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Major objectives

- to attract attention of researchers and policy-makers to urgent problems of mental health care (MHC)
- to provide a platform for dissemination of ideas and development of academic and non-academic network of MHC researchers, practitioners and policy-makers
- to promote high quality research most specifically on MH in developing countries and countries in transition
- to investigate multi-disciplinary, transdisciplinary and multicultural aspects and solutions related to MHC

Field of study and special focus

Medicine, Social Sciences, Education, Economics, Law, Inter- and Transdisciplinary studies

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The MHGC Proceedings contain research papers on multidisciplinary aspects of Mental Health Care system in globally

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The impact of social advertising on mental health of population

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Extended Abstract Keywords

Social advertising, mental health, social campaigns, stress resistance.

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Introduction

In Ukraine, the first place among mental disorders (over 40%) - those that arise as a result of drug and alcohol addiction. In 2nd place - disorders due to organic impressions of the brain, 3 - disorders of intellectual development, 4 - schizophrenic disorders. 5 - neurotic, anxiety disorders, including depression. Although according to the WHO, Ukraine ranks in the world one of the first places in the incidence of depression. At the end of 2016, 261240 patients with mental disorders in Ukraine had a disability group (Order of the Cabinet of Ministers of Ukraine, 2017).

Purpose

The purpose of the paper is to analyze the relationship between mental health of population and social advertising. And to show the importance of the impact of social advertising on health (not only physical but also and mental). To explore global social advertising campaigns on mental health of population.

Results and Discussion

The World Health Organization (WHO) gives the following definition of health: "Health is a state of complete physical, mental and social well-being." It includes three components: the absence of disease; the work of the organism is coordinated and allows to fully perform all

functions; a state of harmony within oneself and with each other in the physical and social environment. Accordingly, mental health is an important part of it.

If these three indicators are normal, then a person becomes stress-resistant, able to work, productive and active in public life. It also depends on the emotional state whether a person is able to perform certain social roles, to realize and manage their own emotions, to be open to development and learning (World Health Organization, 2020).

The level of quality of life, labor productivity, active social position, unity, social peace and stability depend on the state of mental health, which has a positive effect on the economic and social development of the country.

The World Health Organization website has a report on the 2013 meeting: "The World Health Organization has approved a Comprehensive Plan of Action in the field of mental health for the period 2013-2020 and extended until 2030. The plan aims to implement global and national actions to strengthen mental well-being, prevent mental disorders, and provide medical care. This plan is aimed at achieving 4 objectives, one of which includes at the primary level comprehensive integrated health and social care, which responds quickly to change (World Health Organization, 2013).

One of the types of primary prevention in social work is social advertising. After all, quite a few people seek help in the right institutions. This may be due to shame, non-recognition of the

problem or problem situation, ignorance of one's rights, or information about the possibility of receiving assistance that can be provided by the state or a specialized organization.

It is through social advertising that you can influence the mental health of society, informing about activities, organizations, laws, programs, services and much more that will help people strengthen themselves or help loved ones. As a result, more people will be informed and at least a percentage of situations will be avoided, because people in difficult emotional states are more exposed.

In Ukraine, the development of social advertising is not very high, because many organizations do not pay attention to non-profit campaigns, and the state, due to many factors, cannot afford the significant cost of social advertising.

Most developed countries have their own programs and projects to combat various diseases, such as "She Entrepreneurs", "Inspire2Enterprise", "Educate!". These are programs to combat cancer, diabetes, HIV/AIDS, vaccination support, campaigns for the right treatment of people with disabilities, members of national, racial, ethnic, religious and linguistic minorities. For example, campaigns against risky behavior cover the three most relevant topics: smoking, drug use and excessive or illegal alcohol use (Platforma, 2015).

Conclusion

Thus, timely detection and resolution of problems will not worsen human health and prevent its violation. It is the right social advertising on mental health that can correct this. If enough people, especially those at risk, are informed,

many negative consequences can be avoided. It is possible that the state of our country's economy does not allow sufficient funding for the social sphere, but the inspiration of our people creates special opportunities and a strong basis for the future. World practice sets a good example to follow and helps our country to develop social initiatives, in particular in social advertising as one of the tools of prevention in the social sphere.

Conflict of interest

The author declares that she has no conflict of interests

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The nature of the manifestation of procrastination, level of anxiety and depression in medical students in a period of altered psycho-emotional state during forced social distancing because of pandemic COVID-19 and its impact on academic performance

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Abstract

Introduction: The fact that learning is moving online is probably a disappointment to most medical students. This is especially true for middle and senior students, in whom most disciplines are clinical and focus on practical work with patients. During the period of forced social distancing and online learning in connection with the COVID-19 pandemic, such a common way of learning became impossible. All these changes obviously affect the mental health of medical students, who are already at risk for such phenomenon as procrastination and disorders as anxiety and depression.

Purpose: Investigate and evaluate the level of anxiety, depression, and the nature of the manifestation of procrastination in medical students Faculty of Medicine and the Faculty of Training Foreign Citizens (FTFC) of Ivano-Frankivsk National Medical University (IFNMU) in a period of altered psycho-emotional state during the period of forced social distancing and its impact on academic performance.

Methodology: 212 medical students were interviewed. The survey was voluntary and anonymous. We used two clinical test methods to identify emotional disturbances: the Hospital Anxiety and Depression Scale (HADS) and the Montgomery-Asberg Depression Rating Scale (MADRS) (Zigmond A.S. et.al., 1983; Svanborg P., 2001). In order to assess the propensity of students to procrastinate, we also used the "Questionnaire to study the propensity of the individual to procrastination" (Shivari ,O.A., 2015), which is a modification of the "General Procrastination Scale" (Lay, C., 1986) and consists of two scales: "Personally conditioned procrastination scale" (Scale I) and "Situationally conditioned procrastination scale" (Scale II). The statistical analysis of the results was performed using STATISTICA 7.0 software packages and the package of statistical functions of Microsoft Excel.

Results and Discussion: During the testing, students note that the most important problem for them is time management. The analysis of the results survey by "Personally conditioned procrastination scale" (Scale I) "showed that 15% of the students have a low, 47.5% - medium, 37.5% - high level of personal propensity to procrastination. The analysis of the results "Situationally conditioned procrastination scale" (Scale II) showed that 25% of students have a low level of situational procrastination, 37.5% - medium and 37.5% - high, respectively. The study of the relationship between the level of propensity to procrastination (Scale I) and academic performance in medical students showed that in the group with low procrastination the success rate is higher than in groups with medium and high procrastination ($r = -0.58$; $p < 0.05$). We also established a direct correlation between the Scale II indicators and the average academic performance indicators. After the survey and analysis of the results on the HADS and MADRS scales, we found a clear relationship between increased learning during the

period of altered psychoemotional state and the severity of anxiety-depressive symptoms in medical students, which manifested itself in an increase in the level of anxiety and mood disorders of varying degrees.

Conclusions: Thus, procrastination that occurs in the surveyed medical students in the period of altered psycho-emotional state during forced social distancing because of pandemic COVID-19 has had "situational" situational nature. Besides, the study confirmed that the pandemic of COVID-19, as a stressful moment of the external test of identity, caused the emergence of protective mechanisms in medical students in the form of emotional and behavioral changes and disorders. The results obtained indicate the presence of adjustment disorders in the period of the altered psychoemotional state during forced social distancing because of pandemic COVID-19 in all the studied groups. Medical students also need to be made aware that depression is not a cause for shame. Future doctors should be able to maintain their mental and emotional health, as well as know, how to deal with classmates who suffer from mental illness.

Keywords

forced social distancing, pandemic COVID-19, procrastination, anxiety, depression, medical students.

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Introduction

Studies by Beutel et al have shown that the most prone to procrastination are the unemployed, single, and students, although it is common to all age groups. Every day, medical students face problems such as delaying module preparation, writing medical histories on the last night, sleepless days and nights before passing important exams - all of which are manifestations of procrastination. Procrastination (from the Latin "procrastinare") - a psychological term that means a person's tendency to postpone unpleasant tasks for later, the attraction to things that bring more pleasure or faster results. And in 2020, they also faced forced social distancing in connection with COVID-19.

According to scientific literature, depression is a disease with a high prevalence and a tendency to chronicity. Depression - a pandemic of the 21-st century - is one of the world health organization's (WHO's) main focuses. According to the Global Burden of Disease Study (GBD) 2017, the incidence of disability among young people due to the mild, moderate, or severe depressive episode was 0.145, 0.396, 0.658, respectively

(IHME, 2018). According to WHO statistics, in high-developing countries, the suicide rate is the highest, accounting for 11.5 cases per 100,000 population and continues to rise, ranking second after accidents, among the causes of deaths in people aged 15 to 29 years (WHO, 2014). Therefore, in the 2013-2020 Comprehensive Mental Health Action Plan adopted by the 66-th World Health Assembly, WHO Member States have committed themselves to work towards a global goal of reducing the suicide rate in countries by 10% by 2020.

Scientists have shown that medical training itself is a risk factor for the onset and maintenance of symptoms of depression. Also, some scientific papers have reported that various processes associated with competition in medical schools, the first and subsequent contacts with death and pathological processes, fear of acquiring diseases caused emotional experiences in medical students. According to other scientific data, medical students are dreamy, idealistic in the study, inadequately assess their capabilities. As a result, the dissatisfaction of learning is formed, and their indifference to their responsibilities is growing.

There are signs of depersonalization that indicate the development of emotional burnout, depression. According to scientific data, medical students are more likely to experience depression than others. The saddest part is that they find this condition uncharacteristic for the doctors and therefore underestimate it. This conclusion was reached by Lisa S. Rotenstein et al (2016) in a meta-analysis of nearly 200 studies involving 129,000 medical students from 47 countries. According to the authors of this study, the prevalence of depression or depressive symptoms among medical students was 27.2%, suicidal tendencies - 11.1%. However, only a small proportion of students who were screened for depression were asked for help. Sergio Baldassini, who heads a group of scientists who conducted a study of 481 medical students at a private medical school in Brazil, also noted, that they often suffered from depression, especially during internships. In his research, he revealed the scope of the problem and made a detailed analysis of the symptoms. Another important pattern has been found in the research of Karina Pereira-Lima and co-authors, physicians with positive screening for depressive symptoms are at greater risk of medical error.

The survey was voluntary and anonymous. We used two clinical test methods to identify emotional disturbances: the Hospital Anxiety and Depression Scale (HADS) and the Montgomery-Asberg Depression Rating Scale (MADRS) (Zigmond A.S. et.al., 1983; Svanborg P., 2001). In order to assess the propensity of students to procrastinate, we also used the "Questionnaire to study the propensity of the individual to procrastination" (Shivari, O.A., 2015), which is a modification of the "General Procrastination Scale" (Lay, C., 1986) and consists of two scales: "Personally conditioned procrastination scale" (Scale I) and "Situationally conditioned procrastination scale" (Scale II). Scale I indicates the general level of procrastination, and Scale II - motivational procrastination, its high indicators suggest that the questionnaire will perform some work only in the presence of motivation. Separately, the suicidal tendency was assessed based on the analysis of data on the tenth question in the MADRS scale.

The statistical analysis of the results was performed using STATISTICA 7.0 software packages and the package of statistical functions of Microsoft Excel. Arithmetic mean (M) and standard error ($\pm m$) were used to describe the quantitative characteristics. The reliability of the obtained indices was confirmed by calculating the errors for relative values, and the probability of the difference in the data in the comparable groups was proved on the basis of the calculation of t-coefficient (Student t-test) and determination of precise prognosis according to the accuracy table

Results and Discussion

During the testing, students note that the most important problem for them is time management. Unlike traditional classes at university departments, where the meeting is held in certain rooms, on a regular schedule and they know exactly where and when they have classes, and they can somehow organize their schedule around it, most online learning is perceived differently for them. But they still need to manage their time and participate in coursework and understand that they have a responsibility to determine the time when they will do their academic work.

The analysis of the results survey by "Personally conditioned procrastination scale" (Scale I) "showed that 15% of the students have a low, 47.5% - medium, 37.5% - high level of personal

Purpose

To investigate and evaluate the level of anxiety, depression, and the nature of the manifestation of procrastination in medical students in a period of altered psycho-emotional state during the period of forced social distancing and its impact on academic performance.

Methodology

To achieve the goal of the study, 212 medical students Faculty of Medicine and the Faculty of Training Foreign Citizens (FTFC) of Ivano-Frankivsk National Medical University (IFNMU) aged 18 to 25 were interviewed, among them 52 were boys and 160 girls. The survey of students was carried out during the preparation of students for tests, exams, final modular controls, that is, at the period of an altered psycho-emotional state during the pandemic of COVID-19. We studied the effect of intensification of learning on the level of anxiety and stress in students.

The research was approved by the Bioethics Committee of Ivano-Frankivsk National Medical University and was conducted according to the principles of the Helsinki Declaration. All patients signed a voluntary informed consent before the study.

propensity to procrastination (Fig. 1).

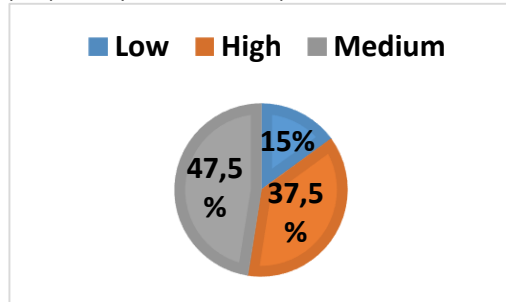


Fig. 1 Distribution of students depending on the level of manifestation general procrastination.

The analysis of the results "Situationally conditioned procrastination scale" (Scale II) showed that 25% of students have a low level of situational procrastination, 37.5% - medium and 37.5% - high, respectively (Fig. 2)

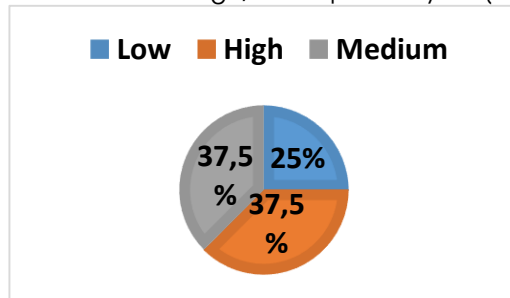
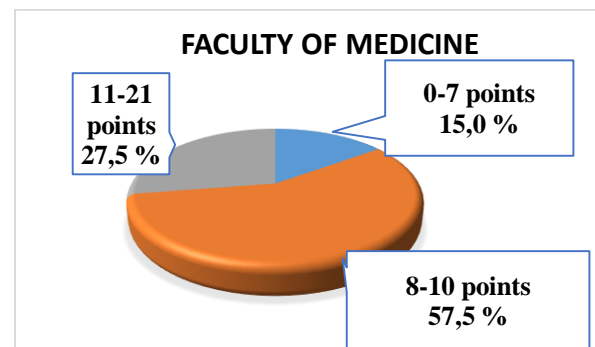


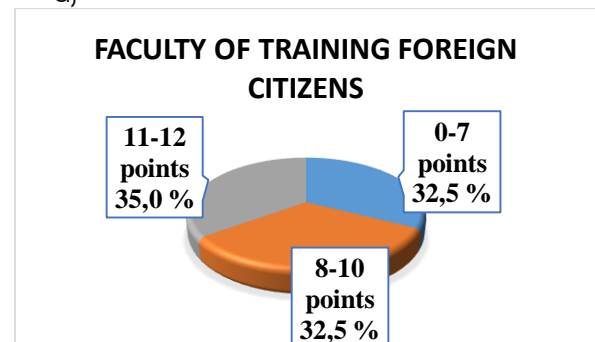
Fig. 2 Distribution of students depending on the level of manifestation situational procrastination

The study of the relationship between the level of propensity to procrastination (Scale I) and academic performance in medical students showed that in the group with low procrastination the success rate was higher than in groups with medium and high procrastination ($r = -0.58$; $p < 0.05$). We also established a direct correlation between the Scale II indicators and the average academic performance indicators.

After the survey and analysis of the results on the HADS and MADRS scales, we found a clear relationship between increased learning during the period of altered psychoemotional state and the severity of anxiety-depressive symptoms in medical students, which manifested itself in an increase in the level of anxiety and mood disorders of varying degrees



a)



b)

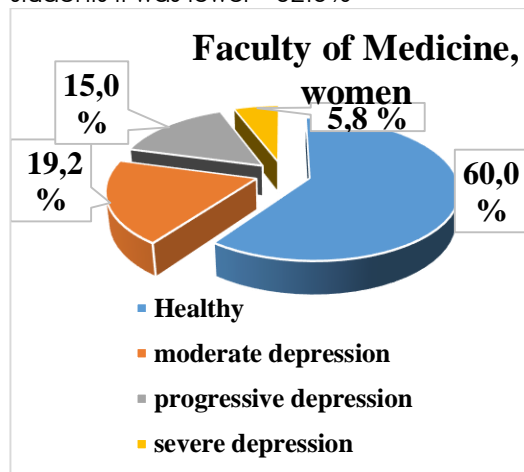
Fig. 3 a),B) Distribution of students depending on the level of manifestation of anxiety-depressive symptoms (according to the HADS scale

Based on the results of the survey on the HADS scale during the period of altered psycho-emotional state, a normal level of anxiety-depressive symptoms (0-7 points on a scale) was found in 15% of students of Faculty of Medicine and 32.5% in students of FTFC. Symptoms of "borderline" states (8-10 points on a scale) were found in 57.5% and 32.5% of students of Faculty of Medicine and FTFC, respectively. Clinically pronounced anxiety and depression (11-21 points) were found in 27.5% of medical students and 35.0% of foreign students (Fig. 3 a),b))

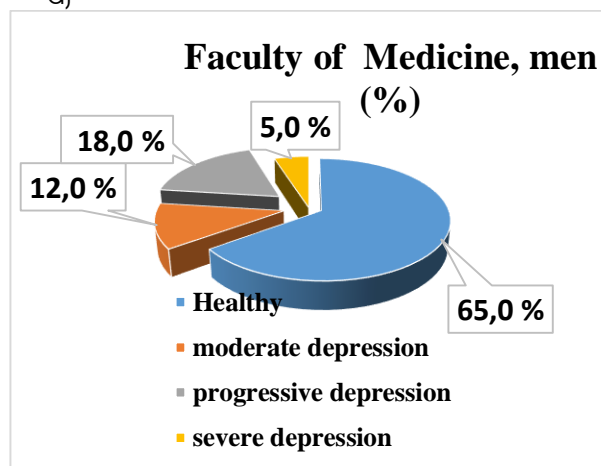
In the gender distribution, among students of the Faculty of Medicine, the normal level of anxiety and depression during preparation for the delivery of modular controls is more common among females, accounting for 27.5%, compared with 17.5% among males. It should be noted that the indicators of the symptoms of "borderline" states and the level of clinically expressed anxiety and depression were higher in male students and amounted to 65.0% and 25.8%, respectively. In female students "borderline" states are noted in 44.1% of cases, and clinically expressed anxiety-depressive symptoms in 27.5%.

As for the students of FTFC, the picture of gender distribution is somewhat different, namely: the symptoms of "borderline" states were higher in girls - 44.0%, while in men - 27.5%. However,

men representatives among foreign students had a high level of clinically expressed anxiety and depression - 38.45%, while among women students it was lower - 32.5%



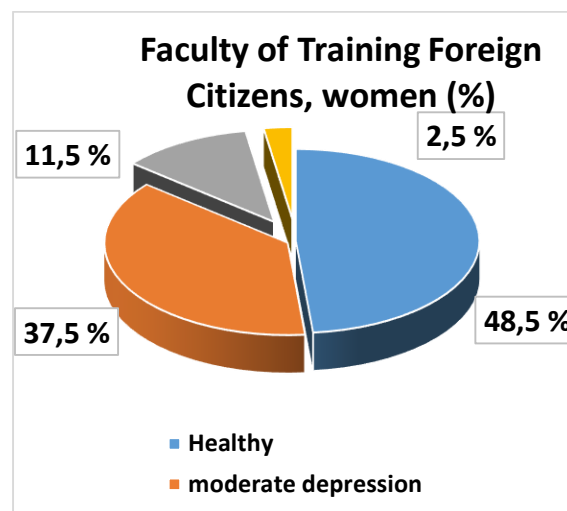
a)



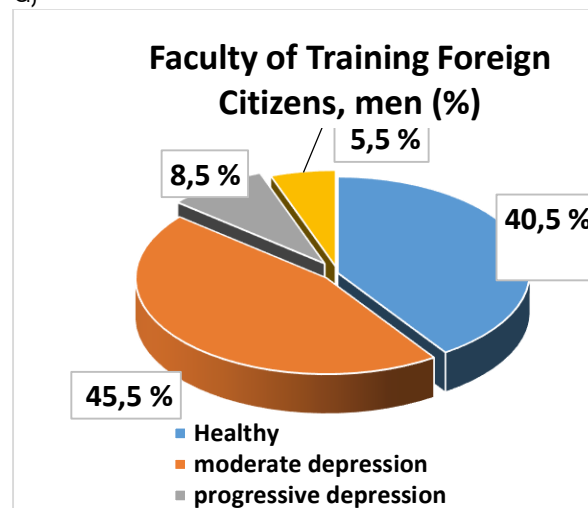
b)

Fig 4 a), b) Distribution of the level of manifestation of depression in students of the Faculty of medicine by gender (according to the MADRS scale data).

