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THEORETICAL MODEL OF THE COMPETENCE OF THE SUBJECT IN THE APPLICATION OF HEALTH-IMPROVEMENT PSYCHOTECHNOLOGY: AN APPLIED RESOURCE

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The article explores the effectiveness of applying health-improvement psychotechnologies, particularly the complex Imaginative Body-Oriented Psychotherapy of the Body, within the context of the psychosomatic approach.

The Aim of the study is to analyze the dynamics of the bodily locus of control and the development of competence in using health-improvement psychotechnologies among participants of the experimental group. A health-improvement psychotechnology is defined as an integrated complex of psychotherapeutic and psycho-correctional methods aimed at restoring, maintaining, and developing the psychosomatic well-being of an individual. The competence in using health-improvement psychotechnologies is interpreted as the ability of individuals to independently apply a complex of imaginative psychotherapy to enhance their bodily self-awareness, overcome psychosomatic barriers, and optimize their psychophysical state.

The study demonstrates that after participation in the RIC program, there is a positive dynamic in the internalization of the bodily locus of control: participants show a significant increase in bodily awareness, responsibility for their own health, and a decrease in external attribution of psychosomatic problems. This indicates the effectiveness of health-improvement psychotechnologies in forming an integrated psychosomatic partnership and enhancing the adaptive potential of the individual.

Keywords*: health-improvement psychotechnology, bodily locus of control, relaxation, bodily self-regulation, psychological well-being, salutogenic approach, phenomenology of the bodily self, competence of the*

subject in applying health-improvement psychotechnology, imaginative body psychotherapy, psychosomatics, RIC method.

Теоретична модель компетентності суб'єкта застосування оздоровлювальної психотехнології: прикладний ресурс

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У статті досліджується ефективність застосування оздоровлювальних психотехнологій, зокрема комплексу імагінативна тілесно-орієнтована психотерапія тіла у контексті психосоматичного підходу.

Мета дослідження — проаналізувати динаміку тілесного локусу контролю та сформованість компетентності використання оздоровлювальних психотехнологій серед учасників експериментальної групи. Оздоровлювальна психотехнологія визначається як інтегрований комплекс психотерапевтичних і психокорекційних методик, спрямований на відновлення, підтримку та розвиток психосоматичного благополуччя особистості. Компетентність використання оздоровлювальних психотехнологій трактується як здатність осіб самостійно застосовувати комплекс уявної психотерапії для підвищення рівня власної тілесної самоусвідомленості, подолання психосоматичних бар'єрів та оптимізації психофізичного стану.

У дослідженні показано, що після участі в програмі РІК спостерігається позитивна динаміка інтерналізації тілесного локусу контролю: учасники демонструють значне зростання усвідомленості тілесних відчуттів, відповідальності за стан власного здоров'я та зниження зовнішньої атрибуції психосоматичних проблем. Це свідчить про дієвість оздоровлювальних психотехнологій у формуванні цілісного психосоматичного партнерства та підвищенні адаптаційного потенціалу особистості.

Ключові слова: *оздоровлювальна психотехнологія, тілесний локус контролю, релаксація, саморегуляція тілесного Я, психологічне благополуччя, салютогенний підхід, феноменологія тілесного Я, компетентність суб'єкта застосування оздоровлювальної*

психотехнології, імагінативна психотерапія тіла, психосоматика, методика РІК.

Introduction. The problem of health, and methods for its preservation and restoration, is extremely acute in the modern world in general and in Ukraine in particular. Recently, science has relied on a holistic approach to studying the human being as a unity of biological, social, physical, and spiritual aspects. The expansion of synergistic views of the person as a complex system has led to increased attention to psychosomatic issues. The attitude of modern individuals toward their own health is paradoxical. Health holds a high rank among life's values, yet it simultaneously serves as an exploited resource—a means for survival amid the economic and social realities of today's society.

In contemporary Ukraine, the issue of employing psychological health-improvement technologies and stimulating a conscious attitude towards one's own health is particularly acute. This is due to the contradiction between the high objective demands of society for health and the low level of caring attitudes toward one's body, healthy culture, and the general decline of public health. The decrease in the level of health today is considered a social and cultural problem (Khomulenko et al, 2020, 2017. 2021, 2019).

