

# THEORY AND PRACTICE OF LIFELONG EDUCATION

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## ACTIVATION OF OLDER PEOPLE WITH THE USE OF OCCUPATIONAL THERAPY

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### ABSTRACT

*Over recent years, the number of people in late adulthood in Polish society has significantly increased, thereby there has appeared a strong need to focus on the quality of life of these people, on the offer of personal development, self-fulfilment in late adulthood, finding new horizons of interests, interesting forms of spending free time, but also the formation of places and services that provide support, care, assistance in daily activities, places of rehabilitation in the bio-psycho-social sphere.*

*This paper describes the need of expanding services for the elderly based on occupational therapy. It also indicates what this type of activity consists of, what methods and techniques the therapist uses, and what benefits come from occupational therapy for the entire family of an elderly person.*

**Keywords:** *occupational therapy; old age; activation of seniors; elderly people; aging phases; physical and mental activity.*

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### INTRODUCTION – CHALLENGES FOR ELDERLY PEOPLE

Old age is a natural phenomenon, a stage in life, which brings numerous challenges, but also a lot of opportunities; it is undoubtedly a very individualized period, but also inevitable and unavoidable (Fabiś, Wawrzyniak, & Chabior,

2015, p. 46). Due to the increase in life expectancy, the age limit of the elderly has also shifted significantly in recent years. The literature on the subject provides different definitions and descriptions of the aging phases. Undoubtedly, the approach to old age in relation to the biological aging of the organism and the resulting changes in the daily functioning of the human being is one of the basic questions. They emphasize that aging is a process of involuntional changes causing the weakening of the functions of individual organs and ultimately death (Fabiś, Wawrzyniak & Chabior, 2015).

## **PROBLEM STATEMENT**

Aging constitutes one of the successive stages in human life. A.A. Zych defines old age as an inevitable effect of aging, in which biological, mental and social processes begin to interact synergistically, leading to a disturbance of biological and mental balance, without the possibility of counteracting it. (Fabiś, Wawrzyniak & Chabior A, 2015, p. 46).

On the other hand, J. Piotrowski describes old age as follows: ‘a cultural phenomenon, which is biological in nature, associated with the weakening of strength, but as a link only with calendar age, it is contractual, resulting from the convention adopted in the social security system’ (Fabiś, Wawrzyniak & Chabior, 2015, p. 46).

## **BACKGROUND**

Aging progresses in various perspectives: biological, psychological and social. All these elements interpenetrate, and the deterioration of functioning in one of the spheres significantly influences the other ones. Biological age is related to general human fitness, which is expressed in medical measurements. It is conditioned by a number of individual features, including those resulting from genetic resources, but also from the lifestyle, a healthy diet, getting enough rest, physical and mental activity, as well as a satisfying family and social life. The social perspective is related to the social roles performed, including the roles achieved throughout a person’s life, the loss of which with age contributes to the marginalization of the elderly, social exclusion, decreased self-esteem, loss of self-confidence, loss of respect. Deprivation of professional roles in the aging process makes women in particular search for compensation in family roles — grandmother, mother who cares especially about the home (cleaning, cooking, caring for grandchildren). Over time, however, these roles also begin to become difficult. The progressive aging of the organism causes so far independent grandmother to begin to forget how to perform the simplest daily activities (e.g. forgets the recipe for the her grandchild’s favourite cake, the place for putting away her glasses, names of streets through which she has travelled for many years). The inevitable aging of the body reduces the effectiveness of cognitive functions, memory, attention, concentration, the body is not

as efficient as it used to be, new ailments and diseases occur being often a source of pain, shame and helplessness. The nervous system “collects” the dowry of all life, there appear disorders related to persistent sadness, awareness of passing, and thus the inevitable loss of one’s physical and mental resources, which is often associated with depression, emotional lability, sometimes with jealousy for what is passing, with the lack of accepting the inevitable, and finally with the stage of preparing for death and the fear of the unknown. It is also the time of saying goodbye to one’s spouse and friends, a time of loneliness due to migrations of the closest family, a time of worsening economic situation, loss of prestige and lowering of social status, a time of realizing the approaching end of life.

