

Image of Health in Adolescents with Mental Retardation and Oligophrenia

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Abstract

An empirical study of the health image of adolescents with oligophrenia and mental retardation has been carried out. The obtained results are analyzed on the basis of the psychodiagnostic complex. It is shown, with the primary support on what formative of consciousness is formed the image of health in adolescents. 68 adolescents took part in the empirical study in 3 experimental groups: adolescent with DSD, adolescent with a diagnosis of mild mental retardation and group norms adolescent. We used the following psychological techniques: projective drawing technique on the theme "My health", "self-Esteem" Dembo-Rubinstein, alloy De Greefe (modified version), "Color test of relations" by Etkind and also studied were offered an open-ended question "What is health?". Assessment of adolescents with DSD and those with mental retardation is inadequate and suggests that they are not aware of existings defect. Adolescents with mental retardation perform drawings, usually based on a sensual tissue of subject content, which confirms the fact that the backlog in the formation of the myth health and sense of health. Mentally retarded teenager is at an embryonic stage of formation, in the form of health there is only sensual tissue.

Keywords: *image of health, health, mental retardation, oligophrenia, adolescents, forming consciousness, sensual tissue, signification, meaning, myth of health.*

I. INTRODUCTION

Psychology of health is a rapidly growing area of modern science [1]. The main protection from disease is preventive health and advocacy of healthy lifestyle, contributing to maintain and improve health. Despite the extensive popularity of research in psychology of health, in the literature it is complicated to find a comprehensive study of the image of health among children with mental retardation (UO). Insufficient study of teenagers' perception of health and healthy way of life deprives us of the feedback in this problem that determines the relevance of this research.

Any activity set out consciousness. Activities aimed at the preservation and strengthening of health and set out the health. The development of image of health is carried out in stages, it has its age features. It can be argued that the image of health in adolescents with DSD and SV is full of contradictions, its many components in need of correction and

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development, so it is difficult to maintain a healthy lifestyle. Adequate, informed image of health inevitably change the behavior of a teenager. It will guide his actions on the active-positive improvement of their health status. However, the submission of a teenager about their health, attitude to health, generally set up bad. This is especially evident in adolescents with mental retardation and impaired mental development.

The basis of the work was the cultural-activity paradigm. In our study we relied on the basic tenets of cultural-historical theory of development of higher mental functions Vygotsky [1,2], some of the provisions of the activity theory by Leontiev [3, 4], as well as work on child psychopathology, which evolved in line with this direction (Lebedinsky, Rubinstein, etc.). Model of a way of consciousness borrowed from the works of Tkhostova on [5, 6].

This work is an empirical study and identifying the peculiarities of the image of health in adolescents with mental retardation and oligophrenia. The object of the study is the way health in adolescents, the subject of the study is image health in adolescents with mental retardation and oligophrenia In the course of our research were put forward 2 hypotheses:

1. In adolescents with mental retardation the health manner formed less than their healthy peers increasingly lagging behind the formation of the myth health and sense of health.
2. In adolescents with mental retardation the way health is at an embryonic stage of formation; in the way health is represented only sensual tissue.

II. METHODS AND MATERIALS

68 adolescents took part in the empirical study. The first experimental group consisted of 21 adolescent with DSD (F80 – F89), the second experimental group consisted of 21 adolescent with a diagnosis of mild mental retardation (F70). Investigated are pupils of special (correctional) comprehensive school for children with disabilities MBOU(K) OSH "Zlagoda" of Simferopol. Group norms included 26 adolescents, students in MBOU "SOSH №21" of Simferopol. The age of the test is 12-15 years.

In a pilot study we used the following psychological techniques: projective drawing technique on the theme "My health", "self-Esteem" Dembo-Rubinstein, alloy De Greefe (modified version), "Color test of relations" by A. M. Etkind and also studied were offered an open-ended question "What is health?" [1, 7]. to ascertain the validity of differences of results we used the following mathematical criteria: U-Mann-Whitney test, Pearson fitting criterion.

III. RESULTS

Qualitative analysis of the projective drawing technique "My health", showed that the drawings of healthy adolescents differ from the drawings of adolescents with mental retardation in content and form. The resulting drawings were divided in the following categories (see TABLE. 1): the image of nature or yourself in nature; proper nutrition (vitamins, fruits, vegetables); anatomical organs (heart, lungs, stomach); sports (tempering); timely treatment in hospital (image hospitals, injections); the images of the symbols (e.g., 4 leaf clover), the images themselves, as well as electronic gadgets (interestingly, this category is only found in the drawings of healthy adolescents).

