

Research article

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Formation of the Value-based Attitude Towards Health Among Lyceum Students

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Abstract

Introduction. This paper introduces the idea of three associated components of the value-based attitude towards health which is represented in individual consciousness at the level of meanings, senses, and sensory fabric. Specific psychological and pedagogical conditions aimed at the development of these components in students facilitate an increase in the level of importance of the value of health, an improvement in psychological well-being, and an increase in the level of self-actualization, which contributes to the fact that the value-based attitude towards health becomes an effective regulator of individual behavior and activities.

Methods. The study used the KVS-3 for diagnosing the value system (D. V. Kashirsky), the Self-Actualization Test (SAT), the Scale of Psychological Well-being (K. Riff), and the questionnaire for diagnosing the Value of Health in the Psychological Structure of Consciousness (N. A. Shmoylova).

Results and Discussion. In the ascertaining experiment, we observed no significant differences between the experimental and control groups of subjects. Meanwhile, the external ('nominal') level of meanings was predominant in the structure of the value of health. The degree of representation of the value of health in the form of subjective senses and sensory images was much less pronounced in students' consciousness. The respondents of the experimental group took part in the forming experiment, when we implemented a program to form their general ideas of maintaining a healthy lifestyle, to saturate the value of health with personal senses, and to enrich the inner value-based world with the sensory, emotional, and need-related content related to health.

We found that the harmonious presence of the value of health in students' consciousness at the level of objective meanings, subjective senses, and the sensory fabric of images contributes to the fact that the value of health becomes objectively important; it acquires a particular personal sense and is projected into everyday life as behavior focused on health maintaining. The value of health represents psychological means for personal self-development.

Keywords

value-based attitude, value of health, health, structure of consciousness, meaning, sense, sensory fabric, personal self-actualization, psychological well-being, personal self-development

Highlights

- The formation of the value-based attitude towards health contributes to an increase in the importance of health in the value system of students and to an increase in indicators of psychological well-being and self-actualization. Therefore, individual attitudes towards health become more responsible.
- The value-based attitude towards health incorporates sensory images and subjective senses and regulates individual behavior and activities related to maintaining health.
- The formation of the value-based attitude towards health results in the fact that the value of health becomes objectively important. In addition, it becomes an interiorized value containing subjective senses and sensory images.

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Introduction

Today's reality is characterized by a global restructuring of almost all spheres of life. Accordingly, changes take place in the psychology of a particular individual. Today, social norms, human behaviors, and individual value orientations change. Transformations are characteristic of the structure of values and their content. Over a long period of time, health occupied a leading position in the system of personal values (Kashirsky, 2014). However, we should note that despite the declared value of health, there is an increase in incidence among the population at a fairly young age. In addition, bad habits spread among an increasingly younger population, which significantly reduces both the duration and the quality of life. All this suggests that the value proclaimed by the subject does not always represent an effective regulator of his/her behavior and activity.

Many researchers addressed the issues of the value-based attitude towards health. In our country, these studies originated from the works of V. M. Bekhterev and continued in the works of B. G. Ananyev, I. N. Gurvich, G. S. Nikiforov, V. P. Ozerov, etc. In global scientific research, these are works of A. Maslow, G. Allport, F. Perls, etc. In the works of psychologists, as a rule, health appears as an integrity acquired by individuals in the process of their development, which presupposes personal maturity (Allport, 1968; Perls, 1992; Rudkevich & Rybalko, 2009; etc.); integration of life experience (Abul'khanova-Slavskaya, 1991; Rogers, 1986; Medlock, 2012; etc.); and determinants of self-actualization (Abul'khanova-Slavskaya, 1991; Koval', 1997; Maslow, 1987; etc.). The issues of the value-based attitude towards health and psychological well-being are examined in the works of Belinskaya (2005), Bratus' (1988), Danilova & Rykman (2018), Kashirsky & Shmoylova (Kashirsky & Shmoylova, 2015; Shmoylova, 2009), Leont'ev (Leont'ev, Osin, Dosumova, Rzaeva, & Bobrov, 2018; Leont'ev, 2003), Nikiforova & Dudchenko (2019), Sukhomlinova (2012), Ivanova & Portnova (2006), etc.

According to our viewpoint, the value-based attitude towards health is an attribution of an absolute value of health to a subjective value, which is represented at the level of the psychology of individual consciousness (Shmoylova, 2019). We regard health as a personal value that underlies the realization of individual life goals. However, we should provide more detailed explanations of what we mean by the concept of 'value' and the idea of the structure of the value-based attitude towards health.

