant in the group of young (-0,135) men (0,162) with low level of education (-0,102) and professional status (-0,092). This role also correlates with the significance of health experience (0,105), decrease in subjective ill-being (-0,107), in coping strategies, especially self-control (-0,102), search for social support (-0,120), decision planning (-0,1), increasing adaptivity (0,126), significance of social and psychological problems of the diseased person (-0,085), and reliance on keeping healthy way of life (0,136). Apparently, identifying oneself with a healthy person involves the significance of well-being, but not active

counteraction. This is the evidence for the fact that the role of a healthy person is thought to be axiological, but it does not stimulate active attitudes.

Therefore, this role is presented in a healthy person self-comprehension, in the concept of healthy and sick people, personal significance of health and disease experience and identifying oneself with the physical sphere and a healthy person. According to the result of this analysis, the role of a healthy person is associated with the idea of activity and social usefulness, which can be lost, as a result of a disease. To keep health one relies on health care and pharmaceutical drugs, on the one hand, and on family and friends' support, on the other. Apparently, the role of a healthy person is considered as an axiomatic social value, vulnerable to and depending rather on external than internal resources. The necessity to keep health is not supraliminal strategy.

The significance of health and disease experience shows that the role of a healthy person is thought to be a big value and important for doing the future tasks. The significance of identifying oneself with a healthy person implies the importance of well-being, it does not imply active counteraction, though; health is valuable, but it does not stimulate active attitudes.

Conclusion

On the whole, such conclusion can be drawn that the notions about a healthy and a sick person in self-consciousness of healthy people prove that the role of a healthy person is high-status but nearly unconscious. It is connected with movements and social importance in content but it is not realized in adaptive strategies, which results in unreadiness for the loss of health and in the fear of disease. In this context, disease is seen as a fatal event in a human life.

We can single out different types of attitude towards a disease in cases of healthy people who are differently involved in this problem. The least level of involvement is characteristic for young questioned people.

The practical value of this research work is the following. When planning psycho preventive work the attention must be drawn to forming adaptive strategies which help to keep health and prevent disease. The remarkable point is that medical care meets low appreciation of those who have the experience of using its services. This results in having no necessary psychological support in case of disease.

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