

ISSUES OF PROPAEDEUTICS AND PSYCHOSOMATIC HEALTH MAINTENANCE (PUBLISHED WORKS OF SPECIALISTS IN VARIOUS SCIENTIFIC FIELDS)

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Summary

The main purpose of prepared article is to present for psychological and pedagogical community of different countries the generalized review of specialist's publications in related disciplines: general, social, clinical psychology and sociology on understanding the complex concepts of psychosomatic health of people of all ages. Appropriate analysis of these complex phenomena from the standpoint of internal picture of health and disease, dynamic transition states (norms, pre-disease and disease) will be appropriate. A holistic approach in assessment, prevention, treatment of psychosocial health should be central in the detailed consideration of the announced article topic. The disease / health continuum model with premature death at one end and high health at the other is one of article working issues of the which will be revealed with the inclusion of accurate visual drawings. The principal attention of the author's article in revealing essence of the concept of "Mental health" in J. Matarazo's publications as an alternative to the prevailing direction in clinical psychology and psychiatry "Mental illness" in terms of diagnosis, prevention, treatment of people of different ages.

Keywords: holistic approach, new phenomenological construct, disability, development, adaptive behavior.

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1. Introduction

The main purpose of the article is a comprehensive consideration – one of the basic health psychology concepts – psychological health, which is understood as a characteristic of human adaptation quality. In contrast to concept of "mental health, which has medical significance and corresponds to a specific mental illness", "psychological health" – a socio-psychological concept that reflects the dynamics and extent of human self-improvement, realization of their own capabilities. The focus is on the study of health psychology issues of professional and personal development, the value of health, which a person sacrifices in learning process, work, which is influenced by his lifestyle, family and personal relationships. This is a question of social drug addiction, the so-called "zombification", the formation and prevention of intermediate (between health and illness) neuropsychiatric conditions, disorders, depression, suicide and more.

2. Main objectives of presented article for review:

Analyzing the works of leading experts from foreign countries on psychosomatic health, we should identify three **main objectives of presented article for review**:

1. The essence of the concept of systemic structure of the human body.
2. Continuity of the phenomena of disease and health.
3. Definition of mental health and directions of its research.

The thesis is correct that a true understanding of human behavior is possible only in its holistic perception, because man and his behavior are very complex phenomena.

Health professionals try to consider the impact of all aspects of human life in its overall integrity – health and disease. This approach is based on the biopsychosocial holistic model (from the Greek holos – whole) (Lipowski, Z.J., 1986:17-38). To create the concept of human integrity (Engel G.I., 1980, 535-544) proposed to use the term “system”, which was first introduced by (Bertalanffy L., 1968). The concept of “system” the author refers to the dynamic unity, which includes constantly interacting components. The human body is a system – immune, nervous system, tissues, cells. The family, the community, and society as a whole are also systems. And as such they are units that are inherently dynamic, constantly changing and whose components interact through the exchange of energy, matter and information illustrates the relationship of the human body as a smaller system in a more complex – society as illustrated in Figure 1. There are such concepts as the levels of development of the system, for example, cells in the human body, which functions in society and which is influenced by systems of another level – family, work team and so on. Consider the following situation: you have seriously injured your leg, and the internal system is automatically mobilized to protect the body from possible negative consequences, and at the same time your inability to live a full life, loss of ability to work for days or weeks can affect your social relationships.

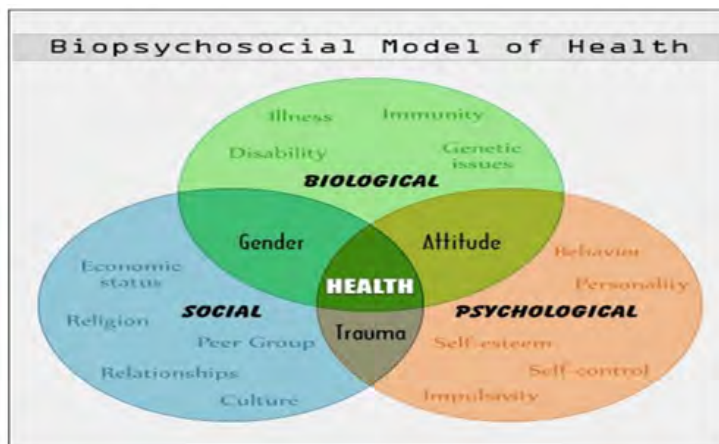


Fig. 1. Biopsychosocial holistic model Lipowski, Z.J., 1986

In essence, the concepts of health and disease are not completely different constructs, they coincide. There are levels of human health and disease. (Antonovsky A., 1979, 1987) proposed to consider these constructs as certain ends of the continuum, arguing that “all of us (people) are individual cases, and we all exist as long as the process of respiration in our body and to some extent healthy”. We need to focus on what motivates people to stay healthy, as well

as what causes certain diseases. The model of the disease / health continuum with premature death at one end and a high level of health at the other is shown in Fig. 2.

