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**THE CONNECTION OF LEARNED HELPLESSNESS,  
WILL-POWER DEVELOPMENT AND SOMATIC HEALTH  
OF PRE-SCHOOLERS: THE CORE AND WAYS OF PROBLEM SOLVING**

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The article concerns the detailed theoretically-methodological analysis of the modern psychological researches devoted to studying of a “helplessness” phenomenon. The question of studying the relevance of “learned helplessness” phenomenon interrelation with somatic health of the person in the course of his human development is raised. The problem of interrelation of will-power development level with specifics of formation the phenomenon of "learned helplessness" is raised. The special role in this research is given to the pre-school age (the object of the study) as one of the most important periods in the process of human development. The presented integrative approach includes both inter and intra personal factors determining children’s development in the pre-school age, in particular specific features of the age, somatic health, specific child’s health and disease perception, special type of parental attitude to the child’s state of health, special type of parental attitude to the child determining the learned helplessness formation. Expediency of mechanisms specifics of formation the "learned helplessness" from the position of psychosomatic approaches, also taking into account basic provisions of the modern cultural and historical concept is proved.

**Purpose** of the research is to study the connection between the phenomena of “learned helplessness” and the level of will-power development in the pre-school age combined with the weakened somatic health, also developing the special program aimed to prevent the formation of learned helplessness in the pre-school age.

**Methodology.** The theoretical and methodological basis of the research is presented with culturally historical approach in Psychology, principle of system and psycho-somatic approach, ideas of L.S. Vygotsky about the social situation of development and the zone of nearest development as the most important circumstances of child's personality formation, conceptual theory of "learned helplessness" phenomena systemized by M. Seligman, conceptual theory of "personal helplessness" phenomena systemized by D.A. Ciring, basically theoretical points concerning regulatory functions of psycho, laws and mechanisms of all types activity regulations, theoretical issues concerning the fixed forms of family behavior and their connection with development of children having weakened health, the latest data about the interpersonal perception of phenomenon "health" and "disease".

**Results.** As a result of research the author presents the principles and the direction of building a special developing program, aimed to optimize the perception of own somatic status by children and their parents, will-power development and prevention of learned helplessness formation. The article presents the results of the program approbation.

**Practical implications.** The data and the results of described research are to be used in the process of brining up and educational process in kindergartens, can be implemented in special programs of child psychologists, in the course of family therapy, by pediatricians as well.

**Keywords:** learned helplessness, will-power development, somatic health, often being ill children, pre-school age.

**ВЗАИМОСВЯЗЬ ВЫУЧЕННОЙ БЕСПОМОЩНОСТИ,  
ВОЛЕВОГО РАЗВИТИЯ И СОМАТИЧЕСКОГО ЗДОРОВЬЯ  
СТАРШИХ ДОШКОЛЬНИКОВ: СУЩНОСТЬ ПРОБЛЕМЫ И ПУТИ  
РЕШЕНИЯ**

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В статье приведен детальный теоретико-методологический анализ современных психологических исследований, посвященных изучению феномена «беспомощности». Затронут вопрос актуальности изучения взаимосвязи феномена «выученной беспомощности» с соматическим здоровьем человека в процессе его онтогенетического развития. Поднята проблема взаимосвязи уровня развития воли со спецификой формирования феномена «выученной беспомощности». Особое место в работе отведено старшему дошкольному возрасту, явившемуся объектом описанного исследования. Представлен системный взгляд на сочетание эндогенных и экзогенных факторов, детерминирующих развитие личности ребенка в старшем дошкольном возрасте, в число которых вошли: возрастные особенности, соматический статус ребенка, особенности внутренней картины здоровья и внутренней картины болезни, своеобразие отношения в семье к здоровью ребенка, специфическое родительское отношение, способствующее формированию выученной беспомощности. Описаны основные принципы формирования развивающей программы, направленной на оптимизацию восприятия детьми собственного соматического статуса, развития воли и профилактику развития выученной беспомощности.

