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NEW TRENDS IN UKRAINIAN HEALTH PSYCHOLOGY

Анотація. Зроблено спробу обґрунтування сучасних тенденцій в українській психології здоров'я (варіативне розмаїття – інтегративність підходів; «позитивні» – «негативні» концепти; одно-, багаторівневі та моно-, міждисциплінарні моделі хвороби/ здоров'я; розрив /«схизис» – трансдисциплінарна взаємодія теорії та практики «підвищення», промоція здоров'я). Автори статті розглядають дані тенденції як індикатори незавершеної методологічної кризи в психології в цілому та транзитивності позицій наук про здоров'я, що розвиваються від класичної парадигми пізнання до нової позитивної пост-не-класичної.

Ключові слова: методологічна криза, моделі здоров'я, позитивна постнекласична парадигма пізнання, психологія здоров'я, салютогенетичний підхід.

Аннотация. Предпринята попытка обоснования современных тенденций в украинской психологии здоровья (вариативное многообразие – интегративность подходов; «позитивные» – «негативные» концепты; одно-, многоуровневые и моно-, междисциплинарные модели болезни/здоровья; разрыв/«схизис» – трансдисциплинарное взаимодействие теории и практики «продвижения» здоровья). Авторы статьи рассматривают данные тенденции в качестве индикаторов незавершенного методологического кризиса в психологии в целом и транзитивности позиций наук о здоровье, которые развиваются от классической парадигмы познания к новой позитивной пост-не-классической.

Ключевые слова: методологический кризис, модели здоровья, позитивная постнеклассическая парадигма познания, психология здоровья, салютогенетический поход.

Problem identification. Practically during one hundred years of the development of scientific psychology, targets of “negative” nature predominated both in researches and also in interventions. In opinion of E. Deiner and P. Mayers

(1995), “negative” approach to “positive” one in general to be as 17 to 1. Such orientation of psychology is formulated as e.g., deviations, behavior / emotional disorders, psychological diseases or, in concrete terms, aggressiveness, deprivations, depressions, stresses etc. However, the last decade of the past century and the early 2000s several coil events took place. Above all, it must be mentioned the multidiscipline conference in Canadian Vancouver (July 2000) titled “Searching for or Meaning in the New Millennium” and the appearance of the monothematic issue of the American psychologists, entitled “positive psychology”. So, in fact, phenomena as formerly used to be ignored by psychologists: wisdom, honesty, humaneness, prudence, gratitude, *positive health*, subjective and psychological well-being and “everything else ready for infusion of the positive spirit” (Wong, 2000), – are coming into the picture of psychology and health researches too. In the opinion of Ch. Snider, who at the early 2000s has begun to research such spiritual notions as forgiveness and hope, “the first stage – declaration of independence from a model which studied pathologies (otherwise, the “negative paradigm”), is over” (Snider, 2003).

The objective of the present study is to examine current trends and long-term changes in the development of Ukrainian health psychology, which is at an early stage of transition to a new “positive” post-non-classical paradigm.

Theoretical investigation in health psychology is conducted on the basis of accessible literature resources. Thus, the main scientific research tools are the meta-analysis and reflection as valid methodological comprehension.

The role of behavior in health and also life style has received increasing attention as from the beginning of the XX century the causes of deaths shifted obviously, from infectious and dietary diseases to chronic ones. Besides, the marked changes in disease patterns have occurred not only in western industrialized countries, but in the so-called transformative countries as Ukraine is. In keeping with these disease patterns and the behaviorism angle of vision framework, the subject matter of health psychology interests is primarily the illness or sick-role behavior factors of life dysfunctions and also health-protective activities /behaviors (Matarazzo, 1982; Casl & Cobb, 1966; Golding & Cornish, 1987; Langlie, 1977; Mechanic, 1979). The last decade of the past century the health-protective behavior was added by characteristics of positive nature (E. Diener, 1995; S. Hobfoll, 2002; M. Seligman, 2003). Therefore, it includes broad kinds of “*positive*” human behavioural activity: from aspiration to health, keeping the harmonious condition of well-being to personal self-realization and happiness (M. Seligman, 2006). But in the everyday life individuals sometimes move away from such *positive* activity up to opposite context in which health is maintained. Evidently, these individuals are oriented to the search of effective methods and availability of treatment or emotional experience of illness. That is why the scientist Matarazzo (1982), a founder of American health psychology, characterizes its status as a complex discipline directed to maintain and strengthen physical, mental and spiritual health of the human in the unity and interdependence.

