Peculiarities of Attitude to the Disease in Adulthood

Anna Hilman[1], Oksana Matlasevych[2], Natalia Kulesha[3], Eduard Balashov[4]

[1,3]*Department of Public Health,*
National University of Ostroh Academy
[2,4]*Department of Psychology and Pedagogy*
National University of Ostroh Academy
anna.hilman@oa.edu.ua, oksana.matlasevych@oa.edu.ua,
nataliia.kulesha@oa.edu.ua, eduard.balashov@oa.edu.ua

Abstract

The article deals with the problems of cognitive and behavioral mature persons' attitude to their own health and disease (typical patterns of behavior of the persons in the state of disease, their irrational negative judgments and pathogenic thinking about their health). The results of empirical research concerning the attitude of mature persons to the disease are presented, in particular: the diagnosis of pathogenic thinking has been carried out, features of the attitude towards their own symptoms are highlighted, the incidence of the disease and psychosomatic complaints of respondents have been revealed, the frequency of referrals for a specialist (doctor), peculiarities of caring about their own health and peculiarities of behavior in a state of disease are determined, the basic types of attitudes of the mature age persons to the disease are elucidated etc. The authors have found that persons of mature age mostly listen to their own bodies and observable complaints, however, they are prone to self-treatment. It has been defined that most mature persons do not trust the proper training of a specialist of helping professions, including a modern physician. The correlation of the indicators of empirical research of attitude

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to the disease according to the type of response has been analyzed. A comparative analysis of indicators of the types of attitude to disease (Rivne and Vinnytsia regions), the correlation of empirical indicators of attitude to disease according to the type of reacting, thinking and psychosomatic complaints has been executed.
According to the results of the study two groups of risk are identified: individuals with an intrapsychic orientation of personal response to the disease and persons with a sensitized attitude to the illness. It has been found out that in the state of disease, persons of a mature age produce a set of adaptive techniques mostly compensatory. The authors have empirically evaluated that among the strategies of psychological response and their typical patterns of behavior in the state of the disease, respondents have been characterized by denial, ignoring the disease; neurotic medication; accusing oneself of being ill, a prolonged depressed state; typical evaluative negative judgments and pronounced psychosomatic complaints.

Keywords: *health, disease, types of attitude to the disease, pathogenic thinking, psychosomatic severitys, intrapsychic orientation, sensitized attitude to the disease, personal response to the disease, mature person.*

1. Introduction

During the last decades a significant deterioration in the health of the population in Ukraine is recorded, which is reflected in increased morbidity, mortality and reduced life expectancy. Negative tendencies in deteriorating health are recorded among both youth and in adulthood. Scientists all over the world (T. Maruta, P. Norwich, K. Budd, D. Robertson, R. Kenny, C. Woolston, V. Melnik, M. Amosov, G. Goloborodko, M. Kobrynsky, S. Lapaenko, G. Lozhkin, I. Kotsan, M. Mushkevich, etc.) investigate human health and evaluate the factors that have an impact on health for a long time, in particular, the influence of social life, the environment and technological

development (Kotsan et al. 2011; Yudin 2000; Author 2017; Taylor 1991; Goodwin & Engstrom 2002; Author et al. 2018; Author et al. 2016). However, the seperate factor which is reflected on the state of human health is an attitude to the disease and to own health as a whole (Amosov 2002).

The attitude of a man to his disease integrates psychological peculiarities within the framework of which the concept of "internal picture of the disease" and caused by it self-esteem of life quality during this period is realized. The internal picture of the disease involves both own conception of the patient to the somatic symptoms of the disease and understanding of the influence of pathology on social functioning, emotional and behavioral reactions (Mendelevich 2001; Schult 2002; Yudin 2000; Yanshin 2004).