Theoretical background

General psychological approach to the study of personal values. According to the approach that we develop (Kashirsky, 2014; Shmoylova & Kashirsky, 2020), personal values are represented in individual consciousness at the level of objective meanings, subjective senses, and sensory fabric. This provision is based on the ideas of Leont'ev (1977) about the basic psychological structure of consciousness, which includes these components. At the same time, values are most often studied from their external 'nominal' perspective, that is, from the perspective of consciousness representation in the form of meanings. However, the subjective content of individual values is understudied. In our opinion, this should be the aim of psychological studying in this field. Psychology that does not study values from their inner, deeply subjective ('passive') perspective, psychology that ignores consideration of values at the level of personal senses and sensory fabric (associated with emotions), loses its research subject in this research area. In fact, the studies of values carried out by psychologists are for the most part sociological rather than psychological. Instead of personal values researchers examine value orientations as the subjective orientations towards certain values, which, in fact, does not imply the study of the content of individual value preferences (Alekseeva, 1984; Kashirsky & Sabel'nikova, 2018; Koval', 1997; Leont'ev, 1996; Nikiforov & Dudchenko, 2019; Rokeach, 1973; Valde, 1996; etc.).

In our work we have relied on the fact that values become 'true' (essentially personal, subjective, and individual) if they are internalized by individuals, become the components of their consciousness, where they are presented not only at the level of objective meanings, but also as subjective senses and sensory images. Becoming an internal property of individuals, these values underlie their beliefs and have 'exits' into behavior and objective activity, regulating them.

The value of health in the psychological structure of consciousness. In accordance with the above ideas, we developed a model of the representation of the value of health in the psychological structure of consciousness (Fig. 1).

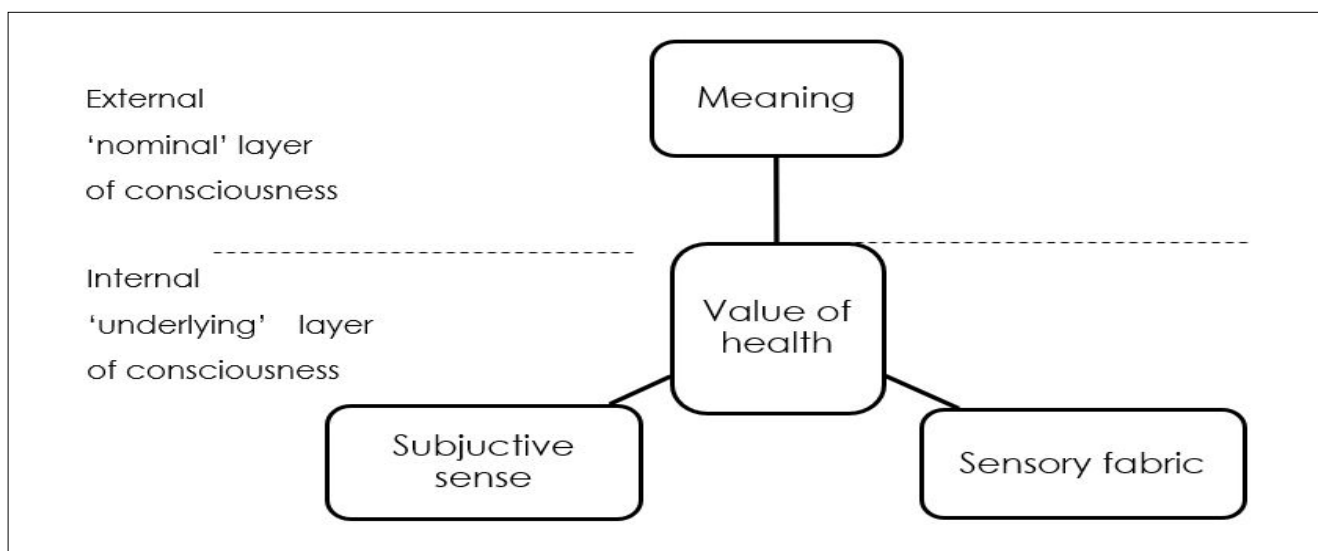


Figure 1. The value of health in the psychological structure of consciousness

Let us consider these components in more detail – first, in the general psychological sense, and then in the context of our study.

Sensory fabric. According to A. N. Leont'ev, "sensory fabric is the sensory composition of specific images of reality – currently perceived or arising in memory, relating to the future, or even merely imagined" (Leont'ev, 1975, p. 66). In the context of the value of health, sensory fabric represents specific images associated with good health that arise in the memory or imagination of students. Being enriched, sensory images acquire a new quality – their meaning.

