Fairy-Tale Therapy as a Means of Forming Health- Saving Competence of Children with SEN

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Abstract: The article is devoted to defining the peculiarities of forming health-saving competence of children, including the ones with special educational needs, by fairytale therapy means. The objective of the study is to highlight the specific way in which the health-saving competence of children, including the ones with SEN, can be formed by means of fairy-tale therapy.

Results: A list of fairy tales, works of children's literature, poems, cartoons and films was identified. Examples of activities for children using the fairytale therapy are given. The directions of formation and development health-saving competence of children, including the ones with SEN, by fairy-tale therapy means are highlighted. Examples of activities for children using the fairytale therapy are given: 1) analysis of the story content, the behaviour of characters, their actions, consideration of illustrations and conversation behind them; 2) making illustrations from puzzles; 3) working with interactive books / toy-book / book with icons; 4) drawing the illustrations; 5) putting the sentence in the correct order (according to the content of the fairy tale (story, poem, cartoon, children's film); 6) preparation and participation in a theatrical performance; 7) making puppets for puppet theatre; 8) guessing puzzles, selecting proverbs, sayings that can illustrate the content; 9) guessing crosswords; 10) participation in the game trip; 11) housekeeping of illustrations, objects, stroking, hatching; 12) forming mental operations etc.

Conclusions: Fairy-tale therapy is an effective, entertaining and affordable tool that can be used by the educator to form the health-saving competence of children, including the ones with SEN.

Keywords: *health, competence, health-saving competence, fairy-tale therapy, children with special educational needs*

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1.Introduction

In the situation of the world, the motto «Save the health of children» is somehow outdated. If health is wealth, it must be reproduced, increased, not just stored.

It is known that the causes of a sharp decline in the health level of preschool and primary schoolchildren are the decline in living standards, social shocks, adverse environmental situation in Ukraine, deterioration of maternal health, stress, lack of physical activity, malnutrition, overload, etc.

Nearly 20% of all children and adolescents have a chronic condition or disability (National Centre on Physical Activity and Disability) (Including All Children: Health for Kids with Disabilities), and the levels of participation in recreational or school sport, and physical activity programs are much lower than their non-disabled counterparts. It is therefore critical that all children with disabilities engage in healthy eating and regular, adequate physical activity. These children, as much or more, than other students must learn what about the steps to leading a healthy lifestyle, often within the context of the abilities and limitations of their respective conditions.

Children and adolescents do not practice enough physical activity or have too much unbalanced nutrition, and the consequence of these unhealthy and bad habits is overweight that can lead to obesity, impairment of health and, implicitly, the quality of life. Some action is needed to promote a healthy lifestyle and increase physical activity to at least 60 minutes a day, in order to reduce the sedentary behaviour among children and adolescents due to excessive use of the Internet, social networks or audiovisual media. Implementation and support of programs to promote physical activity among them is necessary, given the increasing number of overweight and obese persons (Damian, Oltean & Damian, 2018).

The tasks of strengthening and preserving the health of the person and the whole nation need to be addressed with the help of pedagogical means. The basic approaches, methods, techniques and skills for the development of health-saving skills of students in the context of school education are complex (Karpus, 2018).

Therefore, there is a need to find effective, entertaining and accessible means that can be used by the educator to work on the health-saving competences of children, including the ones with special educational needs. One of them, in our opinion, is a fairy-tale therapy.

In today's busy world, adults lack the time to talk to children. A great way to make contact with them is listening and telling stories. Fairy tales,

which can be found among the creative teaching tools, could be used when working with children (Kuciapiński, 2014).

2. Theoretical Background

2.1. Health-saving competence in the educational process

Health-saving competence is defined as the ability of a person to maintain physical, mental, spiritual and social health (Andriushchenko, 2012). In the works of T. Shapovalova, health-saving competence is defined as a flexible dynamic personality trait, manifested in the ability of a person to develop his own scheme of a healthy life and to manage such a process. Personality should be able to direct activities at the preservation of health, to assess adequately their behavior and behavior of others (Shapovalova, 2012).

In studies of O. Vashchenko health-saving competence is defined as a set of knowledge, skills, values and attitudes aimed at organization, strengthening and preservation of health (Vashchenko, 2012).

N. Bashavets defines health-saving competence as the ability to engage in health-saving activities at a high level. This person is distinguished by deep knowledge in the field of healthcare (Bashavets, 2013).

T. Andriushchenko interprets health-saving competence as the need to give children knowledge about health, formation of a value-oriented attitude towards their own health and all living creatures, creating a health-saving environment. All these items create a solid foundation for a healthy lifestyle (Andriushchenko, 2012).

The criteria (motivational, cognitive-activity, informational communication, reflective-productive) and their levels (high, average, low) for estimation the formation level of certain components of health-saving competence (Khatuntseva, Kabus, Portyan, Zhernovnykova, Kara & Knysh, 2020) were worked out.

Numerous researches (Damian, Oltean & Damian 2018), (Gorghiu, Buruleanu, Gorghiu, & Avram, 2018), (Marchuk, Chemerys, 2018) (Yablochniuk, Zymovets) and others show and prove that the problem of forming children's health-saving competence is getting higher.

On the base of researches (Andriushchenko, 2012; Bashavets, 2013; Shapovalova, 2012; Vashchenko, 2012) we can say that health-saving competence is the high level of excellence in the personality of health-saving activity, characterized by deep knowledge about the preservation and strengthening of health, the possibility of free possession of healthcare-saving activities and relevant competences. It is accompanied by a belief in

the importance of organizing their own health-saving actions, a positive attitude to them, and the ability to use health-saving technologies during training activities, independent exercises and active recreation.

3. Purpose of the Study

This paper aims to highlight the specific way in which the health-saving competence of children, including the ones with special educational needs, can be formed by means of fairy-tale therapy.

4. Methodology

4.1. Research Methodology

In line with goal of the paper, the following methods of the study have been used:

1) Analysis and synthesis of pedagogical, psychological, defectological, art-therapeutic and fiction literature on the research subject. They were used for the contemplation of theoretical ground of forming health-saving competence of children, including the ones with special educational needs, namely: clearing up its definition, identification of its components, which are necessary for developing the named phenomena, detection of the grounds that would help in the stated process.