It is known that during the somatic disease one or another strategy of psychological response and behavior of a person is gradually formed, so it is extremely important for a clinician doctor to detect early features of the psychological nature the patient's response, that is, the peculiarities of the implementation of protective adaptive mechanisms (Mendelevich 2001; Schult 2002). The attitude to a somatic disease manifests itself in the behavior of the patient, in his relations with others during treatment. The spectrum of the human response to the pathology is quite broad: from "immersion" or "deepening" into the disease to complete psychological displacement, its ignoration (Schult 2002; Yanshin 2004). In adulthood, habits, principles and installations have already been formed for a long time and actively influence the further human life. However, the attitude to oneself and the disease depends on the choice of the person and his/her perception, on the way of thinking about the disease.

2. Review of recent researches and publications

Thorough research of the problem of patient's reactions to his disease was noticed in the writings of A. Goldscheider, who described the feelings,

experience and thoughts of the patient about his disease for the first time and called them an autoplastic picture of the disease. A. Goldscheider has pointed out two levels in the picture of the disease: "sensational", which occurs on the basis of feelings, and "intellectual", which is the result of thinking of the patient about his physical condition (Schult 2002). Studies of the problem of person's attitude to the disease are presented in the works of native scientists M. Mudrov, S. Botkin, G. Zakharyin, N. Pirogov, S. Korsakov, P. Gannushkin, V. Gilyarovsky, E. Krasnushkin, V. Bekhterev (Mendelevich 2001; Schult 2002; Yudin 2000; Yanshin 2004).

The study of the problem connected with the types of person's attitude to the disease is reviewed in the scientific papers of L. Lezhepekova, A. Stepanov, P. Yakubov (types of attitudes to the disease by the interaction between the physician and the patient), R. Luria (internal picture of the disease and iatrogenic diseases), A. Lichko and N. Ivanov (classification of types of attitude to the disease) (Mendelevich 2001; Lichko et al. 1987). However, the problem of attitude to the disease in adulthood is not sufficiently researched and is of scientific and practical interest.

Purpose of the article is to investigate the peculiarities of attitude to the disease in adulthood. **Methods of research:** *theoretical:* analysis, comparison, systematization of the data of psychological literature which are based on the problems of attitude to the disease; *empirical:* conversation; questionnaire (diagnostics of the particular attitude towards own health and disease); the method of detecting sanogenic (pathogenic) thinking (L. Rubtsov); Gisen questionnaire for psychosomatic complaints; the questionnaire "Diagnosis of the types of attitude to the disease" (A. Lichko, N. Ivanov); mathematical and statistical methods, in particular the Fisher angular transformation method (criterion φ). **Theoretical and methodological foundations** of the study are the approaches in cognitive-behavioral psychotherapy (Ellis, 2002; Beck, 1995), practical aspects of psychosomatics (Chaban & Khaustova, 2004; Pavlenko, 2018), and sanogenic thinking (Orlov, 2005; Malkina-Pih, 2005;

Moroziuk, 2000; Rubtsova, 2010; Author, 2017).

3. Review of Materials

Problems of attitude to the disease have always been the subject of scientific works of researchers. So, R. Luria was the first who introduced the concept "internal picture of the disease", under which he understood the complex of patient experiences associated with the disease: general well-being, feelings, perception, emotions, and the notion of disease. "Internal picture of the disease - is a fact of knowledge about the presence of the disease, its awareness, understanding of the role and influence of the disease on the functioning of life and emotional and behavioral reactions associated with the disease" (Yanshin 2004). A. Lichko believed that attitude to disease integrates all psychological categories (Lichko et al. 1987).

In accordance with their feelings, emotions, mental characteristics, each person is different in their own disease. Modern medicine distinguishes the following reactions of the patient with the disease: adequate (harmonic); exaggerating the severity of the disease; underestimation of the severity of the disease, including the denial of the disease (anognosis); conscious distortion of disease assessment (simulation, agravation, dismulsion). Clinical and medical psychologists single out stenotic, asthenic and rational reactions of people to the disease. In case of a stenotic type of reaction, the patient is weakly able to fulfill the necessary restrictions that are superimposed on the disease. In case of an asthenic type of reaction pessimism and suspicion are developed, but those patients are relatively easier adapt to the disease than in case of the stenotic type of reaction. In case of a rational type of response, there is a realistic assessment of the situation and a rational exit from frustration (Mendelevich 2001; Yudin 2000).