According to a survey using the clinical test method MADRS (Fig.4 a),b)), indicators of the norm, that is, the absence of depressive symptoms, were found in 60.0% of women and in 65.0% of men of the Faculty of Medicine. Signs of moderate depression were found in 19.2% of women and 12.0% of men. Progressive depression in both sexes manifested itself, almost at the same level: 15.0% in women and 18.0% in men. It should be noted that the symptoms of severe depression or major depressive episode were observed in men and amounted to 5.0% of cases, while among women - 5.8%



a)



b)

Figure 5 a),b) Distribution of the level of depression in students of Faculty of Training Foreign Citizens by gender (according to the MADRS scale).

After processing the data of the survey of foreign students, we received the following indicators: there were no depressive symptoms in 48.5% of female students and in 40.5% of male students; we found signs of moderate depression in 37.5% of women and 45.5% of men; progressive depression - 11.5% among females and 8.5% among males. The symptomatology of severe depression or a major depressive episode was observed among 2.5 % and 5.5% respectively.

According to our study, medical students, thought that they should not tell others about their mental state. This study found that medical students are not seeking help because they are afraid of becoming less valuable to society. The results obtained by us coincide with the data Sergio Baldassini et.al. (2012) and Lisa S. Rotenstein et al. (2016)

Conclusion

Thus, procrastination that occurs in the surveyed medical students in the period of altered psycho-emotional state during forced social distancing because of pandemic COVID-19 has had a "situational" nature.

Besides, the study confirmed that the pandemic of COVID-19, as a stressful moment of the external test of identity, caused the emergence of protective mechanisms in medical students in the form of emotional and behavioral changes and disorders. The results obtained indicate the presence of adjustment disorders in the period of the altered psychoemotional state during forced social distancing because of pandemic COVID-19 in all the studied groups.

Medical students also need to be made aware that depression is not a cause for shame. Future doctors should be able to maintain their mental and emotional health, as well as know, how to deal with classmates who suffer from mental illness.

Conflict of interest

Author declares that he has no conflict of interests

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The Effectiveness of Cognitive Behavioral Therapy for Eating Disorders

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Abstract

Introduction: Considering the importance of studying young Kosovars, with a special focus on the mental disorders that are appearing every day in our society, we have researched the effectiveness of behavioral cognitive therapy in patients with eating disorders.

Purpose: To prove the effectiveness and impact that cognitive-behavioral therapy has on patients with eating disorders, compared to patients who use only medications.

Methodology: The research was conceptualized as a cause-and-effect experiment, lasted 8-12 weeks for 60 patients selected with eating disorders, in 30 patients CBT and medications were applied and in 30 patients only medications were used. In the same patients, it was measured by the level of anxiety and depression at the beginning in the middle and at the end of therapy.

Results: According to the results, there is a statistically significant difference in the level of anxiety in patients with bulimia nervosa who applied CBT compared with patients who used only medications. There is also a statistically significant difference in the level of depression in patients with anorexia nervosa who applied CBT compared with patients who used only medications. According to the data, the duration of the disease in patients with CBT lasts less than 6 months, while patients with medication last 8-12 months.

Conclusions: According to research facts, the application of behavioral cognitive therapy has shown high efficacy in the treatment of eating disorders, compared to patients who have used only medications. Applying cognitive behavioral therapy still remains a challenge for our society.

Keywords

mental health, cognitive behavioral therapy, anorexia nervosa, bulimia nervosa, patient.

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Introduction

Eating disorders are serious mental disorders that can affect people of any age, gender, race, ethnicity and socioeconomic group, but are treatable disorders. Eating disorders are very complex, and despite the scientific research to understand them, the biological basis, behavior and social aspect of these disorders remain to be explored in the future.

In post-war Kosovo, numerous efforts have been made regarding health reform, but these reforms have been mainly oriented towards general health services, and have not included psychological services at the appropriate level. Also in health services there is no distribution of psychologists in adequate places where they would have had the opportunity to provide psychological and psychotherapeutic services for mental disorders, where the number of young people with these disorders is increasing every day. Considering the importance of studying young Kosovars, with a special focus on the mental disorders that are appearing every day in our society, I have researched the effectiveness of behavioral cognitive therapy in patients with eating disorders.

Literature review:

When we talk about research on eating disorders, we know that it is a broad form of research in the world, but in our country at the moment it is not practiced enough. Many foreign authors have addressed this topic which has been of great importance as it is useful to diagnose eating disorders and its consequences on mental health in patients, as well as the importance of applying cognitive behavioral therapy to help patients in the treatment of eating disorders.

The literature review focuses on the identification of eating disorders and the effectiveness of the application of cognitive behavioral therapy to patients.

Purpose

The main purpose of this study is the effectiveness of behavioral cognitive therapy in patients with eating disorders. This study aims to identify the impact that behavioral cognitive

therapy has on patients with anorexia nervosa and bulimia nervosa by analyzing the state and level of anxiety and depression in patients at the beginning of therapy and the probability of reducing anxiety and depression at the end of therapy.

Research Hypotheses:

H1: There is a statistically significant difference in the level of anxiety in patients with bulimia nervosa who apply behavioral cognitive therapy compared to patients who do not apply behavioral cognitive therapy.

H2: There is a statistically significant difference in the level of depression in patients with anorexia nervosa who apply cognitive-behavioral therapy compared to patients who do not apply cognitive-behavioral therapy).

Methodology

The research was conceptualized as a cause-experiment, behavioral cognitive therapy was applied in the work environment where I work, and was the same for all subjects who participated in the study. The research was conceived as a cause-and-effect experiment, lasting 8-12 weeks for 60 selected patients with eating disorders, where in 30 patients CBT and medication use was applied and in 30 patients only medications were used. In the same patients, anxiety and depression levels were measured at the beginning between and at the end of therapy. Since the character of the research is cause-experimental we can prove that through the intervention with cognitive behavioral therapy for a period of 3-5 months in the group of patients with anxiety and depression it is expected that their condition will improve.

Measuring techniques and instruments:

The measuring instruments in this research are; Demographic questionnaire; Anxiety Inventory (Beck); Depression Inventory (Beck); Application of cognitive behavioral therapy. The application of behavioral cognitive therapy was based on the CBT cognitive model that focuses on thinking, beliefs, feelings, and behavior. The CBT model is developed through these phases: Stage one- starting well treatment planning and building therapeutic alliance; Stage two- treatment evaluation and progress. Stage three- ongoing

assessment of body image concern, eating disorder patterns and behavior, meal planning, events and emotional regulation. Stage four - ending well, relapse prevention planning, continuation of care.

Results

Demographic characteristics female gender presents with 61.67%, versus male with 38.33%. The age group 20-25 years presents with 38.4%, the age group 16-18 years presents with 46.6% and the age group 25-30 years presents with 15%. Patients in the urban area present with 68.5%, while in the rural area with 31.5%. Clinical characteristics of patients: patients with eating disorders reported that they received medical services in the following institutions: family medicine center with 22.4%, psychiatric hospital with 27.6%, and mental health center outpatient visits with 50%. According to the results, the duration of the disease in patients with CBT is reported to last up to 6 months, while in patients with medication lasts from 8-12 months. Based on the statistical results, the coefficient of significance is presented with $F = 1.064$ sig = 0.048 ($0.01 < p < 0.05$) so it means that there is a statistically significant difference in the degree of anxiety in patients with bulimia nervosa compared to patients who use only drugs.

Also, there is a statistically significant difference in the degree of depression throughout the research, at each stage of treatment, and have shown positive results especially those patients who have undergone CBT compared to patients who have used only medication, and thus the two hypotheses that are submitted in the research have been verified.

Limitations and Strengths of the study

This study has some limitations such as we do not have data regarding the exact number of people with eating disorders, the small number of participants in the research, considerable is the fact that the truth of the answers, sometimes may have been influenced considering that the completion of the questionnaires, in some cases, took place in poor health. In terms of strengths, this study is one of the first studies in our country

that applies behavioral cognitive therapy to patients with eating disorders.

Conclusions and recommendations

Behavioral cognitive therapy is one of the most researched and widely used approaches to psychotherapy in the world, and this is also confirmed by the large number of controlled clinical trials that have been conducted to date. Based on this research, we conclude that cognitive behavioral therapy is highly effective in patients with eating disorders by reducing depressive symptoms, and reducing anxiety levels compared to patients with eating disorders who have used only medication. Behavioral cognitive therapy in general is a reliable therapy for the treatment of eating disorders especially for the significant positive effects it manages to have especially in a relatively short period. Considering the effectiveness of cognitive behavioral therapy, it is recommended to apply CBT in health institutions, at primary and secondary level, which would help the mental health of the individual.

Conflict of interests

Authors declare that they have no conflict of interests.

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The ecosystem approach in health social work

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Extended abstract

Keywords

Mental health, ecosystem approach, health social work, integral ecology, health preservation and promotion.

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Introduction

Health is the greatest value in our lives. Analyzing the current approaches of the WHO (2014), we consider this concept not only from the standpoint of physical health and the absence of disease, but understand this phenomenon as a holistic state of complete well-being, which includes, in addition to physical, emotional, mental, social, spiritual, sexual, environmental and many other aspects. This is the so-called holistic model of health (Orzhekhovska, 2013).

Our reasoning suggests (given various aspects of health) that this value does not depend only on an individual's choice to be or not to be healthy, and cannot be governed solely by personal actions. Here are some examples. The lack of geographically close medical services and / or free medical services causes the inability to receive emergency medical care and / or to systematically monitor health. Negative relationships in the family, the absence of a father or mother in the family can lead to emotional rejection of the child (psycho-emotional disorders), the acquisition of undesirable behavior (child addictive behavior or delinquent behavior), lack of self-care skills (this can cause various infectious diseases), getting into institutional care, which usually do not contribute to the full development of personality, etc. Inadequate social policies and an imperfect health care system in the country can cause outbreaks of socially dangerous diseases and

provoke the spread of pandemics. Aggressive urbanization creates uncomfortable living conditions in cities due to traffic jams, pollution, noise, which causes other health risks from stress to cancer. As we can see, good health depends not only on the individual being healthy in the broad context of this word, but on the complex impact on us of a number of systems in which we are included. It is important to emphasize the role of social work in this context, the theory and practice of which aim, inter alia, to promote social development and well-being, as well as to improve the health care system and reduce social inequalities. Therefore, the task of social work in general and social workers together with other professionals in particular is to support the individual, family, community, society in the context of strengthening and maintaining the health of both individual and public. An ecosystem approach in social work helps us to understand the process of maintaining and strengthening health, which explains well the mutual influence of each element of the system.

Purpose

The aim of the article was to consider health social work according to ecosystem approach.

Methodology

The study used theoretical methods of research, in particular, analysis, comparison, synthesis and implementation of the results of the study of health social work based on the

principles of integral ecology and ecosystem approach.

Results and Discussions

The ecosystem approach is used in various spheres of practical and scientific activity: public health, ecology, economy, legal and social spheres, church-religious sphere and even education (Forget, Lebel, 2001; Deinega, 2018; Veklych, 2017; Voronkin, 2017).

N. Kabanenko and T. Semigina (2004) write about the separation of the ecological approach in social work on the basis of systems theory (sociological group of social work theories). Within this approach, the authors consider the main models of work and tools that can be used by social workers in their practice: eco-maps, genograms, etc. Systems theory and environmental theory are mentioned in the manual "Introduction to Practical Social Work". In systems theory, "a whole is greater than the sum of its parts", so it is important to consider "the interaction of the client and the environment." Ecological theory considers a person in the context of his or her entourage, but not only the family, society, but also the environment (Klos, Mykytenko, 2005, 52-54). In contrast to the mentioned researchers, T. Sylva (2012) explores the problem of violence in the context of the ecosystem approach, she notes that this approach originates from the socio-ecological theory of Bronfenbrenner in psychology. So, no matter what theories the ecosystem approach is based on, the idea behind this concept is a wide range of interconnections. Every smaller object, such as a person, is part of a large range of interactions of larger systems: family, community, society, environment, and so on. Each element of the system affects the other, so solving a problem situation in one area can be an impetus for positive change in another.

A. Chaikovska and O. Hlavatska talk about the need to train social workers with a "high level of environmental culture" (2019). In scientific works on social work we find the concepts "ecosystem approach" and "ecological approach", which are virtually identical in content. This perspective has formed over time one of the modern concepts of social work: "environmental social work", or "eco-social work", or "green social work". The latter in her current research is much covered by T. Semigina (2018). The researcher notes that "a healthy environment is seen as an inalienable human right, a component of human dignity and non-discrimination." However, today there is no

research on health social work from the standpoint of an ecosystem approach.

The ecosystem approach resonates with another very important concept. It is an integrated ecology. This concept appeared in the church-religious sphere, and was covered in the Encyclical (papal document) "Laudato si" by the head of the Catholic Church Pope Francis (2015/2019). According to the vision of Francis, there can be no question of ensuring the common good, guaranteeing fundamental rights, social justice, if humanity understands nature as something separate and does not link environmental pollution with economic activity, behavior, etc.

Conclusion

Therefore, it is obvious that today, in the conditions of social transformations and globalization processes, the solution of any social problem should be considered from the standpoint of the ecosystem approach. Health issues in social work cannot be considered without taking into account changes in the environment. For such activities, it is necessary to train social workers in the context of the ecosystem approach, programs and projects should be developed to help overcome the problems of clients' health in a comprehensive way. Further research is needed to study existing and develop new forms and models of social work on the basis of strengthening and maintaining the health of clients, taking into account the ecosystem approach and the basics of integral ecology.

Conflict of interest

Author declares that she has no conflict of interests

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Symptom. Toxic story

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Case Study

Keywords

Mental health, mental feelings, neurotic symptom, pathological response, mental pathology.

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Introduction

Such symptoms as hard, complex, bodily or mental feelings, that turn our everyday life into a hell, at first, lead us to a doctor, and then - to a psychotherapist. A sick man is keen to get rid of a symptom. A doctor prescribes medication, that is ought to eliminate a symptom. A psychotherapist searches for a reason of the problem that needs to be removed.

There is such an idea that a neurotic symptom, in particular, an anxiety - is a pathological (spare or extra) response of a body. It is generally believed that such anxiety doesn't have some real, objective reasons and that it is the result of a nervous system disorder, or some disruption of a cognitive sphere etc.

Meanwhile, it is known that in the majority of cases, medical examinations of anxious people show that they don't have any organic damages, including nervous system. It often happens that patients even wish doctors have found at least any pathology and have begun its treatment. And yet - there is no pathology. All examinations indicate a high level of functionality of a body and great performance of the brain's work. Doctors throw their hands up, as they can't cure healthy people. One of my clients told me her story of such medical examinations (which I'll tell you with her permission). She said that it was more than 10 years ago. So, when she told her doctor all of her symptoms - he seemed very interested in it. He placed a helmet with electrodes on her

head and wore some special glasses, when, according to her words, he created some kind of stressful situation for her brain, as she was seeing some flashings of bright pictures in her eyes. She said that he had been bothered with her for quite a long time, and at the end of it he had told her that her brain had been performing the best results in all respects. He noted that he'd rarely got patients with such great health indicators. My client asked the doctor how rare that was. And he answered: "one client in two or three months." At that moment my client didn't know whether to be relieved, flattered or sad. But since then, when someone told her that anxiety was a certain sign of mental problems, or problems with the nervous system, or with a body in general, she answered that people who had anxiety usually had already got all the required medical examinations sufficiently, and gave them the advice to go through medical screening by themselves before saying something like that.

Therefore, we see a paradoxical situation, when some experts point to a neurotic anxiety as if it is a kind of pathology, in other words - some result of a nervous system disorder. Other specialists in the same situation talk about cognitive impairments. And some, after all the examinations, are ready to send such patients into space.

Main text

I don't agree with the statement that any neurotic anxiety that happens is excessive and

unfounded. It often happens that there is objective, specific and real causes for appearance of anxiety conditions. And these causes require solutions. And it's not about some organic damages of the brain or nervous system. The precondition that may give a rise to anxiety disorder is the development of such a life story that at some stage becomes too toxic - when, on the one hand, a person interacts with the outside world in a way that destroys his or her personality, and, on the other hand, this person uses repression and accepts such situation as common and normal. Repression - is an essential condition for the development of a neurotic symptom. Sigmund Freud was the first who pointed this out.

Repression is such a defense mechanism that helps people separate themselves from some unpleasant feelings of discomfort (pain) while having (external or internal) irritations. It is the situation when, despite the presence of irritations and painful feelings, a person, however, doesn't feel any of it and is not aware of them in his or her conscious mind. Repression creates the situation of so-called emotional anesthesia. As a result, a displacement takes place, so a body starts to signal about the existing toxic life situation via a symptom.

Anxiety disorder is usually an appropriate response (symptom) of a healthy body to an unhealthy life situation, which is seen by a person as normal. And it's common when such a person is surrounded by others (close people), who tend to benefit from such situation, and so they actively maintain this state of affairs, whether it is conscious for them or not.

At the beginning of a psychotherapy almost all clients insist that everything is good in their lives, even great, as it is like in everyone else's life. They say that they have only one problem, which is that goddamn symptom. So they focus all of their attention on that symptom. They are not interested in all the other aspects of their life, and they show their irritation when it comes to talking about it. People want to get rid of it, whatever it takes, but they often tend to keep their lives the way that it was. In such cases a psychotherapist is dealing with the resistance of clients, trying to turn their attention from a symptom to their everyday situation that includes their way of thinking, interactions with themselves and with others and with the external world in order to have the opportunity to see the real problem, to live it through, to rethink and to change the story of their lives.

For better understanding about how it works I want to tell you three allegorical tales.

The name of the first tale is "A frog in boiling water".

There is one scientific anecdote and an assumption (however, it is noted that such experiments were held in 19 century), that if we put a frog in a pot with warm water and start to slowly heat the water, then this frog get used to the temperature rise and stays in a hot water, the frog doesn't fight the situation, slowly begins to lose its energy and at the last moment it couldn't find enough strength and energy to get out of that pot. But if we throw a frog abruptly in hot water - it jumps out very quickly.

It is likely that a frog, that is seating in boiling water, will have some responses of the body (symptoms). For example, the temperature of its body will rise, the same as the color of it, etc., that is an absolutely normal body response to the existing situation.

But let us keep fantasizing further. Imagine a cartoon where such a frog is the magical cartoon hero, that comes to some magical cartoon doctor, shows its skin, that has changed the color, to the doctor, and asks to change the situation by removing this unpleasant symptom. So the doctor prescribes some medication to return the natural green color of the frog's skin back. The frog gets back in its hot water. For some period of time this medication helps. But then, after a while, the frog's body gets over the situation, and the redness of the frog's skin gets back. And the magical cartoon doctor states that the resistance of the body to this medication has increased, and each time prescribes some more and more strong drugs.

In this example with the frog it is perfectly clear that the true solution of the problem requires the reduction of the water temperature in that pot. We could propose that magical cartoon frog to think and try to realize that: 1) the water in that pot is hot, and that is the reason why the skin is red; 2) the frog got used to this situation and that is why it is so unnoticeably for this frog; 3) if the temperature of the water in the pot still stay so hot, without any temperature drop, then all the medication works only temporarily; 4) if we lower the temperature in that pot - the redness disappears on its own, automatically and without any medication.

Also this cartoon frog, that will go after the doctor to some cartoon physiotherapist, will face the necessity to give itself some answers for such questions as: 1) What is going on? Who has put this frog in that pot? Who is raising the temperature progressively? Who needs it? And what is the purpose or benefit for this person in that? Who benefits? 2) Why did the frog get into

the pot? What are the benefits in it for the frog? Or why did the frog agree to that? 3) What does the frog lose when it gets out of this pot? What are the consequences of it for the frog? What does the frog have to face? What are the possible difficulties on the way? Who would be against the changes? With whom the frog may confront? 4) Is the frog ready to take control over its own pot in its own hands and start to regulate the temperature of the water by itself, so to make this temperature comfortable for itself? Is this frog ready to influence by itself on its own living space, to take the responsibility for it to itself?