Meaning. According to A. N. Leont'ev, meanings "refract the world in human consciousness...; meanings represent the ideal form of existence of the objective world transformed in the matter of language..." (Leont'ev, 1975, p. 68). In the context of our study, meanings represent general knowledge and experience of individuals in the field of health maintaining, which are developed in culture, regardless of personal attitudes towards them. Therefore, being represented in subjective consciousness at the level of meanings, health can be an important value for an individual. However, it might not have personal sense, and, therefore, cannot become an effective regulator of his/her behavior and activity. Consequently, health as a value should be incorporated in the structure of consciousness at the level of personal senses.

Personal sense. A. N. Leont'ev wrote that "personal sense reflects the subjective importance of certain events, phenomena of reality in relation to the interests, needs, and motives of an individual. It creates the predisposition of human consciousness" (Leont'ev, 1975, p. 74). In our study, we understand personal sense as a subjective meaning of health of an individual. Personal sense makes an individual's consciousness partial, which ultimately leads to the formation of the value-based attitude towards his/her health.

The overwhelming majority of works on the research problem (Belinskaya, 2005; Kashirsky & Shmoylova, 2015; Sukhomlinova, 2012; etc.) are aimed at forming a conscious attitude towards health through a variety of psychological and pedagogical methods and techniques, affecting, as a rule, the external 'nominal' layer of the value-based attitude. In other words, in this case the formation of the attitude towards health as a value remained mainly at the level of an external stimulus presented in consciousness in the form of objective meanings – the appropriation of others' knowledge and experience of strengthening health. Of course, the results of such educational work are of great importance for the formation of the value-based attitude towards health, since "there is nothing inside that would not be outside" (Vygotskii, 1995, p. 406). However, for many students, after such work, their health remained at the level of external 'nominal' values, which did not find its realization in activity. At the same time, there is a lack of studies aimed at the formation of the value-based attitude towards health by saturating the value of health with internal living content – the 'underlying' layer of personal senses and sensory images. Meanwhile, only this work can transform the value of health into an important and effective regulator of individual behavior and activity as psychological means of personal self-development (Vygotskii, 1983).

Methods

This study *aimed* to form the value-based attitude towards health among lyceum students.

The *objectives* of our study were as follows:

(a) To develop ideas of a healthy lifestyle of an individual who strives for self-development and self-improvement and considers health as a necessary resource for self-realization (transferring knowledge and experience of maintaining health by means of mastering the system of meanings).

(b) To form the knowledge of how to maintain and improve health and to develop individual skills in this field (saturating the knowledge acquired by students with personal senses).

(c) To form an active lifestyle aimed at maintaining and improving health (enriching students' sensory ideas related to health and a healthy lifestyle).

Thus, in our work we aimed to develop not only 'external' but also 'internal' structural components of the value-based attitude towards health (see Fig. 1).

Our *hypothesis* is that the development of structural components of the value-based attitude towards health contributes to an increase in the importance of health in the value system, to an increase in the indicators of psychological well-being and self-actualization, and to the transformation of the value-based attitude towards health into an effective regulator of individual behavior and activity.

Sample

The study involved 10th-grade schoolchildren ($n = 56$), 85.7 % of whom were boys ($n = 48$ boys) and 14.3 % of whom were girls ($n = 8$) aged 15–17 years ($M = 16$, $SD = 1$).

Procedure

The study was carried out among 56 students of the Altai Regional Pedagogical Boarding Lyceum and was organized by the psychological service of this educational institution as a part of additional classes in psychology. To implement the program of psychological and pedagogical experiment, the sample of students was randomly divided into two equal groups (28 subjects in each one) – the experimental group (EG) and the control one (CG). The groups underwent testing before and after the forming experiment, which lasted for 2 months. The psychological-pedagogical experiment was realized under conditions familiar to the participants from the EG – during lectures and practical classes in psychology. The diagnostic part of the study was carried out anonymously in a group format and was free. The lyceum students could refuse to participate in the study at any stage of work. The students were asked to complete their answer sheets. The duration of the ascertaining and control experiments (diagnostics of students) was about 1 hour.

Diagnostic tools

The study used the KVS-3 for diagnosing the value system (D. V. Kashirsky), the Self-Actualization Test (SAT), the Scale of Psychological Well-being by K. Riff, modified by T. D. Shevelenkova & T. P. Fesenko (Shevelenkova & Fesenko, 2005), and the questionnaire for diagnosing the Value of Health in the Psychological Structure of Consciousness (N. A. Shmoylova).

