

## PROBLEM OF INADEQUATE FOOD CONDUCT OF PERSONS, ENGAGED IN FITNESS AND DURING PHYSICAL REHABILITATION AS A COMPONENT OF HEALTH-IMPROVEMENT - FITNESS PROGRAMS, WAY OF ITS DECISION

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**Annotation.** Aim of research was determination of ways of decision of problem of persons' inadequate food conduct, engaged in fitness and during physical rehabilitation. For determination a type of deviant conduct is used the questionnaire of Dutch Eating Behaviour Questionnaire (DEBQ). Possibilities of use psychological and socially-elucidative training in forming adequate food conduct are considered. The program of forming adequate food conduct is developed. A role game is developed «Dietitian». Program of socially - elucidative training includes the leadthrough of four exercises for 2 hours on each. Program possibilities on forming social motivation, observance of social and medical standards of adequate food conduct are shown. It is recommended to complete groups no more than 15 - 20 persons.

**Keywords:** food, conduct, fitness, physical, rehabilitation.

### Introduction.

“Eating behavior” is understood as value attitude to food and eating, stereotype of nutrition (social standard) in ordinary conditions and in special situations, connected with significant physical and psycho-emotional loads, in stress situations and so on. Feeding behavior is considered either as balanced one (adequate, rational), or as variable (disordered, deviated from balance). Three main types of eating behavior abnormalities are pointed out: external, emotiogenic and limiting [4-8, 18].

In general, variable behavior, in the meaning of violation of social basic norms (standards), which are the basis of superior (secondary) social motivations, has acquired last years, with changing of life principles, mass character and has attracted to this problem the attention of sociologists, psychologists, philosophers, medical professions, pedagogues, teachers, law enforcement officers and etc. [8, 9, 18].

The carried out analysis of scientific and scientific-methodological literature showed that one of the main problems of persons, doing health improving fitness, and during physical rehabilitation as a component of health improving fitness programs is inadequate (variable) eating behavior. It reduces their efficiency and worsens the possibility of rational and health improving feeding, especially with obesity and protein-energetic deficit of alimentary genesis (alimentary genesis dystrophy) [4-8, 20, 33, 34].

Abnormalities of eating behavior with development of such nervous psychic syndromes as: anorexia nervosa, bulimia nervosa, compulsive eating behavior and etc. are separate problem. But this problem has already become the subject of researches, first of all by medical psychotherapy and medical rehabilitation [8, 13-16].

In spite of using of complex health improving programs, modern fitness, in its practice, has not gained success in steady reducing of body mass up to standard norms, in excluding of primary alimentary dystrophy possibility. Situation, when “diets again give no effect” and fitness and physical rehabilitation physical loads do not result in reduction of obesity appears. More over, there are cases, especially among women contingent of fitness centers, of primary alimentary genesis dystrophy symptoms with possible development of such future feeding behavior abnormalities (depending on the stage of the mentioned pathology) as euphoric, astenobulemic and astenorectal ones. It appears as a result of inadequate (variable), to some extent “asocial”, eating behavior, with deviation from the established nutrition standards, as groundless usage of “hard” (by energetic value) diets, “exotic diets” of OMG (Oh My Good!) type, combining intensive physical loads with cold baths, large amount coffee and little food. Besides, it appears with using of drop and ketonic–enteral nutrition with alrexia (partial replacement of food ration energetic value by “blank calories” of alcohol), orthorexia (liking for “absolutely correct” nutrition) and so on. All this give grounds to affirm, that economically developed countries of the world meet social-medical problem of alimentary genesis primary dystrophy. Due to this fact Israel government adopted the law, which prohibits presenting in advertising material too thin models with body mass index less than 18.5 for them not to become an imitation standard [10, 11, 17, 18, 22].

Thus, variable (inadequate) eating behavior of persons doing fitness or during physical rehabilitation as a component of health improving fitness programs is rather a non observance of socially adequate eating behavior standards than something, having nervous-psychic grounds. It is a result of following scientifically groundless eating behavior and diets “standards”, results of over enthusiasm for “achieving the results at any costs” without considering

consequences. It is a result of insufficient knowledge about adequate (rational) eating behavior, of the absence necessary skills in its practical usage [18, 20, 30-34].

Due to the said above the conduction of researches of persons', doing fitness, inadequate (variable, irrational) eating behavior and with physical rehabilitation as a component of health improving programs an urgent one as well as determination the ways for this problem's solution.

The present work has been carried out as a part of scientific & research works: "Development of health improving nutrition system for persons, doing fitness" (state registration No.001U001736).