**Цель исследования** – изучение взаимосвязи феномена «выученной беспомощности» с уровнем волевого развития в период старшего дошкольного возраста в сочетании с низким уровнем здоровья детей, а также поиск оптимальных путей профилактики формирования выученной беспомощности в дошкольном возрасте.

**Методология проведения работы.** Теоретико-методологическим основанием представленного исследования являются культурно-исторический подход в психологии, принцип системности и психосоматический подход, положения Л.С. Выготского о социальной ситуации развития и зоне ближайшего развития как важнейших условиях становления личности ребенка, понимание феномена «выученной беспомощности» Мартина Селигмана, концепция «личностной беспомощности» Циринг Д.А., положения теорий о регуляторной функции психики, а также закономерностях и механизмах регулирования типов и видов активности, теоретические представления о фиксированных формах семейного поведения и их связи с процессом развития детей с ослабленным здоровьем, современные представления о феноменах внутренней картины болезни и внутренней картины здоровья.

**Результаты.** В качестве результатов исследования описаны принципы формирования развивающей программы, направленной на оптимизацию восприятия детьми собственного соматического статуса, развития воли и профилактики развития выученной беспомощности, а также результаты апробации данной программы.

**Область применения результатов.** Результаты исследования могут быть использованы при организации воспитательно-образовательного процесса в ДОУ, в работе детского психолога, в рамках семейной терапии, в работе педиатров.

**Ключевые слова:** соматический статус, часто болеющий ребенок, старший дошкольный возраст, выученная беспомощность, волевое развитие личности.

The confidence of the power and positive outcome of any life situation is an integral part of ability to initiate self-activity, to bear responsibility for its result (both positive, and negative). Similar approach forms subject approach to life, activity, personal space and a time continuum.

Modern social and economic conditions in a combination to the lowered level of the population health promote formation of the learned helplessness from early children's age, including it in all aspects of activity as one of the main mechanisms of personal adaptation. Operation of the helplessness mechanism is fixed by understanding the idea that the initiative is senseless, activity is unpromising, creativity is blamed, canons and regulatory norms of activity are registered from the outside.

The negative events having unpredictable and uncontrollable character, promote emergence and fixing the phenomenon of "the learned helplessness". Having come up repeatedly against an insuperable life situation, the person reconciles, perceives negative events as a karma, destiny, fate, inevitability to supervise and change which beyond his or her powers. The danger of such fatalistic perception of one repeating negative situation is in the mechanism of response to the negative situation which is transferred to all other life situations, even those which outcome has opportunity to be positive and productive.

The interdisciplinary researches being on a joint of physiology, psychophysiology and psychology became the starting point in studying the problem of "the learned helplessness" phenomenon essence.

For the first time the idea about existence of this phenomenon was noted in works of the American psychologist, the professor of Pennsylvania university Martin Seligman (1974) who in the course of supervision over results of experiments specially organized by physiologists found out that dogs refuse attempts to overcome a stressful situation, and don't seek to avoid influence of the most stressful factor. On the contrary, in a situation of regular stressor influence, after several unsuccessful attempts of avoiding its negative impact animals behaved permanently "helplessly". It was also noted that the similar "helpless" behavior was steadily shown in the situations similar experimental that testified that "helplessness" was learned – was formed and fixed by means of negative experience obtaining [20; 29].

The opportunity to be successful in the course of development and knowledge of reality, prospects of self-realization and vital self-implementation depend not so

much on the level of basic intellectual potential, but on the personal features of the individual combining motivation to transformation of surrounding reality, sufficient level of the strong-willed aspiration focused on fight against difficulties, the active living position interfaced to continuous self-development and self-education. Bases of such active informative and active approach to formation of own existence is being put in a family, formed under the influence of a close environment [9; 16].

Organizers of teaching and educational process in the educational institutions are focused on different programs and the age of those being trained, often deal with situations in which children with initially high level of intellectual potential don't become successful in study and social activity because of passivity, indifference, combined with fear before failures, uncertainty in a positive outcome of activity. In case of any slightest difficulty such children refuse further manifestation of activity, have stress, frustration and are even depressed. Especially hard similar kinds of manifestations are overcome in the presence of frequent somatic or chronic child diseases, so the somatic status of the child is directly connected with his ability to overcome difficulties and be resistant to formation of "the learned helplessness" phenomenon [9; 14; 19].