2) Studying and generalizing pedagogical experience of using fairy-tale therapy with the aim to form health-saving competence of children, including the ones with special educational needs. They were used for the systematization of positive practice and adoption of effective solutions of forming students' health-saving competence.

3) Analysis of teaching and learning kits about the fairy-tale therapy. They were used for developing the authors' approach to forming health-saving competence of children, including the ones with special educational needs.

4.2. Research procedure

This study describes the authors' methods of positive experience of forming health-saving competence of children, including the ones with special educational needs by means of fairy-tale therapy.

During more than 10 years, the authors have been observing nearly 200 preschool children of combined type kindergarten № 458, where there are groups with children with speech disorders; 200 primary schoolchildren

of school № 38, 124 in inclusive classes, where there are children with speech, behaviour and intellectual, mobility impairments (Kharkiv, Ukraine); have been working with 1500 preschool, primary school, philology teachers and teachers of the subject «Basis of Health» in different postgraduate education institutions (Ukraine). The authors have been researching the ways of forming health-saving competence of children, including the ones with special educational needs, by means of fairy-tale therapy. Therefore, the methods of observation, analysis have been applied in our classes, and selection of the most successful ones, which really helped to develop intercultural competence, have also been used.

5. Results

5.1. The problem of children with special educational needs' health-saving competence

Children with special needs are about twice as likely as other children to be overweight or obese often due to the related greater likelihood of being sedentary. Some conditions, such as cerebral palsy, increase the difficulty in eating thus leading to underweight but others, such as Down syndrome, may contribute to overeating and overweight or obesity. However, the general trend of obesity in children with disabilities is much greater than underweight.

Unfortunately, children and youth with special needs are often overlooked or systematically excluded when school physical activities are planned and implemented. Usually, this is not due to intentional efforts to exclude or ignore. This exclusion, which significantly limits the experiences of these children, is more likely due to the lack of understanding of the abilities of the students or/and fear of potential injury related to the limitations of various conditions suffered by students with disabilities.

The problems connected with state of health of different children with SEN, their characters, possible physical activity limitations and inclusion tips for possible solving these problems are shown in table 1.

Table 1. *The problems connected with state of health of different children with SEN and possible tips to overcome them*

Source: (Including All Children: Health for Kids with Disabilities)

Character of a problem and SEN	Possible Physical Activity Limitations	Inclusion Tips
Medical: Includes asthma, diabetes, cancer, heart disease or other chronic illness	Students who have these conditions vary greatly in their physical fitness and general physical skills and in specific situations. They may tire easily; have low strength and endurance. Continuous vigorous activity is often not recommended. They may also have special dietary needs and take medications that must be monitored carefully	Medical disabilities do not preclude doing most skills but may limit the duration and intensity (time, distance or repetitions) of participation. These students may need frequent rests and they may wear heart rate monitors to measure the level of exercise intensity they experience. Their medications may require adjustments when they are to engage in moderate to vigorous physical activities. School attendance may be irregular in severe cases due to acute symptoms or medical treatment. However, including them in physical activity may help to improve attendance. It is important to keep these students connected to their peers so they are as involved as possible. Social networking can be very helpful in allowing communication between and among classmates and the student(s) who are unable to attend

		school fulltime.
Sensory – Communication: Blindness, deafness, speech problems, autism, traumatic brain injuries, ADHD	Students with sensory and communication-related disabilities run on a continuum from no physical mobility limitations to some coordination difficulties, physical mannerisms, or limited flexibility. The primary restriction for communication disabilities is limitations in the ability to gather information or provide feedback. Students cannot participate if they do not know what is expected and it may take longer to understand directions. Medication may affect energy levels or appetite.	It may be helpful to identify supports for communicating through auditory and tactile means for blind students and to use cue cards and sign language for deaf students. Strategies such as repetition, demonstrations, and physical assistance may be needed to increase the ability to participate. These students may need additional time and limited directions at a time. Providing step-by-step opportunity to practice all the parts of a movement task will allow students with communication disabilities to learn what is required to be successful.
Social-psychological: Autism, self-management issues, low self-esteem, phobias	Students with these disabilities may have difficulties related to interactions with other students, fear certain activities or lack confidence in new situations. They may be unwilling or unable to try physical activities. They may compensate for what they believe is the inability to perform by	Prepare the student by having one-on-one communication between the teacher and student about what is to occur. Offer the opportunity to pre-practice without the pressure of others watching, or understand that the larger group may help these students feel comfortable when

	acting out or not following rules or directions.	participating in a group activity. Identify areas of strength and competence as starting places for greater integration into the group, and realize that possible leadership opportunities may help these students. These students may be particularly responsive to peer-helpers.
Mobility – balance – coordination: Cerebral palsy, paraplegia, spina bifida, dwarfism, use of wheelchairs and walkers	Mobility challenged students cannot move freely and safely in some physical activity situations. Their safety, as well as the safety of others, may be at risk. The safe use of walkers, crutches, and wheelchairs in crowded spaces and while others are moving requires creative planning. Accommodations are needed to allow more time and greater space for students using special equipment. Many of these students will have mobility goals in their IEP, such as unassisted transfer from chair to a walker, that lead to activity that is more independent.	These students can often share their ways of adapting when they understand what is going to occur. Using activities that can be done with all participants seated may be helpful. These students can be more a part of activities if they have a peer-helper where the peer-helper can assist the disabled students with exercises to increase mobility
Cognitive: Intellectual disability, Down syndrome,	These students have cognitive limitations and information processing problems that reduce their	Providing careful directions and simplifying steps involved in activities can

learning disabilities	ability to follow directions or carry out activities that require complex decision-making. They may have short attention span and difficulty grasping the intent of activities or the multiple aspects of a game. Some cognitive learning disabilities that may have an impact on classroom activities will limit full physical activity participation.	help students with cognitive limitations understand what is to be done in a particular activity. Limit requirements to 1-3 practiced in sequential order (for example, play kickball or whiffed ball with one base instead of three). Opportunities to practice the movements before engaging in large group play will prepare students to play a team role. Having a peer helper can also be a helpful strategy for supporting the participation of students with cognitive disabilities, as they can provide cues to help them make the necessary moves safely.
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Therefore, we can name some ways to adjust physical activities to include children with special needs:

- Alter speed, duration, space used, equipment or/and rules of play.
- Slow down the activity to accommodate students with limited mobility or poor aerobic fitness. Repetitions can be greater for higher levels of fitness or students that are more mobile.
- Reduce the duration of activities for students with lower levels of fitness.
- Utilize a smaller playing area to facilitate the ability to cover the area for less mobile or skilled students.
- Use different kinds of balls that are easier to hold, throw or see easily. Goal balls have bells inside so that blind students can locate them.

