

Conference Paper

The Internal Picture of the Child's Health Viewed in the Context of Parent-Child Relationship

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Abstract

The main function of the internal picture of health (IPH) is the regulation of a person's activity or behavior, and is aimed at maintaining the person's health, illness prevention and illness resistance. There is one subject that continues to be insufficiently accessible to psychological research, i.e. the system of the parenting style adopted in a family and the the IPH levels of their children. We can suppose that IPH is one of the major indicators of the health-oriented behavior, the latter being significantly influenced by the interfamily relationships and the parenting style.

Methods: there were 82 primary school children who participated in the study. Along with the children, their mothers also took part in the research. Practically all of the fathers agreed to enroll in the study, but in fact only a few were actually involved, which was not enough to provide evidence-based conclusions. The IPH of the children and their parents was evaluated by means of a questionnaire (Nikolaeva et al., 2014). Upbringing styles were assessed by "The Analysis of Family Relationships" questionnaire (AFR method).

We have shown that the better-developed the IPH is, the more likely it can signify a harmonious upbringing style. A low level of the parents' emotional intelligence results in the predominance of indulging hyperprotection parenting style which is considered ineffective.

Keywords: the internal picture of health, parent-child relationship, parents, primary schoolchildren.

1. Introduction

The main function of the internal picture of health (IPH) is the regulation of a person's activity or behaviour, aimed at sustaining good health and preventing or resisting illnesses. V.E. Kagan notes that health is not only actualized in the opposition of "health – illness", but also in a person's individual attitudes towards health, in the stereotypes

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of the mass consciousness, and in the man-environment relationship. One's attitude towards health is seen as a specific aspect of their personality (Kagan V.E., 1993).

An attitude to one's health is viewed through the prism of performing the actions oriented to preserving and improving health. The following constructs, determining the probability of health-preserving behaviour, are considered to be the main ones: the level of the required health knowledge (White S., Chen J., 2008), the person's self-evaluation of his/her health management capabilities, positive motivation, and the person's self-evaluation of his/her individual illness risks (Schwarzer R., Renner B., 2000). One's positive self-image and optimism (both as a state and a trait of character), which provide the motivational and regulative components of the activity oriented towards health preservation, represent a separate factor. Thus, the person's harmonious health attitude is linked to one's confidence in the ability to sustain good health and to overcome the difficulties that may arise (Schwarzer R., 1999, 2008).

Currently the researches are actively exploring the question of the meaning of the locus of control for health. The belonging of a person to this or that control localisation type strongly influences many peculiarities of the psychic and behaviour including the person's self-awareness during an illness period/ while being healthy and orientation towards health preservation (Luszczynska A., Schwarzer R., 2005). So, the links between the image (the scheme) of the body and the person's health perception are studied. It is shown that the negative evaluation of one's own body, seeing one's own body as not meeting the existing ideal determine strongly a negative perception of own's health (Meland E. et al., 2007). Every person has at least some idea of what is health and is more or less able to correlate it with their actual health state. This idea, or "knowledge for yourself", is defined as an internal picture of health (Blum V.V., 2011).

Yu.B. Nekrasova (1984) introduced the concept of "an internal picture of health" to describe a psychological mechanism which increases the level of illness resistance. The conscious health care that a child develops under the direct impact of his/her immediate environment promotes the formation of IPH as a complex subjective idea of one's own health, its formation mechanisms, the causes of health deterioration, the combination of emotional experiences when a person is healthy, and of health preservation methods (Ananyev V.A., 2006).

It is now a common knowledge that the pathogenesis of chronic somatic illnesses is determined by the combination of biological and psychosocial factors, whose impact is different and has an individual character in each particular case (Isaev D.N., 2000; Alexander F., 2009; O. Anson et al., 2011). So, it is a very hard task to find out the true reasons for a child's health deterioration. A certain system of the child's organism

can be weak due to either inborn or life-time factors, but in any health dysfunction cases experienced by the child, it is adverse microsocial conditions of development, including the character of parent-child relationship, that play a key role in the system dysfunction (Voinova E.Yu., 2009; Nikolaeva E.I., Merenkova V.S., 2012).

Literature on the topic contains different classifications of upbringing types which represent various viewpoints on the positive and negative influence of a family on the child's personality development and health preservation (Parke R.D., 2004; Eidemiller E.G. et al., 2006). Children form firm ideas about the probability of health dysfunctions only by the age of seven. J. Bowlby (1979) believes that "children develop their emotional self-awareness in the process of interiorising what his/her family and close people think about the child's qualities". Poor inadequate parent-child relationship affects badly the child's psychic development and health. This fact determined the objective of our research, which is to study the peculiarities of the internal picture of health of primary schoolchildren in the context of parent-child relationship.

2. Methodology

There were 82 primary school children who participated in the study (the mean age was 9.1 ± 0.5 years); 39 of them were girls and 43 were boys. The study was carried out at two schools in Lipetsk, a city in the central part of European Russia. Along with the children, their mothers (the mean age was 33.8 ± 5.7 years) also took part in the research. Practically all of the fathers agreed to enroll in the study, but in fact only a few were actually involved, which was not enough to provide evidence-based conclusions. Hence, only the results of the mothers and children were subjected to analysis.

The study was conducted in three stages. During the first stage, the internal picture of health (IPH) of the children and their parents was evaluated by means of a questionnaire (Nikolaeva et al., 2014). Parents filled in the forms themselves, children were asked by the psychologist who filled in the forms for them.

On the second stage, we analyzed family upbringing types using "The analysis of family relationship" questionnaire by E.G. Eidemiller and V.V. Yustitskis (2006). It contains 130 statements about upbringing children and can help to form an idea of the parenting style adopted in the family. The questionnaire measures eleven scales each representing a certain upbringing disorder: hyperprotection, hypoprotection, indulging, ignoring the child's needs, excessive demands and duties, very few demands and duties, excessive prohibitions, very few prohibitions, the severity of punishments for breaking the rules, very few punishments, an unstable parenting style.

