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THE ROLE OF MORITA THERAPY IN RESTORING THE PSYCHOLOGICAL HELTH OF TEACHERS DURING THE WAR

Nikolenko O.M.

*Poltava V.G. Korolenko National Pedagogical University
omnicolenko@gmail.com*

Zhao D.

*Saitama University (Japan)
danningzhao12@gmail.com*

Problem statement. On February 24, 2022, Russia invaded Ukraine, which resulted in a full-scale war that has been going on for more than two years. Military events have dramatically affected all areas of life in Ukraine, including education, as well as the psychological and professional state of teachers who continue to teach and support students in difficult conditions.

However, psychological support for Ukrainian teachers is considered extremely difficult. The reason is that the mental health situation of Ukrainian teachers has been not good before the war. According to a survey of 1817 teachers conducted in 2018-2020 (T. Dziuba et al., 2021), an unstable level of emotional comfort was dominant in general (57.2%), "Self-assessment of mental health" (61.0%) and "Signs of psychiatric symptoms" (53.0%), due to unbalanced working conditions (overload, daily and weekly overtime) in Ukrainian educational organizations.

Ukrainian teachers are in dire need of support as they are affected by the dual effects of the crisis of war and the burden of their primary duties. When providing support, support is needed at the individual, institutional, and community levels, and concrete methods include those that deal with negative psychological reactions such as trauma response, and positive methods such as holistic well-being and positive interactions with students. Online psychological support is also viable, with emphasis on individualization and cultural sensitivity. Research on the psychology of teachers in wartime Ukraine and in crisis situations is still scarce, and most studies seem to focus on teachers' mental problems, with little consideration given to how to support them. The question of effective methods for the psychological and professional recovery of Ukrainian teachers remains open, which makes our article relevant.

The purpose of the article is to find out the peculiarities of the psychological and professional state of Ukrainian teachers during the war, as well as the possibilities of Morita therapy for their support and recovery.

Presentation of the main material. Our group is doing psychological supports for Ukrainian teachers, based on Morita Therapy, a traditional Japanese Psychotherapy. The aim of our activity is to provide Ukrainian teachers with group training of Morita therapy in order to improve their own mental health and, through this, the mental health of their students. As the preliminary research, we conducted interviews and a survey, to investigate the daily lives and

mental states of teachers and students, as well as educational methods beneficial to students' mental health. This paper introduces the results and implications of the survey.

This survey was approved for ethical review by the Poltava University of Education (Approval Number: 2024-1105-16).

In December 2023, interviews were conducted with three Ukrainian education-related university teachers. Based on the results, in January 2024 our team conducted a teacher survey through Google Forms, from elementary, junior high, and high schools across Ukraine.

Participants. 506 teachers participated in this survey. The gender of participants was 14 male (2.8%), 488 female (96.4%) and 4 (0.8%) did not want to answer. 25 participants (4.9%) were in their 20s, 85 (16.8%) were in their 30s, 112 (22.1%) were in their 40s, 186 (36.8%) were in their 50s and 98 (19.4%) were in their 60s. The majority of participants had been teaching for more than 10 years (451 participants, 89.1%). Above results showed that the majority of participants in this survey were experienced female teachers above 40s.

Participants were from 17 regions in eastern, central and western Ukraine. There were 20 other participants who were displaced (teaching online) in 10 European countries, including Poland (8), Germany (5), Romania (2) and other countries.

Questionnaire and procedure. The questionnaire consisted of parts as below. Firstly, we examined teachers' mental health. We used the psychological distress as one indicator. The Shortened version of Kessler Psychological Distress Scale (K10) (Kessler et al., 2002) was used. This item was rated on a five-point scale anchored at *strongly disagree* and *strongly agree*. We also examined teachers' resilience as another mental health indicator. Resilience Scale (Hirano, 2014) was used. This item was rated on a five-point scale anchored at *strongly disagree* and *strongly agree*. Meanwhile, we also asked teachers to answer changes in both scales between the beginning of the war and now, as well as reasons for these changes.

Secondly, we asked about the students' school life, contents of students' anxiety and fears, as well as what coping techniques teachers were using to decrease students' anxiety and fears.

Thirdly, we asked about useful psychological trainings teachers have learnt.

Finally, we introduced Morita Therapy and asked teachers' responses to it.

Results and discussion.

1, Teachers' mental health.

1) Psychological distress.

Kessler Psychological Distress Scale (K10) was examined as one indicator of mental health. The cut-off point as suspected mental illness is 25, and 53.4% of all participants was above 25. This result suggest that the mental health of Ukrainian teachers is in a critical situation. Compared to when the war started in February 2022, 148(29.2%) had improved their mental health, 214 (42.3%) were almost the same and 144 (28.5%) had deteriorated.

This result indicated that the majority of teachers had not been able to recover from the shocking mental state they were in at the beginning of the war. Free text entry showed the reasons for this included 1)'hopelessness'(12 participants) such as 'I don't see a way out when the war will end', 2)'The constant trials of war'(10 participants) such as 'constant explosions, fear and tension', 3)'unable to control emotions'(6 participants) such as 'I can't control my emotions', 4)'Loss (of past, youth)' (4 participants) such as 'I got old in a sudden', 5) 'fatigue'(3 participants) such as 'work with children and parents, interaction with colleagues, being not only a teacher but also a second mother, a psychologist for the children, a friend to encourage them, there are many other roles that teachers play, everyone is exhausted in some way', and 6)'The decline in social morals' (1 participant).