TABLE I. OPTIONS FOR STORIES DRAWINGS ADOLESCENTS OBTAINED IN DRAWING TECHNIQUE "MY HEALTH",
 IN PERCENT

The story group	Teenage group		
		NW	AO
Nature (I love nature)	0,8	2,8	4,3
Proper nutrition (vitamins)	,9	9,0	,8
Healthy anatomical organs (heart, brain, lungs)	,7	,5	,5
Sports (tempering, self-care)	5,4	,8	8,6
Timely treatment in the hospital	,7	,8	-

The story group	T	Teenage group		
			ANW	UO
Electronic gadgets	E	1,5	-	-
Characters	C	3,0	4,3	1,9
The figure itself (without action, "I am beautiful and healthy")	T		4,8	3,3

Note: N is teenage group norms; ANW are mental retardation adolescents with a diagnosis of mental retardation; UO are adolescents diagnosed with mental retardation.

The data obtained indicate that healthy adolescents (30.8 per cent) and adolescents with mental retardation (42.8 per cent) in drawing technique "My health" the most frequently portrayed is not the picture of health, and nature, explaining that fresh air is good for health, and that they love to walk on the street. The most common theme in the illustrations for adolescents with mental retardation was the image themselves (33,3%), indicating specifically the situational nature of the types of drawings. Mentally retarded teenager says: "I'm beautiful and healthy," however, they cannot explain what does it mean to be healthy. The estimation results are undifferentiated, directed not outward, but recorded around the mentally retarded teenager. So, it is shown that the adolescents in his drawings have resorted to various categories and subjects are often not portraying the picture of health, and the concept having with him an indirect link.

In addition to the qualitative analysis of the drawings we have used the theoretical model of the image of consciousness, described by F. E. Vasilyuk, based on psychological concepts of consciousness A. N. Leontiev [2]. The

essence of the analysis of the obtained images were reduced us to the selection of the forming of consciousness, which mainly relied the subject, using expert estimates (data is presented in TABLE. 2).

TABLE II. THE SEVERITY OF ADOLESCENTS RELYING ON FORMING OF CONSCIOUSNESS, BASED ON THE DRAWINGS IN THE TECHNIQUE OF "MY HEALTH", IN PERCENT

Gr oup	The forming of consciousness					
	P R	E tc.*	Z n	Z n*	C m	C m* (E)
N	3 ,9	1 9,2	3 0,8	1 1,5	1 1,5	23 ,0
A NW	2 3,8	3 3,3	1 4,3	9 ,5	9 ,5	9, 5
U O	2 8,6	4 ,8	1 9,0	4 ,8	3 3,3	9, 5

Note: N is teenage group norms; ANW are mental retardation adolescents with a diagnosis of mental retardation; UO are adolescents diagnosed with mental retardation; PR is subject content; PR* is sensual tissue of the object content; Char value; Char* are sensual values; See – meaning; Cm* (e) is the sensual tissue of the personal meaning (emotion).

During depicting the figure "My health" healthy teenagers to a much lesser extent rely on forming the consciousness of the subject content, rather than the adolescents with mental retardation ($p \leq 0.01$) and retarded adolescents ($p \leq 0,01$). Performing drawing based on the given forms of consciousness, the teenager is the subject of the situation. Largely based on subject content characteristic of mentally retarded adolescents (28.6 per cent). For example, a mentally retarded teenager K. 14 years, depicting the figure itself, explains: "It's me. I am beautiful and healthy". Mentally retarded teenagers also significantly more often draw pictures based on a sensual tissue subject content than their healthy peers ($p \leq 0.01$) and adolescents with mental retardation ($p \leq 0,01$). Statistically significant differences between healthy adolescents and adolescents with mental retardation in this category, the figures are not revealed. Interestingly, the reliance on sensual subject content is most represented in the drawings of adolescents with mental retardation (33,3%), that explains the plot, shows a child drawing, as an opportunity to do something to be healthy. Healthy teens most often rely on the generatrix of consciousness value during drawing (30.8 per cent), this is confirmed by statistically significant differences between healthy adolescents and adolescents with mental retardation ($p \leq 0,05$). The value of the mentally retarded adolescent is a primitive character, as a rule, borrowed concepts and ideas from the immediate social environment to ability to maintain health: "sports", "to harden", "eat right", "walk". Drawings based on forms of consciousness sensual values executed the mentally retarded teenagers in the smallest degree (4.8%). Statistically significant differences in this category, the figures for the three groups studied is not revealed. It is shown that the drawings of mentally retarded adolescents often made based on personal meaning. Our results differences between the groups of healthy adolescents and adolescents with DSD statistically significant ($p \leq 0,01$). However, we believe that this personal sense of mentally retarded teenagers is specific. He wears a primitive character associated with the events of his personal life and is identical with the peculiarities of the

personal meaning of primary school children. The system of education in a special school, regular remedial work makes a significant contribution to the development of mentally retarded adolescents and adolescents with mental retardation, as reflected in their drawings and answers, but the images of consciousness are still abstract, unformed. These features confirm that the image of health mentally retarded teenager is at an embryonic stage of formation

Further, we have made an analysis of the methodology Dembo-Rubinstein "self-Esteem". We introduced two additional scales - "growth" and "mark". The scale of "growth" was introduced in order to give Teens an idea about the ranking and shown first. And with the scale "grades" the teenager may rely on objectively existing external assessment. The scale was horizontal, measured the distance from the starting point of the scale to the level of a teenager by which he has determined its place on the scale. Thus, each level of the child was attributed a score that allowed us to compare the results of children.

