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Prospects for promotion psychohygiene practices during war time

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Abstract. One of the challenges during wartime is the preservation of human health, including psychological well-being. A healthy lifestyle, particularly through psychohygiene practices, presents an effective approach to addressing this issue. This study aimed to examine the use of psychohygiene practices among Ukrainians and to develop strategies for their promotion. A survey was conducted to explore daily psychohygiene practices (basic – physical and mental, and derivative – communicative, informational, recreational). The findings revealed a critical deficiency in most psychohygiene practices, with less than a third of respondents engaging in them regularly. Mental psychohygiene practices were the least utilised (practised by fewer than one-tenth of respondents), whereas physical psychohygiene practices were the most common (practised by one to two-thirds of respondents). Statistically significant gender differences were identified across all five groups of psychohygiene practices, with the exception of motor activities, maintaining a personal diary, trusting close communication, and reliance on information sources such as television and the Internet. Promoting psychohygiene requires both trauma-sensitive and gender-sensitive approaches. To address the scarcity of psychohygiene practices, three key strategies were developed. Cultural and organisational strategy focuses on integrating psychohygiene practices into the cultural landscape and promoting psychoeducational programmes within state organisations and educational institutions. Territorial and community strategy targets promotion within local communities, taking into account subcultural nuances and the involvement of public organisations. Routine and personal promotion strategy involves establishing systems of social support and psychological assistance to help individuals develop personalised psychohygiene routines and transform daily habits. A comprehensive approach to promoting psychohygiene is expected to alleviate its scarcity, enhance the psychological and physical health of the population, and contribute to the overall well-being of citizens

Keywords: healthy lifestyle; psychohygiene practices; trauma sensitivity; gender sensitivity; promotion strategies

INTRODUCTION

Martial law has become a period of trials and challenges for Ukrainians, primarily centred on ensuring personal survival. Among these challenges is the preservation of psychological health, which is fundamentally supported by healthy lifestyle practices. One effective means of maintaining a healthy lifestyle under war-time conditions is the practice of psychohygiene. This involves implementing a structured daily routine that

helps restore a sense of stability and control over one's life. Systematic daily care for one's biological, psychological, and social needs enables individuals not only to function actively but also to extend support to others. Psychohygiene is a routine practice encompassing self-care and cognitive training, which fosters the development and maintenance of healthy cognitive patterns that contribute to personal well-being. Moreover,

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psychohygiene encompasses preventive programmes, psychological support, and rehabilitation initiatives for individuals experiencing psychological difficulties.

The COVID-19 pandemic has precipitated a global mental health crisis, marked by increased levels of anxiety, depression, stress, social isolation, and psychosomatic disorders (Jacobs & Burch, 2021; Wu *et al.*, 2021). As a result, issues surrounding personal mental health have gained heightened scholarly attention. Efforts to address this crisis have led to the development of mental health interventions aimed at reducing stress, anxiety, and depression (Damiano *et al.*, 2021) and the proposal of a social-ecological model of public health for structuring mental health interventions (Tretter & Löffler-Stastka, 2024). Traditionally, discussions around mental hygiene have centred on topics such as burnout prevention (Clough *et al.*, 2017), supporting workplace mental health (Deady *et al.*, 2024), and stress management (Restrepo & Lemos, 2021). J. Linardon *et al.* (2024) have explored the impact of mobile applications for stress management. For individuals who have experienced military conflicts, mental hygiene practices form the foundation for recovery and the maintenance of psychological well-being. This has been substantiated by several studies in recent years, such as B. Carpinello (2023), H. Siddiq *et al.* (2023), and R. Schwarzer (2024). However, there is a significant lack of scientific research addressing the systemic issues of self-care among Ukrainians. This study aimed to examine the unique features of mental hygiene practices among Ukrainians during the Russo-Ukrainian war and to propose strategies for promoting mental hygiene. These outcomes can be useful to identify areas of focus for psychoeducational initiatives, develop topics for training and specialised courses within the education system, and offer recommendations for lifelong learning programmes and the promotion of psychological hygiene in the workplace.