The example "A frog in boiling water" is often used as a metaphorical portrayal of the inability of people to respond (or fight back) to significant changes that slowly happen in their lives. Also this tale shows that a body, while trying to adjust to unfavorable living conditions, will react with a symptom. And it is very important to understand this symptom.

Symptom - is the response of a body, it's a way a body adjusts to some unfriendly environment.

Symptom, on the one hand, informs about the existence of a problem, and from the other hand - tries to regulate this problem, at least in some way (like, to remove or reduce), at the level on which it can do it. The process is similar to those when, for example, in a body, while it suffers from some infectious disease, the temperature rises. Thus, on the one hand, the temperature informs about the existence of some infection. On the other hand, the temperature increase creates in a body the situation that is damaging for the infection. So, it would be good to think about in what way does an anxiety symptom help a body that is surrounded by some toxic life situation. And this is a good topic for another article.

Here I want to emphasize that all the attempts to remove a symptom without a removal of a problem, without changing the everyday life story, may lead to strengthening of the symptom in the body. Even though the removal of a symptom without elimination of its cause has shown success, it only means that the situation was changed into the condition of asymptomatic existence of a problem. And it is, in its essence, a worse situation. For example, it can cause an occurrence of cancer.

The tale "A frog in boiling water" is about the tendency of people to treat a symptom, instead of seeing their real problems, as its cause, and trying to solve it. People don't want to see their problems, but it doesn't mean that the problem doesn't exist. The problem does exist and it

continues to destroy a person, unnoticeably for him or her.

A person with panic disorder could show us anxiety that is out of control (fear, panic), which, by its essence, seems to exist without any logical reason. Meanwhile the body of such a person could be in such processes that are similar to those that occur in the conditions of some real dangers, when the instinct for self-preservation is triggered and an automatic response of a body to fight or flight implements for its full potential. We can see or feel signs of this response, for example, in cases when some person tries to avoid some real or imaginary danger via attempts to escape (the feeling of fear), or tries to handle the situation by some attempts to fight (the feeling of anger).

As I mentioned before, many doctors believe that such fear is pathological, as there is no real reason for such intense anxiety. They may see the cause of the problem in worrisome temper, so they try to remove specifically anxiety rather than help such patients to understand specific reason of their anxiety, they use special psychotherapeutic methods that are designed to help clients to develop logical thinking, so it must help them to realize the groundlessness of their anxiety.

In my point of view, such anxiety often has specific, real reasons, when this response of a body, fight or flight, is absolutely appropriate, but not excessive or pathological. Inadequacy, in fact, is in the unconsciousness, but not in the reactions of a body.

For a better understanding of the role of anxiety in some toxic environment, that isn't realized, I want to tell you another allegorical tale called "The wolf and the hare".

Let us imagine that two cages were brought together in one room. The wolf was inside one cage and the hare was in another. The cages were divided by some kind of curtain that makes it impossible for them to see each other. At this point a question arises whether the animals react to each other in some way in such a situation, or not? I think that yes, they will. Since there are a lot of other receptors that participate in the receiving and processing of the sensory information. As well as sight and hearing, we have of course a range of other senses. For example, animals have a strong sense of smell.

It is well known that people, along with verbal methods of communicating information, like language and speaking, also have other means of transmitting information - non-verbal, such as tone of voice, intonation, look, gestures, body language, facial expressions etc., that gives us

the opportunity to receive additional information from each other. The lie detector works by using this principle: due to detecting non-verbal signals, it distinguishes the level of the accuracy of information that is transmitted.

It is assumed, that about 30% of information, that we receive from the environment, comes through words, vision, hearing, touches etc. This is the information that we are aware of in our consciousness, so we could consciously (logically) use it to be guided by. And approximately 70% of everyday information about the reality around us we receive non-verbally, and this information in the majority of cases could remain in us without any recognition. It is the situation when we've already known something, and we even have already started to respond to it via our body, but we still don't know logically and consciously that we know it. We can observe the responses of our own body without understanding what are the reasons for such responses.

We can recognize this unconscious information through certain pictures, associations, dreams, or with the help of psychoanalysis. Psychoanalysis is a great tool that can help to recognize the information from the unconscious mind, so that it can be logically processed further on, in other words, a person then receives the opportunity to indicate the real problems and to make right decisions.

But let us return to the tale where the hare and the wolf stay in one room and don't see each other, and, maybe, don't hear, though - feel. These feelings (in other words - non-verbal information that the hare receives) activate a certain response in the hare's body. And it reacts properly and adequately to the situation, for instance, the body starts to produce adrenaline and runs the response "fight or flight". So the hare starts to behave accordingly and we could see the following symptoms: the hare is running around his cage, fussing, having some tremor and an increased heart rate, etc..

And now let us imagine this tale in some cartoon. The hare stays in its house, and the wolf wanders about this house. But the hare doesn't see the wolf. Though the body of the hare gives some appropriate responses. And then that cartoon hare goes to a cartoon doctor and asks that doctor to give it some pill from its tremor and the increased heart rate. And in general asks to treat in some way this incomprehensible, confusing, totally unreasonable severe anxiety.

If we try to replace the situation from this fairy-tale to a life story, we could see that it fits well to the script of interdependent relationships, where

there are a couple "a victim and an aggressor", and where such common for our traditional families' occurrences as a domestic family violence, psychological and physical abuse take place. Only in 2019 a law was passed that follows the European norms and gives a legislative definition of such concepts as psychological domestic abuse, sexual abuse, physical abuse, bullying, that criminalizes all of these occurrences, establishes the punishment and directly points to people that could be a potential abuser. Among them are: a husband towards his wife, parents towards their children, a wife towards her husband, a superior towards a subordinate, a teacher towards his or her students, children towards each other etc..

When it comes to recognition of something as unacceptable, it seems more easy to put to that category such occurrences as physical and sexual abuse, as we could see here some obvious events. For example, beating or sexual harassment. Our society is ready to respond to these incidents in more or less adequate way, and to recognize them as a crime. But it is harder to deal with the recognition of psychological abuse as an offence. Psychological abuse in our families is common. Psychological abuse occurs through such situations, when one person, while using different psychological manipulations, such as violation of psychological borders, imposition of feeling of guilty or shame, etc., force another person to give up his or her needs and desires, and so in such a way make this person live another's life. Such actions have an extremely negative effect on the mental health of these people, just as much as physical abuse. It can destroy a person from the inside, ruin self-esteem and a feeling of self-worth, create the situation of absolute dependence such victim from an abuser, including financial dependence etc.. It often happens that psychological abuse takes place against the backdrop of demonstrations of care and love.

So you've got this story about the wolf and the hare, that are right next to each other, and the shield between two of them is a repression - a psychological defense mechanism, when a person turns a blind eye to such offences, that take place in his or her own life and towards him or her. And this person considers this as normal, doesn't realize, doesn't have a resource to realize, that it is a crime. Most importantly - doesn't feel anything, as a repression takes place. But a body responds in a right way - from a certain point of the existence of such a toxic situation the response "fight or flight" is launched in a body at

full, in other words - the fear and anxiety with the associated symptoms.

The third allegorical tale I called "Defective suit", which I read in the book of Clarissa Pinkola Estés with the name "Running With the Wolves".

"Once one man came to a tailor and started to try on a suit. When he was standing in front of a mirror, he saw that the costume had uneven edges.

- Don't worry, - said the tailor. - If you hold the short edge of the suit by your left hand - nobody notices it.

But then the man saw that a lapel of a jacket folded up a little bit.

- It's nothing. You only need to turn your head and to nail it by your chin.

The customer obeyed, but when he put on trousers, he saw that they were pulling.

- All right, so just hold your trousers like this by your right hand - and everything will be fine, - the tailor comforts him.

The client agreed with him and took the suit.

The next day he put on his new suit and went for a walk, while doing everything exactly in the way that the tailor told him to. He waddled in a park, while holding the lapel by his chin, and holding the short edge of the suit by his left hand, and holding his trousers by his right hand. Two old men, who were playing checkers, left the game and started to watch him.

- Oh, God! - said one of them. - Look at that poor cripple.

- Oh, yes - the limp - is a disaster. But I'm wondering, where did he get such a nice suit?"

Clarissa wrote: "The commentary of the second old man reflects the common response of the society to a woman, who built a great reputation for herself, but turned into a cripple, while trying to save it. "Yes, she is a cripple, but look how great her life is and how lovely she looks." When the "skin" that we put on ourselves towards society is small, we become cripples, but try to hide it. While fading away, we try to waddle perky, so everyone could see that we are doing really well, everything is great, everything is fine".

As for me, this tale is also about the process of forming a symptom in a situation when one person tries very hard to match to another one, whether it is a husband, a wife or parents. It's about a situation when such a person always tries to support the other one, while giving up his or her own needs and causing oneself harm in such a way by feeling a tension every day, that becomes an inner normality. And so this person doesn't give oneself a possibility to relax, to be herself (or himself), to be spontaneous, free. As a result, in this situation the person, who was

supported, looks perfect from the outside, but those who tried to match, arises some visible defect, like a limp - a symptom. And so this person lives like a cripple, under everyday stress and tension, trying to handle it, while sacrificing herself (or himself) and trying to maintain this situation, so not to lose the general picture of a beautiful family and to avoid shame.

The tailor, who made this defective suit and tells how to wear the suit properly, in order to keep things going as they are going, often is a mother who raised a problematic child and then tells another person how to deal with her child in the right way. It is the situation when a mother-in-law tells her daughter-in-law how to treat her son properly. In other words, how to support him, when to keep silent, to handle, how to fit in, so that her problematic son and this relationship in general looks perfect. Or vice versa, when a mother-in-law tells her son-in-law how to support her problematic daughter, how to fit in etc..

When, for example, a woman acts like this in her marriage and with her husband, with these excessive efforts to fit in - then after a while everybody will talk like: "Look at this lovely man: he lives with his sick wife, and their family seems perfect!". But when such a woman becomes brave enough to relax and to just let the whole thing go, everybody will see that the relationship in her marriage isn't perfect, and it is the other one who has problems.

Each time when someone tries excessively to match up to another one, while turning oneself in some kind of a cripple, - he or she, on the one hand, supports the comfort of that person, to whom he or she tries to match up, and on the other hand - such a situation always arises in that person such conditions as a continuous tension, anxiety, fear to act spontaneously. A symptom - is like a visible defect, that shows itself through the body (and may look like some kind of injury). It is the result of a hidden inner prison.

As a result of evolution, a pain tells us about a problem that is needed to be solved. When we repress our pain we can't see our needs and our problems at full. And then a body starts to talk to us via a symptom.

Psychotherapy aims for providing a movement from a symptom to a resumption of sensitivity to feelings, a resumption of the ability to feel your psychological pain, so you can realize your own toxic story.

In this perspective another fairy-tale looks interesting to analyze - it is Andersen's fairytale "Princess and the Pea". In the tale a prince wanted to find a princess to marry. There was one requirement for women candidates, so the

prince could select her among commoner - high level of sensitivity, as the real princess would feel a pea through the mountain of mattresses, and so she could have the ability to feel discomfort, to be in a good contact with her body, to tell about her discomfort without such feeling as shame and guilt, and to refuse that discomfort, so to have the readiness to solve her problems and to demand from others the respect for her needs.

It is common for our culture that the expression "a princess on a pea" very often uses for a negative meaning. So people who are in good contact with their body and who can demand comfort for themselves are often called capricious. At the same time the heroes who are ready to suffer and to tolerate their pain, who are able to repress (stop to feel) their pain represents a good example to be followed in our society.

So, we may see the next algorithm in cases of various anxiety disorders:

1. the existence of some toxic situation that brings some danger to a person. And we need not to be confused: a danger exists not for a body, but for a personality. A toxic live situation as well as having a panic attack is not a threat for the health of a body (that is what medical examinations show), and vice versa - it's like every day intensive sport training, that could be good for your health only to some degree. A toxic situation destroys a person as a personality, who longs for one self's expression;

2. the existence of such a defense mechanism as repression - it's a life with closed eyes, in pink glasses, when there is inability (or the absence of the desire) to see its own toxic story;

3. the presence of a symptom - a healthy response of a body "fight or flight" to some toxic situation;

4. displacement - it's replacement of the attention from the situation to a symptom, when a person starts to see and search for the problem in some other place, not where it really is. A symptom takes as some spare, pathological reaction that we need to get rid of. The readiness to fight the symptom arises, and that is the goal of such methods of therapy as pharmacological therapy, CBT and many others;

5. the absence of adequate actions that are directed towards the change of a toxic situation itself. The absence of the readiness to show aggression when it comes to protect its space.

All of it is a mechanism of formation of primary anxiety and preparation for launch of secondary anxiety. A complete anxiety disorder is the interaction between a primary and a secondary anxiety.

Conflict of interest

Author declares that she has no conflict of interests

Socio-psychological criteria for mutual selection of adoptive parents and children deprived of parental care as prognostic signs of the mental health of their future family

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Extended Abstract

Keywords

Mental health, orphans, child, adoptive family, parental care.

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Introduction

The modern national child welfare system assisting children deprived of parental care aims at changing priorities in favor of family placement. However, this process is complicated by the lack of socio-psychological mutual selection of potential adoptive parents and orphans or children deprived of parental care. It is not taken into account that future parents will have to interact with children whose behavior is affected by maternal deprivation. At the same time, the cases of returning children back to orphanages make it especially important to study the factors that affect the quality of an adoptive family, i. e. its psychological health or its dysfunction.

Purpose

To determine the socio-psychological criteria for the mutual selection of adoptive parents and orphans or children deprived of parental care.

Methodology

The study was conducted in the period of 2017–2020. For the purpose of studying the socio-psychological factors that affect

psychological health of an adoptive family, a semi-structured interview was used. It was conducted at the premises of the Kyiv City Orphanage in Vorzel and included observation (81 hours) in a psychotherapeutic group for adoptive parents at the premises of the personal development center "Fermata", Kyiv. The study involved 50 people aged from 27 to 50.

Results and Discussion

The results of our study showed that there are a number of features inherent to expectant parents who usually have difficulties in raising adopted children. Thus, parental image characteristics of adoptive parents are correlated with the severity of their psychopathological symptoms, which affects the behavior and development of the adopted child in a family. Adoptive parents whose parents had conflicting relationships showed high rates of interpersonal sensitivity, anxiety, and intensity of experienced distress. Unconscious parental prohibitions and mini-scenarios of adoptive parents (Berne, 1964) were usually directed at adopted children, which led to disorders or deterioration of their behavior. Very often adopted children experience psychological traumas identical to those their adoptive mother or father is not aware of and

represses. This leads to an aggravation of conflict in the child-parent relationship because the child begins to act as a kind of trigger for the repressed trauma of the adult. Therefore, the first criterion for mutual selection can be determined as the presence/absence of unconscious psychological trauma of the adoptive parents and the intrapsychic scenario of conflict-ridden relations within the parental couple.

The results of our study proved that harmonious relationships of a married couple become a resource for adoptive parents in difficult periods of interaction with children, and in a dysfunctional family the emergence of difficulties only exacerbates the negative psychological state of parents, thus, children's behavior deteriorates. Therefore, the process of adapting and re-living the traumatic experience of the child in the family depends on how constructive marital relationships are. Thus, the second socio-psychological criterion of mutual selection is the type of marital relationship of a married couple – harmonious or disharmonious.

Analysis of our work with adoptive parents has shown that the specific nature of the couple's motivation to adopt a child plays an important role in whether an orphan or a child deprived of parental care can re-live their psychological trauma and eliminate it. Thus, the unconstructive motivation of adoptive parents can include (according to Melnychuk T. I. and Bevez G. M. (2016)): abatement of emotional pain caused by the loss of a blood child, preservation of poor marital relations, psychological pressure of relatives on the couple about adopting a child to the family, desire to avoid lonely aging. These motivations are aimed at solving their own psychological problems and needs, not at helping the child. Therefore, often the children of such parents are stuck in their worries and emotions, which is manifested in behavioral disorders as well as formation or increase of neurotic manifestations. Almost all adoptive parents with unconstructive motivation were not ready for psychological work in a mutual support group and left it. Thus, the third criterion of mutual selection can be determined as motivation of future parents to adopt a child.

The experience of work with adoptive parents who have already adopted children has shown that the indicator of successful adaptation of a child in the family is played by future parents' personality traits: level of anxiety, stress, emotional stability (Malkhazov, 2017), disposition. During the process of mutual selection, it is important to take into account and evaluate the personality traits of both adoptive parents and children, as they will

further affect the psychological health of the family and how adoptive parents will overcome the difficulties that arise in the process of adaptation and development of the child. Parents with high levels of anxiety and low levels of distress tolerance, as a rule, have more problems in raising children, especially those who have experienced family life and are keeping some memories or children who have been abused. Thus, the fourth criterion of mutual selection is the adopters' individual psychological characteristics.

Psychological traumas that children received as a result of maternal deprivation or abuse in their biological family, negatively affect the formation of their attitudes, which is manifested primarily in emotional and behavioral disorders. Analysis of the child's life story and observation of their behavior in an orphanage or foster family makes it possible to predict their adaptation in a new family and give appropriate recommendations to adoptive parents. Therefore, a child's life story can be determined as the fifth socio-psychological criterion of mutual selection. This includes a child's age, degree of emotional attachment to blood parents, circumstances that led to parental care deprivation, analysis of the child's psychological experience in the biological family, number of previous psychological, social etc. losses, time spent in an orphanage).

As the sixth criterion of mutual selection, we determine the assessment of a child's cognitive development. Its results will show whether the child has been pedagogically neglected or has organic disorders and the psychologist and psychiatrist will provide recommendations for the child's upbringing and make a forecast of further development. This information will help to place the child in a family that has the resources and will be ready to raise it, understanding what difficulties it may face in the future.

As the seventh criterion of mutual selection, we determine a child's individual characteristics (temperament, emotional and volitional development, level of anxiety, and sense of security). Assessment of a child's individual characteristics makes it possible to predict possible behavioral disorders and provide recommendations for their solution, as well as to select those adoptive parents who have the resources to meet the needs of the child.

The results of the socio-psychological assessment based on the criteria defined above will allow potential adopters to realize their strengths and weaknesses, and to decide on adoption more consciously or to refuse adoption

until the family or one of the spouses solves their psychological problems.

Socio-psychological mutual selection will help to place a child in the family that can provide necessary conditions for the healthy development and resolving traumatic experience. Of course, this does not guarantee that adoptive parents will not have difficulty interacting with children, but will increase the family's willingness to address them in child's favor.

Conclusions

The main cause of adoptive family disorders is the unresolved and repressed psychological problems of potential parents, which they had long before the adoption and their lack of balanced assessment of their own weaknesses and strengths as caregivers of an orphan or a child deprived of parental care. Therefore, socio-psychological mutual selection of adoptive parents and orphans or children deprived of parental care will play a significant role in preventing adoptive parents from returning children back to orphanages and in

guaranteeing the psychological health of their family).

Conflict of interest

The author declares that she has no conflict of interests.

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Recreational potential of metaphorization in mental self-regulation of the students

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Abstract

Introduction: In the era of dynamic modern transformations in the education system, there is a need for effective psychological tools for updating individual psychological and life resources, self-regulation of students' mental states, contributing to the preservation and support of their mental health.

Purpose: to substantiate the recreational potential of the metaphorization of mental states as a recreational method of self-regulation in the system of psychological well-being, to identify its individual psychological characteristics in students.

Methodology: Experimental work was carried out on the basis of Kyiv National University of Culture and Arts, Tavriya National University named after V. Vernadsky. Five hundred and ten respondents were involved in the research process (18 - 45 years, 65% female; study specializations: "Arts", "Design", "Management", "Psychology"). The research was based on the analysis of free associative experiment, method of cognitive interpretation, praximetric and executive methods for distributing certain semantic units

Results: the most popular among students causes of dissatisfaction in the situation with stress and lack of satisfaction in basic psychological needs, negative and positive conditions at different levels, life furnishings, those situations when there are stinks; on the basis of the experience of the SUM inquirer, there are positive changes in the most of the majority of students. On the basis of the developed model of self-regulation of mental states by means of metaphorization (5 stages of the act of metaphorical creativity of resource states), when its recreational functions are realized, transformations of strategies of thinking and life take place, internal resources are activated

Conclusions: The developed model of metaphorization of search of resource states is an effective means of stabilization and self-regulation of a mental condition of students that allows to be guided quickly in changing living and educational conditions, to choose optimum for each separate case methods and means of mental self-regulation

Keywords

mental health, psychological well-being, mental state, individual psychological resources, mental self-regulation, recreational potential, metaphorization.