The study used the Shapiro–Wilk W -test, Pearson χ^2 test, and Spearman correlation analysis. IBM SPSS Statistics 23.0 software was used for data processing.

Results and Discussion

Before the forming experiment, we examined the degree of representation of the value of health at the level of sensory fabric, meaning, and personal sense in the consciousness of students from the EG and the CG using the questionnaire for diagnosing the Value of Health in the Psychological Structure of Consciousness (Shmoylova, 2019) (Table 1).

Table 1				
<i>Results of the ascertaining experiment</i>				
	<u>Sensory fabric</u>	<u>Meaning</u>	<u>Sense</u>	χ^2
EG	21.4 %	60.7 %	28.6 %	23.728***
CG	14.3 %	68.0 %	32.1 %	39.242***
χ^2	1.042 ^{n.s.}	0.308 ^{n.s.}	0.202 ^{n.s.}	–

Note: ^{n.s.} – no significant differences were found ($p > 0.10$), *** – $p \leq 0.001$.

The results of the study showed that in the ascertaining experiment the value of health is represented in individual consciousness at the level of objective meaning in 60.7 % of the subjects from the EG and 68 % of the subjects from the CG ($p > 0.10$), at the level of sensory fabric in 21.4 % and 14.3 % of subjects, respectively ($p > 0.10$) and, finally, at the level of personal sense – in 28.6 % and 32.1 % of subjects, respectively ($p > 0.10$). Thus, Pearson's χ^2 test did not reveal significant differences between the samples before the forming experiment – the EG and the CG turned out to be balanced in terms of the representation of the value of health in individual consciousness of students at the level of sensory fabric, meaning, and personal sense.

Along with this, the performed diagnostics showed that both in the EG ($p \leq 3 \cdot 10^{-5}$) and in the CG ($p \leq 10^{-5}$), the level of signs or meanings (i.e., the external, 'nominal' level) prevailed significantly in the representation of the value of health. Meanwhile, the degree of representation of the value of health in the form of subjective sense and sensory images turned out to be much less pronounced. Thus, at the preliminary stage of the study, we found that for the subjects from the EG and the CG the value of health was not provided with an internal 'underlying' layer of subjective senses and sensory images. Therefore, we may conclude that this value only partially (at the level of knowledge) enters the consciousness of adolescents.

Forming experiment

The students of the EG took part in the forming experiment. We implemented the program aimed at the formation of the value-based attitude towards health among the students. A distinctive characteristic of our psychological and pedagogical model (Fig. 2) is that its goal is not only to form general ideas of a healthy lifestyle, but also to enrich the inner value world with sensory, emotional, and need-related content related to health.

Thus, speaking about the formation of the value-based attitude towards health, we, according to the theoretical scheme described above, have chosen three forms of representation of the value of health in the structure of individual consciousness as the target guidelines of the

program – objective meanings, personal senses, and sensory fabric. Figure 2 shows possible strategies for the formation of the value-based attitude that we used in our work. Let us provide their more detailed descriptions.