Whiffed and Nerf balls fly more slowly than solid ones and reduce the fear of being hit. Rackets/paddles with short handles are easier to strike with than those with longer handles. Batting tees and suspended balls facilitate hitting or striking activities.

- Provide rule adjustments that increase incentives to include every team member or provide extra opportunities for less-skilled students to allow for greater participation. Playing non-competitive games provides action and skill practice and involvement of everyone.
- Provide a peer-helper to participate with a student with a disability. Adult aids may be available to special needs students but a peer helper can often engage the student more fully and directly. The participation should provide choice and decision-making opportunities for the special needs student and a sense of participating with other students.
- Ask students to create activities that are inclusive of the limitations of classmates.

Mentioned above let us single out the following basic five steps for physical activity opportunities for children with special needs to form their health-saving competence:

1 – *Safety First*: It is very important to start with thinking of child safety. Check up on the special needs students in your school. Special needs students will have Individualized Educational Plans (IEPs), which identify specific learning goals and objectives that are tailored to the individual student. These plans will include any special considerations for keeping students safe and healthy. Contact one or more members of the IEP Team to learn about the needs and limits of these students. Learn as much as possible about the disabling conditions that affect the students in your school.

2 – *Integration of Wellness*: Consider the IEPs and how wellness activities can support the overall educational plan for each student. Which wellness activities can easily be integrated into their day that will not only support their health but also encourage and support learning?

3 – *Make the Connection*: Connect and work with the other students, school personnel and parents to support the student in their general education as well as the healthy lifestyle specific activities. Inclusion is about both the student with special needs and their peers.

4 – *Increase Participation*: Focus on abilities versus disabilities and consider how the student can participate at the highest level possible to learn developmentally appropriate content. This may require various adaptations, such as changing equipment, the speed of movement required, modifying space or providing peer assistance through peer helpers.

5 – *Promote healthy lifestyles*: Consider how to instil messages about healthy lifestyles and assist students to increase capacity for making positive choices even when physical skills may be limited. This will allow students to enjoy greater inclusion and interaction with peers at school and beyond.

As we see, there are many forms and methods of forming and developing children's health-saving competence mentioned in pedagogy and psychology. Among them, we can name: physical, sport and musical activities, including Health Day, different kinds of gymnastics, excursions, role and theatre games, games-travelling, games-experiments, solving problematic and situational tasks, project activities, and independent children's activities devoted to mastering health culture, printed games (lotto, puzzles, jumbled pictures etc.), illustrations according to health theme, etc.

At the same time, fairy-tale therapy is the oldest method of practical psychology in human civilization and one of the youngest methods in modern pedagogical practice. Fairy-tale therapy is a help in raising and educating children through a fairy tale.

Fairy tale is a treasury of folk wisdom, an inexhaustible source of folk pedagogical thought. Communication through fairy tales is best suited for building trusting relationships with adults, for influencing the children's perception of the world, their emotions and behavior. It is easier for children to find answers to their problems and questions in fairy-tale images and situations. Texts of fairy tales cause intense emotional resonance in both children and adults.

Fairy-tale therapy is an innovative method of working with children, which allows gently and unobtrusively affects the child with the help of a fairy tale, while solving a variety of problems, including forming health-saving competence. It is really a good way to explain the child in a fairy tale form that it is necessary to keep the regime, to be clean, to brush teeth, to eat healthy food etc. Children of all ages also enjoy fairy-tale situations that a teacher or parent can create on their own: for example, about a girl who did not like to wash, and her soap and towel refused to be her friends. Fairy tale characters make it much more interesting and easier for children to memorize any rules and skills that are designed to form a healthy lifestyle.

Especially it is important for children who have special educational needs, because such children have problems not only with their state of physical and moral health, but also problems in perception the information, with attention and behaviour. That is why fairy-tale therapy methods are very good for forming health-saving competence of children, including the ones with special educational needs.

5.2. Fairy-Tale Therapy as a Means of Forming Children with Special Educational Needs' Health-Saving Competence

Fairy-tale therapy is a specific type of bibliotherapy that is made up of a system of instruments and procedures, which aim at promoting growth and improving health (Kuciapiński, 2014).

Fairy-tale therapy is a term that is such a scientific and practical area, which through the use of metaphoric resources of a fairy tale (including genres close to it), allows people to develop self-awareness and to build special levels of interaction with each other, thus creating the conditions for the formation of the subjectivity thereof (Vachkov, 2016).

The fairy tales were referred to in the works of the foreign and domestic psychologists: E. Fromm, E. Bern, E. Gardner, I. Vachkov (2016), M. Osorina, E. Lisina, R. Tkach (2008), T. Zinkevich-Yevstigneeva and others.

Different aspects of fairy-tale therapy's therapeutic and educational properties were also proved by I. Danyliuk, S. Zolnikova (Danyliuk, Zolnikova, 2019), Nina W. Brown (Nina W. Brown, 2008), D. Pasca (Pasca, 2015), T. Sinielnikova, N. Vornik (Sinielnikova, Vornik, 2016) and others.