**Purpose, tasks of the work, material and methods.**

*The purpose of the research* is to determine the ways of persons', doing fitness, inadequate (variable, irrational) eating behavior and with physical rehabilitation as a component of health improving programs, problem solution.

The main *tasks of the research* are:

- analysis and generalization of data of scientific and scientific-methodological literature in problem of persons, doing fitness, inadequate (variable, irrational) eating behavior and with physical rehabilitation as a component of health improving programs;

- on the base of generalization of scientific and scientific-methodological literature data, to determine the ways of persons', doing fitness, inadequate (variable, irrational) eating behavior, and with physical rehabilitation as a component of health improving programs, problem's solution.

*Methods and organization of the researches.*

Method of theoretical analysis, based on generalization, synthesis, extrapolation and analysis of scientific and scientific-methodological information [1]; method of training programs development, which is pointed at determination of aims and tasks of the training; methodology classes (trainings) procedure schemes and role plays creation [2, 23, 27] have been used in the present work.

Organization of the research included systemic analysis and generalization of scientific and scientific-methodological literature data in the problem of persons', doing fitness, inadequate (variable, irrational) eating behavior, and with physical rehabilitation as a component of health improving programs and development, on this ground, of this problem solution ways.

**Results of the research.**

The fulfilled analysis of scientific and scientific-methodological literature showed that for solution of inadequate (variable) eating behavior problem uppermost psychological approaches with determination of variable behavior type with the help of Dutch Eating Behavior Questionnaire (DEBQ) is applied [18].

For formation of adequate eating behavior, application of psychological (psychotherapeutic) approach like diets with psychological training (psycho gymnastic) as a mean of achieving of adequate eating behavior, has become the most popular. With such approach, in methodological aspect, the preference is given to solution of problem of readiness to adequate eating behavior.

With this, "readiness" is understood as such peculiarities of a man's personality like mobilization of definite psycho physiological features and capabilities. Demand and motivation defined as (from Latin – "movere") incentive to action, as psycho physiological process, determining orientation, self-discipline and firmness of readiness are, in their turn, a substantial element of readiness [18, 22].

Diet of Robert Swartz, diet of S.S. Smelov with application of superficial hypnotism, diet program "Doctor Bormental", which was developed for medical-psychological centers and contains medical psychotherapeutic techniques with psychological training can be related to the diets, in which psychotherapeutic approach is used. Besides, such means of adequate eating behavior achieving as "Method of obesity treatment in case of eating behavior abnormalities" (patent No.2427395, Russia), "Method of alimentary dystrophy treatment" (patent No. 2154474, Russia) and many other can be mentioned [16, 18, 24-26, 28, 29].

But all the studied diets, programs and methods do not stipulate their interconnection with health improving fitness programs of modern fitness centers. With their application obesity relapses are observed, when "kilograms return", that can negatively affect the state of health. Besides, obesity control psychotherapeutic programs do not consider the possibility of such psychotherapy side effect as alimentary dystrophy appearance [10, 11, 17, 19, 28, 29, 33]. психотерапии, дистрофии алиментарного генеза [10, 11, 17, 19, 28, 29, 33].

With using psychological training (psycho gymnastic) such side effects as genesis of acute psychosis, depressions, hypertensive crisis and etc. are possible. If applying psychological methods, it requires mandatory using of psychological safety rules and fulfillment of psychological trainings only by highly qualified psychologists and psycho therapists [5, 18, 21, 35, 37, 38].

However, with such approaches social-educational aspects are not considered enough. And, uppermost, formation of readiness, which is understood as an educational component, directed to acquiring of theoretical

knowledge and skills of adequate eating behavior. And they, to a large extent, are dominating for majority of modern fitness centers visitors. It concerns such aspects of variable eating behavior as over liking of modern diets (including dangerous for health), body mass reduction problems (obesity control) “at any cost”, without considering consequences, and, also, both: insufficient theoretical preparedness for rational (adequate) eating behavior and skills in its practical implementation.

In this aspect, application of social-educational training, which has been being used for achieving of healthy life style with correct eating behavior as a component, is more perspective and safe [23, 27].

The main peculiarity of social-educational training is the fact that it can be conducted by a specialist without special psychological or psychotherapeutic knowledge. But with this, such kind of training requires that coach shall have special professional knowledge in the conducted trainings’ (lessons) subject area. And in this aspect it is important to note that in compliance with international experience, fitness coaches should have special knowledge in problems of health, nutrition and dietology [2, 3, 23, 27, 36].