## METHODOLOGY

Aging is a dynamic phenomenon that characterizes the transition to the successive stages of life, conditioning the achievement of self-realisation and satisfaction. These, in turn, are related to the emerging crises, the solution of which enables human development.

Table 1.

### Developmental tasks in the old age stage according to different authors

Author	Stage (phase) / age	Development tasks and the result of a successful solution of the crisis
Erik H. Erikson	Late adulthood 60+	Achieving a sense of harmony and meaning, accepting one’s own life by resolving the conflict between integrity and despair caused by the awareness of the end of life; the result is the virtue of (life) wisdom.
Barbara Szatur-Jaworska	Old age 60+	Accepting one’s own progressive dependence on other people, maintaining interest in the world, controlling the mind and keeping it efficient, achievement of certainty of the significance and dignity of one’s own life.
Daniel J. Levinson	Entering into late adulthood 60–65	Balance of life — pride in achievements intertwines with disappointment, working out a balance and new social roles.
	Late adulthood 65–80	Calm, internal integration, a broader view of life, life review, preparation for death.
	Very late adulthood 80+	Coming to terms with the loss of the loved ones (widowhood), loneliness caused by the lack of peers, the possibility of taking up activity and creativity according to strength and health.
Robert J. Havighurst	Late adulthood 80+	Departing from the problems of one’s own body, preparing for retirement and reduced income, establishing satisfactory social contacts, maintaining friendship and activity at an optimal level, accepting and adapting to new social roles, arranging living conditions in a convenient way, accepting the death of a spouse, working out mature attitude towards death.

Source: Fabiś, A., Wawrzyniak, J., Chabior A. (2015) *Human old age. Selected issues in social gerontology*. Kraków: Oficyna Wydawnicza „Impuls”, s. 52. (published in Polish)

The stage of old age is perceived differently within the context of older people who are not related to us. The attitude towards our relatives, parents and in-laws is slightly different. Usually, in our parents, we see people who, despite the passing time, should still perform their tasks and roles. Hence, frequently, when their

memory or manual dexterity fails, we assign them greater possibilities to influence their health than to older people with whom we are not related. Another important issue in the aging process of our parents is the fact that we often fail to simply understand them, but rather instruct or get irritated by the symptoms of the inevitable. It also happens that we move them away from daily activities, in order not to expose them to errors and difficulties resulting from the aging of the body. As a result, instead of helping and supporting, we make them feel even more unnecessary, useless, they feel their infirmity and sometimes even more disability. Subsequently, it becomes a cause of low mood, sadness, a sense of lack of influence on one's life. More than once, in the course of time adult children begin to "manage" their parents. Sometimes that irritation with infirmity, and later with the necessity to care for elderly, sick parents means that the entire care begins to be reduced to mechanical nursing and caring activities, that there is not enough time and willingness to show understanding for inevitably passing moments in the parents' lives. The "shadow streak" is approaching, it cannot be stopped, although there is still no time in the pursuit of daily matters, a cup of tea drunk together, watching photos from childhood, memories of shared moments. All these factors make elderly people feel lonely so often. Different types of institutional forms of activation, rehabilitation, therapy, such as universities of the third age, seniors' clubs, day care centres, and finally 24-hour care in social welfare homes, care and treatment facilities, and palliative care in hospices, can support the elderly.

## OCCUPATIONAL THERAPY — GOALS, ASSUMPTIONS

The name *occupational therapy* "is derived from the word "occupation" that means daily activities performed by people, including self-service, games, education, professional work, housework and activities for leisure and relaxation. The second word from which the name is derived from — "therapy" means treatment, which in a way reveals the addressee of the effects of occupational therapy. Due to its functional aspects, occupational therapy is a valuable element of medical, occupational and social rehabilitation' (Rottermund & Nowotny, 2016, p. 46). The main goal of therapeutic interactions is activation in the bio-psycho-social sphere to provide a particular person with the best quality of life, as far as possible. Therefore, the therapeutic process of the team of therapists is aimed at a strictly planned, purposeful, regular system of influencing a particular person, including their individual problems, the resulting needs, possessed possibilities, strengths and interests.