Fairy-tale therapy embraces narrative methods and reading passages based on fantasy and involves a narrator and humans, animals, objects of even plants, which come to life. Fairy-tale therapy uses the symbolic language of traditional stories aimed at children and encourages listening and reflection about the narration, as well as individual or group reconstruction of the plot, with the aim being to encourage a deep and correct assimilation of what has been read or generates personalization, depending on the specific needs of the participants and context. Narrating made up stories, which can include not only fairytales but also fables, myths, legends and other folklore stories, which lend themselves very well to addressing a subject, are very valuable from a pedagogic and psychological point of view. The method helps in solving personal dilemmas. It is a kind of support in the process of achieving safety. It may also be a means to meet children's needs (Kuciapiński, 2014).

Fairy-tale therapy can help children develop emotional intelligence as well as better self-awareness and awareness of others, healthy self-concept and sense of identity, enhanced imagination, human morality (Sayer, Kristiawan & Agustina, 2018).

In understanding of T. Zinkevich-Yevstigneeva, the fairy-tale therapy is not just a psychotherapy direction, but it is the synthesis of many

achievements in psychology, pedagogy, psychotherapy and philosophy of different cultures (Zinkevich-Yevstigneeva, 2008).

T. Zinkevich-Yevstigneeva (Zinkevich-Yevstigneeva, 2008) marks out six types of fairy tales, which are used in fairy-tale therapy: artistic, folk, author's folk, didactic, psycho-correctional fairy tales and psychotherapeutic fairy tales.

Artistic fairy tales include the fairy tales created by centuries-old wisdom of the people and the author's stories. Actually, exactly such stories shall be called fairy tales, myths, and parables. The artistic fairy tales have both didactic, and psycho-correctional, and psychotherapeutic, and even meditative aspects. Artistic fairy tales were created not for the psychological counselling, but nevertheless successfully serve to it.

The most ancient *folk fairy tales* are called in the study of literature to be myths. The most ancient basis for the myths and fairy tales is the unity of the person and the nature. It was typical for the ancient consciousness to find the personalia for the human feelings and relations: love, grief, suffering and so forth. We are also using this phenomenon in the psychological-pedagogic practice of today.

Plots of the folk fairy tales are diverse. Among them there are the following kinds.

Fairy tales on animals, mutual relations between people and animals. Children under five-years-old age identify themselves with the animals, try to be them alike. Therefore the fairy tales on animals can better transfer the life experience to small children.

Everyday life fairy tales. They often tell about the everyday life falsities; show the ways for resolution of the conflict situations. They form the position of common sense and sound sense of humour with regard to the hardship, tell about small family cunning. Therefore the everyday fairy tales are irreplaceable in the family counselling and in work with the juveniles aimed at formation of an image for the family relations.

Scary stories. Fairy tales about the evil spirits: witches, vampires and the others. Apparently, here we deal with the fact of the kids' self-therapy: repeatedly modelling and worrying the disturbed situation in the fairy tale, children feel relief from the tension and get new ways of reaction.

Magic fairy tales. The most fascinating fairy tales for those of 6-7 years. Thanks to the magic fairy tales, the subconscious of the person receives the «concentrate» of the life wisdom and the information on spiritual development of the person.

Work with fairy tales begins from analysis of it, discussion. When the fairytale senses will be worked through and bound with the real life

situations, it is possible to use the other forms of work with fairy tales: manufacturing of puppet, dramatization, drawing, sand therapy etc.

To help the patient to understand his internal experiences, it is recommended to choose for work with him the *author's artistic fairy tale*, in spite of the considerable quantity of personal projections (they are valuable at that moment!).

The educational tasks are given in the form of the *didactic fairy tales*. In these stories the example solution is a passage of the test, a series of the solved examples leads the hero to success.

According to T. Zinkevich-Yevstigneeva (2008) the *psycho-correctional fairy tales* are created for the soft influence on behaviour of the child. Correction here is understood as «replacement» of non-effective style of behaviour with more productive one, and an explanation to the child of the sense of the event.

It is necessary to say that application of the psycho-correctional fairy tales is limited in age (approximately till 11–13 years) and in problematic issues.

Tkach (2008) thinks that for the fairy tale or history to find the strength and to assist, it is necessary to adhere to certain rules for creation of it:

1. The fairy tale should be in some details identical to the problem of the child, but should not have the full similarity with it.

2. The fairy tale should offer the replacing experience, using which child can make a new choice when solving the problem or the psychologist should help with it.

3. The fairytale plot should be developed in certain sequence

Once upon a time there lived.

The fairy tale beginning, acquaintance with its heroes.

For children of 3-4 years it is recommended to make a toy, little men and animals to be the key hero of the fairy tales;

Starting from 5 years – fairies, wizards, princesses, princes, soldiers and so forth.

Approximately from 5-6 years the child prefers the magic fairy tales.

In the teenage age the fairy tales-parables and everyday life fairy tales can be interesting.

When suddenly one day ...

The hero faces a certain problem, conflict, coinciding with the problem of the child.

Because of it ...

It shows what is the solution of the problem and as how the heroes of the fairy tale do it.

Culmination.

Heroes of a fairy tale cope with the difficulties.

Outcome.

The outcome of the therapeutic fairy tale should be positive.

Moral of the fairy tale ...

Heroes of the fairy tale take the lessons from their actions. Their life considerably changes.

5.3. Fairy-Tale therapy content for forming health-saving competence of children, including the ones with special educational needs

Fairy tales are understandable and close to children, easy to remember. Reading or telling fairy tales, viewing illustrations to them, children form the concept of healthy lifestyles, the need for hygienic procedures and companionship. This unique opportunity to experience, «play out» life situations without sacrificing one's life and destiny puts the fairy tale together with the most effective ways of educational work with children. It is no accident that fairy-tale therapy or its elements are now used by preschool teachers, general education teachers, psychologists, speech therapists, and parents of children.