3. Results

The data obtained in course of the experiment show three levels of IPH: a formed IPH, an incompletely formed IPH and an unformed IPH. It should be noted that an unformed type was found to be prevailing, thus constituting 65% of the total number of participants. Such results mean that the children do not have a clear enough idea of the optimal ways of health preservation and improvement as well as of the methods of health care and health formation. It is possible that such results are determined by the microsocial conditions of the children's development as the formation of such concepts as health, health value and learning about the specific health-promoting actions must take place in a health-oriented environment both at home and at school. This idea can be further supported by the following data [15]: children receiving cardiological treatment speak about the importance of illness prevention (doing sports, walking in the fresh air, etc.) five times more often than healthy children. The authors of this study suppose that such a phenomenon is explained by the fact that the parents of healthy children do not make a connection between the child's health and the complex of feelings forming the child's emotional state and do not talk on the health-related topics. But when a child becomes ill, the parents start to explain their actions by saying that "we must see a doctor" and "you must take pills". On the contrary, the children suffering from chronic illnesses are often told about the importance of illness prevention and ways of keeping fit and healthy.

These data were also supported by the analysis of the interconnection between the children's IPH levels and their health groups diagnosed by the pediatrician (to obtain this information, the parents' agreements were received beforehand). It was found that:

1. Children having an unformed IPH belong to the first health group, or show a tendency for health deterioration;
2. Children having a partially or completely formed IPH, on the contrary, demonstrate a tendency for health improvement.

Consequently, special actions taken by the adults can change the children's IPH.

Further, we analysed the parent-child relationship by means of E.G. Eidemiller and V.V. Yustitskis' questionnaire "The Analysis of Family Relationship" [10] which is "intended to help find the mistakes in the parents' style of bringing up their child, to identify the adverse and/or wrong influence of the family members on each other, family roles dysfunctions and possible obstacles for the family unity".

We found that two most typical upbringing types were indulging hyperprotection and a harmonious type (35.2% and 29.% correspondingly). According to E.G. Eidemiller and V.V. Yustitskis, "indulging is a situation when parents are ready to satisfy any of the child's needs unconditionally and to the maximum possible degree, giving it no critical consideration first. They pamper the child. Any wish expressed by the child is a law for the parents. They explain such a style of upbringing by the arguments which represent typical rationalisation, e.g. "the child's weakness", the child's exclusiveness, the wish to give the child something the parents were deprived of in their childhood, the child has no father etc." (Eidemiller E.G. et al., 2006).

The analysis of the results also revealed an excessive hyperprotection style (16.9%), which is a situation when the child's upbringing becomes the parents' utmost priority and they try to give it a maximum of their time and attention.

Increased moral responsibility type (11.3%) is characterised, on the one hand, by the high level of parents' requirements to the child and a low level of attention to the child's needs, on the other. The least represented type is domineering hyperprotection (5.6%). Similarly to indulging hyperprotection, this type is characterised by excessive care and attention to the child combined with limitations to the child's independence. Emotional rejection is rooted in "the conscious or, more often, unconscious identification of the child with some negative moments in the parent's own life" (Eidemiller E.G. et al., 2006). In our study, this type of family upbringing was found typical of only one father.

To understand the connection between family upbringing types and the IPH of primary schoolchildren, we applied correlation analysis to the obtained data and found a reliable connection between the studied phenomena ($k=0.250$ where $p \leq 0,05$). This signifies that a formed IPH is linked to the harmonious upbringing style. These data are also supported by the results of the regression analysis which showed the influence of an independent variable – "the upbringing type" on the dependable variable – "an IPH level of the primary schoolchildren". It turned out that the independent variable "the upbringing type" influences the dependable variable "an IPH level of the primary schoolchildren" where $R = 0.107$, $R^2 = 0.050$, $B (67.839 \text{ and } -2.620)$, $p = 0.036$. Thus, the more harmonious the upbringing style is, the better formed IPH the children have. As we applied one independent variable, so R is the correlation coefficient, R^2 is the square of the correlation coefficient which has an additional meaning in our case, i.e. it equals the proportion of the variance of the dependent variable determined by the independent variable, B is the constant (the first number) and the coefficient of the linear regression equation (second number), p is the significance level.

4. Discussion

Due to an insufficient number of experiment participants, fathers of the primary schoolchildren, in particular, further research is needed to obtain reliable data on the reasons for the found set combinations which play a part in forming such upbringing types as indulging and domineering hyperprotection, increased moral responsibility and emotional rejection.

However, the connection of the formed IPH and the harmonious upbringing type which was established by means of correlation and regression analyses, shows that it is not the parents' knowledge and ideas but their behaviour that forms the child's mental constructs such as ideas, strategies and ways of understanding guiding the child's actions in relation to health. It can be supposed that the prevalence of an ineffective upbringing type can be explained by the parents' low level of EI found in our previous experiment (Nikolaeva E.I., Merenkova V.S., 2015; Komlik L.Yu., Merenkova V.S., 2017). A low EI level means that parents do not understand their children and cannot manage their own emotions. In such cases hyperprotection becomes the simplest and most effective way of interacting with the children that enables them to do something they can defend against the parents.

5. Conclusions

1. An unformed IPH presents a prevailing IPH level, constituting 65% of the total number of the primary schoolchildren who took part in the experiment.
2. It is found that the more harmonious the parent-child relationships are, the better formed IPH the children have.
3. The type of parent-child relationship is connected with the parents' EI: a low level of the parents' EI accounts for indulging hyperprotection being the dominant upbringing type.

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