

IV РОЗДІЛ

**ПСИХОЛОГО-ПЕДАГОГІЧНІ АСПЕКТИ
ФОРМУВАННЯ НАЦІОНАЛЬНОЇ ЕЛІТИ**

УДК 370

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**SALUTOGENESIS – AN IMPORTANT CONDITION FOR THE
DEVELOPMENT OF A HUMANISTIC ELITE**

Sit mens sana in corpore sano – this famous Latin quotation- translated as "a healthy mind in a healthy body" express that only a healthy body can produce or sustain a healthy mind, which can create and express artistic values. This idea of a healthy balance in one's life style is found in the concept of salutogenesis. Salutogenesis is a term composed by the juxtaposition of a Latin word (salus= health) and a Greek one (genesis= origin) and it studies the general laws of maintaining health/ recovering from illness, the reestablishment of injured structures or of out-of-balance functions caused by the illness. This word was used for the first time by the American sociologist Aaron Antonovsky, who intended to focus on the factors that promote health, to the detriment of the theories focusing on the factors that could cause the illness. The essence of the new perspective is represented by the necessity to answer the question "What keeps an individual healthy?" and not "What makes him/her ill?" . The salutogenetic model prospects the relationship between health, stress and the way individuals cope with it, and it investigates the way they survive, adapt and get through the most traumatizing life experiences (1).

Continuing Antonovsky's perspective, the scientific research has found a powerful connection between sanogenetic functioning, coping with stress and consequential wellness (2). The sanogenetic behaviour has been investigated as well, going from the oral hygiene, to compulsory and facultative vaccinations, periodical clinical investigations, healthy nutrition, rest- at least 7-8 hours/night, lack of smoking and excessive alcohol consumption/illicit drugs, healthy social relationships and marriage.

The aim of this article is to identify the factors involved in the adoption of a salutogenic behaviour, that is essential to optimise self-efficacy and to be part of an elite . A salutogenic functioning is influenced by the following constructs:

A. Sense of coherence

In order to answer the question why some people, despite the fact that they

face stressful situations, they remain in good health and others do not, Antonovsky formulated two new concepts: “**general resistance resources**” and “**sense of coherence**”.

The SOC is a global orientation to life, and is assumed to have its origin in the individual’s socio-cultural context from which his/her internal and external General Resistance Resources (GRR) are built up (12). The GRRs provide him/her with life experience that in turn creates the SOC.

The three sub-components of SOC are: (a) Comprehensibility, the cognitive component (*the events can be explained and understood*), (b) Manageability, the instrumental component (*the problems can be solved by the individual himself or with the help of other people*) and (c) Meaningfulness, the motivational component (*a certain behavior is valuable and important, so he/she wants to adopt it*) and they concentrate on the diagnosis of the possibility for one person to positively cope with stressors (1).

A powerful sense of coherence determines an individual to perceive stressors as challenges that makes him/her activate his/her general resistance resources. Stressors are predictable and explainable. On the other hand, for a person with a weak SOC, these factors are seen as overstressing, and this perception negatively influences the resolution of the situation, with adverse effects on health (1). People have to understand their lives and they have to be understood by others, perceive that they are able to manage the situation and deepest and most important perceive it is meaningful enough to find motivation to continue. SOC is applicable on the individual, group and societal level and is fluctuating dynamically through life. Antonovsky postulated that SOC was mainly formed in the first three decades of life. Thereafter, he thought that only very strong changes in life could upset and change the SOC. People who are approaching their fourth decade in life today have had enough experience of life to become independent persons with a job and an education, have sufficient experiences of social structures and relationships and have also formed a view of life. Antonovsky postulated that SOC was universally applicable to all cultures and ethnic contexts (3).

Antonovsky (1991) wrote about the connection between SOC and ethical values, showing that a powerful SOC could be a good thing for the individual health, but it does not say anything about that person’s ethics (5).

Post-Antonovsky researches have explored the importance of the connection between SOC and types of self esteem, locus of control, fighting spirit and coping style. They revealed that SOC had a great importance for health and that active types of self-esteem, together with other adaptive dispositions play a role in SOC (11)

Eriksson and Lindstrom consider that the scale evaluating the **sense of coherence** is a valid trans-cultural instrument, useful for measuring health and quality of life (6).

B. General resistance resources

The general resistance resources represent the characteristics of an individual, a group, a subculture or a society, with efficiency in combating a large variety of stressors (13).