Tkach (2008), in his book «Fairytale Therapy of the children's problems» structures the fairy tales according to the independently taken children's problems:

1. Fairy tales for the children, who experiences fear of darkness, fear of the medical cabinet and other fears.
2. Fairy tales for the hyperactive children.
3. Fairy tales for the aggressive children.
4. Fairy tales for the children, suffering the disorders of behavior with the physical implications: problems with meals; problems with the urinary bladder etc.;
5. Fairy tales for the children who faced the problems of family relations. In case of divorce of the parents. In case of a new family member appearance. When children think that they should feel much better in another family.
6. Fairy tales for the children in case of loss of the close people or beloved pets.

As we see, these types of fairy tales can be used for improving children's moral and physical state of health.

In our opinion, the formation and development the health-saving competence of children, including the ones with SEN, should be carried out in the following interrelated ways by means of fairy-tale therapy:

1. Daily Routines (My Working Day).
2. Sports and health.
3. Health and illness.
4. Moral health. Formation of vital values.
5. Personal hygiene, cultural and hygiene skills.
6. Quenching.
7. Food culture. Useful and harmful food.
8. Self-service.
9. Careful attitude towards toys and things.
10. Sleeping and rest.

Depending on the age of the child, different kinds of fairy tales can be used, such as *world known fairy tales* about health: «Thankful Tigris» (China), «Lion's Disease» (Africa), «Father's Testament» (Burma), «The Hare and the Tortoise», «The Swallow» (Korea), «The Bear and the Fox» (Abkhazian fairy tale), «The Cock and the Hen in Nut Tree» (Norway), «Bird feather dress» (Vietnam), «Imaginary illness» (Slavic folk tale) and others; *literary tales*: «Planet Health - Human Health» by Ella Otis, «To Your Good Health!» by Andrew Lang and others.

There are fairy tales on *hygienic topic* such as: «Rudie Nudie» (Quay, 2011), «How to Give Your Cat a Bath» by (Winstanley, 2019), «Pirates Don't Take Baths» by (Segal, 2016), «Baby Animals Take a Bath» by (Arnold, 2017) and others; on *the topic of healthy eating*: «Beauty and the Beast and the Beneficial Food» by (Brown, 2016) and others; on *the topic of taking care of toys and things*: «MAGICAL TOYS» – a story about organization and taking care of your toys» by (Ordan & Amos 2014), «The Velveteen Rabbit: or, How Toys Become Real» by (Bianco, 2014) and others.

Particular attention should also be paid to the issue of shaping the social, moral and spiritual health of children. For example, the «Dolphin Story movie» is an amazing story of friendship, self-sacrifice, and a belief in a miracle that gives important life lessons that relate to friendship, devotion, and compassion. The movie «Karate-kid» teaches patience on the way to the goal, shows that good overcomes evil, and power is not in the fists, but in the head. Extremely good and instructive story «Charlie and the Chocolate Factory» provides a lot of valuable lessons: not to abuse sweet, not to be angry, to respect someone else's property, to appreciate loved ones, not to let go of hands in a difficult moment and to believe in a dream. On the example of an 11-year-old girl Pollyanna (by E. Porter's story «Pollyanna»)

(Porter, 1992), wonderful family film teaches children not to give up, to try to see the good in the bad. The main moral of the animated movie «Wall-i» is that we have only one planet, and we need to take care of it, maintain cleanliness and order.

5.4. Activities for forming health-saving competence of children, including the ones with special educational needs, by fairy-tale therapy

According to Chekh (2009) there are some methods of the fairy-tale therapy:

1. *Fairy tale telling.* The telling of the fairy tale is already therapeutic as such. The fairy tale should be better told than read aloud, since at that the therapist can watch what is happening with the client in the course of counselling.

The therapist and the child can compose a fairy tale together, simultaneously dramatizing it in the whole or in some elements. The child can compose a fairy tale independently.

2. *Fairy tale drawing.* It is recommended to draw the fairy tale after that, to sculpt it or represent in the form of the application. Drawing or working with the color cardboard, plasticizer, the client embodies all what worries him, his feelings and thoughts. Thereby he relieves from anxiety or other feelings which disturbed him. Quality of the image has no value. In case of the strong feelings probably the drawings of the child or the adult show various monsters, fire or dark paints. The new drawing on the same fairy tale can be already calmer, paints will be already more light.

For drawing it is better to take the pencils (the gouache is recommended if you are drawing something specific, and the water colours – if you are drawing the sensations, emotions).

3. *Fairy-tale therapy diagnostics.* By means of the certain fairy tales and puppets it is possible to carry out the diagnostics of these or those problems of the child. The Figurative world of the fairy tales allows the child to identify himself with the character from the fairy tale. Children are to a considerable degree inclined to identify themselves with the animals rather than with people. Child unites his thoughts and worries with the thoughts and worries of the character from the told fairy tale and tells about them; answers suggested by the child for the questions of the adult allow making the conclusion about an actual emotional state of the child and his imaginations concerning the further development of the situation.

4. *The fairy tale composition.* Independent composition of continuation for the fairy tale and telling it by the child allows detecting his spontaneous

emotional implications which usually are not registered in the behaviour of the child, but at the same time exist in him.

5. *Manufacturing of puppets.* When using the puppets or toys all manipulations with them should be worked through in advance: speech sounds should be referred directly to the child; diction should be exact with sufficient strength of the voice; it is necessary to adjust the voice and speech for the internal characteristic of the character; all movements of the psychologist should correspond to the content of the said words, their intonation.

By means of the puppets it is possible to solve the following problems:

Psycho-diagnostics carrying out.

Achievement of the emotional stability and self-control.

Acquisition of the important social skills, experience of the social interaction.

Development of the communicative skills.

Consciousness development.

Development of the gross and fine motor skills.

Resolution of the internal conflicts.

Prevention and correction of fears.

Speech development.

Search for the internal mechanisms for resistance to the diseases.

Correction of relations in the family.

Formation of psychosocial identity for boys and girls.

6. *Method «Katathym approach in the fairy tale»*

Ya.Obukhov worked out a method of «Katathym approach in the fairy tale», combining the elements of the fairy-tale therapy and guided affective imagery. The lesson structure consists of four phases:

Phase of preliminary conversation (15-20 min). At this stage, the child is offered to tell about his favourite fairy tale. The psychologist asks the child when he has heard for the first time this fairy tale. From whom he has heard it, as well as where it occurred. What moments of the fairy tale especially excited him. As the child treats the characters of the fairy tale.