In order to study the peculiarities of the attitude to the disease, we have developed a questionnaire that includes questions about frequency of

respondent's hustle, cases of seeking help from a doctor or psychologist, self-assessment of own health, ways of careful attitude towards ourselves and own health, peculiarities of patient's behavior in state of disease.

The sample (144 respondents) included: social workers, nurses, medics, financiers, lawyers, cosmetologists, engineers of Rivne and Vinnytsia region. Among them: 61% of women and 39% of men aged 40 to 51 years. The average age for the sample is 47 years old.

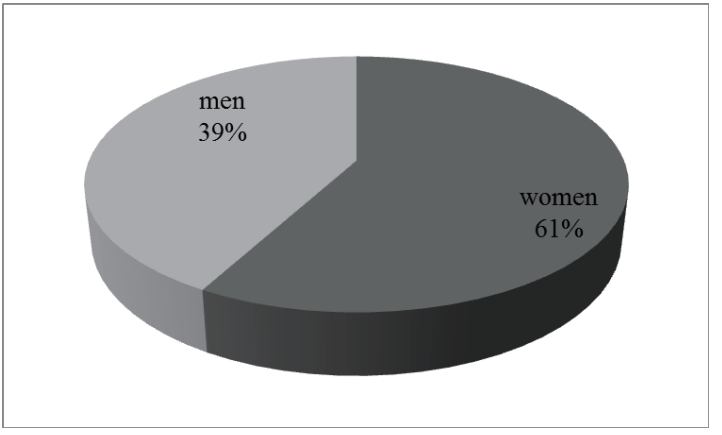

Figure 1. Distribution of sample by gender

The sample was formed spontaneously, taking into account the age of the subjects, and respondents were required to have psychosomatic symptoms (complaints), which were diagnosed at an early stage using the Giessen Complaint Questionnaire and an additional questionnaire to collect basic aspects of the disease. The participants of the study were people who expressed interest in the topic, as well as members of several groups of the therapeutic program "Fundamentals of Psychosomatics", which we initiated and continue to conduct in this time, were invited to join in diagnostics.

Since the sample included residents of mainly Rivne and Vinnytsia

regions, we can state that the results of this study can be disseminated to adults in the western and central regions of Ukraine. However, taking into account the specifics of the object of study, we do not consider that any significant regional differences in the identified trends are likely, as we are talking about those mental categories in the genesis of which the leading role is played by cognitive-affective connections, which are formed individually-situationally, and not under the influence of cultural factors. The results can be applied to the general country population.

In our study, we did not take into account individual aspects or types of disease, but the general condition of a person who may be in a particular state of disease. It was also not a question of studying the duration of a certain disease. We were interested in the process of experiencing a painful condition or the severity of certain symptoms and how a person who, having certain information about the peculiarities of the disease (severity of complaints), can respond accordingly to its further course.

In order to find out the basic understanding of the frequency of a person's state of diasese and susceptibility to illness, in particular, we developed a questionnaire, built on the basis of theoretical and methodological principles and determinants of health according to the WHO, health, as well as key provisions for self-assessment of their own well-being, physical illness, health promotion and psychosomatic complaints by A. Lychko, I. Kotsan and O. Chaban. This questionnaire has not been tested for reliability, as it is a complementary component to the recognized and well-known method – the Giessen Complaint Questionnaire.

According to the results of the developed questionnaire it was found out that adult (mature) people:

- *sick* once a year (52% of people), 2-3 times a year (21%), once every 3 months (18%), very rarely (9%);
- *seek medical help:*

1) immediately, when there is a certain symptom of pain, malaise (6%);

2) when self-help does not help and I myself can not cope with severity of a symptom or disease (27%);
3) apply to the doctor in the extreme case (59%);
4) always heal on my own (8%);

- *apply to a specialist for help in case of psychological problems:*

29% of respondents;

- *seek help from a psychologist in cases:*

1) when he / she could not cope with his /her experiences and feelings (11%);
2) when doctors are unable to cure (21%);
3) I never apply to psychologist for help (39%);
4) I do not think that a psychologist can help in solving my problem (29%);