MATERIALS AND METHODS

The author's own model of psychohygiene practices was utilised to achieve the objectives of the study. A series of questions were developed to address five groups of personal psychohygiene practices (physical, mental, informational, communicative, and recreational). These questions were incorporated into the collective survey titled "Healthy lifestyle of Ukrainians during the war" (Dvornyk, 2024; Dvornyk *et al.*, 2024). The χ^2 (chi-square) test of independence was employed to statistically evaluate the study's hypotheses. The sample consisted of 6,042 respondents, of whom 60% were men and 40% women, with an average age of 37.9 years (ranging from 16 to 77 years). Data collection was conducted using Google Forms between September 2023 and January 2024. All participants were fully informed about the measures taken to ensure their anonymity, the purpose of the survey, the intended use of the data,

and any associated risks. The study was conducted in compliance with the ethical principles outlined in The Declaration of Helsinki (2013).

In designing survey questions on psychohygiene, the study relied on practices established within Ukrainian cultural context. These practices were examined using direct questions, allowing respondents to select one group or multiple practices. The questions on daily psychohygiene practices were distributed across various sections of the survey to align with the logical flow of the collective research. Responses were assessed using binary categories: "yes" and "no." Comparative analysis using the χ^2 (chi-square) test was employed to determine the statistical significance of gender differences, as both scales were nominal.

RESULTS AND DISCUSSION

In developing the study's theoretical model (Fig. 1), the biopsychosocial model of mental health was drawn upon. This model conceptualises an individual as a holistic organism, where biological, psychological, and social factors are in continuous interaction (Karamushka, 2021).

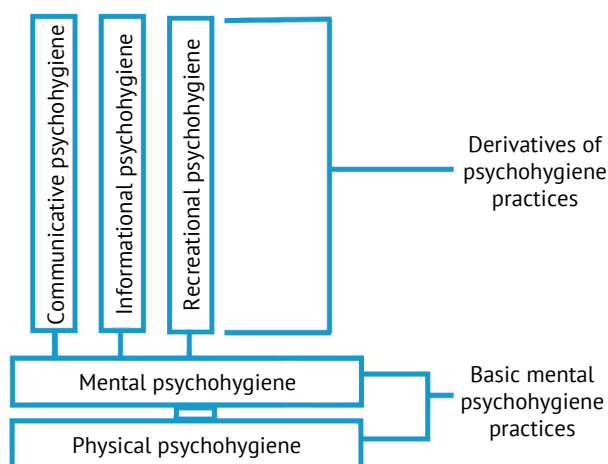


Figure 1. Model of psychohygiene practices

Source: created by the author

Two primary groups of practices were identified: basic and derived. Supporting human well-being in traumatic situations begins with stabilising the psychological and emotional state, a point emphasised by trauma practitioners (Herman, 2015). As such, physical and mental psychohygiene practices were classified as basic. The biological foundation of mental health lies in physical well-being. This is maintained through physical psychohygiene practices – habits ingrained from childhood, such as maintaining healthy sleep patterns, balanced nutrition, regular water procedures, and physical activity. During periods of crisis, whether individual or socio-political, these practices are often neglected due to various factors, such as a narrowing of consciousness or a focus on external events or other

individuals. Therefore, self-care begins with re-establishing physical psychohygiene. The second category of basic practices is mental psychohygiene. These practices – such as prayers, meditations, visualisations, breathing techniques, and narrative exercises – facilitate the restoration of mental balance. Conversely, destructive self-regulation practices may help individuals relax or calm down temporarily but have a detrimental effect on overall health. Such practices include the use of psychoactive substances, smoking, overeating, or overuse of digital products.