The GRRs are biological, material and psychosocial factors that make it easier for people to perceive their lives as consistent, structured and understandable. Typical GRRs are money, knowledge, experience, self-esteem, healthy behavior, commitment, social support, cultural capital, intelligence, traditions and view of life.

If a person has these kinds of resources at her disposal or in her immediate surroundings there is a better chance for her to deal with the challenges of life. They help the person to construct coherent life experiences (3).

The GRRs lead to life experiences that promote a strong SOC—a way of perceiving life and the ability to successfully manage the infinite number of complex stressors encountered in the discourse of life.(3). When an individual with a strong SOC is confronted with stressors, she/he is presumed to be able to mobilize her/his GRRs in order to choose the best coping strategy and to face the stressor which is seen more as a challenge than a burden (12).

C) Risk perception

“The Berlin Risk Appraisal and Health Motivation Study” promotes the theory that the risk perception is a valuable factor in determining the salutogenetic behavior (14). Many of the specific health psychology theories see the risk perception as an important factor in adopting a preventive behavior. The risk notion is conceptualized in terms of probability and severity of the negative consequences. But there are some studies that suggested some errors in what concerns the risk perceptions as predictor of a healthy behavior. The traditional models are being criticized because of their rational perspective, and they do not take into account other variables interfering in risk perception (cultural, psychological, social and contextual factors) so these models do not accurately describe the way in which individuals define the risk on their health status. The new theories identified the **emotional and cognitive mechanisms** that could **distort the risk perception process** (15). These could be:

1. **high self-efficacy level**- risky situations are being perceived as manageable, individuals cannot accurately perceive the involved risk, as it is seen as an opportunity to practice ones abilities.

2. **attitudes**- they can deform the processing of the information about the disease, especially when the individual considers that he/she can modify his/her actions whenever he/she wants it.
3. **defensive optimism**- people see themselves as less vulnerable than the others and they positively evaluate their situation when facing the threats on their health status
4. **the social comparison**- it can be social-constructive (the individual generates reference groups associated with a certain type of disease) or social-realistic (the individual is unsure about his/her information processing capabilities, so he/she turns towards the social group in order to reevaluate them)
5. **cognitive heuristics**- lead to important errors when estimating probabilities by representativity (a high degree leads to exceeded confidence in the predictability ability- eg. Smokers are more likely to develop cancer), by accessibility (an event is considered more probable if it is easier to describe, so the easier to comprehend dimension is evaluated as being more important, so the complexity of a health threatening situation is reduced to the easiest to comprehend dimension), by simulation (an easy to simulate situation is proportional with its probability), by adequacy (people start from a basic value, modified as the information becomes more accessible)
6. **denial and minimization**- category of mechanisms based on people's need to reduce fear and anxiety. There are some studies that proved that when facing the most threatening situations, the risk perception errors are the most frequent (men with a risky lifestyle that deny the risk of contracting HIV experience a reduced anxiety level)
7. **fake consensus**- people tend to believe that there are many others that act as they do (individuals practicing an unhealthy behavior perceive them more popular than the individuals that do not practice them)
8. **the socio-cultural context**- the health psychology theory, when explaining the adoption of a healthy behavior has to introduce the socio-cultural context that could predict people's behavior (7)

D) Expected benefits of preventive behavior

“The Berlin Risk Appraisal and Health Motivation Study” is a research that examined the social-cognitive determinants of health behavior. Other factors identified as possible predictors of the adoption/non adoption of a health behavior, besides risk perception, are: **expected benefits of preventive behavior** and **self-efficacy beliefs** in the face of obstacles and barriers to adopt health behaviors.

As for the psychological factors that determine the salutogenetic behavior, the research empathize the fact that, mentally, the individual calculates the **utility** and the **short-term pleasure** versus the **prospective value**. A salutogenetic behavior could initially create discomfort and increased willingness efforts, but after-

wards it can be associated with a positive emotional expression generated by “**the reward effect**” of the behavior (the wellness determined by the adoption of the behavior).

Modern science begins to understand pleasure as a potential component of salutogenesis. Thereby, pleasure is described as a state or feeling of happiness and satisfaction resulting from an experience that one enjoys. Research has identified a biological system that mediates the behavior when executing an action that produces pleasure- reward. It is the mechanism that governs a normal behavior during pleasurable experiences. Therefore, regardless of the original source of gratification, experiencing pleasure or engaging in joyful activities can activate areas in the brain responsible for emotion, attention, motivation and memory (16). Another example of activity that produces pleasure is love. Research has shown that love has consequences for health and well-being (17).