In spite of its discipline’s complexity some important problems were not

solved after health psychology was designed so National Institutes of Health has been organised first in the USA and then in Europe. One of them is the problem of conceptual and paradigmatic diversity among theories, categories and notions in psychology itself and different disciplines of health sciences associated with it. This is especially true of basic psychological concepts and conceptualizations: “psychological health” (A. Maslow, G. Olport, K. P. Rodgers, V. Frankl; O.I. Danilenko, I. Galecka, I. Kalitievskaya, S. Kulachkivskaya, D. Leontyev, P. Lushin, S. Maksimenko, O. Zavgorodnya at al.); “subjective and psychological well-being” in the frame of theories and models (N. M. Bradburn, C. Diener, C. Riff; Yu. Aleksandrov, P. Fesenko, D. Leontyev, E. Nosenko, E. Osin, G. Puchkova, R. Shamionov, T. Shevelenkova, O. Shiryaeva, A. Voronina, I. Zavgorodnya at al.); “quality of life” (Kováč, Magnuson, Endler, Nakonecny, Hampden-Turner, Hall, Lindzey; V. Bochevlyuk, O. Bohucharova at al.) etc.

In order to solve the problem of development of health psychology that has been a subject of debate among researchers for a long time (N. Amosov, G. Apanasenko, B. & V. Ananievs, I. Galetcka, A. Maslow, J. Matarazzo, G. Nikiforov, G. Olport, K. Rodgers, V. Frankl at al.), the various psychology theorists proposed pluralistic methodology approach as a wide range of disciplines which could study the optimal healthy function / development of the person: health psychology (J. Matarazzo, G. Nikiforov, I. Galecka), psychohygiene (S. Boltivets, V. Noskov), psychological anthropology (A. Shuvalov), psychology of personality growth (A. Maslow), positive psychology (M. Seligman, E. Nosenko,) psychology of happiness (M. Argail), psychology of optimism (O. Sychov), psychology of body (V. Nikolayeva, V. Shebanova).

Meanwhile, at the beginning of the third millennium the salutogenic approach created by Antonovsky made the real revolution in the health sciences. The notion of salutogenesis has become universal, cross-cultural and system paradigmatic (Antonovsky, 1979). And what is more the question of general resources of health (general resistance resources – GRRS) that is salutogenic topical issue, has been among long-term, highly-frequented subjects of interest to both theoretically- and practically-oriented psychologists. For example, the “positive” features of psychological health have been researched by western, Russian and Ukrainian scientists (C. Peterson, M. Seligman, M. Rosenstock, C. Ryff, J. Tedeschi, D. Leontyev, E. Nosenko et al.). As it is known Antonovsky’s “sense of coherence” (SOC) comprises three concepts: *comprehensibility*, *manageability*, *meaningfulness*. Among these three ones meaningfulness is considered as a general mediating factor for promotion health. That is why a special place in the salutogenic approach naturally belongs to happiness, optimism, love, forgiveness, hope, humanity and hence, in a broader understanding, to internalized spirituality (B Lindstrom, M. Eriksson, P. Wikstrom). Therefore, a lot of foreign and Ukrainian authors were influenced by Antonovsky’s notion of “sense of coherence” as a base for health and its “positive”, spiritual aspects, in particular. In A. Antonovsky’s opinion (1982), salutogenesis correlated with the results of many empirical researches revealed some parameters of different kinds and forms of mental and physical health or well-being. The researcher believed that sense of

coherence can exist as general resources within various aspects of life. So, in addition to general resources which help to combat diseases, the various important life events (e.g. serious illness, marriage, birth of a child, loss of a loved one, bankruptcy) are also effective sources of psychological health, well-being and happiness. It has been proved by L. Burlachuk in his psychology of life situations.