Derivative practices can only be effectively implemented when basic practices are consistently maintained. Informational, communicative, and recreational psychohygiene practices were classified as derivative. Informational psychohygiene involves self-regulation within the information space, including the conscious selection of content and management of screen time. Communicative psychohygiene pertains to self-restraint in communication, both online and offline, including interactions on social networks and the development of skills to manage negative engagements such as hate speech. Recreational psychohygiene encompasses activities such as gaming, creative pursuits, entertainment, humour, reading, and watching films. These practices play a critical role in psychological recovery. They

enrich the individual's self-image, providing a sense of energy and renewal. For instance, traditional roles such as mother, wife, or employee may temporarily recede to the background, allowing a computer game to evoke the persona of a cosmic winner or a drawing to inspire the role of a creator of a new picture. Psychohygiene practices, when integrated comprehensively into daily routines, enable individuals to regulate their emotional states, maintain productivity, and remain socially active. One of the study's objectives was to identify strategies for promoting mental health practices within Ukraine's public health system. Based on the prevalence of these practices, as indicated by empirical data on the number of individuals incorporating them into their daily lives, three groups were identified. Weakly deficient practices – practices used by 60% or more of Ukrainians. Such practices are well-integrated into the culture and everyday life and do not require additional promotion, even under martial law conditions. Moderately deficient practices – practices used by 30% to 60% of Ukrainians. While somewhat established within the culture, these practices require targeted promotion efforts. Critically deficient practices – practices used by fewer than 30% of Ukrainians. This group demands urgent attention from the community and the implementation of specialised promotion programmes (Table 1).

Table 1. Characteristics of psychohygiene practices

	Practice groups	Weakly deficient	Moderately deficient	Critically deficient
1	Physical psychohygiene	1	2	3
2	Mental psychohygiene	0	1	7
3	Communicative psychohygiene	1	0	3
4	Informational psychohygiene	0	2	2
5	Recreational psychohygiene	0	2	3
	Total	2	7	18
		7.41%	25.93%	66.7%

Source: created by the author

The distribution of practitioners revealed that more than 66.7% of psychohygiene practices are critically deficient. This underscores the pressing need for promotion in this area to support and maintain a healthy lifestyle. The situation is particularly dire for mental psychohygiene practices, which are essential for maintaining calm, fostering critical thinking, staying within the tolerance window, and preventing panic attacks and anxiety disorders. These practices are employed by only a small proportion of respondents, ranging from 1.4% to 4.8%. The promotion of psychohygiene practices, as an integral component of a healthy lifestyle, should primarily utilise the resources of the public health system, while also engaging other institutions, organisations, and community groups. The empirical study highlighted a significant deficit in mental health practices, alongside notable gender differences in their prevalence. Therefore, promotion efforts must be comprehensive,

gender-sensitive, and, given the ongoing state of war, trauma-sensitive.

There are significant differences in the daily mental health routines of men and women, rooted in both cultural and socio-political factors. Strategies for promoting mental health in society should be gender-sensitive to address diverse needs, limitations, and roles associated with gender. Such an approach ensures the sustainable development of society, fosters equal opportunities for individuals, and reduces discrimination. Statistical analysis of the data revealed that the prevalence of most psychohygiene practices is significantly influenced by the gender of the respondents (85.2%). This finding supports the conclusion that the daily routines of men and women in maintaining their psychological health differ markedly. Addressing these differences is vital for creating effective, specialised strategies for mental health promotion (Table 2).

Table 2. Statistically significant gender differences in mental psychohygiene practices

	Practice groups	Total number of practices	Differences found	No differences found
1	Physical psychohygiene	6	5	1
2	Mental psychohygiene	8	7	1
3	Communicative psychohygiene	4	3	1
4	Informational psychohygiene	4	3	1
5	Recreational psychohygiene	5	5	0
	Total	27	23	4
		100%	85.2%	14.8%