But social-educational training demands that a person- coach shall have professional knowledge in the subject area of trainings (lessons). That is why, in practice concerning inadequate eating behavior, in conditions of modern fitness centers it can be carried out by dietologists, doctors in sports medicine and fitness coaches, who have special knowledge in eating and dietology problems [3, 36].

Per se, social-educational training is the most up-to-date innovative technology of teaching, acquiring of skills, including those, which are stipulated by healthy life style programs with rational (adequate) eating behavior as a component. As innovative technology, social-educational training is created for formation of knowledge and skills, promoting correct behavior, giving information, and assistance in mastering theoretical knowledge and practical skills. The program of social-educational training fulfillment usually includes initial, main and final parts. The structure of separate trainings consists of such sections as introduction, meeting with training participants, evaluation of the participants’ awareness, actualization of problem, information block, the process of practical skills acquiring, completion of work with further distribution of issued time for the skills’ implementation [23, 27].

We have developed the program of adequate (rational) eating behavior formation for the persons, doing fitness and for physical rehabilitation as a component of health improving fitness programs with application of social-educational training. The purpose of this program is formation readiness for adequate eating behavior of persons, doing fitness. Theoretical and methodological basis of the program is formation of readiness for adequate eating behavior.

Practical significance of the program lies in admitting an active position concerning adequate eating behavior by the participants, in understanding that it is necessary to acquire skills in adequate eating behavior, that it is necessary to combine fitness trainings with correct (adequate) eating behavior. Main principles of the program lies in democratic character of trainings’ conducting, integrity of participants and coach, positive attitude to training tasks, purposefulness and realism of the program implementation. In implementation of social-educational training program such main methods as provision of information materials in the form of lectures, questioning, role plays, self-training are used.

In the process of the program’s fulfillment formation of social (secondary) motivation to follow social demands – social and medical standards (norms) of adequate eating behavior is carried out with using, for this purpose, of social-educational (pedagogical) training.

For evaluation of the level of preparedness to adequate eating behavior, special questionnaire was developed for questioning of social-educational training participants. It includes evaluation by points of the answers of such question groups as attitude to the necessity to eat correctly, ability to overcome negative consequences of incorrect (inadequate) eating, ability to get rid of desire to break eating behavior, degree of adequate (rational) eating behavior awareness, about attitude to participation in social-educational trainings in formation of adequate eating behavior and etc.

In the whole, the questionnaire includes two criteria for evaluation of readiness level of social educational training participants to adequate eating behavior: cognitive and activity criteria. Cognitive criteria of readiness are presented as a system of knowledge mastering of adequate eating behavior and exclusion its violation main principles. Activity criteria are a complex of personally acquired skills for implementation of adequate eating behavior principles in practice.

As the basis group method of social-educational training was assumed: method of work with little groups of not more than 15-20 persons each group in combination with separate elements of individual work. Group formation principles include such aspects as considering of individual wishes and individual features of training participants, groups’ formation by age and sex principles. Contra-indications for participation in the groups are mental abnormalities, which could impede the group’s work and the patient’s refusal to work in group.

For the program, role play “Dietologist”, which is to be conducted in three stages, was developed. At the first (initial) stage all participants (with the help of coach) give self evaluation of own readiness level to adequate eating

behavior, using questioning method. At the second (main) stage correction of eating behavior is carried out. At the third (final) stage evaluation of the fulfilled eating behavior correction is conducted.

In the whole, the program of social-educational training on formation of adequate eating behavior includes four trainings, 2 hours each one, considering all its main components: beginning (initial stage), main stage (the second and the third trainings) and final part (the fourth training). The program stipulates fulfillment of home tasks, conducting of lectures and discussions, considering of personal participants' wishes.

The program of adequate eating behavior formation with application of social-educational training and role play "Dietologist" has been developed for practical usage in fitness centers and for teaching the students of physical culture and sports universities in the course "Foundations of health improving nutrition".

#### Summary.

The conducted analysis of domestic and foreign scientific and scientific-methodological literature showed that the problem of inadequate (irrational) eating behavior of persons, doing fitness, and during physical rehabilitation, as a health improving fitness programs' component indeed exists.

On the base of the conducted analysis and generalization of literature data, we came to conclusion that for adequate eating behavior formation of persons, doing fitness, psychological approach in the form of psychological training is insufficient and social-educational approach with application of social-educational training is required.

The program of adequate eating behavior formation with application of social-educational training and role play "Dietologist" has been developed for persons, doing fitness and for physical rehabilitation as a component of health improving fitness programs.

The further researches will be oriented on implementation of the developed program in practice in the system of fitness centers of Ukraine and other countries.

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