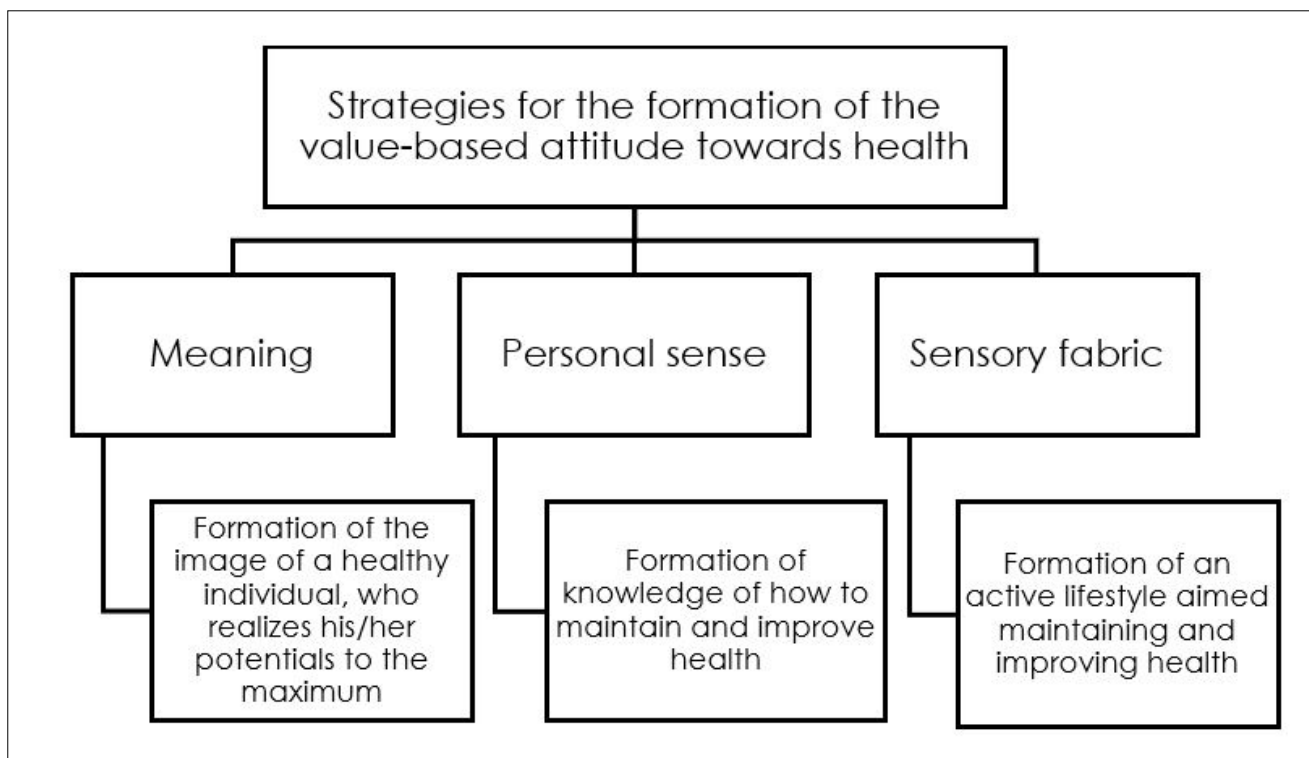


Figure 2. Psychological and pedagogical model of the formation of the value-based attitude towards health

Let us consider the model of the formation of the value-based attitude in more detail.

The importance of health in human life

To form students' ideas of behavior related to health maintaining, we delivered lectures to the participants of the experiment (20 study hours). The lectures were given in the form of conversations which raised the following issues: general approaches to understanding health, the concept of value, health as a value, the principles of maintaining and improving health, etc. In addition, the EG participants were familiarized with the results of empirical studies (Shmoylova, 2009), confirming the relationship between the value-based attitude towards health and the development of the inner potential of the individual. Therefore, the main purpose of the lectures was to render general knowledge and understanding of the issues of maintaining and improving health, the experience of others in this area and to confirm these provisions by empirical research. Acquiring this knowledge and ideas, an individual will undoubtedly strive to take care of his/her own health. However, this aspiration may remain in the form of intention and will not be realized in activity, since even the most complete and detailed ideas of a healthy lifestyle may not be incorporated into personality, that is, may not have subjective sense. Therefore, in addition to informing the

EG participants about the issues of a healthy lifestyle and health we also aimed to saturate these ideas with subjective coloring and emotional and need-related attitudes towards health.

Personal sense of the value of health

To achieve this goal, we conducted a series of practical classes with the EG participants, which included a discussion of the biographies of famous politicians, scientists, public figures, celebrities whose interests include maintaining their own health. Along with this, we discussed the statistics of morbidity among the individuals who are focused on strengthening their own health and maintaining a healthy lifestyle. At the same time, special emphasis was placed on the information about how famous persons understand the importance of playing sports, follow the recommendations for proper nutrition, and engage in active recreation, which leads them to great achievements in their professional activities. Next, we conducted a series of conversations with adolescents to form the subjective importance of the value of health among them. These conversations were conducted both frontally and individually, followed by discussions of individual cases.

Sensory fabric of the value of health

To saturate the value of health with sensory content, we performed "My Attitude Towards Health" and "Associations" exercises among the students from the EG.

During the "My Attitude Towards Health" exercise, the students were presented with situations that activated their imaginations. The participants were asked to provide the most detailed description of the associations with what they heard (sensory images). The examples of stimulus situations were as follows: *"success and happiness are inseparable from health", "a happy person is a healthy person", "health is our main piggy bank; as you sow, so shall you reap", "health is the most precious thing for a person"; "if there is health, then there will be everything else", "we need to maintain the strength of the body in order to maintain the strength of the spirit", "health is the only beauty that I know", "stay healthy from a young age", "if you are healthy, then you will get everything"*.