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Introduction

The variety of challenges which surrounding the reality in all spheres of young people's lives is characterized by high mental pressure, chronic fatigue, increased anxiety, emotional and informational stress, and other etiological factors. In the majority of cases, these factors cause strain, asthenization of adaptation mechanisms, and an exhaustion of the body's functional reserves lessening the efficiency and activity of a person. The most vulnerable group is the student youth in an era of accelerated modern transformations of the educational system. The development, normalization, and integration of the worldview are intrinsic characteristics of the students. Moreover, that process occurs on the background of emotional experiences associated with a significant number of crucial decisions made in the shortest periods.

A fundamental issue for our study is to describe such categories as "mental health", "psychological well-being", "mental states", "mental self-regulation", "individual psychological resources" in their relationship and interdependence. According to the principles of the axiological approach, mental health is seen as a social value that occupies a prominent place in the individual value hierarchy and correlates with value orientations. It is known that mental health is defined as a state of mental well-being characterized by the absence of painful mental manifestations. Thus, it maintains adequate regulation of behavior and activities in accordance with the circumstances of the surrounding reality. In the context of our study, among the many definitions of well-being by psychologists, have identified the following: particularly on the basis of the integrity in defining true "Self", through a harmony of the mental processes and functions, when a person is aware of his integrity having inner balance; he is satisfied with himself and with the world around him, and reveals an ability to respond to existential challenges of life, including self-realization and personal growth (Ryff, 1989); the ability to move from reliance on the environment and manipulation of the environment to reliance on self and self-regulation (Perls et al., 1995); an affective state of emotional well-being, on the one hand, and a cognitive state of life satisfaction and of life's meaning, on the other hand (Emmons, 2004); a complex mental education, which is manifested in the experience of meaningful content and value of life, a sense of satisfaction with life and self, achieving current motives and needs of the individual in the

perspective of socially significant goals and a positive assessment of their own existence (Karhina, 2018: 204).

According to these definitions, as well as other studies (Ryan & Deci, 2001), it turns out to a large extent, the young person's psychological well-being is influenced by the level of formation of the self-regulation system. Based on the analysis of the diverse definitions of the concept of "mental self-regulation" (Novodvorskiy, 2019), in the context of our research we will define it as one of the levels functioning for the regulation of the living systems activity, which is characterized by the use of mental means of reflection and modeling of reality (Meshcheryakov & Zinchenko, 2003). Grimak states that mental self-regulation is "mental self-action for the purposeful regulation of the comprehensive activity of the body, its processes, reactions, and conditions" (Grimak et al., 1983: 151). Alekseev argues that mental self-regulation is "the influence of a person on himself with the help of words and corresponding mental images" (Alekseev, 1976, 3). Prokhorov refers to mental self-regulation as a three-level hierarchical organization, which is based on the mechanisms of regulation of a particular mental state (Prokhorov, 2017). Mental self-regulation of a person includes behavior or activity control and self-regulation of his present state (Leonova & Kuznetsova, 2009; Konopkin, 1980; Morosanova, 2010). Common to all definitions is focus on a person's state as an object of influence and tendency to use internal means of regulation, primarily – the mechanisms of psychological self-influence. Self-regulation in everyday life is associated with the personal position in the adaptation process (Hartmann, 2002), as well as with the harmonization of the functional systems of the body and psyche, with the tendency for a balance, and for reducing a disbalance of functional connections (Bodrov, 2007), with the solution of problems (Dikaya, 2003), with deliberate self-regulation (Konopkin, 2007; Morosanova et al., 2017, 2018; Bondarenko et al., 2020), with behavior control (Sergienko, 2009; Pulkkinen, 1992; Posner, Rothbart, 2000), with the formation of regulatory experience (Osnitsky, 2011), successful behavior management (Rasskazova, 2019) and others.

This requires the use of effective psychological tools and realization of psychological and vital resources of individuals that help to preserve and support the mental health, assist in adaptation to the objective conditions along with adequate responses to the external influences plus provide the regulation and stability of behavior and activity.

Traditional psychological resources are considered in connection with the studies of the constructive basis of personality. Such studies are carried out in the framework of the humanistic perspective in psychology. Psychological resources are a complex structure. They are integrated with the major part of the mental health system and human self-sufficiency. The part of the study is focused on the mechanism of psychological coping (coping behavior) development. Thus, personal characteristics such as psychological, professional, and physical are disclosed that either help in managing extreme life situations or prevent the individual to cope with them.

Search for psychological resources presupposes using all possible environmental ways and various psychological tools, one of which is the metaphorization of resource mental states. It is a dynamic process of applying personal life strategies of thinking without restrictive filters, which helps to increase the level of self-awareness and self-recognition of deep inner mental tendencies, thus, influencing the states, decisions, actions, behavior, as well as a feeling of happiness and well-being. Also, reliance on these resources is a key point in self-regulation, and as a rule, they expand the opportunities. If a person is convinced of his abilities to control a situation, then he is ready to act effectively and overcome difficulties. If these convictions have remained unshakable in the extreme conditions of reality it would be sufficient for a person to rely on these psychological resources.

Purpose

The purpose of the paper is to substantiate the recreational potential of the metaphorization of mental states as a recreational method of self-regulation in the system of psychological well-being, to identify its individual psychological characteristics in students.

Methodology

Design

This research makes use of a qualitative research strategy (Silverman, 2004), where the connection between several different variables had to be established through interpretation. The Research Approach implemented has been that of interpretivism (Willis, 2007). Also, the research makes use of semantic and cognitive direction of psycholinguistics (E. Kubryakova, A. Babushkin, N. Boldyrev, E. Lukashevich, Z. Popova, I. Sternin, etc.).

The scientific and psychological principles of mental health form the theoretical and methodological basis of this research. The mental health is an integrated characteristic of an individual, which is associated with his inner world (B. Bratus, S. Maksymenko, A. Maslow, Yu. Yashchyshyna, etc.). Also, the scientific and psychological principles of additional aspects of mental health set up the theoretical and methodological foundation of this study. They are following: the state of health determinant factors (V. Ananiev, S. Grombach, I. Dubrovina, V. Kaznacheev, G. Ushakov, and others); the psychological support of mental and physical health (M. Korolchuk, V. Krainyuk, A. Kosenko, T. Kochergina, and others); the psychology of human health (G. Lozhkin, O. Noskova, G. Nikiforov, I. Tolkunova, and others), the mental states (W. Wundt, W. James, P. Janet, J. Kettel, N. Levitov, V. Myasishchev, B. Parigin, S. Rubinstein, H. Selye and others), types of self-regulation of the personality, in particular cognitive, emotional, volitional, and personal types, which constitute a single structure of mental self-regulation of the personality (K. Abulkhanova-Slavskaya, V. Selivanov, O. Polshin, Y. Alexandrov, etc.). The metaphor as the multi-faceted phenomenon has gained recognition in the publications of K. Alekseev, I. Vachkov, V. Gak, D. Guilford, D. Davidson, J. Lakoff, E. McCormack, V. Moskaluk, S. Neretina, J. Ortega-and-Gasset, I. Polozova, O. Potebna, and others.

Methods

In this research, we used different kinds of methods such as theoretical: analysis, synthesis, generalization; empirical: free associative experiment plus content and intent analysis, method of cognitive interpretation, praximetric and executive methods for distributing certain semantic units of the content and textual information into thematic groups, which allowed to identify status notifications, namely, their typical emotional, and psychological characteristics; statistical: quantitative-percentage ratios, identification of the hierarchical order based on the frequency of reactions to verbal and visual stimuli; interpretive: structural method.

Experimental base of research

Experimental work was carried out on the basis of Kyiv National University of Culture and Arts, Kyiv University of Culture and Arts, Tavriya National University named after V. Vernadsky, in total, 510 respondents were involved in the research process, including students of 2nd, 3rd, 5th courses specialties directly "Arts", "Design",

"Management", "Psychology" (from 18 to 45 years, average age was 22; 65% female).

Organization and stages of psychological research:

1) substantiation of the recreational potential of the metaphorization of mental states – one of the criteria for mental health; 2) a theoretical analysis of the problem of the applicability of the metaphorization of mental states in their self-regulation, the level of which affects psychological well-being in the mental health system; 3) development and testing of a theoretical and methodological model of self-regulation through metaphorization of psychological representations of the image of real, actual and optimal states in students (executive method (Schwantsara, 1978)); students' performance of creative tasks: choose metaphorical images associated with real and resource states; compare them characteristics; based on the interpretation of images and the open-ended questions developed by the author (the questionnaire), describe the possibilities of transformation and self-regulation of states; students' self-assessment of the psycho-emotional state using the SAM inquirer (state of health-activity-mood) (Doskin V.A. et al., 1973) "Test of differentiated self-assessment of the functional state" (before and after performing creative tasks); 4) on the basis of an associative experiment, content and intent analysis, the allocation of certain semantic units of content and textual form of information into thematic groups, which made it possible to identify characteristic emotional and psychological characteristics of the message about states; on the basis of cognitive interpretation, the identification and verbal formulation of "cognitive features, represented by certain meanings or semantic components of linguistic units" (Popova & Sternin, 2007: 141); 5) the analysis of the results of the questionnaire (praxeometric method (Ananiev, 1996)) was carried out through manual thematic analysis, where the author sought to find common words, phrases and group or "combine" them together in order to be able to determine trends in the respondents' answers. The results of the questionnaires were presented in the format of tables and diagrams for determining percentages, a hierarchy of the frequency of reactions to verbal and visual incentives.

Ethical Considerations:

1) participation in the research is voluntary; 2) the respondents were informed in advance about how the research results will be used and about their availability to those who are interested in them; 3) all the information collected in the

course of this dissertation has been used only for the purposes of the study, and will be kept confidential.

Results

Problems of health, well-being, and adaptation are solved by certain tools of awareness of personal potentials, and desires, also through the effective management of his states and thinking, and the whole personal life (Kostyuchenko O., 2019c). For example, imagogics is the analysis of spontaneous images for gaining access into "in-se" (Ontopsychological School, A. Meneghetti). Another example is awareness and control of "maladaptive thoughts" that are incompatible with the ability to "cope with life", and remain the main cause of maladaptive states, and disorders of inner harmony (cognitively oriented approaches, Albert Ellis, A. Beck, L. Festinger, and others). Another illustration is a personal perception and attitude changes towards events, and reactions. As a result, these changes reduce stress, balance thoughts, and beliefs including identity and spirituality, environment, and behavior (neuro-linguistic programming, R. Bandler, and J. Grunder). "Recapitulation of personal history" is the key to recollecting. Recollecting means remembering or reassembling in memory as well as coming to your senses, regaining consciousness, and reconstructing. The usage of internal resources is one of the practices among shamans in North America, which is described in the book called "A Power of Silence" (Carlos Castaneda, 1987). The essence of the procedure is to gradually review the events of person's life starting with thinking, remembering the most important events, "taking" useful resources from personal past, namely, knowledge, strategies, states, and "giving away" all experiences that hold a person in the past. Every person has many resources in personal experience that will help him to cope with any situation in the future. The main tasks are summarized as following: getting access to resources of personal past, acting and achieving goals now based on the personal dreams, seeing new opportunities for self-realization, designing personal interesting future and preparing the way for it, and fill the life with meaning. With resources, you can take care of the improvement of psychological health, you can (Titarenko, 2018: 148) ability: up to the renewal of the intrinsic integrity, vibrating new life prospects; to the intensive and sensible joke of specialness as an energetic engine of change; to the most effective and other.

The concept of "Resources" is understood (Leontiev, 2016: 22) as a means, the presence and sufficiency of which contributes to achieving the goal and maintaining well-being, and the absence or insufficiency – makes it difficult. Among the psychological or personal resources are motivational, instrumental, psychological resources of stability and self-regulation. Psychological resources of self-regulation include psychological variables that reflect stable but selected from a number of alternatives strategies of self-regulation as a way to build dynamic interaction with life circumstances, such as a measure of subjective control over them or dependence on them, stable expectations of positive or negative outcomes of events, strategies of interaction with complexity and uncertainty, flexibility or rigidity of goal setting, etc. (Leontiev, 2016: 23).

On the one hand, we hold that recreation is a process and a method of recreating a person in physical, mental, cultural, and spiritual aspects. On the other hand, recreation is also associated with the realization of potentials, and essential forces of personality, namely, the desire of the individual to recreate the self to the level of ideal, holistic "I-image". It consists of the following components: rational-cognitive (personal experience, theoretical ideas); emotional-sensory (emotional response to the manifestations of personal self); sensory-perceptual (adequate perception of body signals, which are formed on the basis of "body scheme" and supplemented by audio, visual and other signals); motivational (the need to be a creative person, a measure of responsibility, readiness for a creative activity for the benefit of personal spiritual, mental, and physical health) (Kostyuchenko, 2019c). The formation of these components determines the individual qualities of self-regulation that are characterized by how a person plans and organizes goal achievement, takes into account significant external and internal conditions, evaluates the results and adjusts his activity for achieving subjectively acceptable outcomes (Morosanova, 2010). It secures psychological well-being.

Some authors emphasize such basic recreational tasks of diverse methods of mental self-regulation as relief the stress manifestations and enhancing resource mobilization. The activation of resource main features is focused on the formation of adequate internal tools that allow a person to change his state. The intention to change or regulate personal state becomes dominant. The same features are characterized by the awareness of the individual, psychological

resources in the system of psychological well-being through metaphorization.

Metaphorization is one of the widely spread methods of figurative representation that refers to one or another denotative (conceptual) sphere. In the context of our study, it is individual psychological resources. The synthesis of theoretical data demonstrates that in home psychological researches the metaphorization is defined the most often as a specific kind of cognitive activity that operates and controls the metaphorical images thus creating new images that are full of meanings and they make meanings visible (Kostyuchenko, 2019a, b).

An "interaction of two cognitive structures of knowledge" occurs in the process of metaphorization. "There is the cognitive structure of the 'source' or 'source domain'. It is more specific knowledge obtained by a person in the process of direct experience during interacting with reality. Also, there is the cognitive structure of the 'target' or 'target domain'. It is less clear, less specific, and less defined knowledge". That kind of knowledge is called "knowledge by definition" (Baranov, 2003: 75; Samigullina, 2008: 54). Furthermore, the third element is involved in the metaphorization process, that is the image, and thus, it becomes possible to produce the so-called metaphorical projection. The image provides the fixed correlations (invariance) between the source domain and the target domain. The image is a basis for the structure of the metaphor, in other words, the image is a content that is invariantly present in both interactive areas. The image is formed in the process of metaphorical conceptualization of a certain fragment of reality that has already received primary conceptualization (Lakoff, 1990: 5). At the same time a metaphor likewise a predetermined template or cliché is understood not only as a result but also as a means of conceptualizing new experience for the metaphor uses previously acquired knowledge.

During the empirical study, the students were asked, for instance: 1) to choose both proposed and desirable metaphorical images which were associated with their real mental state in a quarantine situation plus with resource / optimal state, and describe them; 2) to compare the characteristics of images such as common-excellent, pleasant-unpleasant, unexpected, positive-negative, and describe the possibilities for their transformation; 3) the students had to interpret the images and to respond on such questions as: "What is my mental state like?", "How can I describe my real mental state?", "What kinds of personal resources are needed for

the optimal state?", "What kinds of realized and unrealized strong characteristics are functioning in the present mental state?", "How can I influence in the best manner possible on the harmonization of mental state?"; "What will assist in the further regulation of personal state?", "What kinds of circumstances, situations, and conditions are resources for you?", "What will you do (3 specific steps) for renewal, restoration, and realization of resources?".

The analysis of student responses revealed that: 1) in a situation of stress and unmet basic psychological needs (stability, variety, significance, etc.) a young person subconsciously begins to look for the causes of dissatisfaction in the immediate environment. However, the real problem occurs because the access to the personal internal resources is closed, and expectations of the better mental state are unclear and vague when confusion and uncertainty prevailed. For example: "what I want to do, that I do not practice" or "what I do not want to do that I do", "I cannot see the future", "I don't know what I need ...", "... I don't understand how to live on further...", "... I'm at a dead end!", "stick in a space", "stick in the mire", "hit our heads against a stone wall", "we see the world through a glass darkly", "we engender starry-eyed goals", "in a state of suspense and confusion"; 2) changes occurred: generally some students experience apathy, anxiety, discomfort, and confusion but despite such personal problems the vast majority of the students felt deeply their need to restore healthy internal state including attentiveness, concentration, creativity, emotional stability and trust in their resources, efficiency, and ability to cope with the challenges of reality. Before the students expressed such thoughts as "we need to get through ..." or "just bide our time...", or "let us survive and then we'll see", but now they were sure that "it is necessary to strengthen inner courage and strength of spirit to maintain common sense and to resist to negativity, and to activate resources for restoring the stamina...etc."; 3) the most often the respondents identified such negative characteristics as uncertainty, apathy, disappointment, concern, laziness, helplessness, doubt, depression, fatigue, aggressiveness, anxiety, etc., and likewise positively colored mental state, for example, joy, happiness, liveliness, calmness, satisfaction, enthusiasm, inspiration, etc.; 4) the students often referred to the difficult life circumstances and situations resulting in negative mental states such as loneliness, quarrel, family conflicts, lack of money, disharmony with loved ones, illness,

separation, and failure. Also, some other equally stressful situations were mentioned, for instance, "I don't see my beloved ones for a long period", "when I am overloaded with drudgery", "when my plan goes wrong", etc. Similarly, the students point out on positive situations, for example: "spending time with a loved one", "completing any work", "meeting with a dear person", "successfully passing an exam", "achieving the desired", "being in a happy company", "having a mutual understanding"; "purchasing thing", "carrying out a plan", "having cash", "when the news is good", "when many friends visit my home", etc.; 5) the most respondents used the methods and techniques for self-regulation of both negative and positive states, for instance: communication, inner-quarantine, disassociation-shifting, reasoning, relaxation and creative activity; 6) the positive states on the sensory-perceptual level were associated with a feeling of vigor, and the ability to act, a capacity for intensive activity, and comfort; healthy well-being on the emotional and sensual level has been linked to such outcomes as excitement, experiencing joy from the creative process and its results, adequate positive self-esteem, and gratitude; the healthy mental states on the rational-cognitive level were characterized by a high degree of awareness and competence of self plus the knowledge of the criteria of "optimal self", and appropriate behavior including the main factors that promote or prevent creativity, and self-development along with awareness of selfhood and joyful surprise at the originality of others; the mental well-being on the motivational level resulted in a high level of internal motivation for a creative lifestyle, creative self-expression, the priority of psychological, mental, and physical health in the individual value system.

Let's pay attention to the peculiarities of psychodiagnostics research using the SAM inquirer (state of health-activity-mood), the advantage of which is the operative differentiated self-assessment of the functional state. One of the criteria of mental health is mental states (emotional balance, the maturity of feelings according to age, the ability to control the negative emotions, the free expression of feelings and emotions, and the ability to rejoice and to maintain normal optimal well-being). It is possible to study any type of subject's activity only based on these healthy mental states. The definition of the human condition is important in our study. Ilyin refers to the human condition as a holistic, systemic response to external and internal actions aimed at maintaining the integrity of the organism, and ensuring its viability in specific

circumstances of living (Ilyin, 1978: 18). Thus, the mental state is the main mechanism in the restructuring of psychological properties and changes in mental processes as well as the organization of a qualitatively new psychological structure of the individual that is necessary for the effective functioning of the subject.

The diagnostic material of the "SAM" method consists of 30 pairs of definitions opposite in meaning; the respondent must in each pair choose the most appropriate definition for his condition and assess the severity of this aspect of his condition on a scale from 0 to 3 points. The technique includes 3 scales: well-being, activity, mood. Based on reliable results, the integral mental state indicator is calculated by finding the arithmetic mean. On the basis of self-assessment, students were asked to identify changes in states (both positive and negative). We focused on such indicators (active, effective, enthusiastic, full of hope, satisfied, attentive) (figure 1).