The feeling by person of not controllability of the future and the current events involves development of the actual insufficiency of activity control that subsequently has direct impact on decrease in motivation, ability to be trained and manifestation of such negative emotions as the raised level of uneasiness, frustration, depression, sense of hopelessness, definiteness of life and total grief. Not controllability of activity consequences naturally develops pessimism, passivity, steady unwillingness to overcome difficulties, the will to delegate all the responsibility for consequences of any activity to external determinants. Here the most influential factor in the mechanism of the learned helplessness emergence is not the heavy emotional experiences connected with futility of efforts, but irresistible feeling of not controllability, indifference, and helplessness [1; 6; 9; 12; 19; 22].

The founder of the learned helplessness theory Martin Seligman, however, came to similar conclusions while studying not only negative, but also stable, permanently positive reinforcements of person's activity. In both cases he revealed loss of initiative and ability to overcome difficulties [9; 16].

From the position of psychosomatic approach it is possible to say that helplessness is formed and "learnt" gradually, under the influence of not so much disease or understanding of degree, nature of the somatic status influence on activity and the child, but much more under the influence of social response to the features of somatic health of the child. The fixed forms of family behavior play significant role in formation of negative tendencies in emotional and strong-willed, motivational, cognitive development of the child identity as a family is the system which often reacts by patterns which don't promote productive changes and adaptation to them, but on the contrary, quite often interferes with development of its certain members and family system in general [11].

The analysis of available psychological researches has also shown that the process of "the learned helplessness" formation takes rather short period of time.

This phenomenon is shown by manifestos of deficiency in three main spheres of the personality: motivational (inability to work actively, to initiate activity), cognitive (limitation of opportunity to learn counteraction mechanisms, mechanisms of opposition to negative tendency and ability not to shift negative experience to other spheres of activity), emotional (stress, frustration, depression) which is the consequence of activity unsuccessfulness [2; 4; 8; 13; 18; 26; 29].

These specific features are extremely brightly shown in combination with the weakened somatic health. Being, in fact, one of the starting mechanisms for the development of the learned helplessness, psychosomatic frustrations are fixed under the influence of the learned helplessness itself, thereby "closing" this circle in which, subsequently, detection of primary/secondary role, both the learned helplessness, and the psychosomatic illness become complex problem for diagnostic.

The four-component structure of personal helplessness offered by D.A. Ciring, includes strong-willed, emotional, cognitive and motivational components. The author allocated the set (complex) of symptoms, opposite to personal helplessness according to the psychological contents, which was called “independence” and can be characterized by the expressed strong-willed activity, optimistic attitude, emotional steadiness, intra-tensional motivation, creativity [24].

The close interrelation of the learned helplessness with strong-willed development of the child which is specified by lack of initiative, indecision, low level of organization, persistence, commitment is critical for this research. Besides, it is obvious that the learned helplessness as the form of activity organization is the catalyst and determines the decrease in resilience of an organism to harmful influences of environment, promotes development and an exacerbation of somatic diseases of a various etiology (Seligman, 1975, 1993, 2006). The somatic status is one of the defining factors, both development of the child, and the organization of all social, subject, educational and educational environment which (as experience unfortunately shows) is focused not on health (as a way to recovery), but on illness (as process and the status). In this case the problem of immunity formation is the general feature concerning both learned helplessness and somatic health.

The learned helplessness is closely connected with personal will-power development which bases are put at the preschool age. In this case we can speak about existence of specific features of both will-power development and personal/learned helplessness determined by the specific situation of a child illness.

The important factor leading to formation of child learned helplessness the parental relation. Parental stereotyping and fixing on a certain type of the parental relation to the child (lack of orientation to desires and possibilities of the child in combination with a hyper patronage), inadequate understanding of an illness and health phenomena, and, as a result, specific understanding of healthy lifestyle in a family lead to decrease in the level of development of all strong-willed action components and formation of the learned helplessness.