The American researchers B. Lindstrom, M. Eriksson, P. Wikstrom (2010, 2012) and authors of this article have examined in detail both foreign and Ukrainian studies about the relationship between SOC and main contemporary theories and constructs which are linked with physical and mental/psychological health. Table 1 briefly summarizes these various studies that examine the SOC's influence on physical, mental and spiritual health (A. Antonovsky, B. Lindstrom, M. Eriksson, P. Wikstrom, L. Burlachuk et al.).

Table 1

Theories and concepts within the framework of the salutogenic approach

Sense of Coherence – SOC		
Comprehensibility	Manageability	Meaningfulness
Cultural capital (Bordieu), Social capital (Putnam), Locus of control (Rotter), Self-efficacy (Bandura), Pedagogy (Dewey), Will to meaning as logotherapy (Frankl), Ecological system theory (Bronfenbrenner), Quality of life (Lindstrom), Interdisciplinarity (Klein), Implicit approach (Arshava, Nosenko), Psychology of life situations (Burlachuk)	Learned optimism (Seligman), Learned hopefulness (Zimmerman), Learned resourcefulness (Rosenbaum), Action competence (Brum, Jensen), Coping (Lazarus), Emotional & Social intelligence (Goleman, Akerjordet et al.), Empathy (Eisenberg), Will to meaning as a trait (Frankl), Well-being as positive and negative balance (Diener), Attachment (Bowlby), «Humiliation situations» of pregnant women with traumatic corporal experiences as poor resources (Shebanova)	Hardiness (Kobasa), Humor (Martin), Resilience (Werner), Flow (Csikszentmihalyi), Connectedness (Blum, Galetska), Reasonableness (Kaplan), Gratitude (McGullough), Psychological well-being as selfactualisation (Riff), Posttraumatic personal growth (Tedesche), Inner strength (Nygren), Self-transcendence (Haugan), Flourishing (Keyes), Empovement (Freire), Thriving (Carver), Value of humanity as a predictor of all the forms of well-being (Nosenko)

It is important to stress that there are domestic theoretical and empirical studies in topical issues of salutogenesis assessments (I. Arshava, V. Bocheylyuk, V. Bulanov, L. Burlachuk, I. Galetska, E. Nosenko et al.). The different manifestations of the value of humanity, as were shown by the Ukrainian author, predict all the forms of well-being (E. Nosenko, 2015). On contrary, negative effects of poor resources such as «humiliation situations» which occurred more frequently, for example, in the group of “unhealthy pregnant women” with traumatic corporal experiences (weight deformations et al.) than in the group of “healthy women”, subsequently have their negative influence on female health. That is, poor resources, as empirical variable demonstrates, were the causes of

deterioration of the women’s wellness and their reproductive function (V. Shebanova, 2014, 2016).

Clearly, despite the importance of the conceptual and paradigmatic diversity and the role of theoretical pluralism, now integrated principle of knowledge organization is characteristic of current non - classical status of all sciences in general and psychology and health psychology in particular too (I. Galecka, M. Guseltseva). Besides, finally in psychology in comparison to universal principals of classical and non-classical characteristics of current status of science most vividly are post-non-classical ones: communicativeness, integrated organization of scientific knowledge, post -non- classical rationality, post modernistic criticism (K.J. Gergen, F. Capra, D.E. Polkinhorne E.F. Schumacher, I. Prigozhin, E. Yanch).

It is important to stress that the field of health psychology has recently begun to pay more attention to the characteristics of families and family system at all phases of health and illness (I. Bowlby, 1982; M. Seligman & R. Darling, 2004; E. M. Khasanova & N. I. Ismailova, 2012; V. Shebanova, 2015; D. Voronovich, 2010 et al.). Table 2 briefly summarizes Campbell’s review of various studies including Ukrainian ones in the questions of family approach.