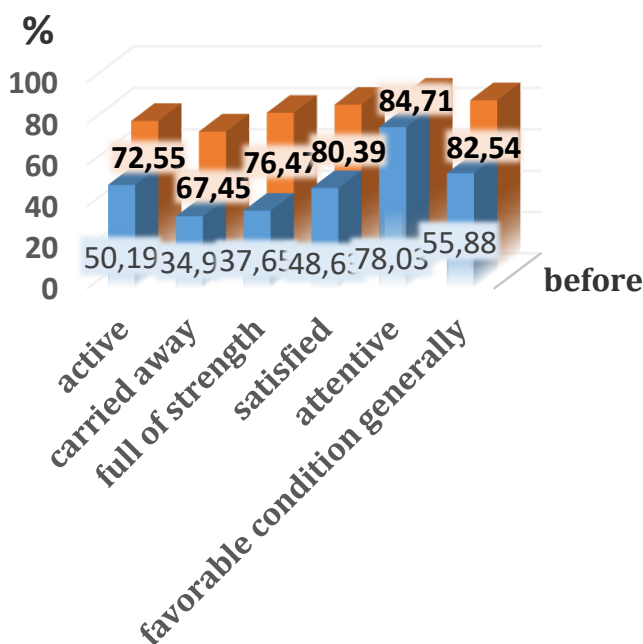


Figure 1. Dynamics of actualization of favorable functional states and their positive characteristics according to the "SAM" questionnaire among students (510 responses) before and after metaphORIZATION of the image of the actual and resource state

As a result of comparing the data of self-assessment by the subjects of their states (before and after the research work), their predominant improvement in most indicators was revealed in 82.54%.

Discussion

The theoretical analysis and empirical research conducted by us and other researchers (Kargina, 2018; Rasskazova, 2019; Balashov, 2020 and other) results confirmed the hypotheses and revealed that due to the application of the developed model of self-regulation of mental states by means of their metaphorization, namely the use of metaphorical images in visual and verbal form provides opportunities for awareness of the emotional, mental and physical spheres, psychological resources of one's own personality, the mobilization of internal reserves of the psyche, its potential. Metaphorization is defined as the interaction of two cognitive structures of knowledge: "source domain" and "target domain" with the participation of an image, due to which it becomes possible to implement the so-called metaphorical projection; as a specific type of mental activity, the content of which is the operation and manipulation of metaphorical images, and the result is the creation of new images, meaningfully filled and making meaning visible. Disclosure of the "metaphorical image" category is associated with such concepts as figurative code and figurative representations along with the functions of metaphorical images, for instance, cognitive, prognostic, regulatory, creative, and communicative which are recreational.

Thus, the process of metaphorization as an act of metaphorical creativity of resource states consisted of five stages: awareness: "What is happening now?"; turning point: "What I need to change?" and "What I do not want to change?"; modeling of the possible future: "What should I do?", "What is the price of the changes?"; steppingstone: "What does hold me back?", "What kinds of fears do exist?", "What is the price for the halt or the resistance?"; choice and forward movement: "What are the first steps on this path?", "What kinds of external and internal resources do I need for this?". As a result, thinking strategies have changed. The internal resources are activated, for instance, confidence, creativity, and energy, etc. The internal struggle ceased and is replaced by a sense of balance. Moreover, the life scenario is transformed offering new opportunities for success.

Limitations of the study

The main problems that the researcher faced during the research: 1) limitation of time (academic hour) and the situation of online communication (in a cross-platform messenger Telegram that allows exchanging messages and

media files of many formats); 2) the use of an interpretive approach, which was determined by the nature and goals of the study. In this sense, the results and achievements of this project can be considered biased, since the relationships between the various variables have been determined not on the basis of empirical evidence, but on the basis of the analytical and judgmental skills of the researcher, in the context of a particular academic field.

Practical value

Practical value of the results of our study can be used in solving scientific and practical problems aimed at increasing conscious self-regulation through metaphorization of current conditions and, thus, to preserve and maintain mental health, increase the effectiveness of educational and professional activities.

Conclusions

We hold that one of the effective approaches for maintaining mental health and preserving the healthy well-being of the student youth are the self-modeling of reality based on the development of mental state self-regulation. Self-modeling is a holistic, adequate systemic response to the external and internal influences that aimed at maintaining the integrity of the body and ensuring its vital functions in the specific living conditions together with the stability of behavior. It includes the ability to maintain familiar comfortable well-being and to relieve stress manifestations, and to enhance resource mobilization.

We consider that the metaphorization of the search and recognition problem of individual psychological resources is one of the effective means of stabilization and self-regulation of the mental condition of the students. It is the universal methodological tool of the cognitive process for it allows you to be quickly navigated in the changing living and learning conditions. It assists you to choose such methods and means of mental self-regulation that are optimal for each situation. It is proved that the students, who used multidimensional, multifunctional and ambiguous metaphorical images, not only strengthened associations with their psychological resources, but also activated the volumetric and complete self-perception, plus identified the new opportunities in a holistic system of "I-others-world" that resulted in the realization of their creativity.

Further research on the problem can be directed to the study of individual-typical, gender,

and age features of the metaphorization of the resource mental states.

Conflict of interests

The author declares that she has no conflict of interests.

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Peculiarities of superiority and inferiority complexes of Ukrainians

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Abstract

Introduction: The central concept of the Adlerian theory of personality is the feeling of inferiority, which main function is to activate compensatory processes that make a person want to improve, grow and overcome their perceived weakness (Adler, 1989). The evidence of such processes is the life choices of people in the sphere of education and occupation.

Purpose: The main purpose of the present work is to highlight the study results of inferiority and superiority complexes peculiarities of Ukrainians, their relation to the education and occupation choices.

Methodology: The study sample included 449 subjects (282 females, 168 male) between 17 and 85 years old ($M=32.96$, $SD = 13.299$). Subjects were recruited from the general population by students who participated in the data collection. Participation in the study was voluntary and anonymous. Inferiority and superiority complexes were assessed using Adlerian inferiority (COMPIN) and superiority (SUCOMP) complex shortened scales (Čekrljija et al., 2017); socio-demographic variables such as gender, age, education and occupation were included.

Results: Results show that approximately 70% of respondents have an average level of inferiority and superiority complexes. There is no significant correlation between the mentioned complexes and gender, but there is a negative correlation between the inferiority complex and age ($r=.187$). The younger Ukrainians are the more intensive inferiority complex they have. Occupation correlates negatively with the inferiority complex ($r=-.120$) and positively with the superiority complex ($r=.119$). The more intensive superiority complex is, the higher positions occupy the respondents. Only inferiority complex correlates negatively with a level of education ($r=-.160$). People with higher education have less intensive inferiority complex.

Conclusion: In sum, it is peculiar to Ukrainians to overcome inferiority complex with age. The intensity of their inferiority and superiority complexes doesn't depend on gender. Ukrainians who occupy the high positions have a lower inferiority complex and higher superiority complex. People with low educational level have inferiority complex propensity

Keywords

inferiority, superiority, complex, Ukrainians, occupation, education.

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Kenny Music Performance Anxiety Inventory (K-MPAI): Exploratory Factor Analysis of the Ukrainian version

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Abstract

Introduction: Music performance anxiety (MPA) is one of the most common psychological problems among musicians, regardless of their age, gender or level of stage experience. Since empirical studies of this subject are just emerging in Ukraine, there is a lack of psychometrically valid instruments for measuring it. Many specific instruments are available to evaluate MPA in English, but they have to be adapted for the Ukrainian population. One of such significant psychodiagnostic tools is the Kenny Music Performance Anxiety Inventory (K-MPAI) used for different cultural contexts.

Purpose: The aim of this research is to study the factor structure of the Ukrainian version of K-MPAI.

Methodology: In order to assess the K-MPAI's linguistic and conceptual equivalence, the questionnaire was translated using blind back-translation method. Thereafter, the sample of 252 professional musicians (aged 19–66, $M = 38$, $SD = 11.24$; 59% women and 41% men) completed the K-MPAI.

Results: An exploratory factor analysis with principal axis factoring and oblimin rotation method was performed based on the K-MPAI items. The optimal implementation of parallel analysis revealed three factors that explain 44.99 % of variance; they are named "proximal performance concerns", "early relationship context", and "psychological vulnerability". The internal consistency of the Ukrainian version of K-MPAI presents excellent value with Cronbach's alpha of 0.871 and high temporal stability ($r = .84$; $p < 0.001$).

Discussion & Conclusions: These findings demonstrate evidence of construct validity and reliability of the Ukrainian version of K-MPAI and partially support the theoretical model that became the basis for the development of the original measure. This questionnaire can be used as a valid tool to assess MPA in Ukrainian scientific research.

Keywords

anxiety, performance, musicians, adaptation, test validity, factor structure

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Introduction

Music performance anxiety (MPA) is a particular state of stressful and persistent apprehension related to music performance in front of an audience (Kenny, 2011; Salmon, 1990; Spahn et al., 2016). The core of this anxiety is fear of professional failure, negative evaluation by audience, and possible consequences, though its optimal level is beneficial for the quality of performance. An excessive degree and repeated experiences of performance anxiety can cause increased tension, loss of adequate self-esteem and deterioration of self-efficacy.

MPA is manifested through affective, cognitive, somatic, and behavioural symptoms along a broad continuum of varying severity – from adaptive responses to pathological forms (Kenny, 2011; Spahn et al., 2016). Considering all diagnostic criteria, MPA is classified as a “performance only” subtype of social anxiety disorder in DSM-V (APA, 2013).

Despite the highly developed music education in Ukraine, the empirical studies of music performance anxiety have not been conducted due to several reasons. First, professional musicians tend to stigmatize and silence this problem, avoiding psychological help. The second significant obstacle to obtaining reliable data is the lack of valid special psychodiagnostic tools for its assessment. In this context, the Kenny Music Performance Anxiety Inventory (K-MPAI) deserves special attention. Based on Barlow's emotion theory of the etiology of anxiety and its disorders (Barlow, 2002), this questionnaire integrates cognitive, emotional, and physiological aspects of MPA taking into account its etiological complexity. The K-MPAI demonstrates excellent psychometric properties (Barbar et al., 2015; Kenny, 2004; Zarza-Alzugaray et al., 2016).

Purpose

The purpose of this research is to study the internal factor structure of K-MPAI based on a sample of the Ukrainian population.

Methodology

Participants

The sample consists of 252 adult musicians from various regions of Ukraine (Lviv, Ivano-Frankivsk, Kyiv, Ternopil, Kharkiv), who work in state institutions of music education (music academies) and philharmonic societies (aged 19–66, $M = 38$, $SD = 11.24$; 59% women and

41% men). Ethical approval was obtained from the Laboratory of the Social Psychology of Personality at the Institute of Political and Social Psychology in Kyiv. Thereafter, data have been collected during a concert season that represents a typical schedule of rehearsals and performances. The musicians were guaranteed voluntary participation and anonymity. The criteria for inclusion in the study were age over 18 years old and frequent participation in public musical performances, while the exclusion criterion was the incorrect filling out of the form. Characteristics related to the participants' musical genre and instrument category representation are presented in Table 1.

Table 1: Sample Characteristics (N=252)

Main music genre	N	Percentage (%)
Classical	185	73%
Pop	35	14%
Folk	19	8%
Jazz	7	3%
Rock	6	2%
Instrument category	N	Percentage (%)
Piano	106	42%
Voice	37	15%
Conducting	33	13%
String	31	12%
Wind	26	10%
Bandura	19	8%

Adaptation procedure

Initially, the permission to adapt the K-MPAI for the Ukrainian population was obtained from the author Dianna Theodore Kenny, Professor at the University of Sydney, Australia. Then the questionnaire was translated according to the procedures provided by the requirements for cross-cultural adaptation of the methods outlined in international standards (Bartram, D., & Hambleton, R. K., 2016). The following steps were performed:

- Ukrainian version of the original K-MPAI was prepared.
- Reverse translation into the original language was made by another bilingual translator.
- Third specialized translation back into Ukrainian was made.
- The best version was chosen (taking into consideration the following criteria: clarity

(intelligibility), conceptual, content, semantic and cultural equivalence). Following the translation procedure, a group of music students ($N = 30$) completed the questionnaire and stated that all statements were clear.

- Translations were compared, and the most reliable translation was selected.

A professional translator, native Ukrainian and English speakers, as well as several psychologists with clinical experience and previous expertise in adapting measures were involved in the translation of the questionnaire. The final version of the inventory was sent to the Author for approval and then recommended for further adaptation procedures.

Instruments

Kenny Music Performance Anxiety Inventory (K-MPAI) (Kenny et al., 2004) is the scale that includes 26 items implying cognitive, behavioural, and somatic characteristics of anxiety in the context of music performance. It takes into account Barlow's theoretical components (Barlow, 2002) such as evocation of anxious propositions (e.g., uncontrollability, unpredictability, negative affect, situational cues); attentional shift (e.g., task or self-evaluative focus, fear of negative evaluation); physiological arousal; and memory bias. There have been two published versions of the K-MPAI for adult musicians: the 26-item original version (Kenny et al., 2004) and the modified 40-item questionnaire (Kenny, 2009). In the current study, we choose the initial version, which is essential for screening.

Data analysis

- The sample's clinical and social-demographic data are characterized using descriptive statistics.
- The exploratory factorial analysis is carried out to verify the structural validity of the K-MPAI.
- Assessment of the internal consistency of statements is identified based on Cronbach's alpha;
- Temporal stability is measured using the test-retest procedure;

Data analysis is performed using SPSS Statistics 20

Results

Descriptive statistics

Descriptive statistics for K-MPAI are presented in Table 2.

Table 2. Mean and standard deviation of the K-MPAI ($N = 252$)

Inventor y	Min	Max	M (SD)	Male M (SD)	Female M (SD)
K-MPAI	18	124	66 (24)	63(24)	67 (24)

There is no significant gender difference, but women are scored slightly higher. The mean total score on the K-MPAI is higher than the mean score reported by Kenny (2004; $N=32$, $M=54.21$, $SD=34.21$, Minimum = 3, Maximum = 111), but lower than the mean score reported by Zarza-Alzugaray et al. (2016; $N = 275$, $M = 88.87$, $SD = 21.24$).

EFA

The factor structure of the Ukrainian version of the K-MPAI was assessed using a principal axis factoring with oblimin rotation, which is preferable when a correlation between factors exist (Tabachnick and Fidell, 2013). An appropriate Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and a statistically significant Bartlett's test of sphericity were obtained, thus justifying the use of the factor model (Table 3)

Table 3. KMO and Bartlett's test.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.892
Bartlett's Test of Sphericity	Approx. Chi-Square	2515.272
	df	325
	Sig.	< 0.001

We have identified seven factors with eigenvalues greater than Kaiser's criterion of 1. They explain 62.79 % of variance. Factor 1 contributes to more than 30.67 % of the variance, whereas the other factors are less than 10% each. Since Kaiser's method tend to overestimate the number of components (Tabachnick & Fidell, 2013), we apply a parallel analysis with the syntax provided by O'Connor (2000). We have obtained a solution of three factors, which explain 44.99% of variance. We have chosen a cutoff .416, because this best interprets the factor structure. The items which do not meet the loading criterion are deleted (2, 3, 8, 26).

The first factor is named "Proximal performance concerns" (11 items: 7, 10, 12, 13, 14, 15, 17, 18, 20, 22, 25); the second factor is named "Early relationship context" (3 items: 9, 19, 24), and the third factor is named "Psychological vulnerability" (8 items: 1, 4, 5, 6, 11, 16, 21, 23). The factor loadings on these three factors are presented in Table 4

Table 4. Factor structure of the K-MPAI for the Ukrainian sample

Item	Factor		
	1	2	3

12 During a performance, I find myself thinking about whether I'll get through it	.814		
13 Thinking about the evaluation, I may get interfered with my performance	.773		
10 I never know before a concert whether I will perform well	.761		
22 I often prepare for a concert with a sense of dread and impending disaster	.756		
18 I worry that one bad performance may ruin my career	.675		
7 Even if I work hard in preparation for a performance, I am likely to make mistakes	.640		
14 Even in the most stressful performance situations, I am confident that I will perform well	.633		
25 I worry so much before a performance, I cannot sleep	.628		
15 I am often concerned about a negative reaction from the audience	.627		
17 From early in my music studies, I remember being anxious about performing	.524		
20 I give up worthwhile performance opportunities due to anxiety	.497		
19 My parents always listened to me		.780	
9 My parents were mostly responsive to my needs		.620	
24 My parents encouraged me to try new things		.498	
5 Excessive worrying is a characteristic of my family			.697
16 Sometimes I feel anxious for no particular reason			.695
1 Sometimes I feel depressed without knowing why			.678
11 I often feel that I am not worth much as a person			.617
6 I often feel that life has not much to offer me			.592
23 I often feel that I have nothing to look forward to			.569
4 I often find it difficult to work up the energy to do things			.528
21 As a child, I often felt sad			.416

Reliability

The internal consistency of the Ukrainian version of K-MPAI presents excellent value with a Cronbach's alpha of 0.871. The α -Cronbach coefficients for factors 1, 2 and 3 are higher for the Ukrainian factor structure than for the original model (Kenny et al., 2004), Spanish (Zarza-Alzugaray et al., 2016), and Brazilian Portuguese (Barbar et al, 2014; Barbar et al, 2015) (Table 5).

Table 5. α -Cronbach coefficients for the Ukrainian version of K-MPAI, compared to the original and other cultural adaptations

Factor	Ukrainia n, N = 252	Original, N = 32	Spanish, N = 490	Brazilian Portuguese, N = 230
"Proximal performance concerns" (11 items)	.900	-	.868	.82
"Early relationship context" (3 items)	.663	-	.568	.57
"Psychological vulnerability" (8 items)	.825	-	.786	.77
Total	.871	.944	.866	.82

Temporal stability was measured using the test-retest procedure. The results obtained for 30 participants showed a high temporal stability of the K-MPAI results ($r = .84$; $p < 0.001$), which suggests good reliability of the K-MPAI as a scale

Discussion & Conclusion

This study aims to adapt to the Ukrainian version of K-MPAI. This measure is chosen among other anxiety evaluation tools since it is designed within D. H. Barlow's theoretical model of emotional disorders, and is adapted by Dianna Kenny for assessing the development and maintenance of MPA (Barlow, 2000; Kenny, 2011).

Adhering to this aim, we provided a double-translation of the 26-item English-language parent form and conducted a pilot-study to confirm the face validity of the Ukrainian version of the scale, which did not undergo any modifications, compared to the initial version.

Following the EFA procedure using principal axis factoring with oblimin rotation, we obtained three factors related to certain aspects of Barlow's theoretical model. The first factor "Proximal performance concerns" (11 items: 7, 10, 12, 13, 14, 15, 17, 18, 20, 22, 25, Cronbach's $\alpha = .900$)

reveals specific psychological vulnerability of musicians; the second factor “Early relationship context” (3 items: 9, 19, 24, Cronbach’s $\alpha = .663$) demonstrates the features of early family context, and the third factor “Psychological vulnerability” (8 items: 1, 4, 5, 6, 11, 16, 21, 23, Cronbach’s $\alpha = .825$) identifies generalized psychological vulnerability. Some items related to the original K-MPAI, such as trust in others (2.8), controllability (3), and reliability of memory (26), demonstrated low factor loading and were not taken into consideration. By its content, the factor model is close to the Spanish version (Zarza-Alzugaray et al., 2016) and Brazilian Portuguese version (Barbar et al., 2015).

The Ukrainian version of K-MPAI presents a high internal consistency with Cronbach’s alpha value of .871. High reliability of the K-MPAI as a measure is confirmed by the test-retest procedure that reveals high temporal stability of the K-MPAI results ($r = .84$; $p < 0.001$).

Certain limitations of the current study should be noted. First, the sample is composed of adult professional musicians, and most of them are representative of the classical music genre (73%). However, it is important to investigate the manifestations of MPA in samples of other ages (university students in particular) and other musical genres (e.g., folk, jazz, rock, pop). Second in this study, only exploratory factor analysis was performed on the K-MPAI items, but some additional statistical procedures (e.g., CFA) can be carried out to test the resulting three-dimensional model. Future studies could further investigate the convergent and divergent validity of the K-MPAI on the Ukrainian musicians.

The Ukrainian version of K-MPAI has acceptable psychometric properties. Therefore, the measure may be used by specialists as an assessment tool for screening MPA. Since this is the first study to investigate the factorial structure of the K-MPAI in the Ukrainian population, this paper may be useful for further research of MPA and evaluation of treatment efficacy.

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Conflict of interest

The author declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Harmonization of the Activity of the Left and Right Cerebral Hemispheres - an Important Component of the Spiritual and Mental Health of Individual and Humanity

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Extended Abstract

Keywords

intuition, rational thinking, technocratic person, noosphere level of consciousness, intuitive potential of the individual, discourse-logical and spiritual-intuitive components of thinking, spirituality, mental health.