Modern psychotherapy and medicine are increasingly confronted with their own limitations in supporting personal health restoration. Pharmaceutical methods are often unable to fulfill their tasks due to the duration of treatment, potential habituation to therapeutic interventions, and a focus primarily on treating only the external, physical manifestations of illness. Therefore, the search for new methods of human health improvement, oriented toward forming a conscious, value-based attitude towards one's own health and a qualitatively new approach—not "getting rid of disease," but "maintaining a healthy state of body and spirit"—is both timely and logical. To implement such an approach, it becomes of primary practical importance to clearly differentiate health-improvement psychotechnology, its effectiveness characteristics, and the

components of the subject's competence in their application (Khomulenko et al, 2020).

Analysis Of Recent Publications

The salutogenic theory by Antonovsky A. (1990, 1996) presents a distinct perspective on health and the mechanisms of its maintenance and restoration. Since health and illness form the extreme points on a continuum, a person's health status includes many transitional (intermediate) states. Movement toward the "health" pole is accompanied by the development of a particular feeling—a sense of coherence—which is a systemic, salutogenetic orientation of the individual within themselves and the world (Lesnichenko et al, 2023; Antonovsky,1996).

The sense of coherence includes three components:

1. comprehensibility—confidence that the stimuli arising from both external and internal sources of experience throughout life are structured, predictable, and interpretable;
2. manageability—related to the extent to which an individual perceives available resources as sufficient to meet the demands of these stimuli;
3. meaningfulness—related to the degree to which a person is emotionally engaged by the sense that life has meaning, and to what extent they feel that problems and demands are worth investing in.

Antonovsky identifies three ways in which the sense of coherence influences health:

1. a positive effect of the sense of coherence on endocrine and immune system functioning through psychosomatic mechanisms, supporting homeostasis in the body;
2. individuals with a high sense of coherence are more motivated to avoid situations or activities detrimental to their health and to actively engage in health-promoting activities;
3. the sense of coherence influences cognitive processes involved in stress assessment.

In this context, it is important to clearly define the semantic space of health-improvement psychotechnology and the competence of its user. In the overwhelming majority of sources applying the term "psychotechnology," it is understood not merely as a single

technique but as a sequence of methods influencing the psyche for therapeutic, educational, organizational, or preventive purposes. In the psychological health literature, particularly in anti-stress programs, this concept is considered a subset of psychotechnologies oriented toward sanogenesis and salutogenesis, and the restoration of psychophysical equilibrium. In the context of valeology and physical education, "health-improvement psychotechnologies" are included among restorative techniques, with the "psycho-" prefix indicating methods with a psychological component. There is no direct, established academic or lexical definition for "health-improvement psychotechnology." Anti-stress psychotechnologies are regarded as a subtype of psychotechnologies aimed at health improvement.

The **Aim** of the research is to construct a theoretical model of the competence of the subject in applying health-improvement psychotechnology, to characterize the methodological principles for the development of health-improvement psychotechnology, and to test its effectiveness using the example of the RIC (Relaxation-Imagination-Comfort) method.

Results. Based on the premise that competence is a motivated system of abilities of the subject embodied in the experience of application, the definition of the concept "competence of the subject in applying health-improvement psychotechnology" must, first of all, include the following structural elements:

- designation of the nearest generic concept;
- enumeration of the specific differentiating features of the defined concept;
- additional definitions, if required by the listed features.

Secondly, it must have a structure that includes a list of the system of abilities of the subject in applying health-improvement psychotechnology.

- a description of the criteria for the motivation of the ability;
- an indication of the necessity of experience in applying the ability.

Thus, the competence of the subject in applying health-improvement psychotechnology is a system of motivated abilities for

- mastering and application;

- evaluation;
- modification;
- improvement;
- creation of psychotechnologies aimed at ensuring, restoring, and maintaining the full functioning of the organism.