The essence of the work was appreciated already in antiquity by the Egyptians, in the Mongolian and Chinese empires. Galen claimed that "different activities and work constitute a natural therapy and give a person happiness" (Rottermund & Nowotny, 2016, p. 46).

At the turn of the 18th and 19th centuries, work was introduced as a therapeutic element in psychiatric institutions for the first time, and at a later stage it was applied in the rehabilitation of the chronically ill and the elderly.

In 1917, the first professional organization of occupational therapists was established in the United States. The First and Second World Wars showed that there was a great need to provide therapeutic support to people who suffered during the war. Already then, the holistic significance of therapy was noticed — not only in terms of acquiring physical fitness, but also as extremely important for supporting mental health and preventing social exclusion, loneliness and marginalization.

In 1947, McNary presented the tasks of occupational therapy, summarizing them in seven points:

1. Provision of comprehensive assistance during treatment;
2. Paying special attention to motor coordination, joint mobility and muscle strength;
3. Introduction of appropriate games and activities into therapy;
4. Overcoming anxiety elements;
5. Securing development and acquiring new skills in spite of physical, intellectual and emotional barriers;
6. Provision of social assistance;
7. Sensitizing the immediate family to the changing needs of a disabled person (Rottermund & Nowotny, 2016, p. 47).

For many years, occupational therapy has undergone modifications, mainly resulting from a change in the perception of disability and broadening the horizons of the effects of therapy on different social groups, its application both to children and adults, including the elderly. In the 1950s, the Poznań Centre became one of the precursors of the world's modern rehabilitation, also applying occupational therapy in its practice. The profession of an occupational therapist was also recognized, and initially this profession was performed mainly by people with pedagogical, psychological or physiotherapy education. Nowadays, qualifications for the profession of an occupational therapist can be obtained by graduating from post-secondary school in the field of 'occupational therapy' and by passing a diploma confirming qualifications or by completing higher education in the field of 'occupational therapy'.

Occupational therapists can work: in hospital departments (therapeutic, orthopaedic, neurological, geriatric, children's, psychiatric rehabilitation); in sanatoriums; occupational therapy workshops; social welfare institutions; day care centres; senior clubs; community nursing homes; therapeutic clubs; hospices; care and treatment facilities; nursing and care facilities; in special needs schools (Occupational Pathology, 2013, July 9).

## **ACTIVATION OF OLDER PEOPLE USING THE METHODS AND TECHNIQUES OF OCCUPATIONAL THERAPY**

Occupational therapy is significant in the process of supporting the activation of the elderly, as well as in their rehabilitation. Among its types there are distinguished:

- ergotherapy — work therapy, therapy through manual classes, ergonomics;

- art therapy — art therapy, passive or active contact with art and culture;
- sociotherapy — therapy of movement, behaviour and emotional disorders in the course of individual, group or social meetings (Rottermund & Nowotny, 2016, p. 50).

Methods and techniques of work in the field of occupational therapy are selected individually. A therapeutic interview is conducted with each participant of the classes. With its use and with the help of other information gathered about the participant (e.g. from the documentation he provided, an interview with the family, analysis of the products of previous works), a therapeutic diagnosis is developed, which shows the participant's problems, the resulting needs and additionally the person's weaknesses, opportunities and interests. All these elements are used to prepare therapeutic objectives. On the basis of the documentation prepared in this way, an individual action plan (IAP) is developed, the purpose of which is to select the appropriate methods and techniques of therapeutic work, including the time and frequency of individual interventions, to the individual needs of each participant. IAP is evaluated in order to verify the proper course of the therapeutic process. The therapeutic team includes, depending on the place / type of facility, occupational therapists, psychologist, psychiatrist, assistant and caregiver for the elderly / disabled, physiotherapist, special educator, therapist for people with autism, special educational needs teacher. The most important direction of therapeutic interactions is the deliberate, planned, systematic activation of the participant in the bio-psycho-social spheres, carried out by the therapeutic team. Detailed goals result from the diagnosis and their achievement is possible due to properly selected methods and techniques of occupational therapy.

