



MLA FORMAT SUMMARY

• Before

In the last 10 years, as an additional way to rehabilitate faces with a psychiatric disorder, attention is increasingly focused on physical activities that at the same time lead to improvements in the intrapersonal and interpersonal sphere. One of these is ecotherapy, which implies "unity of man and nature", and includes activities aimed at improving the human psycho-physical function through the protection of the environment - hiking, fishing, afforestation, alpinism etc. The positive effect of these settings is reflected improving physical fitness and endurance, strengthening self-esteem, adopting new skills essential to establishing and maintaining adequate interpersonal relationships, and improving the quality and quantity of the social network, as well as the many positive effects on the psychic functions. According to Biddle et al. the relationship between physical activity and health-related quality of life has become a focus of interest among researchers, as it has been shown that physical activity invokes the following: a) General satisfaction with life (emotions, mood), e) Social functioning (dependence on others, role at work, self-esteem, and self-esteem), b) Physical functioning (perception of functioning, physical self-perception), c) Physical symptoms (energy, sleep, exhaustion) role in the family), f) Cognitive functioning (memory, attention, problem solving ability). It is important to emphasize that it is necessary to distinguish between classic sporting competitions and recreational activities. Competition disciplines have a rigid structure, the norms that need to be met. In recreational activities there is no need to compete with others, we work to its internal limits. The first research on the positive impact of physical activity on the treatment of psychic disorders was performed by Morgan in 1994 in the USA, with the most significant results suggesting that the level of physical readiness of both sexes hospitalized patients is considerably lower than that of outpatient patients and that the physical the activity has a positive effect on the psycho-physical condition of the patient. Man is not a creation for himself, the need for belonging to a group can be viewed through a bio-psycho-social matrix: a) The biological component - phylogenetic and oncogenic people live in groups. In recreational activities we have groups of people in a natural environment (e.g. hiking). Here we are not in some virtual reality, in abstraction. b) The psychological component - we are able to get to know ourselves better, to "make" relationships with our body. c) Social component - we are able to change distorted relationships with others as well as to establish new ones. If we go from the point of view of the fact that, in essence, every psychological disorder, in fact, is a relationship / relationship with oneself and others (e.g., paranoid interpretative treatment of persecution in schizophrenia, feeling of inadequacy and worthlessness in depression, then it is clear that participation in group recreational activities has several significance. In group recreational activities, we all call the same people names, regardless of their title, belonging to a particular socio - economic status, the presence of some organic illnesses and / or mental disorders.

Also, here we are able to "take" part of the group's success for ourselves (e.g., in hiking, it is customary to adjust the pace to the capabilities of all individuals, after all the members of the society get to the top, each with their names and surnames , enter the volume that is usually found in the top box). In recreational activities in nature, we are able to re-establish the harmony between the mental and the physical because our body is individually, and our mental



is a group. Inclusion of people with mental disorders in people of normal recreational activity in nature also affects the reduction of stigma towards these persons because through these activities it is possible to use some of the most effective strategies of destigmatization - establishing and maintaining personal contact and exchanging experiences between persons with a diagnosed mental disorder and without her. Research results (meta - analysis of results in this area, narrative reports, experiments, cross - national studies, such as the research conducted by Morgan) indicate that physical activity has a positive effect on mood and emotions (emotion - a specific state caused by reaction to a particular event, mood - global set of affective states that we experience every day, affect - subjective emotional experience, see for example Lazarus). Participation in recreational group physical activities leads to recognition of personal progress, personal-based evaluation, increased exercise alternatives and performance enhancements, promotion of individual challenges, involvement of all decision makers. Namely, participation in such activities leads to a reduction in tension, sadness, confusion, depression, anger, and increased persistence. Mechanisms of action are explained in the following way: the process of physical activity leads to a physiological response to stress, i.e. to the increase in concentrations of epinephrine, norepinephrine, cortisol and other stress-related factors such as cytokines. Namely, the physiological effect of exercise results from adaptive attempts to achieve homeostasis in response to stressors.

Physical activity has been shown to reduce anxiety as a condition (individual physical exercise, no continuity), anxiety as a personality trait (continuous exercise, "exercise" of certain physical activity), psycho-physiological signs of anxiety - blood pressure and heart rhythm (moderate physical activity may lead to a reduction in intensity of short-term physiological reactivity and stimulate recovery from short physiological stressors. In depression, due to the basic depressive affection and decreased vital dynamism in the voluntary - urge sphere, the face often has the wrong perception and self - perception, so that it is either psychometrically slow or agitated. In addition, such a person does much and somaticizes (Briquet's syndrome) i.e., realizes the transformation of psychic conflict into the physical sphere (cites pains that either are unable to localize or are iridescent). Based on the results of the research, Tordeurs et al. have found that physical activity has anxiolytic and antidepressant effects on members of the "healthy" population, as well as on persons with psychological disorders during and after hospitalization. For those with severe depressive episodes, anxiety disorder longer and short walks proved to be the most effective, and for persons with psychoactive substance addiction disorders, bipolar disorder and frequent psychotic decompensation, the most effective "gymnastics" and cycling were the most effective.