The presence of competence in the subject applying health-improvement psychotechnology can be stated when the following requirements are met. Formed abilities:

a) mastery and application of health-improvement psychotechnology, which includes orientation in identifiers and a developed orienting basis for actions in the implementation of psychotechnics included in health-improvement psychotechnology;

b) expert assessment of the quality, ecological soundness, and effectiveness of health-improvement psychotechnology;

c) modification of health-improvement psychotechnology, which involves changing the composition of its psychotechnic complex according to the actual situation and the appropriate adjustment of the orienting basis for actions;

d) improvement of health-improvement psychotechnology, entailing alteration of the psychotechnic complex to enhance effectiveness or broaden the range of its impact;

e) creation of fundamentally new, previously unused health-improvement psychotechnology and the psychotechnics it comprises.

2. These five categories of abilities are motivated, that is:

a) there is an understanding of the significance of these abilities;

b) there is an intention to use them.

3.There is experience in applying these abilities. Accordingly, it is possible to distinguish between a reproductive level of competence (abilities a), b)) and a productive level of competence (abilities c), d), e)).

For a clearer understanding of the content of the subject's competence in applying health-improvement psychotechnology, it is necessary to define the system of "necessary and sufficient" means on which health-improvement psychotechnology should be based.

Health-improvement psychotechnology is a complex of psychotechnics aimed at ensuring the restoration and maintenance of the full functioning of the organism, which is based on the following means:

- internalization of the bodily locus of control;
- relaxation;
- self-regulation based on feedback from the bodily self.

Bodily locus of control is the tendency to attribute the causes of what happens to the body in the realms of physical activity and health, alimentary and sexual behavior, to external or internal factors. An internal bodily locus of control is the tendency to see the causes of what happens to the body in one's own activity and the inclination to accept responsibility for the state and functioning features of one's own body.

A meta-analytic study by D.A. Cobb-Clark and colleagues showed that an internal locus of control is associated with increased frequency of physical activity, healthier nutrition, and a reduced risk of obesity. Importantly, the locus of control does not act in isolation but interacts with other personality traits, particularly self-control. Studies have demonstrated that an internal locus of control enhances the positive impact of self-control on health indices, and self-control partially mediates the relationship between locus of control and health (Cobb-Clark D.A. et al , 2014).

The process of internalizing the locus of control in health interventions involves the formation and strengthening of beliefs in one's own ability to influence the functioning of the organism. According to Bandura A.'s social-cognitive theory, the development of an internal locus of control is closely connected to the development of self-efficacy—beliefs in one's own capacity to successfully perform actions necessary to achieve desired results. Internalizing the bodily locus of control in the context of health-improvement psychotechnologies means a transformation from a passive position regarding one's own health to an active, agentic position characterized by taking responsibility for the processes of self-regulation of the organism.

Relaxation is the process of achieving equilibrium in the organism as a psychosomatic unity by relieving bodily tension and attaining a state of calm.
The concept of the relaxation response, proposed by Benson H. in the 1970s, describes a state of the organism opposite to the stress response, characterized by slower breathing, decreased heart rate, reduced blood pressure, and diminished muscle tension. The neurophysiological basis of the relaxation response is a shift in the autonomic nervous system balance toward parasympathetic activation, accompanied by lower cortisol levels and activation of trophotropic mechanisms.

A systematic review of studies on the effectiveness of relaxation techniques has demonstrated their positive impact on a wide range of health indicators. A meta-analysis of randomized controlled trials showed that relaxation techniques effectively reduce anxiety, depressive symptoms, chronic pain, and improve blood pressure parameters. Importantly, systematic relaxation practice leads to long-term changes in the functioning of the body's stress-reactive systems.

Modern psychotherapy and psychosomatic medicine utilize a wide range of relaxation techniques, which can be classified by their mechanism of action into somatic (progressive muscle relaxation after Jacobson E., concentrative relaxation after Wilda-Kiesel A.) and cognitive (autogenic training after Schultz J., meditation, guided imagery). Concentrative relaxation, developed by Wilda-Kiesel A. in the 1960s, is based on focused attention to one’s own body and the processes occurring within it, facilitating the development of a dialogue with the bodily self (Cobb-Clark, 2014).