- *rated their health on a 5-point scale, where 5 is an excellent health indicator:* good (36%), satisfactory (31%), poor (33%);
- *take care of own health due to*: sport (14%), healthy nutrition (16%), careful attitude and taking care of themselves (to get dressed warm, to have dinner in time, to pay attention to symptoms, pain / cure if necessary, etc.) (43%), all mantioned above: sport, a healthy diet, taking care of yourself, etc. (27%)
- *behavior in the state of disease:*

1) behave calmly relying on a doctor's prescription and responsible drug intake (3%);
2) suffer, often feel like a "victim", need a lot of attention from relatives and friends (27%);
3) search for reasons of the disease in their own morbid condition by themselves, compare old and new symptoms, deal with the independent allocation of treatment, etc. (31%);
4) panic, take medications neuroticly on their own without prescription and doctor's recommendations (7%);
5) engage in self-accusation for having fallen ill, stay in a depressed state

for a long time (15%);

6) about any, even insignificant / or non-repetitive symptom, seek help from a doctor immediately (17%).

- *adaptation response during illness:*

1) artificial limitation of contacts, subconscious masking of symptoms, conscious change in the day mode and the nature of work, etc. (58%);
2) negation and neglect of the disease (42%).

That is, according to the results of the questionnaire, it is clear that mature persons do not always worry about their own health. Most respondents seek medical help in the extreme case, prefer searching for causes of disease independently, deal with attribution medicines at own discretion and are engaged in self-medication. In the case of disease, the respondents develop a set of adaptive techniques, mainly compensatory, choose artificial limitation of contacts, subconscious masking of symptoms, conscious change in the day mode and the nature of work, etc.

Scientists G. Lozhkin, I. Kotsan, O. Noskova and I. Tolkunova distinguish the myths used by modern people in adulthood (Kotsan et al. 2011; Yudin 2000; Goodwin & Engstrom 2002).

1. *Bioenergetic:* all my diseases are from the fact that someone vampirises, sucking out vital energy.
2. *Magical:* all my diseases are from the fact that someone has caused damage, fumbled.
3. *Sacred (Christian)*: all my diseases are for my sins.
4. *Karmic:* all my diseases are for my sins in my past life or I carry the karma of my sinful grandmother.
5. *Astrological:* all my diseases are because of unsuccessful star placement over me.
6. *Psychoanalytic:*
   - all my diseases are due to the unsuccessful relationship between me and my parents (Z. Freud);

- all my diseases are due to birth injury (O. Rank);
- all my diseases are due to unsuccessful origin - prenatal matrices (S. Grof);
- all my diseases are because of ingram (recorded moments of pain and a real or apparent threat of survival in the unconscious memory) (R. Hubbard);
- all my diseases are due to poor mental inheritance (psychogenetics - C. Toich).

7. *Sociocentric:* all my illnesses are from the fact that I have already fulfilled my mission on this earth.

We have checked the existence of such myths among adults of our survey and found out the following results:

if there are some health problems respondents have an opinion on this subject:

1) all my diseases are from the fact that someone "vampirises", sucking out vital energy (9%);
2) all my diseases are from the fact that someone has caused damage, fumbled. (12%);
3) all my diseases are for my sins (22%);
4) all my diseases are for my sins in the past life or carrying the karma of my sinful grandmother (7%);
5) all my diseases are because of unsuccessful star placement over me (6%);
6) all my diseases are due to the unsuccessful relationship between me and my parents
   - all my diseases are due to birth injury (1%);
   - all my diseases are due to poor mental inheritance (9%);
7) all my illnesses are from the fact that I have already fulfilled my mission on this earth (0%).

Among the own options (34%) of the respondents mostly adequate

assessments of the possibility of the disease and the following opinions about its appearance are revealed: *the illness arose due to a careless attitude to themselves* (precisely so there was a cold, bad vision, depression, etc.), *self-accusation in the severity of a symptom or a disease* (which is accompanied with thoughts: "it's my fault", "if you took care of yourself from childhood, now you would not have problems with your back", "it was necessary not to run undressed along the street, then there would not be angina", etc.).