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Introduction

According to modern scholars (N. Maslova, B. Astafiev), one of the important reasons for the global planetary crisis, including modern educational system in particular, is violation of the conformity of nature principles in the process of perception and cognition of the world, which is conditioned by the advantages of the development of logical and rational thinking and insufficient development of figurative, spiritual-intuitive thinking in the contemporary school of all levels.

The modern system of education at all levels (school, higher education, postgraduate studies, and doctorate) is aimed primarily at the development of mechanisms of the left hemisphere that are rational, logical thinking, and analytical perception of reality.

Such a one-way orientation leads to inhibition of right-sided processes, does not contribute to the development of creativity, disclosure and activation of the spiritual and intuitive capabilities of the individual, as well as to alienation of

individual from the World, loss of personal sense of integrity, unity with the World; that is, to the disharmony of individual with his/her own nature and environment.

Personal development of an individual in modern conditions takes the form of "Homo technicus" ("technical person"), "Homo informaticus" ("informational and technogenic person"), "Homo consumens" ("person who consumes"), "Reified man" ("material surplus person"), "Homo Festivus" ("person who has fun") (Butenko, 2017).

As a result, a person with a technocratic, rational thinking, pragmatic and consumer attitude towards the world is brought up, and as a consequence, harmony in the "man-man", "man-nature", "man-society", "man-universe" systems, and correspondingly, the equilibrium in the integrated information-energy system interaction "Human – Society – Earth – Universe" are violated.

Approach

In contemporary education of all levels, high ontological and existential goals are not set, and not enough attention is paid to the spiritual and mental health of the individual, in particular to problems of spiritual self-knowledge, self-development, self-regulation and self-realization, thus leading to the formation of consumer psychology, dominance of pragmatic values, loss of spirituality, upbringing of a human – destroyer, a soulless person, but not a creator.

One of the ways out from the planetary global crisis in the area of a contemporary education in particular, is the noosphereization of education,

the imperative task of which is formation of the noospheric individual, actualization of his/her spiritual and intuitive potential, training of the noosphere integral harmonious bioadequate environmentally healthy mindset, which is based on a conscious total ownership of logical (left cerebral hemisphere) and creative, spiritual-intuitive (right cerebral hemisphere) thinking that, due to correspondence with both human nature and the laws of the cosmoplanetary world, will provide the individual with possibilities to adequately and fully (at the information and energy levels) perceive and recognize the surrounding world, and to interact with it on a spiritual basis.

Results and Discussion

The problem of intuition always remains relevant throughout the history of mankind. Among the scholars of the late XX century - beginning of the XXI century the problem of intuition and harmonization of the activity of the left and right hemispheres of the brain has been studied by such researchers as G. Kurmyshev, N. Maslova, Osho Bhagwan Sri Rajneesh, I. Smokvina and others.

Modern psychophysiological science explains the nature of intuitive thinking and cognition: the human mind combines the ability to integrate and develop both intellectual and intuitive knowledge that modern scientists associate with the activity of the left and right cerebral hemispheres. According to psychological science, the two hemispheres of the brain cognize and reflect the surrounding world differently and, thereafter transform information in their own ways. The left hemisphere "sees" objects as discrete, separated; it is responsible for logic and intellect, verbal thinking, application of sign information (reading, counting, language), and is characterized by the ability for logical, rational, mathematical, and scientific thinking. The right hemisphere binds objects into a single whole; it is responsible for emotions, creative thinking, intuition (unconscious processes). Thanks to the right hemisphere, a holistic image of the world is formed, and the left hemisphere gradually collects the model of the world from separate, but carefully studied details. "Left- hemisphered" thinking is associated with the ability for consistent, step-by-step cognition, which has respectively analytical rather than synthetic character. "Right- hemisphered" thinking is linked to the ability for integral, voluminous and complete cognition, space spatial immediate

perception of the world in all of its information-energy interrelations and interactions.

Logic and intuition, rational and intuitive paths – are different aspects of the unified process of cognition, and if the intellect can be regarded as the earthly beginning in humans, then intuition – is a spiritual primary source, a phenomenon of nonlinear, unearthly thinking, the logic of the Higher Being, the logic of the Almighty. As was very wittily pointed out by Osho Bhagwan Shree Rajneesh, logic – the way our mind cognizes our reality, intuition – is how the spirit passes through the experience of reality (Maslova, 2006).

Therefore, logic and intuition are two mutually conditioned mechanisms of scientific cognition that supplement and do not exist in isolation from one another. If the function of intuition in this interaction lies in creative discoveries, inventions, awareness of the true essence of things and phenomena, then the task of the scientific method, acting as an assistant of intuition, is to endeavor to comprehend new ideas, explain them from the point of view of earth science at the logical level, and "adapt" to our reality.

Given this, rational and intuitive paths must complement, enrich and explain each other, interact in sync, in synthesis.

Intuition is an organic component of the spiritual and psychic nature of the individual. Therefore, the problem of the development of intuition and harmonization of the discourse-logical and spiritual-intuitive components of thinking is extremely important at all levels of contemporary education. This is especially true for student youth, since students are the future spiritual and creative potential of the country, and therefore it is extremely important to reveal and develop their spiritual and intuitive abilities, to harmonize their mental-spiritual sphere, which promotes spiritual self-healing of both the

individual and the environment, and harmonization of relations in the world.

In the context of the modern information and energy paradigm, intuition is considered as a special mental state of a highly spiritual person, in which he/she deliberately initiates informational and energetic contact with any object of the Universe, in the physical or subtle world, "connects" to its information field, "reads out", "decrypts" and analyzes necessary information. This information-energy interaction is perceived by the individual as the process of connection, merging with the object being studied, which enables instant cognition of its true essence (Smokvina, 2013).

As the analysis of the literature on the research problem testifies, if the activity mechanisms of the left hemisphere of the brain are relatively studied in modern science, the problems of the individual's intuitive updating potential and harmonization of the activity of logical and intuitive cognitive processes are being investigated.

According to many scholars, the ability for intuition is inborn in every human; however, unfortunately, in most people it is in a latent state. And only due to intense conscious work of the individual regarding their own spiritual self-cognition and self-perfection, one can discover and develop personal spiritual and intuitive abilities.

According to the results of our theoretical study the general conditions contributing to the disclosure and development of intuition are as follows: (Tyurina, 2017)

- Ability to cope with one's own passions, emotions, feelings, thoughts, and achievement of the state of internal silence, voicelessness;
- Formed self-motivation for spiritual self-cognition and self-perfection;
- Achievement by the individual of the corresponding spiritual level: the higher the spirituality of the human, the more clearly his/her ability is expressed to obtain a higher spiritual knowledge: information and energy interaction, contact with higher levels of psychic reality;
- Conscious desire, willingness of the individual to use intuitive cognition that helps overcome information-power resistance, the barrier that exists between a subject and an object, helps create harmony, assonance, interaction with the object being studied;
- Intuitive human confidence: deep inner belief in personal intuitive capabilities and ability for intuitive cognition and self-cognition;
- Humanistic orientation of the individual and his/her internal psychological properties such as:

altruism, active love for all living beings on the Earth, empathy, ability to express compassion, care, and self-consecration, conscious desire to live in harmony with oneself and the world;

- Nonjudgmental practice, which consists of the ability of a person to abandon assessments, classifications, analysis, which creates favorable conditions for immersion into the information space around us, makes it possible to connect to the information-energy field (biofield) of the object being studied;
- Sense of inner unity with the world, awareness of oneself as a part of mankind, of the Earth, of the Universe, and a feeling of deep responsibility for the world and for ourselves in the world;
- Striving for personal self-realization for the benefit of the cosmoplanetary world.

In our opinion, the ways of actualization of intuition and harmonization of the activity of logical and intuitive components of the process of cognition should be attributed to the following (Tyurina, 2018):

- Concentration, concentration of human consciousness of the subject being studied, deep and thorough knowledge of it.

Psychological mood, deep concentration, focus of human consciousness on the subject of research lead to intuitive penetration into its essence, comprehension of the subject of study as if "from within."

An intuitive act of cognition is the result of a huge concentration of all human efforts on a particular problem, deep and thorough knowledge of it, mobilization of all its potencies. In particular, for almost 20 years, D. Mandeleev worked continuously on the systematization of chemical elements, and only after that he "saw" his periodic system of elements in his dream. At academicians M. Shchetynin school students spend 21 days (6 lessons daily) studying only one academic discipline for the purpose of deep penetration into its essence - information-energy merger, connection with the subject being studied, into a single whole, that is, achieving an intuitive level of comprehension.

- Spiritual practices (prayer, meditation).

Prayer and meditation are effective ways of spiritualizing a person, awakening and activating his/her intuitive potential. Through prayer, meditation a person learns to adjust to nature and Cosmos, eternity and infinity, the World Harmony, reaches consonance with the World, and permeates its inner essential depth with the heart.

It is believed that it is prayer that promotes the spiritual purification of both the human soul and

the surrounding world. During a heart-warming prayer a human comes to enlightenment and spiritual enlightenment, intuitive enlightenment.

In the process of prayer, meditation, the right and left hemispheres of the brain begin to work synchronously, which makes the brain function in resonance with the Field of Consciousness or the Field of Information - Noosphere.

- Spiritual processing of the corresponding religious, spiritual and philosophical sources, fine arts, classical music, information-energy interaction which raises the spiritual level of an individual, awakens his/her intuitive abilities.

Spiritual literature is an important way of discovering and developing intuition and harmonizing the activity of intuitive and logical components of thinking, since information and energy interaction with spiritual literature contributes to individual's spiritual growth, disclosure and development of intuition, and harmonization of personal intuitional and intellectual sphere.

It should be noted that various forms of art, in particular, visual and musical, play a special role in the process of disclosure and development, intuition, harmonization of the logical and figurative, spiritual and intuitive perception of reality.

The spiritual potential of art is, first of all, that in itself, creating spiritual values, spiritualizes a person, and interprets personality as a phenomenon of a global planetary-cosmic nature. True art has an ecumenical, cosmic dimension. The best masterpieces of world art transfer the idea of unity of humans with the world, their harmonious interaction.

The creativity of great artists contributes to the disclosure and development of the personality's spirituality, the heart's perception of the world, the cultivation of the Cosmic Worldview, and directs the person to high ideals.

Musical art is one of the most important means of revealing and developing intuition, harmonizing its spiritual and intuitive basis.

The results of research by modern scholars show that classical, spiritual music activates the spiritual-intuitive sphere, harmonizes the person, gives a sense of joy and rest, and helps to restore spiritual and mental balance.

It has been scientifically proven that classical musical compositions based on the perfection of harmony and rhythm, especially the works of J. Bach, L. Beethoven, J. Brahms, A. Vivaldi, G. Handel, F. List, F. Mendelssohn, A. Mozart, S. Rakhmaninov, O. Scriabin, P. Tchaikovsky, F. Chopin, F. Schubert, R. Schumann and others

have a positive effect on the individual on the spiritual, mental and physiological levels, since classical music relates mainly to the natural rhythms of the human body. This music causes not only positive emotions, but also represents a powerful energy force that inspires humans and the world: makes a person more perfect and the world more beautiful.

Consequently, fine arts, classical music, contribute to the disclosure and development of the spiritual and intuitive potential of the individual, to harmonization of his/her intuitive-intellectual sphere; they help the person to grow spiritually and be filled with high spiritual energy, accordingly, to change, and improve the natural and social environment.

- Bioadequate REAL-methodology of noosphere education (N. Maslova), in which stages of relaxation (accumulation of information, work of the right creative hemisphere in a state of rest), alternating with stages of activity (training of the left hemisphere: logic, analysis, synthesis of information) are presented. As a result, the work of the left and right cerebral hemispheres is synchronized, which promotes harmonization of consciousness, carries a beneficial influence on the spiritual, mental, social and physical health of the student's personality.

The fundamental characteristics of the bioadequate method of noospheric education are:

1. Health preserving - does not violate the nature of perception, processing and preservation of information.
2. Corrective - restores the natural genetic sequence of work with the information and health of the student and the teacher.
3. Developing - improves the body's reserves.
4. Harmonizing - integrates all systems of the body and personality (Vernadsky, 2002).

According to studies of the neuropathologist I. Smokvinova, PhD, bioadequate methods of noosphere education, taking into account the physiological and informational and energy resources of the individual, contribute to the harmonization of the work of the left and right cerebral hemispheres, awaken higher feelings, recharge with life energy, teach the ability to direct vitality to the realization of one's own higher potential, which also has a beneficial effect on the spiritual, mental and physical health of the individual. Moreover, due to the application of a bioadequate technique, psychological and physiological stress is eliminated, and a positive emotional mood is created that heals the body and the student's psychics (Osho, 2000).

According to N. Maslova, holistic thinking contributes to the acquisition of basic energy, biologically adequate to livelihoods programs (Kurmyshev, 2013).

Many independent groups of scientists (teachers, psychologists, physicians, biologists) have proved that noosphere education, harmonizing the left and right hemispheres thinking, has a healing effect on the body of both the student and the teacher, contributes to the development of natural creativity.

Practical value

Results of our study can be used in lectures and practical classes with students in medical psychology, psychology of creativity, social, general, pedagogical psychology, pedagogy (sections of didactics, spiritual and moral education), sociology, philosophy, etc.

Conclusions

Thus, the actualization of the spiritual and intuitive potential of the individual and the harmonization of the activity of the left and right cerebral hemispheres stimulates the disclosure of spiritual and creative abilities of the individual, fills the individual with spiritual energy, and the person becomes a source of spiritualization of himself/herself and the world, thus contributing to the spiritual and psychological improvement of society, humanity, and civilization in general, since at the information-energy level, "Man - Society - Earth - Universe" this is the only cosmoplanetary organism, all parts of which are mutually interconnected, interact and stipulate with one another. We consider that it is important in the future to develop appropriate special disciplines for all the sections of modern school

and keep working in the direction of developing and incorporating into the content of the curricula, relevant pedagogical technologies aimed at the disclosure and development of the intuitive-mental sphere of the individual.

Conflict of interests

Authors declare no conflict of interests.

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Peculiarities of interpersonal relationships of Ukrainian Antarctic expeditions participants

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Abstract

Introduction: Extreme conditions of the Antarctic environment is affected both on the psychophysiological state of peoples and interpersonal relationships in a small group of winterers.

Purpose: To determinate the peculiarities of interpersonal relations in an isolated small group of winterers of Ukrainian Antarctic expeditions

Methodology: The study was conducted by diagnostic Technique for interpersonal relationships T. Leary for self-assessment of behavior (Leary, 1957). The predominant type of relations in the group of winterers was revealed as a component of interpersonal interaction. Monitoring was carried out in the last three years in the dynamics of "before" and "after" the expedition.

Results and Discussion: The study identified the relationship of "dominance" prevails in 70% of winterers before the expedition and increases to 84% on the end of expedition. 73% of winterers to establish friendly relations and cooperation. However, we observe a transition from friendliness at the beginning of the expedition to a gradual increase in aggression in interpersonal relationships after returning from the expedition by 17%. During the expedition (in the dynamics) we observed a gradual decrease in the average indicators of "subordination" and "dependence" as factors of interpersonal relations "dominance" and "aggression". There significant inverse correlation between the level of adaptation to the extreme conditions of Antarctica and the dependent type of relationship ($r = -0.63^*$; $p = 0.04$). According to the expert assessment, such people have problem with adaptation to the environment of Antarctica and could be complicated relations and interaction in an isolated group of winterers.

Conclusions: 1) The "friendliness" and "dominance" are the predominant type of relationship in a small group of winterers: 2) The authoritarianism, aggression, selfishness and dependence are the inadmissible and undesirable types of interpersonal relations in extreme conditions of relative isolation on the Antarctic station

Keywords

Antarctica, winterers, extreme conditions, mental health, well-being, interpersonal relationships, socio-spatial isolation in a small group, psychophysiological and emotional changes.

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Introduction

Ukraine as a member of the Antarctic Treaty and in the framework of fulfilling international obligations every year sends the wintering team to Ukrainian Antarctic station "Akademik Vernadsky". The 11-12 specialists of various profiles are keeps the annual operation and scientific investigation on the station. Well known that the long stay in extreme natural conditions leads to psychophysiological and emotional changes of peoples. The professional activity of Ukrainian winterers performs on the Akademik Vernadsky station during a long time (12-13 months) in social isolation in a small group. As a result, the gradual narrowing of social contacts and disruption of interpersonal relationships lead to physiological and psychological neurosis in a small group. Continuously communicating with the same members of team, each individual has by a poverty of sensory stimuli and a paucity of perceptual, communicative and interactive actions.

Thus over time the emotional tension, inadequacy of perception, reduced tolerance and grown of conflicts begins to manifest in interpersonal relationships (Bakhmutova, 2019, May; Bakhmutova, 2019; Kokun, & Bakhmutova, L. 2020; Palinkas, & Suedfeld, 2008).

The instability of relationships is the main peculiarity of the dynamics of group's processes in long-term social and limited by area isolation of team members. Sometimes the relationships going to more complicated and conflicts are arisen. The significant changes in morals and characters of interpersonal relationships in the case of group isolation note in (Pagel, & Choukèr, 2016).

Many researchers, e.g. Kokun, & Shamich, (2016); Mullin (2006); Palinkas, & Suedfeld (2008); Pagel, & Choukèr (2016); Roberts (2011) etc., are reveal a whole range of psychophysiological reactions inherent of people during the isolation. These are increased irritability, which sometimes turns into short-term outbursts of anger, sleep disturbances, headaches, general malaise, fatigue, low mood, cognitive decline, nostalgia, pessimism, suspicion, alertness, anxiety, mood swings, aloofness, social isolation.

In some papers, e.g. Khandelwal, Bhatia, & Mishra (2017); Sandal, Leon, & Palinkas (2006); Smith, Kinnaick, & Saunders (2017), the authors are note an increase in introversion, neuroticism, depression, anxiety and decrease in leadership and dominance. All this can affect the disruption of interpersonal interaction in a small group. As a results the errors in extreme situations, conflicts

both within the isolated group and in relations with main department science and management and so on. This significantly affects the behavior, performance, interpersonal interaction and efficiency of the whole team. Almost all the presented characteristics are confirmed by the vast majority of doctors of various Antarctic expeditions.

Among the huge variety of negative reactions to isolation Strange, & Klein (1973) stressed attention in symptoms of "Antarctic" or "wintering syndrome": depression, hostility, suspicion, sleep disturbances and cognitive impairment.

There are a very few socio-psychological studies of group phenomenon in isolation. They stress attention to study the relationships and compatibility in isolated small groups and necessity to study the characteristics of these groups. These studies are often descriptive and based on data from uncontrolled observation of groups in experimental or natural conditions.

The changes in psychological state and behavioral patterns are due to Separation from the wider social environment, the necessity to adaptation in a small isolated group and lack of many conventional sources of emotional satisfaction Mullin (2006); Norris, Paton, & Ayton (2010).

Ukrainian winterers of various polar expeditions testify to the consequences of social isolation, such as personal crises associated with the illness or death of a family member or loved one, the deterioration of marital relations, problems with raising children due to prolonged separation. In addition, tensions and conflicts in the winter team are caused by misunderstandings with "external" management departments and agencies due to unsuccessful intervention in the rules at the station, delays logistics operations with wintering crew changing, problems with misinterpretation of official massages from Center, alarming news from Ukraine etc. In many expeditions wintering staff have often reported about problems from mood swings and anxiety to more severe psychiatric reactions. These changes are particularly pronounced within the polar winter and they coincide with the symptoms known as the "Antarctic syndrome".

Thus the social isolation significantly affects the psychological health of staff working in socio-spatial isolation and is a significant external factor in peculiarity of professional interaction in a small group. This is manifested through changes in the psychophysiological, emotional, social and professional areas.

Purpose

To determinate the peculiarities of interpersonal relations in an isolated small group of winterers of Ukrainian Antarctic expeditions.

The main objectives:

- 1) to identify the predominant type of relationship in a small group of winterers.
- 2) to identify unacceptable (undesirable) in terms of socio-spatial isolation types of interpersonal relationships.

Methodology

The study was conducted by diagnostic Technique for interpersonal relationships T. Leary for self-assessment of behavior (Leary, 1957). The predominant type of relations in the group of winterers was revealed as a component of interpersonal interaction. Monitoring was carried out in the last three years in the dynamics of "before" and "after" the expedition. The study of voluntary consent involved 36 members (male) of three Ukrainian Antarctic expeditions aged of 23 to 63-year-old. SPSS 22.0.0 programming package was used for statistical analysis. Paired Sample T-Test was used. The data obtained in research have the normal distribution of studied data (One-Sample Kolmogorov-Smirnov Test).