A randomized controlled trial by Lagmann M. et al. (2017) demonstrated that functional relaxation in combination with psychoeducation is significantly more effective than psychoeducation alone in reducing stress and psychosomatic complaints. Research results indicate that relaxation acts through multiple mechanisms: direct influence on the autonomic nervous system, alteration of cognitive appraisal of stressful situations,

increase in interoceptive sensitivity, and formation of self-regulation skills.

In the context of health-improvement psychotechnologies, relaxation is viewed not merely as a tension-releasing technique but as a process of attaining equilibrium within the organism as a psychosomatic unity. This process involves the integration of somatic, emotional, and cognitive components of experience through the conscious observation of bodily sensations. Relaxation, in the form of both external and internal calming, is achieved through a kind and positively directed attention to the body, which creates conditions for the restoration of the body's natural self-regulation mechanisms.

An ecological (constructive) method of tension relief is not a rapid discharge of energy, as seen with certain narcotics or some sexual practices, but rather a uniform redistribution of energy throughout the body, as occurs during autogenic training, progressive muscle relaxation, concentrative relaxation, or in the act of psychosomatic partnership.

Self-regulation based on feedback from the bodily self. Phenomenological psychology and modern body-oriented approaches regard bodily awareness as an integral aspect of embodied self-awareness, which is realized through action and interaction with the environment. Research by Wolf E. Mehling and colleagues (2011) has shown that bodily awareness is a key element or mechanism of action in therapeutic approaches such as yoga, tai chi, body-oriented psychotherapy, and mindfulness practices. Conceptualizing bodily awareness in mind-body therapies emphasizes that the body is not merely an object of observation but represents a carrier of innate bodily intelligence.

Phenomenological analysis indicates that the experience of embodiment constitutes a fundamental synthesis of "having a body" (the body as object) and "being a body" (the body as felt from within). This synthesis is foundational to the experience of self-identity, with each person, as an existential task, needing to develop their own specific version of embodied synthesis. Harmony or

disharmony of this synthesis is associated with psychological distress and psychopathology.

Self-regulation of bodily functioning is achieved through a system of basic psychological structural-functional formations (PSFF), which belong to the cognitive and emotional-value components of the bodily self. The cognitive component includes knowledge about the structure and functioning of the organism, understanding of self-regulation mechanisms, and the ability to use them. The emotional-value component reflects attitudes toward one's own body, acceptance of corporeality, and the emotional coloring of bodily sensations (Khomulenko T.B., Kramchenkova V.O., Turkova D.M., Lesnichenko N.P., Mironovich B.S., 2020. “Methodology for diagnosing the bodily locus of control”).

The mechanism of self-regulation of bodily functioning is realized through a sequence: knowledge → attitude → attention → internal sensation → internal dialogue. This sequence reflects the integration of cognitive processes (knowledge about the body and its functioning), emotional-value attitudes (positive attitude towards the body), focused attention (concentration on bodily sensations), interoceptive awareness (internal sensation), and reflexive processes (internal dialogue with the bodily self) (Khomulenko T.B. et al., 2020).

One example of high-quality health-improvement psychotechnology is the RIC (Relaxation–Imagination–Comfort) technique, the characteristics and effectiveness of which were described in the article "Complex of methods of imaginative psychotherapy of the body in healthy psychotechnology ‘RIC’: efficiency and features of application". The study described in the article demonstrated a decrease in the intensity of physical ailments, reduced subjective anxiety concerning ailments, and improvement of the emotional stereotype of perception of organic states, including possible painful or unpleasant sensations. The research data indicated that the RIC psychotechnology can be used to maintain psychosomatic balance, optimize individual internal resources for self-healing, and foster psychological harmony (Khomulenko et al. 2019).

Following the development of the bodily locus of control diagnostic methodology (Khomulenko T.B., Kramchenkova V.O., Turkova D.M., Lesnichenko N.P, Mironovich B.S., 2020. "Methodology for diagnosing the bodily locus of control"), the question arose regarding the effectiveness of the RIC technique in terms of bodily locus of control internalization.

The study involved 80 students from H.S. Skovoroda Kharkiv National Pedagogical University, aged 18 to 27, including 63 women and 17 men. Participant selection was based on the criteria of recognizing the need for health-improvement psychotechnologies, interest, and voluntary participation. Ten working groups of eight people each were formed, following recommendations for group size in imaginative body therapy.