As we can see myths are still present, but it is a pleasure that at least part of respondents relate to the causes of their disease or discomfort adequately. The attitude to health in accordance with the basic concepts of psychology of health includes teaching a person – "decoding" the psychosomatic state, the ability to manage it within the limits of permissible and useful (Kotsan et al. 2011; Mendelevich 2001; Taylor 1991). It is about the need for knowledge about their strengths and weaknesses of adaptive-compensatory responses, an adequate assessment of the true level of physical and mental capabilities, which, as a result, enables you to be the owner of your life and health in active life process (Schult 2002).

The physical state of a person affects the emotional stereotype of behavior, the emotional stereotype of behavior influences the physical condition of a person (Kotsan et al. 2011; Yanshin 2004). Therefore, in our opinion, the diagnosis of general physical ailments of mature persons, their emotional interpretation of health will help us to make a general picture of the attitude towards their own health and availability of psychosomatic complaints. To study the intensity of the emotionally stained complaints of the respondent regarding his physical well-being we used "The Gisen questionnaire of psychosomatic complaints". Diagnostic in the questionnaire is realized on the scale: 1) "exhaustion"; 2) "gastric complaints"; 3) "pain in different parts of the body" or "traumatic factor"; 4) "heart complaints"; 5) the intensity of complaints.

According to the results of the diagnosis high values of intensity of emotionally colored psychosomatic complaints of the elderly were revealed, in particular on the scales: “exhaustion” (23%), “pain in different parts of the body” (12%), “stomach complaints” (4%), and “heart complaints” (11%). The overall rate of complaint intensity is 50%. During the interview on the results of diagnosis, the respondents mostly do not pay attention to their symptoms (28%), listen to their body, expressed complaints (31%), go to the doctor, do not trust psychosomatic analysis (21%), ignore pain of various kinds (tingling, compression, tremor, cramping), especially pay attention to pain and symptoms, if they are secondary or often repetitive (20%).

That is interesting that pathogenic thinking (according to the method of study of sanogenic (pathogenic) thinking by L. Rubtsova) prevails among 73% of the surveyed adults, such thinking can cause diseases including psychosomatic ones (Rubtsova, 2010). Particularly severitys of pathogenic thinking have been noticed among the people who, according to the results of the questionnaire on the item “behavior in the state of illness”, made the following conclusions: suffer, often feel like a “victim”, need a lot of attention from relatives and friends (27%); are engaged in self-accusation because of becoming ill, are in a depressed state for a long time (15%); panic, take medications neuroticly by themselves without prescription and doctor's recommendations (7%). It seems that pathogenic thinking is a “starting point” of respondents attitude to own painful condition. We also note that persons with pathogenic thinking are characterized by a general loss of vital energy, low reflexivity, a tendency to psychosomatic complaints in the form of pain in different parts of the body, general exhaustion, neuropsychiatric instability, prolonged experience of negative emotions (irritation, anger, disappointment in this case of prolonged illness), inadequate emotional response to environmental incentives, high level of rigidity, low level of forceful characteristics, increased anxiety, low level of stress confrontation (due to a morbid condition) and dissatisfaction with

life. Mature persons with marked pathogenic thinking can change cognitive assessment of the situation in order to modificate the emotional experience (if there is a need for recovery, but not in the secondary benefit) (Author 2017; Author et al. 2018; Autor et al. 2016).

So, we notice that there is an age-old dynamics of the importance of health, but the mature people are not always careful about their health. They delay the development of physical or psychological processes, do not apply to a specialist on time (it is probably not accepted in our culture to contact a psychologist because of anxiety or fear etc., or to visit a doctor immediately if there are certain signs of tingling, pain), that can provoke the progression of the disease or the emergence of an unfavorable mental state in turn. The results of careful self-treatment of the adults indicate a distrust of doctors, as evidenced by the results of the conversation (53% of the respondents indicated that they did not trust the proper training of specialist assistants, in particular the modern physician, saying "only a few physicians are truly endowed with God's gift"). Also, persons of a mature age tend to increase suffering and non-constructive "thoughts-twists" which is a sign of pathogenic thinking and can cause a disease.