In the situation of often being ill child two specific factors play significant role: pathological, connected with frequent violations of breath functions, the general asthenia, hemodynamic of the child, and maternal, fixing attention of the child to his weaknesses, morbidities, impossibility to do that other children do. Being formed images – “natural” and “cultural” bodies – are a basis of child self-identity and it starts being formed systems of the relations, including informative position in relation to the world around [15].

In modern researches the parental relation is described by various concepts and terms which are defined by initial theoretical positions of authors. Nevertheless, psychologists don't contradict with each other and it is possible to see an initial basis which sets a duality or polarization of the parental relation in all definitions. On the one hand, the main characteristic of the parental relation is the love to the child, pleasure from activity and from communication with the child, aspiration to its protection and safety, unconditional acceptance and attention, the complete attitude towards him. From another point, the parental relation is characterized by insistence and control. Both characteristics are caused by a certain parental position and attitudes.

In the course of the analysis of the factors influencing the relation of parents to a somatic illness of the child, the following can be allocated: low level of parental health; wide knowledge of the population on the course of diseases dangers. As a result parents feel constant fear for children and surround them with hyper guardianship; conviction of parents in the knowledge or ignorance of certain children's diseases in general.

Depending on this situation one sort of parents treat children, others “correct” prescriptions of doctors, the third drive the child from one expert to another. These circumstances are shown variously depending on specific psychological features of parents. For example, the disturbing parents concentrated on health create the atmosphere of fear, uncertainty, and situation of expectation for serious illnesses and a bad outcome of a disease. While selfish parents aspiring to a demonstration, can even use

illness of the child for drawing attention to the person. Self-confident in the forces and opportunities parents usually give insufficient attention to the child in the case of disease and health. Children who were given little attention to while being healthy, as a rule, aren't provided to it during illness at all, only some parents are reconstructed and create to the child necessary conditions. In families where the child was surrounded with excessive attention being ill, the care amplifies, parents try to foresee each desire of the child that can have negative consequences. In all cases parents, noticing difficulties of the child, generate the secondary alarm aggravating his disease state.

The one of the most interesting things is the fact that from the point of view of subjective picture of an illness, often ill children are characterized with the ambivalent attitude towards the disease. So the majority of children understand that the illness disturbs them: it is impossible to visit relatives, to go out, it is necessary to be treated, take medicine, sometimes it is even possible to get to hospital. But at the extra mental level the illness is more attractive to them, than health: "illness" is most often connected with red, yellow or violet flowers, and "health" - is more often with black or gray. The illness "is favorable" to the child because it gives the chance to become closer to mother, to get some emotional support in a type of care and attention. 84% of children believe that during an illness they will be felt sorry, will get more attention and to care. The illness allows combining pathogenic maternal stereotypes with normal psychological inquiries of the child [2].

There are specific features of interpersonal interaction and activity of often ill child. They are limitation of contacts circle of the sick child, objective dependence on adults (parents, teachers), and aspiration to receive from them the help [8; 12; 23; 27].

When the child gets the somatic symptoms the process of family interaction of this problem begins, so the somatic disease influences development of the child parental relations directly. As the somatic disease often develops at the child's early age the parental relation is rather difficult to eliminate or to change its influence. In the families having the sick child, the psychological system of relationship is broken, re-

sult of that is its deficiency which is shown in problems in the relations with mother, replacement of the father from psychological life of a family, and as a result, violation of normal formation of the identity of the child.

So for the solution of any psycho-pedagogical task in the field of working in conditions of a child illness it is necessary to consider the certain style of relationship in a family, existence of “family stereotypes” concerning an illness/ health. The determining role here goes to the presence of safe emotional and psychological climate in a family. Also an effective, adequate parental attitude effects positively towards somatic sick child of the preschool age.

In a subjective image (introspection) of an often ill child illness its emotional and will-power components are reflected rather brightly. The system of the family relations developed round the child has the greatest impact on formation of such internal illness perception.