Positive emotions make our immune system function better and help to battle diseases. Furthermore, current research on these topics revealed that they are a powerful behavioral tool for supporting motivation and decision making (17).

E) Self-efficacy

Self-efficacy represents one of the core aspects of social-cognitive theory. The individual believing that he/she detains the resources to reach the desired effect is more likely to adopt this kind of behavior. The study reveals that there are at least 2 phases of adopting a health behavior: the motivation phase (initial; a person develops an intention or goal to act) and the volition phase (the person plans the details; it is related to the actual behavior). The research concluded that individuals with high scores of self-efficacy develop more optimistic scenarios about behavioral change, they have better chances to initiate an action, they possess a higher resistance in front of the temptation to give up in front of obstacles (14).

Besides the reducing of stress, the fact that life is seen positively and as challenging can also have practical effects on health. People with a high self confidence expect positive things to happen and find a meaning for every event that occurs to them.

H) Socio-economic status

Contemporary research confirms that health is influenced by the socio-economic status. If we take the social status, the revenues, the material possessions, individuals that benefit from a higher social and economic status suffer substantially less of premature mortality than those with a poor socio-economic status (18).

A study published in 2008 by the World Health Organization revealed that the socio-economic conditions determine the risk of disease. Anywhere in the world, the poorer the individual is, the more chances exist for his health to deteriorate. Inside the same country, when an individual occupies a less favorable social and

economic position, his health is in danger. It is a worldwide phenomenon that happens in countries with poor and medium revenues and into the most powerful nations as well. The research gives an example of inequalities between countries: the infantile mortality level (risk of death from birth until one year old) is of 1:2 000 births in Island and of 120:1000 births in Mozambique. Risk of death during or short after birth is of 1: 17 400 in Sweden and of 1:8 in Afghanistan (19).

I) The social support is represented by emotional, informational or material factors offered by the affiliation group or even by the entire society (asylums, rehabilitation centers, social readmission etc). Close to the individual we find his/her life partner, family, friends; afterwards we find the neighbors, work colleagues and then the organizations that he is a part of. The activities within these groups determine the adoption of health behaviors. In order for the effects of a group to be positive, the quality of the interpersonal relationships is important- it must be based on respect, altruism and affection, and in the case of professional relationships it is important the existence of a group cohesion, the correct evaluation and the existence of a reward/punishment system well established and rightful.

For children and teenagers, the family support is one of the most important elements of their life. Inadequate support from the parents will likely increase the chance of getting depression among adolescents who get into unfortunate situation with their parents. This occurs because adolescent usually become confused when they expect to get plenty of help and positive reinforcement from their parents, but it does not happen. Beside family support, peer support also is very important factor for adolescents. Children can expect a lot from their friends. Peer support can be considered as an alternate method of getting social support if the adolescents receive inadequate attention from their parents. This social support method is not as reliable as family support because young children could easily withdraw from their own friends if they become depressed. Many studies indicate that adults with high social support tend to have less chance of getting depression and anxiety disorders. Research has also found that there are connections between the social support and the number of diseases and premature deaths. As for elderly persons, they can easier accept the negative effects of getting older if they have the support of their loves ones (20).

The social interaction is a source of pleasant feelings and sensations. The attention, the communication can ameliorate the cognitive, motivational and emotional functions and they can prove very efficient in reducing stress. In this way, pleasure anchors health and it has an effect on health and wellbeing.

Another example that proves how the social support is important in promoting a health behavior is the “Social capital does matter for adolescent health: Evidence from the english HBSC study”. The study aimed to show the importance of some social indicators on health and health behavior for adolescents. It has been

demonstrated that adolescent health is influenced by the level of social involvement. For example young people with a low sense of family belonging and low involvement in the neighborhood were almost twice as likely to report poor health. Low involvement in the neighborhood was also highly associated with low consumption of fruit (21).