Table 2.

### Types, methods and techniques of occupational therapy

Type of occupational therapy	Methods of occupational therapy	Methods of occupational therapy (examples)
ergotherapy	yarning	• crocheting; knitting
	embroidery	• Richelieu, tapestry and cross embroidery
	weaving	• weaving on a loom, on frames • weaving macramé, key rings, etc.
	tailoring	• sewing utility items; toy making; mending clothes
	leather-making	• making leather goods, e.g. paintings, jewellery, wallets
	metalwork	• wire products, such as candlesticks, key rings, happiness trees • metal products, such as stamps, emblems, medals, pictures
	carpentry	• work in wood, e.g. bas-reliefs, sculptures, little houses, boxes (also made of sticks)
	gardening	• gardening and cleaning works, such as planting, digging, sowing • horticulotherapy — influencing with the beauty of the garden, work in the garden
	wickerwork	• braiding various wicker items, such as baskets
	pottery and ceramics	• making pots and jugs • creating ceramic objects

art therapy	drawing	<ul style="list-style-type: none"> <li>drawing with pencils, candles, pastes, pencil, chalk, charcoal</li> </ul>
	painting	<ul style="list-style-type: none"> <li>painting with poster paints, watercolour, stained glass, oil, glass, window colours, drawing ink</li> </ul>
	graphics	<ul style="list-style-type: none"> <li>plasterboard; linocut; woodcut; monotype; structured printing</li> </ul>
	sculpture	<ul style="list-style-type: none"> <li>plastic masses: salt mass, clay, modelling clay, plasticine, paper mass</li> <li>carving, for example in wood</li> <li>paper crafts, e.g. origami</li> </ul>
	applied arts	<ul style="list-style-type: none"> <li>stained glass — for windows, doors, bottles, etc.</li> <li>photography; poster; cover designs</li> <li>collage — creating a work combined with various art techniques</li> </ul>
	ornamentation and decorating	<ul style="list-style-type: none"> <li>ikebana;</li> <li>decorations — occasional</li> <li>decorating various items</li> </ul>
	music therapy	<ul style="list-style-type: none"> <li>passive music therapy — activating and relaxing music</li> <li>active music therapy — making music for patients (Orff instruments, guitar and others), learning to sing songs</li> </ul>
	bibliotherapy	<ul style="list-style-type: none"> <li>active — reading aloud excerpts or the entire book / text by patients and talking after reading it</li> <li>passive — listening to bibliotherapeutic texts (activating or relaxing)</li> <li>library counselling — suggestions for independent reading and an interview after reading</li> <li>poetry evenings</li> </ul>
	film therapy	<ul style="list-style-type: none"> <li>screening of films and a discussion after it</li> <li>recording films</li> </ul>
	theatre therapy	<ul style="list-style-type: none"> <li>psychodrama; drama; pantomime; watching performances</li> </ul>
choreotherapy	<ul style="list-style-type: none"> <li>dance</li> <li>movement improvisations with music</li> </ul>	
sociotherapy	humantherapy (fun therapy)	<ul style="list-style-type: none"> <li>manipulative games; themed games; didactic games</li> </ul>
	movement therapy (kinesiotherapy)	<ul style="list-style-type: none"> <li>general improvement exercises, breathing exercises, morning exercises, etc.</li> <li>movement games and activities</li> </ul>
	learning activities of daily life	<ul style="list-style-type: none"> <li>hygiene training</li> <li>self-service training, e.g. washing, brushing, dressing, moving</li> <li>culinary training, e.g. aesthetic preparation and consumption of meals, shopping; learning how to handle money, choose food, and behave culturally at the table</li> <li>budget training — forming the skills of planning and managing the household budget, as far as possible</li> <li>drug training</li> </ul>
	social skills training	<ul style="list-style-type: none"> <li>trainings: recognising, naming and proper way of expressing emotions, establishing relationships, conducting conversations and maintaining social contacts, active listening, assertiveness, resolving conflicts, proper behaviour in various social situations</li> </ul>
	recreation	<ul style="list-style-type: none"> <li>silvotherapy (impact with the beauty of nature — therapy through walks in the forest)</li> <li>dance evenings; games and team games; sightseeing, watching artistic performances, sports competitions; visiting exhibitions</li> <li>thalassotherapy — walks along the seashore</li> </ul>