In the "Associations" exercise, the students had to put themselves in the place of a celebrity of our time and to characterize this person from the standpoint of his/her attitude towards his/her health. We asked students to 'get used' to this character as best as possible and reflect on their feelings, emotions, and ideas related to health, as well as his/her values 'for themselves' (getting into the image of this person).

Control experiment

At the final stage of the experiment, in the EG and the CG we carried out a repeated assessment of the representation of the value of health in the structure of students' consciousness and examined the place of health in the system of students' values. In addition, we performed a correlation study of the degree of representation of the three structural components of the value of health in students' consciousness and the indicators of their self-actualization and psychological well-being.

Value of health in the structure of consciousness

Using the questionnaire for diagnosing the Value of Health in the Psychological Structure of Consciousness (Shmoylova, 2019), we examined the representation of the value of health in the structure of consciousness among students from the EG and the CG (Table 2).

Table 2

Results of the control experiment

	<u>Sensory fabric</u>	<u>Meaning</u>	<u>Sense</u>	χ^2
EG	77.7 %	96.3 %	92.6 %	2.182 ^{n.s.}
CG	22.2 %	71.4 %	51.9 %	25.313 ^{***}
χ^2	29.732 ^{***}	3.406 [†]	11.464 ^{***}	–

Note: ^{n.s.} – no significant differences were found ($p > 0.10$), [†] – differences at the level of significant tendencies ($p \leq 0.10$), ^{***} – $p \leq 0.001$.

We found the value of health was mainly represented in individual consciousness at the level of objective meaning (96.3 % of the subjects from the EG and 71.4 % of the subjects from the CG; $p \leq 0.10$), at the level of sensory fabric (77.7 % and 22.2 %, respectively; $p \leq 0.001$), and at the level of personal sense (92.6 % and 51.9 %, respectively; $p \leq 0.001$). That is, Pearson's χ^2 test revealed statistical differences between the EG and the CG in terms of the degree of representation of the value of health in students' consciousness at the level of commonly used meanings, sensory fabric, and personal senses. We should note that in each of the three cases these parameters were higher in the EG. In the first case (health value), the differences were found at the level of significant tendencies; in the second (sensory fabric) and third (sense) cases, the differences were observed at a high confidence level. Therefore, the experimental influence considerably enriched the value world of the students from the EG with the internal content related to health and a healthy lifestyle.

In addition, the final diagnostics showed that the value of health was harmoniously represented in consciousness of the subjects from the EG at all three levels – objective meanings, subjective senses, and sensory fabric ($p > 0.05$). Meanwhile, in the CG ($p \leq 10^{-5}$) the external, 'nominal' level of the value-based attitude towards health remained significantly predominant, with a low degree of representation of personal sense and sensory fabric. The obtained result indicates the effectiveness of the experimental influence, which contributed to the fact the value-based attitude towards health has been saturated with subjective content and the structural components of the value-based attitude towards health were harmonized among the students from the EG.

We also found qualitative differences in ideas of health between the EG and the CG. Thus, for adolescents from the CG, good health is a chance "not to go to pharmacies", "not to spend money on medicines", etc. In this group of students, the image of health is predominantly coloured by general cultural values (96.3 %) and is associated with memories of previous illnesses, relevant literature, etc. At the same time, only several adolescents from the CG (22.2 %) experienced

positive emotions associated with good health; a little more than half of them (51,9 %) had personal senses of the value of health. At the same time, for the adolescents from the CG, the subjective sense of health was largely in the recognition of health as a resource for 'successful life' or 'professional realization'. However, this image can be considered as, rather, only emerging, nascent, since adolescents still lacked confidence in their own desires and life aspirations, meaningfulness of their lives, professional goals, and development prospects.

In the EG, when working with the "Associations" exercise, we observed more quantitatively (77.7 %) and qualitatively coloured images in the descriptions of health. The adolescents from the EG associated health with "a feeling of joy filling the whole body", "a tickling feeling in the chest from feeling a healthy body", "emotions experienced from the fact that a healthy person is capable of maximum achievements", etc. For example, one of the adolescents even mentally described the following image associated with excellent health, "every morning, waking up, I feel a surge of energy, I feel joy that I am able to do a lot... in the evening I feel that my day was intense and interesting... my well-being gives me colossal opportunities; I enjoy a fulfilling active life".