Relaxation phase (1-5 minutes). The child is asked to close his eyes ask and to relax. For this there is made the exercise for relaxation.

Phase of image (on the average about 20 minutes). The child is offered to imagine himself in the fairy tale about which he told during the preliminary conversation.

Discussion phase (5-10 minutes). Discussion of the fairy tale is made and they ask to draw at home the seen image. The drawing is discussed during the next session.

However the usage of this method has the following contraindications:

1. Acute or chronic psychoses or state close to the psychosis;
2. Cerebral-organic syndromes in the serious form;
3. Insufficient intellectual development with IQ lower than 85;
4. Insufficient motivation.

On the base of mentioned above we can offer the following examples of different kinds of activities on the material of fairy tales that a teacher can use to form the health-saving competence of children, including the ones with SEN:

1) *Analysis of the story content, the behaviour of characters, their actions, what they lead to, determination of the main opinion, consideration of illustrations and conversation behind them:*

- The little piggy does not want to take baths (Segal, 2016). How does his mother trick him into taking a bath? How the little pig would come up with place he could go to escape his bathtime? Can he find the place like this? Whom the little piggy decide to be? Why? Finally, he decides to be a treasure hunter and his mother knows just where he can find treasure. Where?

- Ron does not see why he has to put his toys away (Ordan & Amos, 2014). Can you explain why? What did Ron's toys do? Why? What lesson did Ron get?

- The boy plays with his other new presents and forgets the velveteen rabbit for a time (Bianco, 2014). Why? Why is the velveteen rabbit so sad? Tell some words about the Skin Horse, the wisest and oldest toy in the nursery. How did the Skin Horse help the Rabbit? Did the boy like the rabbit? How should the children take care about their toys?

- Tell about Mashen'ka (Mogilevskaya, 1967). **What kind of girl is she? Why couldn't Big Bubble fly away from the girl's hands? Why did she find herself in the Toothpowder dessert? Why did Mashen'ka agree to have a bath in Aunt Sponge's house? Who helped the little girl to come back home? How? What do you think, will Masen'ka wash and brush her teeth after the adventure?**

2) *making illustrations from puzzles;*

3) *working with interactive book / toy-book / book with icons;*

Working with interactive book «Beauty and the Beast and the Beneficial Food» (Brown, 2016). The children turn over the pages and read the book. After that, they answer the questions:

- How much fruit is needed daily?
- What foods are in the vegetable group?
- What are grains, and what vitamins can you get from them?
- Protein is vital to our health. Name foods that give you lean protein. (Preferred)
- Name foods that give you fatty protein. (Not recommended)
- Children typically need 2-3 cups of dairy each day. Name some dairy products.

4) *independent drawing the illustrations;*

For example, we can ask children to draw how Baby Animals take a bath (Arnold, 2017).

5) *putting the sentence in the correct order (according to the content of the fairy tale (story, poem, cartoon, children's film)).*

How to Give Your Cat a Bath (Winstanley, 2019):

- put shampoo on the cat
- dry the cat
- fill the bath
- rinse the cat
- put the cat in the bath

6) *preparation and participation in a theatrical performance;*

For example, «The Three Little Pigs: A Healthy Habits Adventure» can be an audience participation musical that uses the famous fairy tale to teach health and wellness concepts to young children. Homer Hog (straw house) loves fruits and veggies, and makes good choices with his eating habits. However, he would rather sit around and play video games all day and never exercise. His brother Russell (wood house) is a fitness guru, but is also a junk food junkie. Their sister Hilary helps them to realize that we must make healthy choices regarding our diet and lifestyle. Just like our homes need a solid foundation and sturdy construction, our bodies need a solid foundation of healthy eating habits and a sturdy construction of exercise. Through interactive songs, exciting chases and creative dramatics the Big Bad Rapping Wolf teaches the pigs to make healthy choices about fitness and nutrition.

The teachers can write the scenario of the musical and involve children into taking part in it. The teachers can also discuss the production with children. What did they like or dislike about the play? Who was their favorite character? Why? Can the children draw a picture or write a letter to

the cast of The Three Little Pigs: A Healthy Habits Adventure telling them what they have learned.

7) making puppets for puppet theatre and preparation for the performance;

According to fairy tale «The Velveteen Rabbit (or How Toys Become Real) » there should be such puppets as: The Boy, The Velveteen Rabbit, Modern Toys, the Skin Horse, The Doctor, «real» rabbits, Nursery Magic Fairy, and some decorations: nursery, forest.

According to fairy tale «About Mashen'ka and a Toothbrush» there should be such puppets as: a little girl Mashen'ka, a Big Bubble, a Comb, Aunt Sponge, a Queen Toothbrush, and some decorations: a bathroom, a white dessert, a house with a bath, a Comb forest, a palace, a room in the flat.

8) guessing puzzles to a fairy tale (story, poem, cartoon, children's film), selecting proverbs, sayings that can illustrate their content:

Health proverbs:

Joyfulness is half your health (Japanese proverb)

Good health is the sister of beauty (Czech proverb)

He who has no health has nothing (Maltese proverb)

Early to bed and early to rise makes a man healthy, wealthy, and wise (English proverb)

He who enjoys good health is rich, though he knows it not (Italian proverb)

Proverbs and sayings about healthy eating

One who eats plain food is healthy (Japanese proverb)

An apple a day keeps the doctor away (English proverb).

Let food be thy medicine and medicine be thy food (Hippocrates)

Those who have no time for healthy eating will sooner or later have to find time for illness (Edward Stanley)

A healthy diet can give you more energy and help you feel good today (Walter Willett)

A person on a healthy diet can say 'NO' to bad food. (Ryan Frimmel)

Proverbs and sayings about cleanness

If a child washes his hands, he could eat with kings (African proverb)

One hand washes the other and both wash the face (Greek proverb)

Cleanliness is half the faith (Emaan)

If you go long enough without a bath, even the fleas will leave you alone (Ernie Pyle)

Bath twice a day to be really clean, once a day to be passably clean, once a week to avoid being a public menace (Anthony Burgess)

What is elegance? Soap and water! (Cecil Beaton)

- Which proverb or saying can illustrate the fairy tale «How to Give Your Cat a Bath»?