Pathological forms of the response to the disease (the experience of the disease) are described by researchers in psychiatric terms and concepts: depressive, phobic, hysterical, hypochondriatic, euphoric anosmic, and other variants (E. Shevalov, L. Rohlin, V. Koalsi, A. Kvasenko, K. Gubarev) (Lakoshina 2005; Mendelevich 2001; Lichko et al. 1987; Schult 2002). In this aspect, the classification of the types of attitude towards the disease, which was proposed by A. Lichko and N. Ivanov, became quite popular (Lichko et al. 1987).

We used the questionnaire "Diagnosis of the types of attitude to the disease" (A. Lichko and N. Ivanov) to diagnose the specifics of the attitude to the disease in adulthood. The use of this questionnaire during the survey made it possible to obtain information on the spectrum of psychological

attitudes of persons of mature age to their disease.

In order to generalize to a more detailed analysis of the respondents, we traced the results of a study to identify types of attitudes towards a disease in individuals of Rivne and Vinnytsia regions (comparative aspect) (see Tab. 1, 2).

If we summarize these data, we can see that persons have harmonious (11.7%), ergopathic (14.2%) and anosognostic (22.1%) types of attitude to a disease. Their characteristic features are decrease in the "importance" of the disease, sometimes until its complete displacement, "escape" from the disease to work, decrease in criticality in relation to their health.

Table 1. The results of the empirical study of identifying the types of attitude of adults towards a disease

(2020, N= 74 persons of Rivne Region)

№	Types of attitude to the disease	Percentage (%)
1	Harmonious	11,7
2	Ergopathic	14,2
3	Anosognostic	22,1
4	Anxious	7,2
5	Hypochondriac	7,1
6	Neurasthenic	5,9
7	Melancholic	5,9
8	Apathetic	4,7
9	Sensitive	7,1
10	Egocentric	7,1
11	Paranoid	4,7
12	Dysphoric	2,3

However, there are also persons of anxious (7.2%), hypochondriac (5.9%),

neurasthenic (5.9%), melancholic (5.9%), apathetic (4.7%) types of attitude towards a disease. These people are characterized by an intrapsychic orientation of personal response to a disease, which causes a violation of social adaptation. Annoying weakness, anxiety, depression, refusal to fight for their health – all this leads to maladaptation of a person. This means that they do not know how to deal constructively with their irritability, anxiety and do not believe in their own ability to improve their health. Other types are such percentage data as: sensitive (7.1%), egocentric (7.1%), paranoid (4.7%) and dysphoric (2.4%) types of attitude towards a disease. For these respondents, maladaptation is associated with a sensitized attitude towards a disease, which is manifested in: feelings of shame in front of others because of their disease; using your disease to achieve certain goals; aggressive reactions, accusations of others in their diases; paranoid tendencies about the causes of their disease. This means that they do not know how to cope with their shame, aggressive tendencies, paranoid thoughts (unreasonably blame doctors for their diases) and need constant attention from others to meet their own needs.

We also observe the peculiarities of the distribution of types of attitudes towards a disease among people from Vinnytsia Region (Table 2).

Table 2. The results of the empirical study of identifying the types of attitude of adults towards a disease

(2020, N= 70 persons of Vinnytsia Region)

№	Types of attitude to the disease	Percentage (%)
1	Harmonious	21,3
2	Ergopathic	20,8
3	Anosognostic	19,1
4	Anxious	5,4
5	Hypochondriac	3,1
6	Neurasthenic	6,2

7	Melancholic	8,1
8	Apathetic	3,4
9	Sensitive	3,2
10	Egocentric	3,1
11	Paranoid	4,1
12	Dysphoric	2,2

In order to determine the significance of discrepancies in the samples, the Fisher angular transformation method (criterion φ) was used (Table 3).

This criterion confirms the statistical significance of differences in the indicators of identifying the types of attitudes of adults to a disease (Rivne and Vinnytsia regions).