Table 2

The family’s impact on physical and mental health

Health problem	Family variables	Results
Physical health Smoking	Partner support	Partner helpfulness predicted smoking cessation
Mental health Depression	Family environment, mental health of biological parents, perceived parental care, marital conflicts; family and child history	The presence of depressed person and parental styles; decreasing in marital disputes correlates with decreases of depressive symptoms; depressed patients scored parents as less caring and more controlling; children of depressed parents had more psychopathology
Mental health Alcoholism	Marital interaction, family participation, marital conflicts, alcoholism in family, communication style, marital satisfaction, family stress	Family involvement is associated with completion of treatment; decreased drinking is associated with fewer symptoms in spouse; relapsed family had less cohesion, expressiveness and congruence than recovered family
Mental health Anorexia nervosa	Family characteristics	Lack of leadership, covert coalitions, self-sacrifice, unity facade, rigidity, conflicts
Physical and mental health Obesity	Spouse/mother involvement, spouse reinforcement	Spouse involvement is positively associated with maintaining weight loss, separating mother and child

Scientists agree that the family constitute is the most important socio-cultural context within which illness occurs and passes (Littman, Bishop, Campbell, Olson). That is true also for some domestic researches, e.g. the deterioration of

relations in the family affects the attitude of the spouse to the child's illness (K. Kutovyy, V. Kornienko at al.); the nature of connection between child's attachment to mother and her rich/poor experiences of the family in childhood is associated with well-being in adulthood (L. Samoshkina et al.); the more personality strengthens activity in support and defense of health, the higher level of well-being will be (O. Bohucharova, 2014); the character of choice of the form of senior pupils' self-determination (it may be amorphous, fragmentary and structured) in the space of future life relations is conditioned upon the type of the self-reflection of their own body potential (vital, conform and personal one) (A. Rozhdestvensky, 2004); problematic eating behavior strategies among children or teenagers are linked with eating strategies and lifestyle of their alimentary family (V. Shebanova, 2015).

Otherwise, if a traditional linear model relied heavily on pathogenic medical paradigm, a unified biopsychosocial model or biopsychosocial-spiritual one which may be added by cultural-spiritual aspects, is assumed to supersede previous designations of illnesses and "unhealthy personality" as "physical", "somatic" or "psychological" problems. At the same time, a multidimensional logic, which develops post-non-classical sciences is viewed personality as a complex spatiotemporal organization of self-developing system.

Finally, although there may still be skepticism about the benefits of lifestyle, the balance of evidence from studies like World Health Organization (WHO) and from other researches favours lifestyle interventions (Ainsworth, A. Kornienko, & V. Kovalenko, V. Kornatsky et al.). In general, the dilemma of enhancing the poor health of Ukrainian population can be solved only in the way of psychoprevention presentation as "positive" psychooptimization of the individual and community lives. Unfortunately, there is a huge gap ("skhisis", Vasilyuk, 1996) between theory and practice, fundamental theoretical and applied researches in modern science of health in general and particularly in psychology (Gergen, 1994; Van der Vleist, 1982; Vigotsky, 1982). So personality optimal functioning and new formation of theory and practice health promotion and health education is the new trend in the development of health psychology. Then, there is a set of barriers to health promotion, which focuses on problems within the field of psychology. The most effective health promotion programs are those that reach the largest possible number of people more or less simultaneously. However, the model psychologist use coping in the questions of e.g. emotional problems, consulting, treatment, training in the form of one-to-one or small group basis, that is unique experience for the personality. As a consequence, in lifestyle researches and health promotion programs psychologists need to search for most effective methods of behavior changes that are suitable for large number of people, cases or places of mass communications. Furthermore, the condition of their use has been formulated according to enhancement of physical health and lifestyle of personality.

Conclusion. Thus, the current trends in the field of health psychology are: 1) the trend of a subject-matter *renovation*; 2) the trend of the *united methodology*; 3) the *"promotion" health trend*.