Results and Discussion

The study identified the predominant personality types for each member of wintering teams: I – Authoritarian; II – Selfish; III – Aggressive; IV – Suspicious; V – Subordinate; VI – Dependent; VII – Friendly; VIII – Altruistic. According to special formulas, indicators are determined by the main factor: 1) dominance-subordination; 2) friendliness-aggression

According to the factors of "dominance-subordination" the statistical processing of interpersonal relations indicators in three teams of winterers was carried out.

The results obtained by this factors show that the relationship of "dominance" prevails in 70% of winterers before the expedition and increases to 84% on the end of expedition.

The results of the formula "friendliness" are an indicator of the desire of 73% of winterers to establish friendly relations and cooperation.

However, we observe a transition from friendliness at the beginning of the expedition to a gradual increase in aggression in interpersonal relationships after returning from the expedition by 17% (Table 1).

Table 1 Distribution of indicators of interpersonal relations among UAE winterers

№	Indicators of interpersonal relationships	Number	Before the expedition		After the expedition		Deviation (+;-)	
			n1	%	n2	%	n2-n1	%
1	dominance	36	25	70	30	84	+5	+14
	subordination		11	30	6	16	-5	-14
2	friendliness-	36	26	73	20	56	-6	-17
	aggression		10	27	16	44	+6	+17

This data is confirmed by detailed study of personality types in a separate small group of winterers consisting of 12 people. We provided three examinations: 1 - before expedition; 2 – on the middle of winter; 3 - after returning from Antarctica. There is a decrease in the level of average indicators (M) of two types of personality: "subordinate" and "dependent".

General decrease of subordination level and an increase of dominance level in group are precisely due to reduction of "subordinate" and "dependent" (Table 2).

Table 2 Analysis of the dynamics of indicators of personality types in the group

№	Personality types	Research 1		Research 2		Research 3	
		M1	σ1	M2	σ2	M3	σ3
1	subordinate	4,75	2,26	4,82	2,52	3,82	1,54
2	dependent	5,25	2,13	3,73	2,79	3,55	1,57
	p ≤	0.05		0.05		0.05	

Note: p ≤ are for the differences between the highest and lowest average values of each indicator.

During the expedition (in the dynamics) we observed a gradual decrease in the average indicators (M) of "subordination" and "dependence" as factors of interpersonal relations "dominance" and "aggression". A decrease in the level of "subordination" and "dependence" leads to an increase in the level of dominance in the group.

Interpersonal interaction of winterers of Ukrainian Antarctic expeditions in extreme nature conditions and internal isolation in a small group takes place in three areas: professional, domestic and leisure. The results of Spearman's correlation are shown of reliable inverse correlation coefficients of "authoritarian" ($r = - 38 *$; $r = 0.02$),

"egoistic" ($r = 0.35^*$; $r = 0.04$) and "aggressive" type of relations in professional relationships of interpersonal interaction.

In domestic relations the aggressive type of relationship is unacceptable ($r = -0.62$; $p = 0.04$). In the leisure area the authoritarian type of relations is dominates ($r = -0.48^{**}$; $p = 0.00$) (Table. 3). The rejection of authoritarian and selfish types of relations is normally for the first half of the winter period (R1 - April-May; R2 - June-September). This is explained by establishing of interpersonal relations in a socially isolated group of winterers.

Professional activities are quite busy at this time due to short term stay at the station. Therefore, at this period, the own type of strong personality (leader) may appear in any member. At the same time the rest of the winterers remain dissatisfied. In the leisure area the most acutely perceived the authoritarian type of relationship during the "polar night" when the professional activity is stabilized and even decreases. Here the leisure and daily life are preferred.

Table 3. Correlation of types of relationships in the areas of interpersonal interaction

Spheres	Research	Types of relationships		
		Authoritarian	Selfish	Aggressive
professional	R1	$r = -0.38^*$; $p = 0.02$	$r = -0.26$; $p = 0.14$	$r = -0.16$; $p = 0.36$
	R2	$r = -0.23$; $p = 0.17$	$r = -0.35^*$; $p = 0.04$	$r = -0.21$; $p = 0.22$
	R3	$r = -0.37$; $p = 0.27$	$r = -0.45$; $p = 0.16$	$r = -0.59$; $p = 0.06$
	R4	$r = -0.58$; $p = 0.06$	$r = -0.35$; $p = 0.29$	$r = -0.64^*$; $p = 0.03$
household	R1	$r = 0.01$; $p = 0.99$	$r = 0.01$; $p = 0.95$	$r = -0.08$; $p = 0.64$
	R2	$r = -0.26$; $p = 0.13$	$r = -0.16$; $p = 0.35$	$r = 0.05$; $p = 0.77$
	R3	$r = 0.07$; $p = 0.84$	$r = -0.22$; $p = 0.51$	$r = -0.23$; $p = 0.50$
	R4	$r = -0.28$; $p = 0.41$	$r = -0.43$; $p = 0.18$	$r = -0.62^*$; $p = 0.043$
leisur	R1	$r = -0.22$; $p = 0.20$	$r = -0.15$; $p = 0.38$	$r = -0.05$; $p = 0.77$

R2	$r = -0.48^{**}$; $p = 0.00$	$r = -0.08$; $p = 0.67$	$r = -0.04$; $p = 0.81$
R3	$r = 0.22$; $p = 0.51$	$r = 0.21$; $p = 0.55$	$r = 0.54$; $p = 0.08$
R4	$r = -0.58$; $p = 0.06$	$r = -0.10$; $p = 0.77$	$r = -0.37$; $p = 0.25$

Note: Correlation is significant at the level of $p^* \leq 0.05$ (bilateral)

Correlation is significant at the level of $p^{**} \leq 0.01$ (bilateral).

Aggressive type of relations is especially unacceptable in the professional ($r = -0.64^*$; $p = 0.03$) and domestic ($r = -0.62^*$; $p = 0.04$) areas. This rejection is clearly manifested at the end of winter (R4 - January-March), when physical and psychological fatigue begin to predominate. Hence the vigilant, aggressive, and sometimes hostile relation may occur. Such relationships can lead to antisocial behavior in extreme cases (Table 3).

Correlation analysis (according to Spearman) of the types of relations with the expedition leader assessment revealed a significantly high feedback of the aggressive type of relations to the level of adaptation of winterers for polar conditions ($r = -0.83^{**}$; $p = 0.00$) and to the level of professional satisfaction ($r = -0.63^*$; $p = 0.03$; $r = -0.62^*$; $p = 0.04$). This is confirming the inadmissibility of an aggressive type of relationship in the team of winterers (Table 4).

Table 4. Inverse correlations of expert (head of expedition) assessment of types of winterers relationships

Types of relationships	"r" та "p" with expert assessment	
	level of adaptation to polar conditions	level of satisfaction with professional activity
aggressive	$r = -0.83^{**}$; $p = 0.00$	$r = -0.63^*$; $p = 0.03$
dependent	$r = -0.61^*$; $p = 0.04$	$r = -0.55$; $p = 0.08$

Note: Correlation is significant at the level of $p^* \leq 0.05$ (bilateral)

Correlation is significant at the level of $p^{**} \leq 0.01$ (bilateral).

The significant inverse correlation between the level of adaptation to the extreme conditions of Antarctica and the dependent type of relationships was revealed ($r = -0.63^*$; $p = 0.04$), Table 4. The insecure person with obsessive fears and anxieties due to any reasons is unable to resist of own emotions. According to the expert assessment such persons have a problem with

adaptation to Antarctica surrounding and could be complicated relations and interaction in an isolated group of winterers

Conclusions

Thus, the assembling of winterers team is requiring a significant advantage in terms of "friendliness" and "dominance" types of relationships. Maintaining the level of friendliness in the team until the end of winter is an important direction of psychological work with the team throughout the expedition. It is revealed that the main attention of winterers and the expedition leader is concentrated on inadmissible and undesirable types of interpersonal relations in extreme conditions of relative isolation. There is authoritarianism, aggression, selfishness and dependence. It is necessary to pay attention for diagnostic and detection of persons with these behaviors on the stage of psychological selection and preparation of the team for wintering in Antarctica.

Conflict of interests

The author declares that she has no conflict of interests

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Mental Health and Ethical Issues in Cultural and Organizational Change

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Abstract

Introduction. Human behavior and by extension and organizational behavior becomes intelligible, adaptable and with the possibility of optimization if analyzed from the perspective of development and bio-psychological evolution of the human individual. In his bio-psycho-social evolution, the human individual goes through stages with specific needs, being equipped with specific tools, necessary to satisfy those needs.

Purpose. The results of the researches in the field of neurosciences, interpreted in epigenetic and psychological key, offer necessary solutions in the optimization and efficiency of the organizational life. On the other hand, new perspectives open up in understanding interpersonal behavior and relationships, with potential for use in organizational dynamics

Methodology. Each stage of the development of the human brain implies the manifestations of behavior, specific to those stages. The creation of an explanatory model based on the interpretation of the functioning of the human brain and on the analogy between its dynamics and concrete, observable behavior's, deepens the knowledge of the individual on his way to becoming a human being

Results, Discussion and Conclusion. The concepts of Human Being 1.0, 2.0 and 3.0 are closely related to the organization and functioning of the human brain. They describe the type of needs specific to each component level of the brain, needs that determine and motivate human behavior, the rewards associated with their satisfaction, which strengthen behaviors, and the evolutionary hypostasis of human behavior in relation to values and moral principles.

The experimentation of soft skills takes place only by respecting certain conditions that meet the specific needs of employees but especially by ensuring the framework of manifestation of Human being 3.0 through self-control of intention, proactive attitude and building a moral architecture to guarantee its achievement.

Keywords

Mental Health, Human Being 1.0, 2.0 and 3.0, Values and Moral Principles, System of rewarding, Soft Skills, Ethical reflexes.

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Introduction

Focusing management on people, on the human resources available to an organization, is a normal fact. The Human Centered Management (HCM) paradigm is basically a propitious philosophy of returning to normal, to balance, to efficiency, to the efficient and motivating phrase of win-win.

In its broadest sense, management involves a process by which an organization travels from A to B, where A is the current state, present, experienced and B is the desirable state, imagined and designed in the hope of becoming a concrete experience. The whole managerial process is presented in the form of a dynamics in which a conglomeration of various resources (human, technical, financial, relational, conjectural, etc.) is articulated more or less logically, rationally and emotionally alike and which makes the strategies, goals, objectives and tactics, previously designed, to become operational, to become finite, concrete experiences.

The managerial process must be characterized by balance and mutual support between resources, realism in design and pragmatism in progress. Of all the resources involved in the good functioning of the management, the human resource is and will remain the most unpredictable variable, being at the same time the "problem link" of the entire managerial chain. Moreover, the very cataloging of individuals involved in the organization as a "human resource" is debatable because it puts the equal sign between human being and other non-human organizational, instrumental resources or those of organizational infrastructure.

As a whole, an organization is a human creation based on people and dependent on people. Well, people are the ones who make the organization possible, they are the ones who make it productive, efficient, competitive or sustainable.

Well, the people who make it up are the ones who make sense of it. And they, the people, through their attitudes and actions are the ones who make it unproductive, inefficient, maladapted and unsustainable. In their absence, the organization, in all its complexity, with all its exceptional management and all its projections of becoming, is sterile, non-animated, dead.

The vision in which the organization is superordinate to human being, independent of him and of whose abilities and competences it disposes many times, to his detriment, is

unnatural, artificial and for itself. This direction, this trend of evolution and growth of the organization will not go unnoticed. It is felt, understood and aware of the "human resource" that will eventually react through various attitudes and behaviors ranging from resignation, apathy, non-involvement, and superficiality of individual or collective action, to rejection, revolt, insubordination or institutional divorce.

HCM's vision is about balance and - especially - about the rendering of human humanity, as a fundamental agent and creator of the meaning of an organization. In the organizational context, human being is aware of himself, of his status, role and importance in the common becoming of the human being-organization binomial, of the fact that the organization is not subordinated to him and is not independent of him but represents a form of existence created by him or a favorable experiential framework, which ensures the fulfillment of personal needs. Such an understanding presupposes that each individual becomes the center of his organization and makes it a multicenter life circumstance, from which each - both the human being and the organization obtain benefits and satisfactions.

HCM, through its principles, draws attention to the fact that the efficiency of any type of management that, in achieving its goals, involves the cooperation and coordination of people is dependent on the well-being it provides them in their organizational action. (Lepeley, 2017).

If for the organization, the finality of achieving the desired and planned state is the profit, for the people involved in achieving the organizational desideratum, the finalities are diverse, different, more or less expressed in visible or useful profit to the organization.

People are extremely involved and efficient in achieving the goals of the organization only if through them are achieved personal goals, needs and meanings that belong to them and that are often extra-organizational.

The balance that HCM proposes and supports is the win-win one: that is, the organization makes a profit, is competitive, is sustainable, has honest and creative growth and expansion prospects and the people who "make all this possible" feel good. "doing all this." They grow and develop individually in an organizational context, and often in directions independent of the organization but with a decisive impact on its development.

Purpose

The results of the researches in the field of neurosciences, interpreted in epigenetic and psychological key, offer necessary solutions in the optimization and efficiency of the organizational life. On the other hand, new perspectives open up in understanding interpersonal behavior and relationships, with potential for use in organizational dynamics.

Methodology

Each stage of the development of the human brain implies the manifestations of behavior, specific to those stages. The creation of an explanatory model based on the interpretation of the functioning of the human brain and on the analogy between its dynamics and concrete, observable behavior's, deepens the knowledge of the individual on his way to becoming a human being.

Results and Discussion

Organizational needs vs. individual needs

The people who make up an organization, i.e. "human resources", "employees", "human capital", "labor force" or "employees", regardless of the name we give them, are the success or disaster of an organization. Organizational efficiency depends on their willingness to get involved in the organization through their organizational role and the responsibility with which they perform their professional tasks. Expressions such as: "the manager must increase employee motivation," "the manager must instill confidence in employees", "the manager must improve the organizational culture", etc. were, are and remain simple statements in the absence of their translation into experience, action or finite fact. Of course, the manager "has to ..." a lot. But everything that the manager "must ..." is part of his role and belongs to his organizational status. Just as many other "must ..." are assigned to another employee, in accordance with their organizational status and role.

The manager of an organization is an element of the "human resource", is part of it and has its attributes. He is not placed above it; he is not broken by it and he is not a separate part of it by virtue of its organizational status. Organizational statuses are equal in terms of respect, dignity and fair, non-discriminatory treatment, granted a priori. They differ from each other only by the complexity of the associated role and by the

responsibility required in the exercise of that role. Moreover, the understanding of this idea and its application make it possible to validate and apply the HCM principle according to which the wellbeing of people is central to Human Centered Management and human centered of organizations.

The efficiency of an organization is dependent on the responsible assumption of organizational roles while the exercise of roles is dependent, on the one hand, on qualifications, professional experience and skills, and on the other hand on the intentions and attitudes of the people who assume those roles.

Beyond his organizational status and beyond the role he has in an organization, the employee is primarily a person with multiple needs that he hopes to meet in terms of the work he does, while performing professional tasks, frequently using them for their own benefit and to the detriment of the objectives of the organization.

In order for the employee's attitude to be as positive as possible and in accordance with the organizational goals and for his involvement in the life of the organization to be as complete and efficient as possible, managerial actions must satisfy as many of the needs of employees or at least those who lead or foreshadows a state of well-being, of satisfaction acceptable to as many of them as possible.

The task of management to be focused on the needs of the staff is difficult because due to their multitude and variety, the individual needs of all will never be able to be met without being, in one way or another, affected the efficiency of the organization.

The way in which HCM could solve this dilemma in the most efficient way refers to the education of employees and, in particular, to the creation of contexts through which they can practice those personality traits generically reunited under the name of soft skills. Organizations, regardless of their nature, must become true units of education, specialized in lifelong learning. From this perspective, HCM has a pronounced psychological, formative-educational character. For the success of HCM, understanding the psycho-social development of the individual is essential because he will develop behaviors convergent to organizational goals only to the extent that he understands, feels and wants this. Corroborating and synchronizing the needs of the organization with the needs of individuals and satisfying all of them in an acceptable manner and assumed by both parties, can lead to effective management.

Human behavior and by extension and organizational behavior becomes intelligible, adaptable and with the possibility of optimization if analyzed from the perspective of development and bio-psychological evolution of the human individual. In his bio-psycho-social evolution, the human individual goes through stages with specific needs, being equipped with specific tools, necessary to satisfy those needs.

The needs of the individual are varied, with different intensities and degrees of imperativeness. From this perspective, understanding the dynamics of human needs and how they can become motivational resources or elements of optimization and vectorization of organizational behavior can be a distinct concern of HCM.

The evolution of organizations and the type of management cannot ignore the way of designing and functioning of the human individual, they constantly adapting to his needs.

In fact, the people created the organizations and implemented the specific management according to his needs. This vectorization, this evolutionary and interactive dynamics has effects of formation, transformation and perpetual restructuring of the two actors - Human being and Organization - confirming that the human being will not be the same after the implementation of new forms of management, and the management of organizations, in its turn, will not be static but it will adapt and create itself according to the satisfaction of the increasingly complex and elaborate needs of human being.

Table 1 Comparisons between the evolution of the individual and the organizations

Human being 1.0	Organization 1.0	Human being 2.0	Organization 2.0	Human being 3.0	Organization 3.0
To be	Group	To have	Organization	To do	Semantic Organization
Unconditional reflexes	Empirical management	Conditional reflexes	Organizational management	Ethical reflexes	Human Centered Management
Information Reaction	Reaction oriented	Action Experience	Task-oriented	Control, Self-control	People-oriented
Amoral	Impulsive Reactive	Immoral	Control Procedures	Moral	Self-control Self-education
Individualization	Random interactions	Socialization	Multiple connections	Intention control	Continuing education and training unit
Consumes content	Static content	Distributes content	Shared content	Creates content	Connected content
Basic needs	Information sharing	Superior needs	Interaction	Need for meaning	Professional self-fulfillment
Emotion Satisfaction	Experimentation	Feeling Contentment	Hard Skills	Passion Well-being	Soft Skills
Selfishness, Egocentrism	Subsistence	Sociable Experiential	Profit	Meanings Personal sense	Meanings Collective sense
Survival Conservation Protection	Connects information	Adaptation Integration Recognition	Connects people	Becoming Creativity Ethical conduct	Connects content, context, and knowledge

HCM and human resource knowledge

The concepts of Human Being 1.0, 2.0 and 3.0 are closely related to the organization and functioning of the human brain. They describe the type of needs specific to each component level of the brain, needs that determine and motivate human behavior, the rewards associated with their satisfaction, which strengthen behaviors, and the evolutionary hypostasis of human behavior in relation to values and moral principles.

The human brain consists of three major components or its functioning includes three basic levels: a level called archaic or reptilian brain (reticular system, cerebellum, basal ganglia and brainstem), another level called emotional brain or limbic system (amygdala, hypothalamus and thalamus) and finally as a last acquisition, the neocortex or the rational brain. The three components, although they have precise specializations are interdependent and the emergence of their functioning is what can be called human behavior.

The human brain has an advanced system of rewarding the consumption of resources in the process of satisfying various needs. This system is presented as a complex kit of bio-chemical mechanisms through which the human individual is able to associate certain activities or life circumstances with a feeling of pleasure. As a result of this association, there is a tendency to repeat or search in the future for those situations that made those experiences possible.

Thanks to the brain's reward system, discomfort, annoyance, physical or emotional pain and suffering of any kind are avoided, and the whole behavior is oriented towards those activities that can be sources of pleasure. Although the human brain has only one reward system, the way it enhances and makes the individual's subjective experiences feel pleasant is differentiated according to the level to which it is addressed: reptilian, emotional or rational. This mode of operation and differentiated reward makes what is experienced as pleasure have different nuances, interpretations and intensities, depending on the type of need met, the effort made and the complexity of the behavior manifested.

In an organization, the more the rational brain is involved in meeting its own specific needs, the stronger, more invasive, generalized and more complete the emotional benefit of living is, and the more assumed and responsible the employee's future involvement is.