Travis first proposed a wellness continuum in 1977 and this has continued to evolve with current theories (Edelman & Mandle, 2017) of wellness.

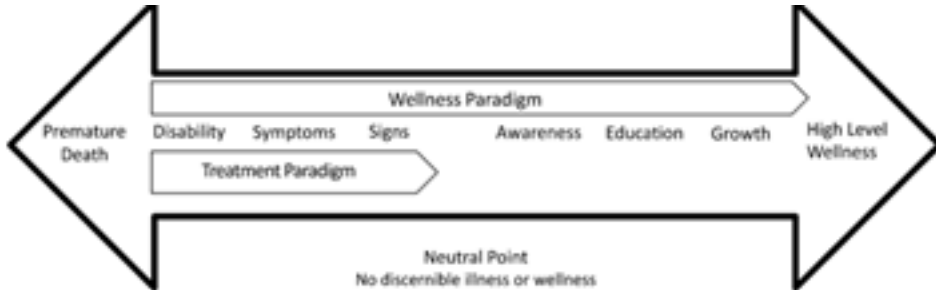


Figure 1. Illness-Wellness Continuum (Travis, 1977).



Figure 2. Continuum of Wellness (Edelman & Mandle, 2017).

Fig. 2. Construct: continuum disease / health by A. Antonovsky

Under health (Antonovsky A.,1987) understands the positive state of physical, mental (mental) and social well-being in the absence of injuries or diseases that change during the continuum, at the end of the continuum of well-being is dominated by health, otherwise – the disease accompanied destructive processes and leads to the manifestation of signs, symptoms, disability.

3. Health Psychology in American Psychological Association

Health psychology as a scientific field date back to the late 1970s, when the American Psychological Association, which works with many branches of psychology, identified health psychology as a field, and four years later the official journal of the association “Health Psychology” was published (Matarazzo J., 1982:1-14).

The last part of the definition reveals in detail the four areas of activity of specialists in health psychology: **The first** is to promote and maintain health. Psychologists study the following problems: why people smoke or not smoke cigarettes, use seat belts in cars, drink alcohol, follow a special diet. The result is the help of health psychologists in organizing school education

Definition of health psychology.

“the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of aetiologic and diagnostic correlates of health, illness, and related dysfunction, and to the analysis and improvement of the health care system and health policy formation.”

(Matarazzo, 1982).



programs and media campaigns to support a healthy lifestyle. **The second** – prevention and treatment of diseases. Psychological principles are effectively used in the prevention of diseases such as lowering high blood pressure, heart disease and paralysis. For those who are seriously ill, clinical psychologists help them adjust to real life conditions, prepare for participation in a rehabilitation program, and make future changes, such as reducing employment or restricting sexual activity. **The third** is aimed at causes (etiological correlations) and disease detection. Psychologists study the causes of disease, in particular, a particularly important personal factor in the development of the disease. Health psychologists also study the physiological and perceptual processes used in the diagnosis of visual and auditory disorders. **Fourth**, improving health care and health policy. Psychologists are working in this direction, studying how patients are affected by medical infrastructure, funding of health care facilities. In addition, they work with medical staff to improve the quality of care provided to the patient, services, responsibilities to patients and in general the functioning of the health care system as more accessible to people.

An important and promising area in the study of healthy behavior is to consider how it changes with the health status of the individual. (Castle S., Cobb S., 1966:246-266) identified the types of behavior that characterize the three stages of the disease:

1. Health behavior is the activity of a practically healthy person in the direction of disease prevention or detection at the asymptomatic (initial) stage. Such activities may include exercise, healthy eating, regular dental check-ups and vaccinations against certain diseases.

2. Illness behavior is the activity of a person who feels ill to determine their health and seek appropriate treatment. It includes complaints of feeling unwell, the appearance of certain symptoms, seeking help from relatives, friends and health professionals. A person who feels stomach pain and complains to others or arranges appointments and consultations with a doctor, exhibits painful behavior.