In whole, in psychology in comparison to universal principles of classical and non-classical characteristics of current status of science post-non-classical ones are the most vividly. It may be said that a “negative” orientation derived from the pathogenic paradigm of medicine and also psychology to person’s socially psychological reality is overcome. First of all the pathogenic paradigm is being ousted by the salutogenic approach accepting health tridimensionally, including somatic, psychological and social aspects. It is important to stress that salutogenesis is becoming broaden, intensively studied and besides, it is unlimiting phenomenon and conceptualization model. That is, salutogenic studies which are a part of a larger sanity scientific research approach in health sciences, confirmed the necessity of “positive” orientation to human nature. As a matter of fashionable expressions, but the mega-concepts which unite a wide range of theories and personality variables both in western and Ukrainian health psychology. A lot of empirical studies in topical issues of salutogenesis assessments demonstrate common positive, integrated logic of science evolution. That is why, the studies of psychological health, well-being, and quality of life provoke the scientists a *positive paradigm in psychology* to be broaden and deepen. As valid methodological comprehension of wide range of health psychology notions in their multi-level and multi-complex nature is concerned, the studies of such phenomena as physical and mental/ psychological health or well-being inevitably require an integration of the methodological approaches first of all, when gathering data from the so-called “subjective” and “objective” spheres. Then, in comparison with traditional presentations of a linear model subsequently in modern and post-modern non-linear ones “health” and “illness” must be located in the ongoing interaction among biochemical, psychological, and social-cultural-spiritual experiences. Therefore, the bio-psycho-social-spiritual models allow psychologists to make diagnostic and treatment in a more holistic framework. But a novelty in these models is the insertion of some further components on an individual-civilizing (cultural) level. Advancement in the field of family theories and researches connected with some multidimensional, research-interdisciplinary and cross-cultural models. As to the problem of overcoming gap between theory and practice and enhancing poor health of Ukrainian population, it can be solved only in the way of psychoprevention presentation as “positive” psychooptimization of the individual and community lives. A development of theory and practice of health promotion/ health education and health psychology as a whole must be synchronized as two dynamic lines that serve for a perspective of optimal functioning of personality.

The theoretical research findings open up new prospects for assessing the role of health psychology in enhancing positive aspects of science evolution and play an important role in the development of health promotional competence which can be used as a new personality-mediated measure of research/intervention efficacy.

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New trends in Ukrainian health psychology

Background. The problem of development of health psychology subject and definition of its basic terms (“psychic”, “mental”, “psychological” health, “well-being”, dichotomies “health/illness”) have been studied by numerous researchers (N. Amosov, G. Apanasenko, B. & V. Ananievs, I. Galetcka, A. Maslow, J. Matarazzo, G. Nikiforov, V. Noskov, G. Olport, K. Rodgers, V. Frankl et al.). At the beginning of the third millennium the salutogenic approach made the real revolution in the health sciences (A. Antonovsky, B. Lindstrom, M. Eriksson, P. Wikstrom). Significant changes happened in the complex of natural and humanitarian sciences in the frame of which psychic health had been studying. In this way the starting point of postmodern or post-non-classical psychology was realized (K. Gergen, F. Capra, D. Polkinhorne).

The **objective** of the present study is to examine current trends in the development of Ukrainian health psychology.

Method – theoretical investigation.

Results. In the framework of theory called post-non-classical paradigm the current trends are: 1) the trend of a subject-matter *renovation* – refusing from sharply “negative” orientation and as a result the diversity organization of scientific knowledge, and, on contrary, introduction of integrated bio-natural, humanitarian-spiritual logic of health sciences which provokes a “positive” paradigm in psychology and also mutually correlated network of theories to be broaden and deepen; 2) the trend of the *united methodology* as tools and methods of cognition – from one- or mono- to multi-level, multi-dimensional models of health/illness as holistic cultural framework of research models (enhancing of communication between “subjective” and “objective” spheres, as for example, by means of intersubjectivity in humanistic psychology); 3) the *“promotion” health trend* as enhancing of the Ukrainian population – that means not only the way of psychoprevention presentation as psychooptimization of the individuals and communities’ lives but also the way of solving the problem of overcoming gap between fundamental theory and researches/intervention practice (“skheesis” dilemma, F. Vasilyuk).

Conclusion. The theoretical research findings open up new prospects for assessing the role of health psychology in enhancing positive aspects of health science evolution.

Keywords: methodological crisis, models of health, positive postmodern or post-non-classical paradigm of cognition, psychology of health, salutogenesis.