Despite the fact that in both groups the value of health is represented in students' consciousness at the level of meanings ("strong in the body means rich in deed", "if there is health, there will be everything else", etc.), the study showed that in the CG, students often shifted responsibility for their own health to others or external circumstances; their associations contained negative connotations ("my health depends not only on me", "bad ecology", "insufficient state policy in the field of health", etc.). Meanwhile, the students from the EG provided more positive descriptions and took responsibility for themselves and their own health ("health gives me great well-being", "a healthy life is filled with positive emotions to a greater extent", "state policy is aimed at a healthy generation", "in modern society, an individual must be healthy to maximize realization in his/her profession", etc.).

During the "Associations" exercise, the subjects were asked to characterize famous persons in terms of their attitudes towards health. As a rule, the adolescents from the CG noted that famous persons can afford to "have good doctors, nutritionists, etc.", "engage in fashionable sports clubs", "go on vacation at the sea", etc. At the same time, this exercise caused difficulties for some subjects from the CG. It was very difficult for these students to reflect their feelings during this exercise. The students of the EG emphasized the decisive importance of health for self-realization of an individual. The adolescents from the EG, on the contrary, noted that it was precisely "because of maintaining their own health, famous persons were able to achieve success in their professional activities"; famous persons are "very cheerful", they "feel inner freedom", "desire to take care of their health", first of all, "for excellent health" and in order to "achieve great success", etc. For many students from the EG, this exercise aroused great interest and a huge number of associations and sensory images. For example, a teenager said that when he read an interview with T. Robbins (Tony Robbins is an American writer, business coach, and promoter of a healthy lifestyle. Forbes magazine put him on their Celebrity 100 List for 2007), his view of the value of health has changed dramatically. Thus, after the words of T. Robbins, that by changing only the order of life values and putting health in the first place a person changes his/her life forever and his/her achievements become more real, the teenager said, "Now I perceive the value of health in a new way; feeling myself healthy, I am capable of many things, like other successful persons".

Our findings indicate that the implementation of the program for the formation of the value-based attitude towards health contributed to the development of three associated forms of

existence of the value of health in students' consciousness – objective meanings, subjective senses, and the sensory fabric of images. As a result of this work, the value of health was saturated with inner living content – the 'underlying' layer of subjective senses and sensory images. This led to the fact that the value of health has become not only an important (which is understood by everyone), but also an effective (which not everyone has) regulator of their own behaviour and activities.

Psychological well-being

In the EG significant positive correlations were found between the components of the value-based attitude towards health in students' consciousness and the indicators of their psychological well-being (Table 3).

Table 3

Correlations between the components of the value-based attitude towards health in students' consciousness and the indicators of psychological well-being in the EG (n = 28)

<u>Scales of Psychological Well-being</u>	<u>Components of the value-based attitude towards health in students' consciousness</u>		
	Sensory fabric	Meaning	Sense
Personal growth	0.48***	0.63***	0.52***
Goals in life	0.61***	0.65***	0.48***
Self-acceptance	0.55***	0.58***	0.54***
Total score	0.63***	0.59***	0.54***

Note: *** – $p \leq 0.001$.

The results indicate that an individual whose value of health is represented at three levels of associated forms of existence – objective meanings, personal senses, and the sensory fabric of images – is focused on self-improvement and self-development, perceives each new experience

as a step towards further development, is active and autonomous in views and guidelines; learning something new, such an individual develops tactics for further behavior in achieving goals.

Thus, the development of three structural components of the value-based attitude towards health can be interpreted as the most important psychological means of personal self-development.

In the CG, we observed correlations of such structural components of the value-based attitude towards health as meaning and personal sense with such scales of psychological well-being as goals in life, self-acceptance, and the total score. This indicates that students with a moderate value-based attitude towards health are focused on value orientations inherent in self-actualizing individuals; they show independence in decision-making, but at the same time do not oppose their point of view to another one (Table 4).

<u>Scales of Psychological Well-being</u>	<u>Components of the value-based attitude towards health in students' consciousness</u>		
	Sensory fabric	Meaning	Sense
Goals in life	0.21 ^{n.s.}	0.60 ^{***}	0.45 ^{***}
Self-acceptance	0.23 ^{n.s.}	0.65 ^{***}	0.49 ^{***}
Total index	0.25 ^{n.s.}	0.55 ^{***}	0.48 ^{***}

Note: ^{n.s.} – no significant differences were found ($p > 0.10$), ^{***} – $p \leq 0.001$.

Self-actualization

In the EG, we observed significant positive correlations between the components of the value-based attitude towards health in students' consciousness and the indicators of self-actualization (Table 5) (Shmoylova, 2019).