Source: author's own work based on: Nawrot, M., Kopij, E., Suska, E., Woroniuk, A., Kuczyńska, A. (2005). *Classification of types, methods, techniques and forms of occupational therapy*. <http://tz.sk.n.tu.koszalin.pl/tz1.pdf>.

The variety of methods and techniques of occupational therapy enables their individual selection, resulting, among others, from interests of the participants. This in turn contributes to greater motivation to take action. Elderly people often

stay at home alienating themselves from the social environment. Allowing them to do activities they like, which are associated with fond memories, motivates them to leave the house and actively participate in these activities. Sometimes it happens that the proposed activities become the beginning of the development of creativity that has never been executed so far. On the other hand, discovering new passions, inspirations, exhibitions and fairs of the participants' work contribute to increasing self-esteem and enable meeting the need for self-fulfilment. Group classes support maintaining proper social relations, prevent loneliness, help to meet new people and make friends. Over time, the place of therapeutic activities becomes a meeting place for close people. Participants get to know each other, meet people they like very much, but also learn how to deal with different emotions, how to solve conflicts that arise from time to time, how to release unpleasant emotions. Social skills training is frequently the first class during which the participant opens up to the therapist, expresses difficult emotions that have been hidden for years, related to the loss of loved ones, acceptance of own limitations resulting from illness or age. Undoubtedly, art therapy also helps. Through art, tension is released, relaxation. Classes related to occupational therapy activate cognitive functions, promote exercising memory, teach how to deal with limitations resulting from age and disease, teach how to plan shopping, and take care of hygiene according to one's own abilities. Classes in the field of art therapy and ergotherapy are also conducive to the activation of eye-hand coordination and fine motor skills, they remind about the proper organization of the workplace after classes. During art therapy classes, beautiful works of art are often created. Classes related to kinesiotherapy or choreotherapy enable physical activation. Functional training improves the performance of daily activities, it can also be used as a prophylaxis of disorders resulting from age and disease (Cybulski, Krajewska-Kułak, 2016).

Therefore, occupational therapy enables the achievement of many goals, both related to the proper management of emotions as well as educational and rehabilitation goals. It often prevents the development of the disease and supports medical treatment. Classes in places where older people come are conducive to making friends, they are frequently the only places where you can have coffee with a friend, talk, exchange memories, and spend your free time in a creative way. Places such as day care centres or community nursing homes also organise joint outings, trips to the theatre, cinema, and exhibitions, which gives the opportunity to take care of cultural development, usually neglected in late adulthood. The meals offered are also an important element. Due to financial and health limitations, planning healthy meals can be difficult. Proper diet is beneficial for maintaining health, it is an element of the promotion of a healthy lifestyle.

The 24-hour residences for the elderly, such as social welfare homes, private retirement homes or care and treatment facilities, use occupational therapy in a similar way, however, they adapt classes to the greater limitations of participants resulting from age and disease / disability. Sometimes these are



bedside classes. In such situations, methods of multi-sensory stimulation are mainly used (music therapy, bibliotherapy, relaxation with aromas, watching photos together, creating mini albums of memories, but also manual activities — it all depends on the current capabilities of a given person).

Therapy classes should be organized so that:

- success depended on the student's own effort, and his aspirations realistically increased to his abilities;
- avoid aimlessly performing work that takes a long time and as a result has neither an aesthetic nor a practical meaning in life;
- properly selected work had a calming and mobilising influence on the charge;
- the performance of the work was accompanied by a goal — persistence — effort — result;
- no work performed as part of occupational therapy was devoid of the elements of beauty, which can and should be associated with the concept of utility;
- the proposed forms of occupational therapy were adjusted individually to each resident and the type of nursing home;
- first of all, see a person, understand him, convey the required skills to him, and also see through the prism of a chosen method, technique and form of occupational therapy (Kozaczuk, 1999).