From this point of view, a special attention has been shown to the communication and its positive effect on health. The epidemiologic and sociologic researches reach the same conclusion- the positive role of communication in assuring longevity. Longevity is higher in the case of people who communicate and has a poor level among isolated people (Matlin, quoted by I.B. Iamandescu). Communications means affective discharge (by the emotional support of the companion), it satisfies the need of affiliation (Linton, quoted by I.B. Iamandescu) and means liberating oxytocin and endorphin. The endorphins are chemical substances produced by the brain as a response to a variety of stimuli and they represent a way of reducing stress. Besides lowering the pain sensation, the endorphins secretion creates euphoria, it liberates the sexual hormones and it ameliorates the immune system. Low communication, on the other hand produces depression and psychosomatic diseases (10)

J) Religion

The affiliation to a religion is a part of social support. The psychological and literature show a growing interest in the religion and the role of spirituality on health. Despite the fact that in the past, religion was considered as having a negative influence on health, recent research suggests that this relation is far more complex. Multiple beneficial effects on mental and physical health have been admitted.

Faith has an important role in promoting health. Some religious practices can be interpreted as salutogenetic: by fasting people improve their nutritional regime; prayers, meditations foster hope, having an important anti-depressive function (10).

Researches show that young people practicing a religion, compared with those of the same age, but non-religious, are less likely to engage in behaviors that compromise their health (e.g., carrying weapons, getting into fights, drinking and driving) and are more likely to behave in ways that enhance their health (e.g., proper nutrition, exercise, and rest) (22).

Positive correlations have been found between SOC and spirituality. A study made on the students of an American university tried to explain why some of them are protected from engaging into binge drinking and concluded that students with a strong sense of coherence perceived their lives as less stressful, reported less binge drinking and stronger religious and/or spiritual convictions than students with weak sense of coherence (23).

Religion positively modulates the psychological individual equilibrium, but it has its limits. Those limits become clear when some religious precepts impose unhealthy behaviors, such as prohibition of surgery, blood transfusion (Jehovah) or the Catholic Church official position regarding condom use, position criticized by some countries because of the growing danger of HIV infection.

J) Education

Education offers the needed information in order to adopt a health behavior and it is the basis, along with individual experiences, of the knowledge and conviction system regarding the maintaining of health. Education access and more precisely information access is one of the factors that influences an individual's health status. The information concerning the adoption of a healthy life style creates a number of convictions that the individual can transform into action, through balanced nutrition, physical exercise, reduced alcohol consumption, quitting smoking, using methods in order to prevent sexually transmitted diseases etc. From this point of view, we can figure why, for example, the AIDS incidence is higher in African countries. The lack of information, especially the information related to a healthy sexual behavior (many of the African countries prohibit contraceptives) influences the risk behavior.

An important role in the health education of the members of a collectivity is represented by school (and this is why health programs have been introduced into schools), but also the media. Lack of education and negative effects are interrelated. The same World Health Organization report exemplifies that in Bolivia, the mortality among children with non educated mothers is superior to 100: 1 000 births, while the mortality among those whose mothers finished at least high school is of 40: 1 000 births (19).

Mass-media is one of the most important information sources concerning health. The written media, TV channels and the internet educate as well. Mass media delivers information to a large population, contributes to spreading information concerning matters of public interest and creates the support for development of some health programs, consolidates knowledge and behaviors.

The lack of these methods affects the way we consolidate our convictions regarding health behaviors. This is why, from this point of view, an important role is attributed to the governing system. A democratic system facilitates the access to free and rich information, while a totalitarian one, based on media concentration, restricts it.

K) Demographic factors

Generally, women, children and older persons tend to adopt quicker a health behavior.

Women focus more on personal health care and have beauty concerns, while children present the advantage that they can be forced to adopt long term health

behaviors by family or teachers. Men focus less than women on health. They go more seldom to the doctor, they ignore dangers and they adopt unhealthy behaviors such as smoking, alcohol consumption (even if we register growing tendencies among women as well). Statistics show that the expectation of life is more reduced among males (74 years) than females (84 years) (10).

Children learn behavior by observing and imitating adults, they form their attitudes towards health and risk behaviors. At this age, the representation of the idea of wellness and disease is being formed. The parents and the adults that interact with children have a major role in developing the sanogenetic behaviors. They are also the main suppliers of opportunities to spend leisure time. Parents and teachers are those who shape the children's preferences and their attitudes towards the nutritional behavior, physical exercise and sexual behavior by their support/disagreement (24)

If for children, the communication of negative consequences of unhealthy behavior and the imposing of the adequate one could be successful, the adolescents do not react the same way. Many times, their behavior, impulsive and imprudent, is characterized by the defiance of health rules (15).

Elderly persons behave more cautiously they manifest a higher interest in medical education (medical checking, rightful alimentation, excessive therapeutic guidance) (10).