3. Sick-role behavior is the activity of a person who considers himself ill and seeks to improve his condition. Such behavior involves trying to be treated by a specialist and is a whole set of addictive behaviors, which leads to some extent to ignoring daily responsibilities. The behavior of a patient who receives medication recommendations and stays home for treatment is the patient's behavior.

Health behavior has a preventive function. It is the behavior of people who maintain or improve their current state of health and avoid disease. But when people feel good, they feel that there is no need to worry about health. Thus, the motivation of health behavior mainly depends on the individual's attitude to the threat of disease, the perception of the value of behavior to prevent this threat and the attractiveness of the opposite behavior. Unhealthy behaviors, such as

alcohol or smoking, are often perceived as pleasurable, which is why many people do not try to prevent unhealthy behaviors and may even reject advice to change them.

People consider behavior to be healthy or unhealthy based on direct experience and observation of the behavior of others. This can be demonstrated by example. Behavior is then stable and habitual if the person follows it automatically without realizing it: "... A person is a chronic smoker... and, despite a severe headache, reacts to an open pack of cigarettes and automatically reaches for it, takes one and starts smoking without realizing it. Only when irritation occurs in the nose and throat through smoke can it attract his attention, and only then can he stop smoking" (*Hunt et al., 1979:111-124*).

4. Health-Protective Behavior research results discussion

The next question is related to the discussion of (Health-Protective Behavior) characteristics. Let's start by analyzing what people tend to do to protect their health.

In order to answer this question (*Harris D, Guten S. 1979:17-29*) studied one of the types of behavior, which they called "health protection behavior" and described as the behavior of a person without taking into account the status of his health in order to protection, maintenance, regardless of whether or not such behavior will be consistently effective over a long period of time. Researchers conducted interviews with 842 adult residents of the city of Cleveland (USA), asking them the following question: "Which of the 30 behavioral options do you constantly or almost constantly follow to protect your own health?" (tab.1). The researchers focused on the three most characteristic behavior options: 1) balanced nutrition; 2) enough hours of sleep; 3) having with you a list of phone numbers for urgent calls.

This behavior was characteristic of two thirds of the respondents. Almost all of them mentioned at least some of the 30 health protection behaviors. Despite the fact that the results of this study were quite optimistic, reserves for their expansion were also revealed. Thus, a certain number of people indicated weight control, adequate exercise, smoking cessation, limiting fats and coffee in the diet, and using seat belts as factors in such health-protecting behaviors.

Table 1

Indicators of cases of constant or almost constant observance of the chosen behavior for health protection (on the example of 842 subjects)

| № з/п | Behavior | Rank | % |
|-------|--|------|------|
| 1. | Rational nutrition | 1 | 66,0 |
| 2. | Sufficient hours of sleep | 1 | 66,0 |
| 3. | Availability of a list of phone numbers for urgent calls | 2 | 65,9 |
| 4. | Getting enough relaxation | 3 | 56,4 |
| 5. | Availability of a first aid kit | 4 | 53,1 |
| 6. | Destruction of old unused medicines | 5 | 52,3 |
| 7. | Visits to the doctor for regular check-ups | 6 | 51,1 |
| 8. | Prayer or living according to religious principles | 7 | 47,5 |
| 9. | Avoiding hypothermia | 8 | 47,4 |
| 10. | Weight control | 9 | 47,0 |
| 11. | Reasonable behavior | 10 | 46,4 |
| 12. | Adequate exercise | 11 | 46,0 |

Table 1 (continuance)

| | | | |
|-----|--|----|------|
| 13. | Avoiding high crime areas of the city | 12 | 41,2 |
| 14. | Quit smoking | 13 | 41,1 |
| 15. | Inspection of electronic equipment car etc | 14 | 40,0 |
| 16. | Prevention of depression | 15 | 39,3 |
| 17. | Urgent repair of broken things at home | 16 | 39,2 |
| 18. | Regular visits to the dentist | 17 | 36,6 |
| 19. | Avoiding appointments with doctors for feeling well | 18 | 35,3 |
| 20. | Spending free time in the fresh air | 19 | 33,7 |
| 21. | Prevention of overfatigue | 20 | 33,0 |
| 22. | Dietary restrictions, for example, the use of sugar, coffee, fats, etc | 21 | 31,9 |
| 23. | Avoiding the use of non-prescription drugs | 22 | 30,2 |
| 24. | Ignoring health recommendations from partners, neighbors, relatives | 23 | 29,0 |
| 25. | Taking vitamins | 24 | 24,1 |
| 26. | Refusal of alcohol | 25 | 24,0 |
| 27. | Using seat belts in the car | 26 | 22,8 |
| 28. | Avoiding areas of the city with significant pollution | 27 | 21,5 |
| 29. | Discussion of health problems with partners, neighbors, relatives | 28 | 17,1 |
| 30. | Using a strong silky thread for teeth cleaning | 29 | 15,9 |
| | The average statistical indicator is 40.0; deviation 39.7 | | |