TABLE III. THE SEVERITY OF ADOLESCENTS RELYING ON FORMING OF CONSCIOUSNESS, BASED ON THE DRAWINGS IN THE TECHNIQUE OF "MY HEALTH", IN PERCENT

Scale	The methodology Dembo-Rubinstein "self-Esteem"					
	Growth	Health	Mind	Happiness	Character	Mark
N	4 ,4	2 ,0	2 ,4	2,1	3,3	3 ,1
ANW	4 ,2	1 ,0	1 ,1	2,4	2,3	2 ,3
UO	2 ,6	2 ,3	1 ,7	1,5	2,3	1 ,5

Note: N is teenage group norms; ANW are mental retardation adolescents with a diagnosis of mental retardation; UO are adolescents diagnosed with mental retardation.

Based on the results displayed in TABLE. 3, it can be stated that statistically significant differences in inter-group indicators of the scale of health between healthy adolescents and adolescents with mental retardation ($p \leq 0.01$), and healthy and the mentally retarded ($p \leq 0,05$), the mentally retarded and mental retardation ($p \leq 0,01$) respectively. Assessment of adolescents with DSD on this scale indicate that they assess themselves as the healthiest (1.0 points). Adolescents with mental retardation also rate their health high points (2.3 points). This assessment is inadequate, reflecting the impaired judgment of adolescents with mental retardation and suggests that they are not aware of its defect. Healthy adolescents assess their health at a high level (2.0 points), noting that, if sick, then a short and tie it to a greater extent with seasonal features, for example, test D. says: "Sometimes in the fall I get sick. Dampness, rain, wind. The fall hurt, nothing strange. Lay low for a week at home and again in school." On a scale of "happiness" adolescents with mental retardation rate themselves as significantly more happy in comparison with their healthy peers ($p \leq 0,05$). However, as the happiest compared to other groups studied, evaluate yourself retarded teenagers (1.5 points; $p \leq 0,01$). Answering the question of a psychologist "Why do you think you're so happy?", oligophrenic in most cases associate your response with I love my

mom; fortunately, she is next to them. This suggests that adolescents with these anomalies of mental development remain dependent on close social environment, their happiness and social well-being depends on them for meaningful adult (mom) [8]. Paying attention to the indicator on a scale of "nature" in groups of adolescents with mental retardation (2, 3 points respectively)– once again, there is a tendency to exaggerated, undifferentiated assessment that is interpreted as the inadequacy of self-evaluation. Thus, assessment of the health of subjects, experimental and control groups, high

A similar situation we faced when analyzing the results of the method "Test De Greeve". Changing the traditional guide of this methodology, we invited the adolescents to assess their health, health of mother and friend. The indicators of self-rated health of adolescents according to the method "Test De Greeve" is displayed in the TABLE. 4, in points. The higher the set point on a certain scale, the higher the adolescent evaluates the health. Mentally retarded adolescents was significantly higher estimation of their health than adolescents with mental retardation ($p \leq 0,05$). However, statistically significant differences in the assessment of their health between healthy and mentally retarded adolescents were not identified. This suggests that the mentally retarded teenagers are not aware of their defect, commending their health (14.0 points) and considering themselves healthy. Adolescents with mental retardation to rate their health significantly lower than their healthy peers ($p \leq 0,05$) but explain their assessment, linking them not with the presence of serious diseases, and with health at a particular moment.

TABLE IV. THE AVERAGE SELF-EVALUATION OF ADOLESCENT HEALTH BY THE METHOD OF "TRIAL DE GREEFE" IN POINTS

Scale	The method "Test De Greeve"		
		Mom	Friend
N	4,3	4,2	2,9
ANW	2,8	8,6	2,6
UO	4,0	5,2	2,7

Note: N is teenage group norms; ANW are mental retardation adolescents with a diagnosis of mental retardation; UO are adolescents diagnosed with mental retardation.