- Which proverb or saying can illustrate the fairy tale «Beauty and the Beast and the Beneficial Food»?

9) *guessing crossword puzzles;*

10) *participation in the game trip:*

Making a travel map of a fairy tale «About Mashen'ka and a Toothbrush» (Mogilevskaya, 1967):

The route of the trip is: The bathroom – The dessert of Toothpowder – Aunt Sponge's House – Forest of Combs – The Palace of Queen Toothbrush – Mashen'ka's flat.

The children participate in the game trip, throw, move the cube and tell about the events happened in the bathroom, in the dessert, in the forest etc. according to the fairy tale's content. The final place is Mashen'ka's flat. The winner is the child who comes the first to the flat.

11) *housekeeping of illustrations, separate objects, strokes, hatching;*

12) *forming mental operations: generalization, analysis, synthesis based on the content of the story, etc.*

- Things you'd expect to find in the bathtub: 1. Soap bubbles 2. Rubber duckies 3. Shampoo. 4. Soap 5. Sponge

Name the things you'd not expect to find in the bathtub.

- Name the hygienic things.

- Name the things with one word: carrots, cabbage, onion, potatoes, beet, cauliflower (vegetables)

- Name the extra food.

Cereal, cabbage, coca-cola, bread, butter, cheese.

Why is it extra? (coca-cola, because it is unhealthy food)

- Name the sport games.

All of these types of activities and tasks can be provided collectively, in pairs, in microgroups and individually during preschool education, different types of classes and after-school activities in primary school.

6. Discussions and coclusions

The problem of children's state of health is actual nowadays. The number of children and adolescents who have a chronic condition or disability increases very quickly. The children with special educational needs are one of risky categories, which need special approaches to forming their

health-saving competence as a necessary way of improvement the life quality.

We understand health-saving competence as the high level of excellence in the personality of health-saving activity, characterized by deep knowledge about the preservation and strengthening of health, the possibility of free possession of healthcare-saving activities and relevant competences. It is accompanied by a belief in the importance of organizing their own health-saving actions, a positive attitude to them, the ability to use health-saving technologies during training activities, independent exercises and active recreation.

Fairy-tale therapy is an effective, entertaining and affordable tool that can be used by the educator to form the health-saving competence of children, including the ones with special educational needs. It is explained by the fact that the tasks of strengthening and preserving the health of the person and the whole nation need to be addressed with the help of pedagogical means.

With the help of fairy tales children can get useful habits for health saving: fairy tales' heroes get into different situations and teach children that they should eat healthy food, do morning exercises, wash and brush teeth etc. It is also important for children with special educational needs, because they have problems not only with their state of physical and moral health, but also problems in perception the information, with attention and behaviour.

A list of relevant fairy tales, works of children's literature, poems, cartoons and films, which can help to solve the tasks of health-saving competence forming, was identified. Examples of different activities for children using the fairytale therapy content are given: 1) analysis of the story content, the behaviour of characters, their actions, what they lead to, determination of the main opinion, consideration of illustrations and conversation behind them; 2) collecting puzzle illustrations; 3) work with interactive book / toy-book / book with icons; 4) independent drawing the illustrations; 5) putting the sentence in the correct order (according to the content of the fairy tale (story, poem, cartoon, children's film); 6) preparation and participation in a theatrical performance; 7) making puppets for puppet theatre and preparation for the performance; 8) guessing puzzles to a fairy tale (story, poem, cartoon, children's film), selecting proverbs, sayings that can illustrate their content; 9) guessing crossword puzzles; 10) participation in the game trip; 11) housekeeping of illustrations, separate objects, stroking, hatching; 12) forming mental operations: generalization, analysis, synthesis based on the content of the story, etc.

We see prospects for further research in this area in the working out concrete practical guidelines for teachers, special educators and parents on the forming health competence of preschoolers and primary schoolchildren, including the ones with SEN, by means of fairy-tale therapy for the educational process in preschool education institutions and primary classes where children with special educational needs study.

7. Conflict of interests

The author declares that there is no conflict of interests.

References

- Andriushchenko, T. K. (2012). Formuvannia zdoroviazberezhuvainoi kompetentnosti yak sotsialno-pedahohichna problema [Formation of health-saving competence as a socio-pedagogical problem]. *Naukovyy visnyk Volyns'koho natsional'noho universytetu imeni Lesi Ukrayinky*, 7, 123-127. [in Ukrainian]
- Arnold, M. D. (2017). *Baby Animals Take a Bath*. Charlesbridge; Brdbk edition
- Bashavets, N. A. (2013). Zdoroviazberezhuvai'na kompetentnist' maybutn'oho fakhivtsya yak osnova yoho kul'tury [Health-saving competence of the future specialist as the basis of his culture]. *Nauka i osvita*, 1-2, 120-121. <http://www.dspace.pdpu.edu.ua/bitstream/123456789/6923/1/Bashavets.pdf> [in Ukrainian]
- Bianco, M. W. (2014). *The Velveteen Rabbit: or, How Toys Become Real*. Leopold Classic Library
- Brown, M. (2016). *Beauty and the Beast and the Beneficial Food*. Retrieved from: <https://www.flipsnack.com/19mabrown/myplate-fairytale.html>
- Cekh, E.V. (2009). Ja segodnja zljus', rasskazhi mne skazku [I am angry today. Tell me a fairy tale]. SPb.: Rech; M: Sfera. [in Russian]
- Damian, M., Oltean, A., & Damian, C. (2018). The Impact of Sedentary Behavior on Health and the Need for Physical Activity in Children and Adolescents. *Revista Romaneasca pentru Educatie Multidimensionala*, 10(1), 71-83.
- Danyliuk, I., Zolnikova S. (2019). Kazkoterapiya yak metod psykholohichnoho vplyvu na osobystist' [Fairy-tale therapy as a method of psychological influence on an individual]. *Pykholohichnyy chasopys*, 5 (6 (26)), 161-173. http://www.irbis-nbuv.gov.ua/cgi-bin/irbis_nbuv/cgiirbis_64.exe?I21DBN=LINK&P21DBN=UJRN&Z21I