Table 2 The bio-psychological organization of the human brain

Reptilian brain	Emotional brain	Rational brain
Survival	Adaptation	Becoming
Unconditional reflexes	Conditional reflexes	Ethical reflexes
Automatic / Amoral	Automatic / Immoral	Intentional / Moral
Aptitude potential	Hard Skills	Soft Skills
Reward system 1.0	Reward system 2.0	Reward system 3.0
Satisfaction	Contentment	Well-being / Happiness
Condition: to be	Condition: to have	Condition: to do
Human being 1.0	Human being 2.0	Human being 3.0

The development of the brain is presented as a gradual process with evolution from simple and automatic to complex and intentional. Thus, if we are born equipped with a complex system of unconditional reflexes necessary for survival (osteotendinous, masticatory, section, lacrimal, auditory-oculogir, salivation, pupil, photomotor, etc.) the evolution forces us to form conditional reflexes necessary to adapt to the environment (reading, writing, walking, speaking, automation and professional skills). But survival and adaptation are insufficient for becoming human, which implies a new set of reflexes, of a higher type that we could call ethical reflexes necessary to experience the human condition. (Dramnescu et al., 2020)

Unconditional reflexes are innate. With their help, survival and orientation in the environment are ensured. They manifest themselves in the form of simple answers, short-lived and always in the same way. They are usually inherited, species-specific and are constant throughout life. They are automatic and therefore involuntary and unconscious and have no value coloration. In other words, unconditional reflexes are amoral.

Conditional reflexes are tools that make it possible to integrate, control, internalize and enhance the environment and adapt to it. Repeated experiences, skills, increasingly varied and flexible automation optimize the necessary voluntary effort, ensuring the production of infinite efficient experiences. They are automatic but, unlike unconditional reflexes, they can be made aware. As a result of their awareness, they can also be analyzed through voluntary effort, they can be corrected, improved or adapted to the new environmental conditions.

Ethical reflexes are automatisms that intervene as a regulatory factor of action in its intentional phase. The automatism of an ethical reflex

consists in the fact that it is triggered, made present and acted before a decision is made, more or less intellectually elaborated and can modulate the intention in the sense of adapting it to moral principles or at least an approximation of them as faithfully as possible. Once activated, the ethical reflex becomes fully conscious and problematic, directing the intention through the filter of the individual's moral consciousness. As a result, the modulation of the intention in accordance with the moral conscience of the individual, will determine an action resulting from his free will and from his duty to act morally. (Dramnescu et al., 2020)

An ethical reflex has two directions of manifestation: to modulate the action by influencing the intention that triggers that action and to satisfy the need for meaning that ensures the becoming of the individual. By the becoming of the individual is meant an optimal relationship between what he feels and what he has to do in such a way as to ensure the maximum valorization of the environmental opportunities and of his bio-psychological potential.

For example, when we want to do a business, regardless of its nature, the conditional reflex vectorizes our entire psycho-intellectual behavior to maximize our profit or benefits obtained even to the detriment of the interlocutor. The need to adapt through the type 2.0 reward takes precedence, respectively to be satisfied with the business done. The primary intention is self-centered, selfish, individualistic, self-syntonic, and often unethical.

An ethical reflex is activated before a decision is made that has immoral components in itself and regulates or tempers the action to be taken by appealing to moral values or conduct. As a result of this intervention, the effect is to adapt or correct the intention and to initiate an action different from the one originally designed. (Dramnescu et al., 2020)

Intentions are adjusted, corrected or adapted to moral principles through training, perseverance and repeatability becoming automatisms. In similar situations or in other life circumstances that require the decision on a future action, ethical reflexes, as regulatory mechanisms, become natural and lead to behaviors observable by others.

Their feedback results in a new series of experiences that make the well-being more extensive in terms of durability, easier to repeat and faster in terms of frequency of experience.

Ethical reflexes are those that ensure this modus vivendi, similar to conditioned reflexes that make possible the best possible adaptation to

the environment and to ourselves or unconditional reflexes that are impeccable in their role of protection and survival.

The formation of these reflexes is in turn related to the satisfaction of the fundamental need of the human individual to develop and build himself, to make sense, regardless of the type of social organization, culture or traditions. (Dramnescu et al., 2020)

Forgiveness, prudence, tolerance, altruism, compassion, or generosity, for example, cannot remain only at the level of concept or isolated experiment. They are not simple ethical recommendations or philosophical values to which we tend, but they must become automatisms through learning, practice and internalization. Critical thinking, teamwork, professional responsibility, openness to the new, cognitive flexibility are more than just skills. Soft skills must become personality traits of employees through continuous experimentation. The organization through its management has the duty to create frameworks for learning, training, experimentation, encouragement and evaluation of these behaviors.

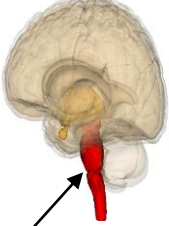
The well-being of the individual and the favorable and stimulating atmosphere of an organization cannot be experienced in the absence of these ethical reflexes. We survive with great difficulty and in very special conditions in the absence of the masticatory reflex, for example. We adapt with great difficulty and many constraints in the absence of the ability to walk or speak. (Dramnescu et al., 2020)

Likewise, we are limited in reaching our potential in the absence of ethical reflexes. At this level we can talk about the ethical dimension of soft skills. Attachment and responsibility to the organization is an emerging effect of the correlated and complete functioning of all these reflexes.

The knowledge of the general profile and of the pattern of manifestation of the hypostases of the individual according to his evolutionary specificities is constituted as strong points for HCM. Based on these profiles, appropriate and adapted management strategies can be imagined and adapted, both individual and collective, through which organizational goals can be harmonized with employee responsibility, both under the dome of well-being and a positive, stimulating and creative organizational atmosphere. (Dramnescu et al., 2020)

Human being 1.0. The reptilian brain and immediate satisfaction

Table 3. Bio-psychological characteristics of the reptilian brain

 <p>Brain</p>	<p>Survival</p> <ul style="list-style-type: none"> • Unconditional reflexes • Automatic / Amoral • Aptitude potential • Reward system 1.0 • Satisfaction • Condition: to be • Human being 1.0
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The reptilian brain through the information it has and the mechanisms available to it ensures the durability and sustainability of the body, i.e. the survival of the individual becomes possible through the control it has over the basic functions of the body such as relationship, nutrition and reproduction. .

Also, unconditional reflexes are characteristic of the functioning of the reptilian brain. The reptilian brain is responsible for maintaining and perfecting the vital processes, ensuring security as an individual and perpetuating the species. In special, crisis situations, when the survival of the individual is more or less threatened or when environmental stimuli are interpreted as physical insecurity or emotional instability, deprivation of food, sleep, sensory information, major changes in the life of the individual, upon contact with the new, with physical or emotional pain, it sets in motion resources and reflexes that cancel out the activity of the rational brain, imposing itself on behavior. Depending on the context, and the assessment of the danger, it generates reactions of violence, aggression or strategies of abandonment and withdrawal ("fight or flight") characteristic of the individual in extreme situations.

As all of these escape conscious control, they have no value coloration. They are amoral and as a result do not fit into the conditions of moral behavior.

The specific condition experienced at this level, as a result of fulfilling various needs is that offered by the Reward System 1.0, characterized by immediate satisfaction obtained imperatively and with minimal voluntary effort. (Dramnescu, 2020)

The well-obtained and consumed states after balancing immediate needs are volatile, intense, short-lived and usually disappear immediately after a need has been met.

Human being 1.0 is focused on getting immediate benefits in the easiest way possible. He usually sets short-term goals and is less

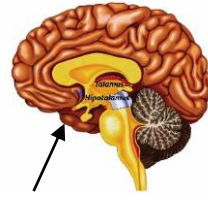
concerned about the consequences of his behavior. At the level of Human being 1.0, in general, his concerns are related to the state of being and the functioning of the reptilian brain describes the general behavior of Man1.0.

Human being 1.0 is not an outdated and outdated evolutionary version. He is extremely present in every moment of the individual's life, constantly asking for physical, emotional or cognitive resources to satisfy his own needs.

Managerial recommendations: organizational stability and predictability; physical and mental safety related to the workplace; procedural coherence and transparency.

Human being 2.0. The emotional brain and the comfort of self-satisfaction

Table 4. Bio-psychological characteristics of the emotional brain

 <p>Limbic</p>	<p>Adaptation</p> <ul style="list-style-type: none"> • Conditional reflexes • Automatic / Immoral • Hard Skills • Reward system 2.0 • Contentment • Condition: to have • Human being 2.0
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The organization and functioning of the emotional brain define the way of being of Human being 2.0. Once survival is ensured in what is essential, adaptation to the environment becomes the main direction and concern of Human being 2.0., possible with the help of conditional reflexes.

The effective adaptation to the VUCA (volatility, uncertainty, complexity and ambiguity) environment involves behaviors that include and extend the specific behaviors of Human being 1.0

Human being 2.0 is torn between the sometimes imperative, imposed and unavoidable demands, sometimes painful, torturous, tumultuous and extremely difficult to refuse, coming from the reptilian brain and the constraints, seduction and superior rewards offered by the rational brain. (Dramnescu, 2020)

In addition to all this, the task of Human being 2.0 is to satisfy higher than basic needs, whose needs facilitate the adaptation to the

environment and the psychological balance of the individual: the need for belonging, recognition, knowledge and self-knowledge, the need for beauty, esteem and status.

Here we meet the need to have unnaturally placed before that of to be. Human being 2.0 knows and thinks he is only if he has. This accumulation of goods, emotions, relationships, money, feelings, recognition, admiration, etc. creates the illusion of meaning, being and authenticity. I have, so I am! is the motto of Human being 2.0.

Human being 2.0 victimizes himself. Obviously, he often does so for hypocritical and immoral reasons. He is the one who declares that the organization in which he is involved does not value him, that his money is never enough, that he is not respected enough at work. All these statements, as a rule, have nothing true in them or have very little, but they are perverted manifestations by which he demands something and obtains that something with minimal or absent effort. And not infrequently his intention is selfish and unethical as he is often aware of this fact.

The dissatisfaction of Human being 2.0 translates into noise. Lots of relational, attitudinal, and emotional noise. Lots of intellectual noise and a lot of exhibitionism. The Human being 2.0 is noisy, he always asks for something, he complains to everyone, he cries for pity, he victimizes himself, he has the courage, he gets angry quickly, he is naughty. Nothing he has is enough. Not enough money, not enough holidays, not enough love, not enough recognition, not enough time. If it is enough, it becomes boring, if it is boring then he wants something else, if he gets that something else, it will be either insufficient or not necessary. As a result, he shows his suffering and blames his destiny, but he does not do it in a serious, categorical and definitive way, but only in order not to give up his automatisms, his habits and beliefs. (Dramnescu, 2020)

He complains about the lack of solutions, the lack of help, the lack of support, but he prefers not to change anything in the present way in which he satisfies his needs.

Here we find the background of the moral relativism of Human being 2.0. In his preference for convenience, in his somewhat justified conservatism and in his permanent inclination towards moral compromise in achieving his goals.

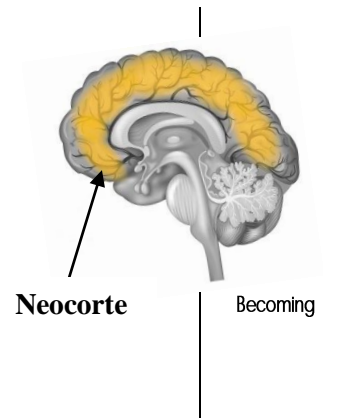
Although the state of emptiness of soul, of absence of meaning and fulfillment accompanies Human being 2.0 throughout life,

he is the one who makes it possible to experience it. Human being 2.0 is the experiential individual who gives flavor to life, who makes it possible by translating it into finite experience, despite all the compromises, slips and inconsistencies that are attributable to him.

Managerial recommendations: relational comfort horizontally and vertically; encouraging individual expression and initiatives; personalized reward; non-discriminatory and relevant framework as important for each organizational role.

Human being 3.0. The rational brain and the experiencing of well-being

Table 5. Bio-psychological characteristics of the rational brain

	<ul style="list-style-type: none"> • Ethical reflexes • Intentional / Moral • Soft Skills • Reward system 3.0 • Well-being / Happiness • Condition: to do • Human being 3.0
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From an ontogenetic perspective, the higher level in brain development is represented by the cerebral cortex, also called the rational brain because it is responsible for the intellectual, cognitive, logical and rational thinking functions. To read, to write, to know, to assimilate information, to give them meanings, in a word, to create, are natural behaviors, specific to it. Soft skills such as: solving complex problems, critical thinking, coordination with others, decision making or cognitive flexibility are encountered at this level.

The prefrontal cortex fulfills the role of absolute coordinator that it does not negotiate with anyone. It is the one which sets goals, organizes and plans a variety of activities, is involved in solving complex life problems and ensures the most effective relationship with the lower and subordinate courts, the limbic system and the reptilian brain, coordinating their functioning, activity and behavior through a complex series of concessions, compromises, impositions, constraints, limits, rewards, incentives, motivations, waivers or justifications. But the

essential role of the neocortex is to create. (Dramnescu, 2020)

These perpetual negotiations, proposals and resettlement in decision-making always produce new experiences, lived subjectively as authentic experiences, associated with unique chemistry that will generate unique feelings. New felt and lived experiences stimulate brain connectivity causing the construction or formation of new neural networks while the least used or not used are abandoned. Consistent use of new networks, through repetition, strengthen, become more myelinated and wider, with greater information transport capabilities.

As they become more and more used, they will come under the control of the limbic system as conditional reflexes or as already validated schemes that will be requested, defended, consolidated whenever they are threatened with destructuring or abandonment. On this logic, the effort to be moral in time creates the habit of being moral or a style of being that has the underlying imprint of morality.

Human being 1.0 and Human being 2.0 develop and manifest in direct relation to survival because adaptation also takes place in order to ensure survival, in the end. Instead, Human being 3.0, represented by the neocortex, cannot exist and can only develop in relation to others. This draws attention to the enormous importance of interpersonal relationships and cooperation with others. The organization, through HCM, can play this role of continuous formation of Human being 3.0 by developing his becoming by equipping him with ethical reflexes. The formation of ethical reflexes lays the foundations and creates the conditions for the formation and strengthening of soft skills. In the absence of ethical reflexes, soft skills that should be true personality traits or invariants of it, are inoperative or become simple skills used in a false ethical behavior, superficial and caricatured. Ethical reflexes are specific to Human being 3.0. (Dramnescu, 2020)

Managerial recommendations: intellectual stimulation; involvement in solving organizational

problems; autonomy adapted to the social role and independence in decision making.

Conclusion

The authentic, efficient, and meaningful management for an organization is the one that focuses on people, explains them, encourages them and motivates them to do what is ethical and beneficial for an organization. (Yukl, 2010)

The knowledge of the human resource is not limited only to the organizational management procedures but must be extended by taking over interdisciplinary explanatory models or from the neurocognitive, philosophical or pedagogical fields.

The experimentation of soft skills takes place only by respecting certain conditions that meet the specific needs of employees but especially by ensuring the framework of manifestation of Human being 3.0 through self-control of intention, proactive attitude and building a moral architecture to guarantee its achievement.

The ethical dimension of soft skills ensures the development and efficiency framework of the organization 3.0.

Conflict of interests

The author declares that he has no conflict of interests.

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Psychological, ethical and deontological needs of the patients

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Extended Abstract

Keywords

Needs of the patients, doctor-patient relationship, patient safety, deontology.

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Introduction

We live in time of rapid technical development. And this in turn contributes to the formation of a technical approach to the doctor-patient relationship. The rapid and easily accessible flow of information, excessive awareness of patients sometimes complicates compliance - the cooperation of the doctor with the patient (Mandal, J., et.al., 2016). In world practice, compliance is considered excellent when the patient follows 75% of the doctor's instructions. In addition, patient safety is a persistent issue in public health that has taken a new connotation in the contemporary sanitary context (Façanha, T. R.et.al., 2019).

Purpose

The purpose of the paper is to investigate what qualities a doctor of the 21st century should have from the point of view of a modern patient in order to improve compliance, cooperation of the doctor with the patient.

Methodology

The survey was completely anonymous and voluntary. If the answer is yes, the patient had to choose from the proposed options the one that would most fully reflect his needs. In order to exclude subjectivity and systematic errors, the survey was conducted in various medical institutions of Ivano-Frankivsk. We interviewed 120 patients: 75 (group I) were hospitalized, 45 (group II) - outpatient. The special questionnaire developed by us consists of 30 questions, which are grouped into groups, each of which reflects certain qualities: competence and personal experience of the doctor; review features; the ability to explain to the patient the essence of the disease; appearance. Some items of the questionnaire were: "Does age or gender of the doctor matter to you?"; "Did you have problems with" doctor's handwriting? " Did it in any way affect your cooperation with the doctor on the way to better health?».

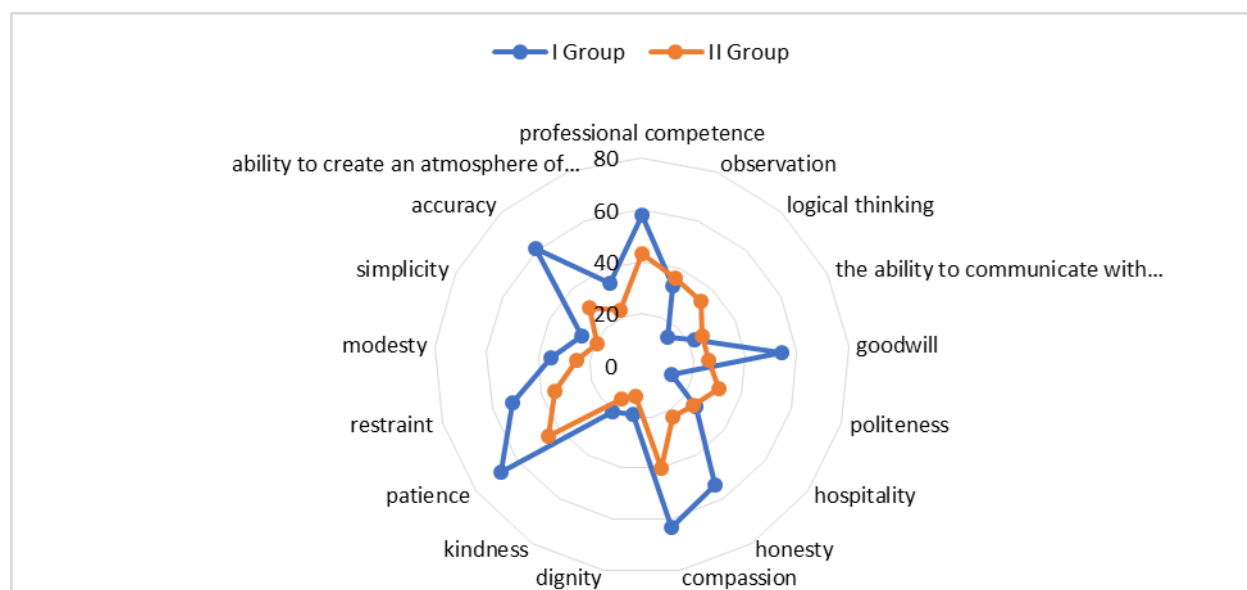


Figure 1. The distribution of the qualities of the doctor and the manifestation of the need for them among patients.

Results and Discussion

The study found that among the main qualities of the doctor, 88% of patients of group I and 80% of group II distinguish competence and professionalism; 42.66% vs 46.5% - attention; 60.0% vs 53.2% - patience and kindness; 90.6% vs 80.0% - the ability to easily and informatively answer questions of concern to the patient. The distribution of the qualities of the doctor and the manifestation of the need for them among the studied patients are shown in Figure 1.

Significantly fewer patients focused on the doctor's appearance or age. Significantly fewer patients focused on the doctor's appearance or age. However, there has been a trend: most respondents prefer middle-aged female doctors.

Causal analysis of the problem of poor handwriting of doctors showed the following data: 42.6% of patients of group I and 53.2% of group II complained of poor handwriting of doctors. And 6.6% and 2.2%, respectively, consider it illegible. According to the patients, they had the experience of buying and even using drugs issued incorrectly in the pharmacy due to the "medical handwriting" of 5 patients of group

I and 1 patient of group II. However in the conditions of inpatient treatment this problem was quickly solved thanks to good cooperation of the doctor-nurse. It is almost impossible to control the same problem in the conditions of outpatient reception.

Practical value

The results of our study were successfully implemented in the educational and scientific process of the Department of Propaedeutics of Internal Medicine and the Department of Psychiatry, Narcology and Medical Psychology at Ivano-Frankivsk National Medical University and can be used in lectures and workshops on occupational therapy and rehabilitation, medical psychology, the psychology of creativity, general, pedagogical psychology, pedagogy, sociology, philosophy, etc.

Conclusion

The results of the study are statistically processed and allow to develop a model of the relationship between doctor and patient. It is possible that this study will promote better collaboration between physicians and patients. And medical students to think about what qualities should be nurtured in themselves for successful work.

Conflict of interest

Authors declare no conflict of interests.

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