The Theoretical and methodological analysis of available researches allowed summarizing the following conclusions:

□ children of the preschool age having the status often ill, obtain specific features of development which distinguishes them from healthy contemporaries on a number of qualitative characteristics;

□ one of distinctive features of the preschool age child with low level of health is the low level of will-power compound development;

□ will-power development of the child identity is directly connected with manifestation of personal helplessness which is caused by social factors influence and can be defined as a consequence of the stereotyping, fixed forms of family influence, and by its core is the “learnt” phenomenon.

We organized and conducted research aimed to detect the features of strong-willed action development of often ill children in the preschool age. The essence of the assumption is the level of strong-willed action development of often ill children in the preschool age is lower, than the level of this quality development of the contemporaries belonging to category of healthy children.

We conducted the research using the basic conceptual ideas of bio-psycho-social-noetic model. Within this model any phenomenon as an object field of clinical psychology is most fully considered as a system phenomenon with system (causal and not causal) determination, the system structural and hierarchy organization (mental-functional, psychological-sincere, psychological-spiritual) in their intimate and specific relation with physical (somatic) [11].

As representatives of control and experimental groups of our research equal contemporaries on the demographic signs, visiting kindergartens, and also their mothers were chosen. All surveyed children were in a stage of remission and visited preschool educational institutions. The choice of somatic sick children of this category is caused by incidence growth in these groups. The conclusion on children's state of health was made on the basis of the medical records analysis of children's development and information received in the course of conversations with parents and teachers of educational institutions.

The volume of representative selection was 186 participants. The main phases of the investigation were presented as follows: identification of will-power action development and somatic health of children on the basis of studying the level of the main components of strong-willed action development (ability to choose and carry out the purpose, to make the decision, to plan activity, to execute planned, to make efforts, to estimate result), determination of specific connections of the maternal relation and somatic health of children, and also studying the correlation between healthy lifestyle accepted in a family and somatic health of preschool age children. According to the stating part of experiment the correlation analysis of the social and psychological factors determining features of will-power action development of often ill and healthy children of preschool age was carried out.

According to the purpose, a number of practical tasks were solved which allowed us to come to the following conclusions:

- 1) The level of will-power action development of often ill children in the preschool age (5 – 5, 5 years) is lower, than the level of will-power action develop-

ment of their contemporaries belonging to the category of somatic healthy children. Statistically reliable distinctions are present at the level of 99, 9%. Conclusions about the revealed changes towards decrease in the level of development of studied quality are fair concerning all components of strong-willed action, in particular: choice and purpose implementation, decision-making, planning, execution planned, making efforts and a result assessment.

2) The experimental part of research was based on the assumption that the special social situation of often ill child development, being the defining factor in the development of the child personality, has impact on will-power action development of category somatic sick children of the preschool age. The quality of the intra family atmosphere and type of the maternal relation to the child impact the level of development of separate components of will-power action in the preschool age. The most wide spread type of the relation to the child in families of representative groups is the type revealing interpersonal distance in communication with the child, aspiration to satisfy all his requirements. On the second place on the frequency of cases there is a scale characterizing extent of child behavior control. Both types of the parental relation are the conditions determining development of learned helplessness.

3) In group often ill and in group of healthy children the observance of healthy lifestyle revealed similar tendencies (95 %), being characterized by discrepancy of ideal imagination about healthy lifestyle and real-life situation of parents. It was curious that following healthy lifestyle in a family reflects the development of the main components of will-power action negatively as parents assume implementation of strong-willed efforts concerning all components of will-power action. Let's study goal-setting for example: parents decide what sports the child to be engaged in, what form of healthy lifestyle to support. Decision-making – to visit or not to visit sports lessons, the pool, to go for a walk or not. Planning of improving actions happens depending on opportunities and desire of parents. Execution of the planned – parents decide whether achievement of positive results is important, define degree of their importance. Making efforts – parents insist on morning hardenings or charging:

they will wake in time, will remind, and will offer. The result assessment – the child receives criteria of following/ not following healthy lifestyle and the general ideas of it from parents in the form which settled during their life.

Thus, the active attitude of parents to following healthy lifestyle by the child leads to the situation when all will-power efforts are made by parents, instead of the child. They become the activity itself and will-power source itself. The child has only to follow the way of life which has been already accepted by parents only. The child can only increase the dependence and helplessness; he “learns” it more deeply. These results confirm ideas of psychosomatic approach and basic provisions of the theory about the fixed forms of family behavior.