The figures are slightly different. In addition, when we asked respondents to assess the state of satisfaction with the quality of life, it was noticed that among those who are dissatisfied with the quality of life (34%) are people living in the western region, and those who are mostly satisfied (66%) – in central. This may indicate a lower standard of living of respondents living in Rivne region, in contrast to Vinnytsia Region.

Table 3. Differences in attitudes of adults towards a disease

Types	**Rivne Region (n=74)**	**Vinnytsia Region (n=70)**	**φ**	**p**
Harmonious	11,7	21,3	6,05	≤0,001
Ergopathic	14,2	20,8	4,63	≤0,001
Anosognostic	22,1	19,1	5,16	≤0,01
Anxious	7,2	5,4	4,89	≤0,01
Hypochondriac	7,1	3,1	3,11	≤0,01
Neurasthenic	5,9	6,2	2,02	≤0,05

Melancholic	5,9	8,1	2,83	≤0,01
Apathetic	4,7	3,4	2,07	≤0,05
Sensitive	7,1	3,2	3,15	≤0,01
Egocentric	7,1	3,1	4,71	≤0,01
Paranoid	4,7	4,1	1,17	≤0,01
Dysphoric	2,3	2,2	1,03	≤0,01

We suggest that this could be a factor in influencing differences in attitudes towards oneself in the state of diseases (due to the quality of medical services, public services, ways of taking care of one's health, etc.). However, there could be no significant regional differences in the identified trends, because, as we noted above, we are talking about those mental categories that are formed individually and situationally, and not under the influence of cultural factors. The only thing that could affect these trends are social, family factors, when parents bring up certain vectors of child development, including attitude to the poor health conditions. This could probably differ in the regions and would be a perspective for further research on the topic.

The peculiarities of the attitude towards a disease of the respondents are represented by various signs, which are not always consctructive for health and general wellbeing. According to the results of the empirical research of the strategy of psychological reaction of the respondents and their typical patterns of behavior in the disease state, the following should be emphasized. They are:

- Panicing and neurotically take medications;
- Blaming themselves for becoming sick and staying depressed during a logn time;
- Denying and ignoring the disease;
- Producing a set of adaptive techniques of mainly a compensatory

nature;

- Making typical negative evaluative judgements, which create resistance in the adequate perception of themselves in the disease state, such as “my fault”, “If I had taken care of myself from the yaung age, I would not have had back problems now”, “I should have not run undressed outside and caught an angina”.
- Expressing psychosomatic complains, in particular, they are characterized by exhaustion due to prolonged “bearing” of the irrational judgements about their own health.

These conclusions usually indicate the need for psychotherapeutic work. With this purpose, the persons with unconstructive behavior were invited for individual psychological councelling. Seven clients were working with the psychologists during September-November 2020 with the use of cognitive-behavioral approach and psychosomatic method, and five more were involved to the work in December. The main problems we were working in that case were destructive and wrong judgements, including cognitive distortions, automatic thinking, negative cognitions and beliefs about the own current condition or disease, identification of anxiety triggers in the disease state, studying the psychosomatic complaints, secondary benefits from the disease, formation of an adequate attitude toward themselves in the disease state etc. (Author, 2017).

Designing of psychological work with a client is based of identification of dysfunctional beliefs and their replacement for the rational ones. Thus, the intensity of anxiety about the attitude to the disease is reducing, which can me noticed in the process of individual work, and the research of the secondary benefit from the disease helps to understand the real suppressed needs of the client. Psychological councelling work with the cliens is continued, which may form the basis of the prospect of designing the experimental research in future.

In the process of individual work with the clients, we notices that the

people with different type of reaction have different psychosomatic complaints and type of thinking. Therefore, we have presented the empirical indicators of attitudes to the disease in accordance with the type of reacting; thinking and severity the psychosomatic complaints (table 4).