On the other hand, reasons for the improvements since the beginning of the war (multiple responses) included: 'I have started to evaluate events around me more realistically' (300 participants), 'I have a concrete understanding of the situation and know what to do' (201 participants), 'I am more solution-oriented' (136 participants), 'I have a routine' (101

participants), 'I dive into work' (1 participant), 'I believe in the victory and mercy of God' (1 participant).

2) Resilience.

Resilience was also examined. Factor analysis revealed three factors (Table 1). Factor 1 is 'Behavioral ability and optimism' ($M=3.62$, $SD=0.56$), Factor 2 is 'Understanding others and self-understanding' ($M=3.93$, $SD=0.46$) and Factor 3 is 'Sociability' ($M=3.89$, $SD=0.66$). Reliability coefficient of each factor is .79, .70, and .76, which are sufficient values. The original scale consisted of seven factors: optimism, self-regulation, sociability, behavioral ability, problem-solving orientation, self-understanding and understanding of others. The results of the Ukrainian teachers showed a simpler factor structure, with behavioral ability, optimism and self-regulation integrated into the first factor, and understanding of others, self-understanding and problem-solving orientation into the second factor. It is interesting to note whether this is a result of wartime or Ukrainian culture.

The mean values (M) of each factor exceeded the theoretical middle value of 3, suggesting that the resilience level of Ukrainian teachers was not low, especially compared to their psychological distress examined above.

Compared to when the war started in February 2022, 152 participants (30.0%) had improved, 217 (42.9%) were almost the same and 127 (25.1%) had deteriorated. Reasons for the improvements included 'I evaluate the events around me realistically' (300 participants), 'I have become more resilient and solution-oriented' (136 participants). And the worsen reasons are 'People have changed and become unpredictable (58), I feel hard to decide what is right and what is wrong now' (70 participants). The worsen reasons suggested that the uncertainty of society may influence teachers' recovery from distress.

We asked participants if it is useful for anxiety coping and resilience (multiple choice), 326 said it was useful for coping with fear and anxiety, 282 said it was useful for actively thinking about action and solving problems, 13 said it was not useful because it was difficult to understand, and Ten participants said that it was not useful because it was difficult to understand. Most participants were observed to be resonate and have interest in Morita therapy.

Conclusions. Our results show that more than half (53.4 %) of Ukrainian teachers have psychological distress at the level of suspected illness, and most have not recovered from the shocking mental state they were in at the beginning of the war. Compared to this, resilience was found to be relatively high, with the protracted war not reducing resilience in more than 70 % of people. These results indicated that while the distress level of Ukrainian teachers is in crisis, their resilience meets a certain level, which suggests that they have been forged tougher by the war. It was also suggested that increasing resilience may reduce psychological distress in wartime Ukraine.

Mental health was found to improve by realistically assessing surrounding events and being solution-oriented, suggesting the importance of not turning a blind eye to the facts and solving what is in front of oneself. On the other hand, social uncertainty had a negative impact on teachers' mental recovery.

The majority of teachers use methods that encourage students to look at everyday life, recognize fear as a natural emotion and discuss it openly with students. Good communications and creative activities can successfully help the students. While facing students' passive attitudes to life and students' great losses make teachers feel difficult in helping.

Useful psychological trainings to teachers are: the idea that one should be prepared to be resilient, breathing exercises and relaxation exercises, make good & bad future scenarios and consider actions.

Most teachers agreed with Morita therapy's main theory as "anxiety and tension are the underlying 'desire to live better' , so one should let them naturally arise, and focus on constructive actions", and considered it beneficial for mental health.

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ВПЛИВ ВСАА НА НАБІР М'ЯЗОВОЇ ТКАНИНИ

Письменна І.В., Момот О.О.

Полтавський національний педагогічний університет імені В.Г. Короленка

Актуальність теми. Бодібілдинг – достатньо молодий вид спорту, що стрімко розвивається в Україні та стає все популярнішим серед різних верств населення. Методики формування красивої спортивної статури в бодібілдингу знайшли широке застосування в різних фітнес технологіях і сприяли їх розвитку. Популяризація здорового способу життя є фактором позитивного впливу на розвиток бодібілдингу та фітнесу.

Метою дослідження є роль і принципи застосування добавки ВСАА для удосконалення підготовки бодібілдерів.

ВСАА – це амінокислоти з розгалуженими бічними ланцюгами. Початкові букви англійського варіанту цього словосполучення породили назву добавки ВСАА (в перекл. з англ. branched-chain amino acids, ВСАА).

Наші м'язи складаються з білка, який в свою чергу складається з двох десятків амінокислот, дев'ять з яких є незамінними, тобто організм не може їх синтезувати і повинен отримувати їх із їжі [2]. При цьому, на нашу думку, необхідно виділити лейцин (з англ. L, Leucine), ізoleyцин (з англ. I, isoleucine), валін (з англ. L-Valine) [1]. Саме їх містить одноіменна спортивна добавка під назвою ВСАА, яку ми тестували протягом двох років і хочемо поділитися своїми спостереженнями, а також результатами досліджень вчених по даній темі.