4) The analysis of correlation connections of will-power action components with such social factors as type of the maternal attitude, the age and education status of parents, following healthy lifestyle showed that there is a direct link between development of will-power action of often ill children, such relations type to the child as “Symbiosis” and mature age of both parents. The opposing link was found with such types of relations as “Cooperation” and “The little loser”, higher education of parents and following healthy family lifestyle. The relations of the “Acceptance Rejection” and “Cooperation” types are connected with development of will-power action of healthy children, but the low level of this feature development is connected with the healthy lifestyle following, the higher education of mother and such type of the attitude to the child as “Authoritarian hyper socialization”.

5) The results of the factorial analysis allowed allocating eight major factors and extent of their influence on will-power action development of often ill child in preschool age. Among them (in the rating of influence): “The effective maternal attitude”, “The effective maternal attitude to health”, “The social status of a family”, “Degree of child’s independence and freedom of choice”, “Social maturity of the child”, “Assessment of the activity result by the child”, “Interaction of the child with mother”, “The somatic status of the child – often ill child”.

Thus, studying the features of will-power action of often ill children in the preschool age showed that the level of its development is lower than the level of will-power action development of children belonging to category of the healthy ones. And this tendency is noted concerning all main components of will-power action, in particular: choice and purpose implementation, decision-making, planning, execution planned, making efforts and a result assessment.

The scientifically confirmed fact is the preschool age is sensitive for development of will-power action, formation of independence and activity of the child. Relying on the researches testifying the importance and expediency of will-power development during this period we can testify the expediency of developing the special system aimed at forming will-power action of often ill children of the preschool age and correction of learned helplessness manifestation.

The basis of the medical- psychological- pedagogical program contains the assumption that purposeful development of will-power action of often ill preschool child, based on the program for each component of will-power action development will allow to make the level of its development in group of often ill children equal to the results of their healthy contemporaries, and also to create bases for correction of learned helplessness manifestation, which is the characteristic for category of children with the weakened health.

The modern psychological researches consider social factor as the set of public microenvironments: family, contemporaries, educational institution. Thus the important factor of personality development is activity, and the condition of development is success of personality self-realization in activity and in interaction with people around.

Relying on these ideas, we developed the directions of forming part of the research which concerned interaction with its three main subjects: often ill child, mothers and teachers of preschool educational institution (kindergartens). In the course of work with each of the mentioned categories of subjects a number of research tasks were solved.

The set of the main objectives of work with children included purposeful development of will-power action of often ill preschool children, including development of all its main components (choice and purpose implementation, decision-making, planning, execution planned, making efforts, a result assessment). It was also supposed that the learned helplessness can be presented as the object of the mediated influence (through will development).

The analysis of psychological studies in the field of will-power regulation showed existence of different approaches to phenomena “will” definition, to allocation of the main functions and stages of its formation. Nevertheless it is commonly agreed that the most efficient situation for both diagnostics and formations of will-power action of the preschool aged child is game. Consequently we developed the system of forming actions aimed to develop of all main structural compounds of will-power action, sorted out in N.A. Tsyrkun's monograph [9].

The will-power action development of preschool children and correction of the learned helplessness were carried out in the following conditions: plot-role games, games with rules, didactic games. Among the used techniques didactic games dominate. It is explained by gradual transition of the senior preschool children from game activity to educational one and the urgent problem of strong-willed behavior and activity regulation within a problem of the forthcoming school training.

In the process of correlation and factorial analysis it was established that some types of the maternal attitude correlate with certain components of will-power action, in particular its development is promoted by such relation type as the “Symbiosis” reflecting aspiration of mother to satisfy all needs of the child and emotional proximity with him. The types of the maternal relation “Cooperation” (reflecting aspiration of the parent to help the child with everything and to show high interest in all his affairs) and “The little loser” (being characterized by aspiration to infantilize the child, to attribute him personal and social insolvency) interfere with development of will-power action. The listed types of the maternal attitude act as conditions of formation and fixing the learned helplessness phenomenon.