Table 4. Correlation of empirical indicators of attitudes to the disease in accordance with the type of reacting, thinking and severity the psychosomatic complaints

Type of reacting	Respondents, %	Severity of sanogenic / pathogenic thinking	Most expressed severity of indicator of psychosomatic complaints
Harmonious	12,7	Sanogenic thinking (27%)	Severity of psychosomatic subjective complaints was not observed
Ergopathic	13,1		Exhaustion (2%)
Anosognostic	22,5		Severity of psychosomatic subjective complaints was not observed
Anxious	8,1	Pathogenic thinking (73%)	Exhaustion (3%), stomach-ache complaints (1,5%)
Hypohondriac	5,9		Exhaustion (7%), stomach-ache complaints (2%)
Neurasthenic	4,9		Exhaustion (3%), ache of different body parts complaints (8%)
Melancholic	5,9		Exhaustion (1%)
Apathetic	4,7		Exhaustion (2%)
Sensitive	8,1		Exhaustion (1%), heart complaints (4%)
Egocentric	7,1		Exhaustion (2%), heart complaints (3%)
Paranoic	4,7		Ache of different body parts complaints (4%), heart complains (4%), stomach-ache complaint (0.5%)

Dysphoric	2,3	Exhaustion (1%)

Note: In column #4, "Most expressed severity of indicator of psychosomatic complaints for the overall picture, there were observed dominant complaints for the group in general: exhaustion (23%), stomachache complaints (4%), ache of different body parts (12%), heart complaints (11%).

Thus, the presented table demonstrated that sanogenic thinking prevails among the people with harmonious, ergopathic and anosognostic types of reacting for the disease. No pronounced psychosomatic complaints among them were found. However, for the people with anxious, neurasthenic, melancholic, apathetic, sensitive, egocentric, paranoid and dysphoric types of reacting for the disease are mainly characterized by pathogenic thinking and severity in expressing the psychosomatic complaints in the form of exhaustion (primarily), heart and stomach aches (less) and sometimes ache of different body parts. Such results can be explained by the features of typical muscle tension (dysphoric type) and excessive emotional manifestation as a reaction to the disease and other related conditions (for example, anosognostic, anxious), outbreak of anger and irritation during treatment and recovery (neurasthenic type), continuous concerns about possible ailments or diseases (hiponodriac type) and so on.

4. Conclusions and prospects for further research

Consequently, as a result of the study, two groups of risk were identified. The first group of risk includes persons with an intrapsychic orientation of a person's response to the disease, which manifests itself in: annoying weakness, anxiety, depression, refusal to struggle for their health. The second group of risk includes persons with sensitized attitude to the disease, which is manifested in: aggressive reactions, accusations of others in their disease; using their disease to achieve certain goals; shyness and paranoid concepts about the causes of their disease.

In a state of disease, persons of mature age rarely behave calmly, relying on a doctor's prescriptions and responsible medication (3%); some of the respondents panic, take medications neuroticly on their own without prescription and doctor's recommendations (7%); the majority of people of mature age suffer, often feel like a "victim", need a lot of attention from relatives and friends (27%) and seek out the causes of disease in their own morbid condition by themselves, are engaged in independent allocation of treatment, etc. (31%); some of them are in self-accusations because of being ill, stay in a depressed state for a long time (15%); regarding any, even very insignificant / uncomplicated symptom, seek medical help from a doctor immediately (17%).

It is revealed that in order to overcome the changed state of health and various severitys of the disease the person produces a set of adaptive techniques: compensatory (artificial limitation of contacts, subconscious masking of symptoms, conscious change in the day mode, the nature of work) - 58% of respondents and pseudo-compensatory character (negation and neglect of the disease) - 42%. There are some differences between the types of attitude to a disease for people from Rivne and Vinnytsia regions, which may be caused mostly not by cultural, but by individual or family factors in upbringing process.

As can be seen from the results of the study, professional counseling measures should be taken regarding the careful attitude towards the health and well-being of the state disease; to conduct psychological seminars with separate groups of people in order to identify the causes of self-inclination, resistances related to neglect of their health, refusal to help a doctor or psychologist, etc. The results of research on the types of attitudes towards disease in adulthood require working out a development program of harmonic type of attitude to the disease.

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