After the analysis of tab. 1, the question arises: “So who still follows healthy behavior and why?” It is rather difficult to answer, but it remains obvious that people behave in this way, completely without understanding the essence of the behavior. In one study, registered nurses, high school teachers, and college students rated the number of repetitions of each of 30 study behaviors (*Turk D.C., Ruby T.E., Salovey P., 1984: 189-210*) challenge”, teachers – “counter by weight”; students – “more physical exercises”. Nurses, for example, found the highest indicators for “having a list of phone numbers for an emergency call”, teachers – “by weight”; students – “more physical exercises”. Another study (*Golding J.E., Cornish A.M. 1987: 278-301*) compared the lifestyles of medical and non-medical students and found that medical students exercised more and were significantly less likely to smoke, drink alcohol excessively, and use medication for self-medication. Each of us can probably recall people around us who are more conscious of their own health. Several studies have found similar expectations for healthy behavior and established some constancy in people's habits (*Langlie J.K., 1977: 244-260; Mechanic D., 1979: 1142-1145*). These results indicate two features:

1. Health protection behavior can change significantly over time.
2. The habits of a healthy person are not universal, for example, one person wears a seat belt, but this does not mean that he follows other healthy habits, such as exercise.
3. It is assumed that human health protection behavior may include several options. Yes, a person who uses seat belts to protect themselves from injury may also control their weight to be attractive and not smoke because it can cause an allergic reaction.

5. Individually oriented cases of personality behavior choices for health promotion

The question of why health-oriented habits are not largely interdependent and stable remains relevant. This can be explained by the fact that they serve to achieve different goals. For example, scientists (*Levental H., Prohaska T.R., Hirschman R.S., 1985:199-235*) believe that people not only adhere to such healthy habits as sufficient sleep and a mandatory breakfast, but also use other types of health protection behavior, limiting the use of alcohol or cigarettes to reduce the risk of disease. Another reason for the low interdependence of habits is that different behaviors can in their own way affect certain manifestations of human life. The reason for the low stability of health care behavior over a period of time may be that people change as they gain life experience. For example, many people do not quit smoking until they realize that smoking is harmful. It is possible that there is a factor of the influence of peers regarding both physical exercises and smoking.

Also important is the question of the specifics of the process of disease and injury prevention, which can be considered as a functioning system where the individual, his family, health professionals and the social environment play a certain role.

A person who turns to his own health, its strengthening, often faces a struggle with himself. And the first problem is that many factors in healthy behavior are less pleasant than alternative unhealthy behaviors, which leads to conflict. Many people in this conflict try to maintain balance in their lives by setting reasonable limits on the triggers of their own unhealthy behaviors. According to the conclusions of (*Brownell K.D., 1991:303-310*), there are people who are obsessed with the idea of disease prevention, while they sometimes cause more harm than good. The second problem is that a healthy lifestyle may require an individual to change a long-standing behavior that has become a habit that is dangerous to health. It is known that formed habits are difficult to change. The third problem is that it is quite difficult for an ordinary person in a good state of well-being at the moment to adhere to healthy behavior, especially if it is associated with certain restrictions and inconveniences. Moreover, a group of well-known specialists (*Dimatteo M.R., DiNicola D.D., 1982*); *Rosenstok, Kirscht, 1979*) indicate that there are people with pronounced health problems and, at the same time, a lack of desire to be treated and follow the recommendations of doctors.

There are interesting results of experts' observations of different attitudes towards the own health of family members due to the fact that everyone has their own special motives and habits. Suppose that a family member wants to eat a low-cholesterol diet, but others are against it. Such circumstances can cause misunderstandings in the family about preventive measures to maintain health, which are followed by the majority in the family (*Beach D.L., Mayer J.A. (1990:195-205); Breslow L., 1983*).

A person's health changes throughout life – men and women, for example, have certain peculiarities in their attitude to their own health and meeting the corresponding needs of preventive behavior in order to maintain it. In the works of foreign specialists, such a direction as personality development and appropriate behavior for maintaining health is quite actively explored. Biological, psychological, and social factors that affect a person's health change throughout life and cause various problems related to their health and the search for ways to solve them. For example, teenagers and young adults have a significant risk of injury in car accidents, and adults have a fairly high risk of heart disease. Thus, different approaches to preventive measures should be taken into account for each period of a person's life.