In his studies V.A. Kovalevsky emphasized that the developing process concerning category of often ill children and their parents, has to be directed on vital prospects creation, emotional comfort and formation at the child self-confidence. Thus it is important to avoid too close emotional contact with the child, hyper guardianship over him. It is critical to give a child more freedom and options for the purpose of expansion his independence frame. Within our research we see these postulates similar to the principles which can be put in a basis of the correctional work directed on learned helplessness [14].

In this case the organization of psycho-pedagogical work with mothers of often ill children category includes such objectives as formation of parental psycho-pedagogical competence in the field of psychological features of often ill children in the period of senior preschool age, development of ways to optimize the child-parental relations towards making them warmer and more intimate by character, expansion of child freedom on, formation of belief in success of children in mother's consciousness.

The process of these tasks implementation was carried out through studying each family problems, establishment of the confidential relations, development of emotional unity of family members and reflection of parental educational receptions, formation the conscious relation to own difficulties in family communication.

The implementation of the developing program sets the tasks turned to teachers, psychologists and medical staff. The number of these tasks includes increase of psychological competence of preschool educational institutions staff in the field of ontogenetic and medical psychology by expansion and deepening of theoretical knowledge of psychological features of often ill children, about ways of will-power development of the senior preschool children within seminars, psychological consultations and professional coaching.

The results of the first part of empirical research didn't reveal any reliable distinctions in such social and psychological factor as following healthy lifestyle manifestation in families of often ill and healthy children. Nevertheless, the interrelation

between separate components of will-power action and this factor was revealed. Concerning the category of often ill children this interrelation is shown by the fact that healthy lifestyle followed in a family somehow interferes with development of will-power action of the child. That is explained by decrease in activity of the child in combination with hyper guardianship of parents, and consequently by obvious manifestation of the learned helplessness signs.

The presented system of psycho-pedagogical actions has to be also aimed at formation of steady ideas of healthy lifestyle observance in consciousness of often ill preschool child, but not only his parents and teachers. To achieve any positive result in this direction it is necessary to solve the following problems: formation in the consciousness of children, parents and teachers the resistant conviction in importance of preservation and health strengthening, development and strengthening the efficient attitude to the essence of health and healthy lifestyle, formation the need for his observance in the child. Seminars, trainings, psychological consultation and carrying out joint sports actions with children, parents and teachers can serve as means of achieving positive results for the listed tasks.

To test the effectiveness of implemented work, the assessment of will-power action changes of often ill children and the analysis of tendencies in the learned helplessness manifestation was carried out after forming actions.

The results of repeated measurement of studied qualities, testify the increase of the development level for the main will-power action components of often ill children in the senior preschool age after carrying out psycho-pedagogical correction, in comparison with level of their development in group of healthy contemporaries (which purposeful development of will-power action wasn't implemented). In the group of healthy children the tendency to development of will-power action was also observed, but its intensity is slightly lower.

The situation of illness creates the specific social situation of the child development, which can be described by combination of special characteristics such as the ambivalent child's attitude to illness and health phenomenon, special relationship

with the contemporaries (characterized by deficiency), domination of affecting-suppressing style of family education, lowered level of activity in the course of communication and activity. As a result such special, “qualitatively other” the situation of development has braking impact on will-power action development of often ill children in the preschool age. Among the factors having influence on will-power development of often ill child, it is possible to mention somatic health of the child, psychological features of his development, specific social situation of child’s development and spiritual aspect of categories “health” and “illness” perception. The implementation of specially developed program of the psycho-pedagogical correction promoting formation of will-power action in the period of the preschool age is effective concerning development of all its main components, on condition of the purposeful and systematized impact on three main categories of educational process subjects: often ill children, parents and teachers.

The results received during this experimental psychological research partly solve the problem of available gap elimination in studies concerning the description of features specifying the social situation and factors of will-power action development of often ill children in the senior preschool age. However a number of new unresolved tasks in studying the specific features and mechanisms of the learned helplessness formation connected with level of somatic health and will-power development of the child are obviously to be solved in further studies.

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