Therefore, occupational therapy constitutes an important system of therapeutic and rehabilitation interventions, including preventive interventions, which can significantly contribute to the improvement of the functioning of the elderly, and thus to an increase in their quality of life. That is why they should be widely and intensively used also in the designing care services and specialist care services provided in the centres for the elderly and the disabled. Extending this type of benefits also enables the family to support them in teaching them how to cooperate with an elderly, sick parent, sometimes even finding common paths of understanding, enabling family reconciliation, learning to show respect and maintaining the dignity of an aging person in spite of growing limitations, and building bridges of cooperation and love.

## CONCLUSIONS AND PROSPECTS.

The application of different methods and techniques of work related to occupational therapy gives great opportunities to support the elderly. Regardless of the chosen methods and techniques, the most important element of support for the elderly is respect, understanding, love from relatives, patience and forbearance for imperfections resulting from age and disease, seeing the elderly as a person with his life wisdom, life-long experiences, enabling the dignity to be preserved regardless of the limitations. It is not easy as on the one hand it requires exceptional predispositions from therapists, and on the other hand, a moment of stopping by the family, often the difficult art of choices.

Undoubtedly, the most important gift for an elderly person is the time, attention and love of loved ones. The time of accompanying the elderly in their daily life is extraordinary, it teaches humility, fosters finding the meaning of life, deepening the spiritual life. It also teaches younger people that you work all your life to end up as an old person, and that it is a specific gift of our whole life.

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## АКТИВІЗАЦІЯ СТАРШИХ ЛЮДЕЙ ШЛЯХОМ ТРУДОТЕРАПІЇ

Ева Канєвська-Мацкевич, вихователь, вчитель для дітей з особливими потребами, викладач Університету економіки у м. Бидгощ ( Республіка Польща), директор Недержавної психолого-педагогічної клініки Університету економіки. вул. Гарбари, 2, 85-229,м. Бидгощ, Республіка Польща. [ewa.kaniewska@byd.pl](mailto:ewa.kaniewska@byd.pl)

За останні роки в польському суспільстві значно зросла кількість людей похилого віку, тому виникла гостра потреба зосередитися на їх якості життя, на пропозиції особистого розвитку, самореалізації в пізньому зрілому віці, пошук нових горизонтів, інтересів, цікавих форм проведення вільного часу. Важливим є питання формування діяльності служб, що надають підтримку, догляд, допомогу в повсякденній діяльності, місць реабілітації в біопсихосоціалній сфері.

У статті описується потреба розширення послуг для людей похилого віку на основі трудотерапії. Також вказується, з чого складається цей вид

діяльності, які методи і прийоми використовує терапевт, і яку користь приносить трудотерапія для всієї родини людини похилого віку. Застосування різних методів і прийомів роботи, пов'язаної з трудотерапією, дає великі можливості для підтримки людей похилого віку. Незалежно від обраних методів і прийомів, найважливішим елементом підтримки людей похилого віку є повага, розуміння, любов рідних, терпіння стосовно недосконалостей, спричинених віком і хворобами, прийняття літньої людини з її життєвою мудрістю, тривалий досвід, що дозволяє зберегти гідність незалежно від обмежень. Це непросто, бо, з одного боку, це вимагає виняткових схильностей від терапевтів, а з іншого боку, моменту зупинки в родині, часто важкого мистецтва вибору.

Безсумнівно, найважливіший подарунок для літньої людини — це час, увага і любов близьких. Час супроводу літніх людей у повсякденному житті надзвичайний, він вчить смиренню, сприяє пошуку сенсу життя, поглибленню духовних якостей

**Ключові слова:** трудотерапія; похилий вік; активізація пенсіонерів; літні люди; фази старіння; фізична та розумова активність.

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