Scientific data show that approximately 250,000, or seven out of every 100, children are born each year in the United States with birth complications ranging from relatively minor

physical and mental disorders to severe disabilities. Some of these complications may not show up for months or years, some are very dangerous.

During the second year of life, babies begin to "penetrate everywhere" and, despite the fact that motor development occurs very intensively, they are in a situation of increased risk at home, for example, in the presence of sharp objects, drugs, chemicals, etc. Experts indicate that accidental injury is the leading cause of death among children and adolescents (*Cataldo M.F., 1986; United States, 1991*). Parents, teachers, educators can reduce the risk of injury by teaching children safe behavior, watching over them, preventing them from getting into dangerous situations.

Cognitive processes in a child during its age development play a significant role, as children demonstrate the ability to engage in behavior aimed at protecting their own health and feel responsible for their condition (*Burbach D.J., Peterson L. (1986:307-325), Maddux J.E. et al., 1986:25-34*). Thanks to cognitive abilities, children begin to understand the relationship between behavior and health.

This understanding is formed gradually. As children approach adolescence, they become more aware of the complex interaction of internal and external factors in health, illness, and recovery (*La Grega A.M., Stone W.L., 1985:225-291*). Educators and specialists in health psychology should take into account the peculiarities of the age-related development of the child's cognitive sphere, taking preventive measures regarding their health.

Adolescence is a particularly critical time for the development and formation of preventive behavior. Although adolescents have the cognitive capacity to make logical decisions that lead to healthy behavior, they also face various temptations and influences, even peer pressure, that direct them toward destructive behaviors (*Jessor R., 1984*).

Adolescence opens up opportunities for the first attempts at sex life, smoking, drinking and drug use. Teenagers are also learning to drive and unfortunately combine the acquisition of these skills with the use of alcohol or drugs. A greater number of fatal accidents are the result of car accidents and teenage violence. Thus, the death rate in car accidents has increased six times among teenagers aged 15-24 (*United States, 1991*). All these features of behavior cause a significant risk for the health of teenagers.

Adolescents engage in risky behavior in order to acquire specific experiences and gain new sensations, which become more important for them than possible negative consequences for their own health.

However, according to a group of scientists (*Amir D., 1987:353-378*), (*Harris D.M., Guten S., 1979:17-29*), they take an active position regarding healthy behavior in order to protect, develop and maintain health. In general, older adults are more likely than younger adults to engage in various health behaviors such as diet, health checkups, etc. (*Belloc N.B., Breslow L., 1972:409-421*).

6. Generalizing conclusions with further prospects for the dissemination of data among specialists

Taking into account the above-mentioned research results, the question arises: "Is there a relationship between a person's age characteristics and his commitment to healthy behavior?" According to experts, there are two explanations for this phenomenon. **First**, in the study of development problems of healthy behavior, in general, methods of a representative sample (cross-sectional method) are used. The percentage age of the subjects may simply reflect

a significant number of people who survived and maintain healthy behavior. **Second**, older and mature people have similar views about the effectiveness of these behaviors in preventing chronic diseases such as high blood pressure, heart attacks, and cancer (*Levental H., et al., 1985:199-235*). In addition, older people perceive themselves to be more susceptible to these diseases than younger people and may therefore engage in appropriate health-maintaining behaviors. People of mature age, according to researchers (*Horn J.C., Meer J.,1987:17-29*), live longer and have a better financial situation than in their youth. One manifestation of healthy behavior that generally declines with aging is exercising a significant amount of physical rights. Many older adults avoid exercise because they tend to exaggerate the health risks of exercise and underestimate their physical capabilities, and sometimes feel ashamed (*Woods A.M., Birren J.E.,1984:91-100*).

In the review article by (*Kornienko O., 2003*). “The multifactorial of patterns of human behavior focused on illness or health” considered a fairly wide spectrum of behavioral activity of people – from the desire for health, harmonious well-being, self-realization of the individual in everyday life to the opposite trends, oriented to the search for effective methods and available means of treatment, experiencing illness, etc.

Thus, the structured and generalized information of the presented article demonstrates the relevance of the discussed scientific problem, which today is central in the interrelationship with the spread of macro-social issues of safety in supporting the psychosomatic health of pupils and student youth, taking into account the real unsatisfactory dynamics of the deterioration of real indicators of psychosomatic health and exacerbation of depressive-neurotic conditions.

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