It is essential to identify these factors in order to find solutions to implement, not only to encourage the health behavior adoption process, but also to maintain it for a long time, which is a difficult thing to assure. Considering the incidence of unhealthy behavior, researchers wonder also if the intervention should take place into formal groups or if they should encourage individual approaches. Especially since, for example, it has been proved that the majority of behavior changes happen outside the formal groups.

The 21st century witnesses the development of a neo-conservative current insisting on the fact that efforts should concentrate on short term solutions rather than on long term ones. This attitude is explainable since the contemporary society is confronting with many pressing problems, including new kinds of diseases. Hence, research needs to focus more on the growing efficiency of short term intervention programs, but also on long term ones for a healthy lifestyle.

Antonovsky's salutogenesis theory and the researches conducted afterwards in this area focused on finding answers concerning the conditions that make people remain healthy. They were not interested in exploring what makes them ill. This is a more humanistic approach of the medicine, as the main factor in influencing health status is the individual himself. By the stimulation of the inner healing factors, people cope with stressors and manage to remain healthy. People's feelings, thoughts and behaviors contribute to their health status more than the scientists

used to evaluate. Therefore, the adoption of a preventive behavior is not seen as being determined only by factors outside the individual's reach an influence (medical advice), but also by inner dispositions (feelings, attitudes) and the way of interaction with the outside world (social affiliation). This humanist perspective considers the individual and his attributes as the most important variables in maintaining health/ healing. This is a revolutionary approach, as traditional medicine did not use to focus on individuals (seen as a whole), but on pathologies.

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SALUTOGENESIS – AN IMPORTANT CONDITION FOR THE DEVELOPMENT OF A HUMANISTIC ELITE

In clause conditions for formation of humanistic elite are described. To be spoken about ideas concerning healthy balance of a way of life. The essence of new prospect is presented by need to answer a question, " That holds the person healthy? " And not, " that does it/it badly? ”.

Attitudes between health, a pressure and way with which people cope with it are investigated, the way which they survive is investigated, adapt and pass through the most injuring events of a life.

Михаэла Люминита Стаицу

SALUTOGENESIS – ВАЖНОЕ УСЛОВИЕ ДЛЯ РАЗВИТИЯ ГУМАНИСТИЧЕСКОЙ ЭЛИТЫ

Говориться о идеи относительно здорового баланса в образе жизни. Сущность новой перспективы представлена потребностью, чтобы ответить на

вопрос, "Что держит человека здоровым?" и "Что делает ему плохо?". Исследуются отношения между здоровьем, напряжением и способом, которым люди справляются с этим, исследуется способ, которым они выживают, приспосабливаются и проходят через наиболее травмирующие события жизни.

Міхаела Люмініта Стаісу

SALUTOGENESIS – ВАЖЛИВА УМОВА ДЛЯ РОЗВИТКУ ГУМАНІСТИЧНОЇ ЕЛІТИ

Мова йде щодо здорового балансу в способі життя. Сутність нової перспективи представлена потребою, щоб відповісти на запитання, "Що тримає людину здоровою? "та ' Що робить їй погано?". Досліджуються відносини між здоров'ям, напругою та у спосіб, яким люди справляються з цим, досліджується спосіб, яким вони виживають, пристосовуються і проходять через найбільш травмуючі події життя.

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ОСОБЛИВОСТІ ФОРМУВАННЯ КОМУНІКАТИВНОЇ КОМПЕТЕНТНОСТІ СТУДЕНТІВ

Людське суспільство неможливе без спілкування. Спілкування виступає необхідною умовою буття людей, без якого неможливо повноцінне формування не тільки окремих психічних функцій, процесів і властивостей людини, але й особистості в цілому. Реальність і необхідність спілкування визначена спільною діяльністю: щоб жити люди змушені взаємодіяти. Спілкується завжди діяльна людина, діяльність якої перетинається з діяльністю інших людей. Спілкування дозволяє організувати суспільну діяльність і збагатити її новими зв'язками й відносинами між людьми [2].

Людина з моменту народження спілкується з іншими людьми, але часом люди, що відрізняються високими досягненнями у вивченні явищ матеріального світу, виявляються безпомічними в області міжособистісних відносин. Тому людина повинна вивчати правила взаємодії з людьми, щоб стати соціально - повноправним членом суспільства. Інакше кажучи, спілку-