Health of mother teenagers all study groups evaluated as the best. Mentally retarded adolescents assess the health of the mother was significantly higher than their healthy peers ($p \leq 0,05$) and adolescents with mental retardation, correlating with the health of mothers with a high score, making it significantly higher compared with mentally retarded teenagers ($p \leq 0,01$). These estimates indicate that adolescents with mental retardation, like mental retardation, dependent on the parent who is the authority in all things.

This situation, indicating the inadequacy of the assessment of the health of mentally retarded adolescents and adolescents with mental retardation, confirmed by the results obtained by using a projective technique "Color test of relations" (see TABLE. 5).

TABLE V. THE ARITHMETIC MEAN OF THE GRADES OF THE CONCEPTS OBTAINED BY THE METHOD OF "COLOR TEST OF RELATIONS"

Group	The methodology Dembo-Rubinstein "self-Esteem"					
	Health	Happiness	Mind	Character	Disease	Good health
N	2,3	2,3	3,4	4,1	4,8	3,8
ANW	2,5	2,7	3,2	3,3	3,8	3,7
UO	2,4	2,6	3,2	4,4	4,0	4,0

Note: N is teenage group norms; ANW are mental retardation adolescents with a diagnosis of mental retardation; UO are adolescents diagnosed with mental retardation.

Adolescents with mental retardation and mental retardation nonverbal, dosazitelmost level can't differentiate the concept of meaning. Notions – health, happiness, mind, physical well - being are of equal value for the 3 groups studied, statistically significant differences were revealed [9]. Adolescents with mental retardation and mentally retarded adolescents significantly below the estimated disease than their healthy peers ($p \leq 0,05$). Therefore, healthy teenagers oppose the concept of "health" the concept of "disease" ($p \leq 0,01$) and mental retardation and adolescents with mental retardation – no, because statistical differences were not detected. This suggests that their way of health is at an early stage of formation. Illness as a negative event in the adolescents with mental retardation recognized worse in comparison with their healthy peers. The final stage of data analysis is interpretation of the obtained answers to the given adolescents an open-ended question "What is health?" (Look at TABLE. 6).

TABLE VI. THE ANSWERS OBTAINED BY THE METHODOLOGY: OPEN-ENDED QUESTION «WHAT IS HEALTH?» PERCENTAGE

T	Teenage group
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the answer group		NW	A	O	U
feeling good	9,2	2,3	1	4,3	1
not to hurt	9,2	5,3	3	8,0	3
sports	3,1	,5	9	9,0	1
to lead a healthy lifestyle	9,2	9,0	1	2,0	1
eat right	1,6	4,3	1	6,7	1
happiness and joy	,7	,5	9	-	-

Note: N is teenage group norms; ANW are mental retardation adolescents with a diagnosis of mental retardation; UO are adolescents diagnosed with mental retardation.

We were allocated the following categories of answers of the researched: "health is feeling good"; "not to hurt"; "sports"; "healthy lifestyle" (includes the answer categories: to harden, to do exercises, do not drink, do not smoke, do not have bad habits, etc.); "eat right"; "happiness and joy" [10]. The response category "health is happiness and joy" in the group of mentally retarded teenagers are not met, which indicates that the answer to this question and views about your health mentally retarded teenager has no feelings and emotions (sensual tissue of the personal sense is not represented), in contrast to healthy adolescents. Adolescents with mental retardation as compared with healthy peers significantly more often give the answer "health is not sick" ($p \leq 0,01$). This points to the fact that adolescents experimental groups no concept of health, in their answers they only oppose antonymous concepts. Healthy adolescents were identified, the dominant

response: "Health sport" (23.1 percent), reflecting the feelings provoked by activity of subject reality. Such responses of adolescents with mental retardation and mental retardation as a "healthy lifestyle" are borrowed terms and ideas from the inner circle.

IV. CONCLUSION

Thus, in accordance with the set of the obtained results of experimentally-psychological research we confirmed our proposed hypothesis that a clear understanding and comprehension of the health in adolescents has not yet existed. The results obtained by all methods relate to each other. Consequently, we see that healthy adolescents fulfill their drawings largely based on value. Therefore, begin to form ideas about health (health myths). Adolescents with mental retardation perform drawings, usually based on a sensual tissue of subject content, which confirms the fact that the backlog in the formation of the myth health and sense of health. Mentally retarded teenagers portray your health in most cases based on subject content (specific subject situation: the drawing itself). In their responses to the mentally retarded teenager describes health and yourself. Speech is the short statement. Health is opposed to disease. All this suggests that the way health mentally retarded teenager is at an embryonic stage of formation, in the form of health there is only sensual tissue.

The obtained during research results provide the possibility of using them in correctional and rehabilitation work with disabled children. The next stage of the study is planned to be developed remedial (training) program aiming at the formation of the image of adolescent health. Adequate formation of the image of health in adolescents will be included in their way of life actions relating to the strengthening and preservation of health.

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