Table 5
Correlations between the components of the value-based attitude towards health in students' consciousness and the indicators of self-actualization in the EG (n = 28)

<u>SAT scales</u>	<u>Components of the value-based attitude towards health in students' consciousness</u>		
	Sensory fabric	Meaning	Sense
Orientation in time	0.61***	0.65***	0.48***
Support	0.53***	0.65***	0.49***
Value orientations	0.55***	0.59***	0.54***
Flexibility in behavior	0.40**	0.60***	0.62***
Spontaneity	0.36**	0.59***	0.62***
View of human nature	0.26 ^{n.s.}	0.60***	0.63***

<u>SAT scales</u>	<u>Components of the value-based attitude towards health in students' consciousness</u>		
	Sensory fabric	Meaning	Sense
Self-acceptance	0.53***	0.65***	0.58***
Sociability	0.40**	0.60***	0.40**
Cognitive needs	0.32**	0.60***	0.57***
Integral index	0.63***	0.68***	0.72***

Note: n.s. – coefficient is not statistically significant ($p > 0.10$), ** – $p \leq 0.01$, *** – $p \leq 0.001$.

We found positive correlations between the structural components of the value-based attitude towards health and the indicators of self-actualization. The findings suggests that students with a pronounced value-based attitude towards health are guided in life by their own goals and interests, have an internal locus of personal control, assess the advantages of the present moment of life to the maximum extent, consider the experience of the past to be important, and look towards the future with optimism. They are characterized by the values of self-actualizing individuals, and an orientation towards learning new knowledge about the surrounding reality.

In the CG, we found correlations among such structural components of the value-based attitude towards health as meaning and personal sense and the following indicators of self-actualization: the scale of value orientations and support. The established correlations indicate that students with a moderate value-based attitude towards health are focused on value orientations inherent in self-actualizing individuals, show independence in decision-making, and do not oppose their point of view to another one (Table 6).

Table 6

Correlations between the components of the value-based attitude towards health in students' consciousness and the indicators of self-actualization in the CG ($n = 28$)

SAT scales	Components of the value-based attitude towards health in students' consciousness		
	Sensory fabric	Meaning	Sense
Support	0.21 ^{n.s.}	0.65***	0.36***
Value orientations	0.25 ^{n.s.}	0.45***	0.54***

Note: ^{n.s.} – coefficient is not statistically significant ($p > 0.10$), ** – $p \leq 0.01$, *** – $p \leq 0.001$.

Thus, as a result of the experiment on the implementation of the program aimed at the formation of the value-based attitude towards health, adolescents from the EG note the value of health among the priority life values (objective importance of health), have deep knowledge of the issues of maintaining and improving health, strive to search for such information (subjective sense), and are also oriented towards health maintaining, which indicates that the value of health is included in the structure of consciousness at the level of objective meaning, subjective sense, and sensory fabric.

Conclusions

1. The *value-based attitude towards health* is a systemic formation that enters consciousness in the form of sensory fabric, meaning, and subjective sense. The *sensory component* of the value-based attitude towards health is represented in consciousness in the form of specific images related to good health that arise in the memory or imagination of students. The *meaning* of health as a component of the value-based attitude towards health is represented in consciousness in the form of a person's general knowledge of the experience of mankind and of the norms of behavior in the field of health maintaining. Meaning as a component is represented in consciousness regardless of personal attitudes towards the available knowledge. The *subjective sense* of health as a component of the value-based attitude towards health is represented in consciousness in the meaning that an individual attaches to it. Subjective sense determines the orientation of an individual, which, ultimately, determines the formation of the value-based attitude towards health. The formation of the subject's value-based attitude towards health should presuppose the practical work of a psychologist with each of the presented components.

2. The program for the formation of the value-based attitude towards health, implemented in the work, was aimed at developing three structural components of the value of health represented in human consciousness – objective meanings (development of ideas about healthy lifestyle, about health as the most important condition for personal self-realization), subjective sense (formation of knowledge about the ways of maintaining and improving health and individual skills in this area), and enrichment of sensory ideas of students (formation of health-oriented behavior).

3. The formation of the structural components of the value-based attitude towards health – objective meaning, personal sense, and sensory ideas related to health and a healthy lifestyle – contributed to an increase in the importance of health in the value system of students, to their more responsible attitude towards their own health, and to an increase in psychological well-being and the level of self-actualization.

4. The main result of our practical work is that the formation of the structural components of the value of health in students' consciousness made health a more significant value for them. The value of health has been saturated with an inner living content – an 'underlying' layer of subjective senses and sensory images, which made it an effective regulator of the subjects' behaviors and activities related to taking care of their own health and maintaining a healthy lifestyle.

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