- D=&S21REF=10&S21CNR=20&S21STN=1&S21FMT=ASP_meta&C21
COM=S&2_S21P03=FILA=&2_S21STR=psch_2019_5_6_14 [in
Ukrainian]
- Gorghiu, G., Buruleanu, C.L., Gorghiu, L.M., & Avram, D. (2018). Teachers' Perceptions on the Relevance of Specific Health Education Topics in School. *Revista Romaneasca pentru Educatie Multidimensionala*, 10(3), 35-47.
- Including All Children: Health for Kids With Disabilities. Retrieved from: <https://www.actionforhealthykids.org/including-all-children-health-for-kids-with-disabilities/>
- Karpus, S. (2018). Basic approaches to health-saving education of schoolchildren in Ukraine and Finland. Science and Education a New Dimension. *Pedagogy and Psychology*, VI (67), 163, 38-40. <https://seanewdim.com/uploads/3/4/5/1/34511564/httpdoi.org10.31174send-pp2018-163vi67-09.pdf>
- Khatuntseva, S., Kabus, N., Portyan, M., Zhernovnykova, O., Kara, S., & Knysh, S. (2020). The Method of Forming the Health-Saving Competence of Pedagogical Universities' Students. *Revista Romaneasca pentru Educatie Multidimensionala*, 12(1), 185-197.
- Kuciapiński, M.J. (2014). The therapeutic and educational properties of fairytale therapy in the early stages of children's development. *Pedagogika Rodziny*, 4(2), 77-93.
- Marchuk, S., Chemerys, I. (2018). Formuvannya zdoroviaazberezhuval'noyi kompetentnosti osobystosti u pedahohichnyi spadshchyni Vasylya Sukhomlyns'koho [Generation of health-saving competence of personality in the pedagogical inheritance of Vasiliy Sukhomlynsky]. *Pedahohichnyy chasopys Volyni*, 3(10), 46-52. [in Ukrainian]
- Mogilevskaya, S.A. (1967). Pro Mashen'ku i Zubnuyu Schyotku [About Mashen'ka and a Toothbrush]. *Detskaya literatura* [in Russian]. <http://www.barius.ru/biblioteka/book/4555>
- Nina W. Brown (2008). The Therapeutic Use of Fairy Tales with Adults in Group Therapy. *Journal of Creativity in Mental Health*, 2(4), 87-96.
- Ordan, E. & Amos, U. (2014). Magic Toys. CreateSpace Independent Publishing Platform; Large Print edition
- Pasca, D.M. (2015). The therapeutic fairytale. A strategic choice for a psychological counselor. *Journal of Defence Resources Management*. 6, 2(11), 83-86.
- Porter, E. Pollyanna (1992). Dva slona (in Russian)
- Quay, E. (2011). Rudie Nudie. ABC Books.

- Sayer, I., Kristiawan, M., & Agustina, M. (2018). Fairy tale as a medium for children's character cooperation building. *Al-Ta Lim Journal*, 25(2), 108-116.
- Shapovalova, T. H. (2012). Formuvannya zdorov'yazberezhuval'noyi kompetentnosti hurtkivtsiv u pozashkil'nomunavchal'nomu zakladi [Formation of the health-saving competence of the circles members in an out-of-school education institution]. *Pedagogichni nauky: teoriya, istoriya, innovatsiyi tekhnolohiyi*, 2(20): 191-199. [in Ukrainian]
- Segal, J. (2016). *Pirates Don't Take Baths*. Philomel Books; Brdbk edition
- Sinielnikova, T., Vornik, N. (2016). Diahnostyka ta korektsiya ahresyvnosti molodshykh shkolyariv metodom kazkoterapiyi [Diagnostics and Correction of Aggressiveness of Primary Schoolchildren by Fairy Tale Therapy]. *Nauka i osvita*, 2-3, 10-15.: https://scienceandeducation.pdpu.edu.ua/doc/2016/2-3_2016/4.pdf [in Ukrainian]
- Tkach, R.M. (2008). Skazkoterapija detskih problem [Fairytale Therapy of children's problems]. SPb.: Rech; M.: Sfera [in Russian]
- Vachkov, I.V. (2016). Fairytale therapy today: determining its boundaries and content. *Procedia - Social and Behavioral Sciences*, 233, 382-386. <https://reader.elsevier.com/reader/sd/pii/S1877042816313969?token=707B26C831F54CA3FBC013C595DD9502D1C6092A99B29CB58A45BB0752984539C479139B3AABDE4F622C371E086C4E42>
- Vashchenko, O. M., Yermolova, V. M., Ivanova, L. I. (2012). Fizkul'turno-ozdorovchi zakhody v rezhymi navchal'noho dnya molodshoho shkolyara [Physical-and-health measures in the mode of the school day of the junior schoolchild]. Kamianets-Podilsky: Abetka. [in Ukrainian]
- Winstanley, N. (2019). *How to Give Your Cat a Bath*. Tundra Books
- Yablochniuk, A., Zymovets, O. The formation of primary school pupils' health-saving competence in the context of the New Ukrainian school concept. http://eprints.zu.edu.ua/30877/1/%D0%A1%D1%82%D0%B0%D1%82%D1%82%D1%8F%20%D0%AF%D0%B1%D0%BB%D0%BE%D1%87%D0%BD%D1%8E%D0%BA_1_%D0%BF%D1%80%D0%B0%D0%B2%D0%BA%D0%B0.pdf
- Zinkevich-Yevstigneeva, T. D. (2008). Formy i metody raboty so skazkami [Forms and methods of work with the fairy tales]. SPb.: Rech. [in Russian]