As a result of the application of the RIC health-improvement psychotechnology, a positive dynamic was observed in bodily locus of control internalization indicators and a negative dynamic in the intensity of subjective ailments, as shown in Figure 1.

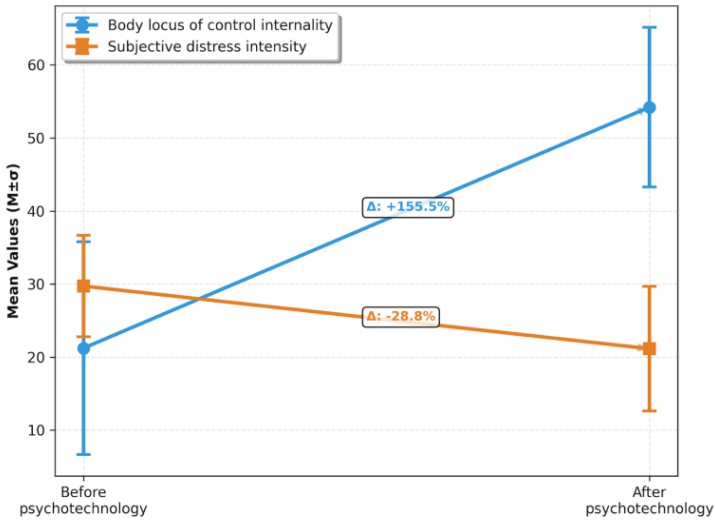


Figure 1. Dynamics of indicators of bodily locus of control internalization and intensity of subjective ailments as a result of the implementation of the RIC health-improvement psychotechnology.

Conclusions

1. Analysis of contemporary health-improvement programs allows for the identification of key organizational principles: holism (consideration of the interconnection of physical, mental, emotional, and spiritual aspects), activity and subjectivity of the client (development of responsibility for one's own health), gradualness and systematic approach (program staged with progressive deepening of practice), integrativity (synthesis of various methods and techniques), and reflexivity (awareness of personal experience and changes).

2. Analysis of scientific literature reveals systemic links between three key components of health-improvement psychotechnologies. Internalization of locus of control establishes the motivational basis for engagement in self-regulation practices and forms the belief in one's own ability to influence bodily functioning. Relaxation provides the psychophysiological prerequisites for effective self-regulation by reducing sympathetic activation and increasing sensitivity to bodily signals. Self-regulation based on feedback integrates cognitive knowledge, emotional-value attitudes, and practical skills of managing bodily states.

3. These three components form a synergistic system: the development of an internal locus of control strengthens motivation for relaxation practice; relaxation enhances interoceptive sensitivity necessary for biofeedback; and successful self-regulation experience, in turn, reinforces the internal locus of control. Thus, these components not only coexist but mutually amplify each other, forming a holistic system of psychological influence on health.

4. The integrated health-improvement psychotechnology operates through multiple interconnected mechanisms. At the neurophysiological level, it optimizes the functioning of the autonomic nervous system, lowers stress hormone levels, and activates parasympathetic recovery mechanisms. At the psychological level, it shapes an adaptive cognitive health schema, including beliefs in the controllability of bodily processes, a positive attitude toward one's body, and developed skills for reflection on

bodily experience. At the behavioral level, integrated psychotechnology promotes the formation of healthy behavioral patterns by increasing awareness of the relationship between behavior and bodily state, developing stress-management skills, and strengthening intrinsic motivation for maintaining health. Importantly, these changes are not transient – systematic practice results in lasting changes in brain function owing to neuroplasticity mechanisms.

5. Empirical studies confirm the effectiveness of integrative health-improvement programs that combine relaxation, the development of bodily awareness, and the formation of an internal locus of control. Meta-analyses show that multicomponent interventions—including relaxation techniques, psychoeducation about bodily functioning mechanisms, and self-regulation training—are more effective than monotechnic approaches. In particular, programs integrating concentrative relaxation with imaginative techniques of body therapy demonstrate positive dynamics in subjective health assessment, a decrease in the intensity of somatic complaints, harmonization of dominant psycho-emotional states, and an increase in the level of bodily awareness.

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