Source: created by the author

Only certain practices did not reveal statistically significant gender differences in psychohygiene. Among physical psychohygiene practices, this was observed in the context of motor activity. On the scale “I pay attention to physical activity”, comparative analysis using the chi-square criterion revealed no statistically significant difference between men and women ($\chi^2 = 2.133$, $p = 0.344$). This indicates that low physical activity is a general issue among Ukrainians. In the realm of mental psychohygiene, keeping a diary was identified as a practice without gender-based differences. On the scale “I keep a diary of personal experience”, comparative analysis using the chi-square criterion ($\chi^2 = 1.405$, $p = 0.495$) showed no statistically significant differences between male and female responses. This may be attributed to the fact that writing experiences is commonly recommended by both psychologists and business coaches, groups that are influential for men as well. Consequently, the adoption of this practice appears uniform across genders. For communicative psychohygiene, the scale “I communicate confidently with my closest environment” also showed no statistically significant gender difference ($\chi^2 = 4.127$, $p = 0.042$). This outcome is unsurprising in times of crisis, as the closest environment often becomes the sole source of communication for both men and women due to factors such as emigration, relocation, military service, or enforced stays in particular areas.

A similar finding emerged in the field of informational hygiene. On the scale “I get information from the Internet, social networks, TV, and other media”, no statistically significant gender difference was found ($\chi^2 = 0.293$, $p = 0.864$). Responses indicate that individuals tend to trust personal sources more than general messages within the information space. This decline in trust towards traditional media – especially television and radio – was also noted in a study by the Civic Network OPORA (Research: Media consumption..., 2024), with trust levels reported at 20% and 22%, respectively. The analysis of these results provides valuable insight into the psychohygiene practices of Ukrainians during the war. Based on these findings, three main strategies were proposed to address the scarcity of psychohygiene practices.



Figure 2. Model of strategies for promoting psychohygiene practices

Source: created by the author

The first strategy, cultural and organisational, should focus on disseminating knowledge and promoting psychohygiene practices nationwide. This can be achieved by developing a range of psychoeducational programmes tailored to different population groups (children, youth, adults, and the elderly) and delivered in various formats, both offline and online. Examples include online games, retreats, trips, clubs, and similar events. To ensure the effectiveness of this strategy, it would be beneficial to involve all medical and educational institutions. This includes providing specialised training and support for teachers, healthcare professionals, and social workers.

Collaboration with cultural figures will be crucial. The deficiency in psychohygiene practices is often rooted in cultural contexts. For instance, breathing practices are relatively unknown within the population, with minimal representation in texts, films, TV series, or social networks. As a result, their prevalence is very low (4.6%). It is therefore vital to communicate to cultural representatives the importance of organically incorporating such narratives into artistic works. Additionally, the logic of promotion should be designed to align with gender-specific characteristics, addressing the actual

needs of individuals. For example, many mothers aspire to improve their parenting skills. Programmes focusing on psychological health could create opportunities to meet this need, engaging women in psychohygiene practices. Furthermore, given the presence of individuals with diverse traumatic experiences in society, it is essential to maintain trauma sensitivity in all promotional activities. Campaigns must be carefully planned and reviewed through this lens to ensure they are inclusive and considerate.

One of the recommendations developed is about including leaders of central government bodies, members of the Verkhovna Rada of Ukraine, top managers of large enterprises, and influencers in the target group for promotion. Psychoeducation and personal experience with psychohygiene practices could motivate these leaders to actively support the dissemination of such practices among their employees and audiences. Bloggers, for example, could serve as influential role models by demonstrating their commitment to psychohygiene to their followers. This strategy forms the foundation for the other two, as it seeks to establish socio-cultural and political support structures for the effective promotion of psychohygiene practices.

The next strategy, territorial and social, focuses on promoting psychohygiene within local communities and public organisations by strengthening horizontal ties. The spread of psychohygiene practices should involve engaging local authoritative figures who hold influence – such as managers, priests, community leaders, and long-standing members of the community. Psychoeducational events, gamification, peer groups, and family-oriented activities can serve as key components in fostering constructive habits within these communities. Inviting local public organisations to collaborate, including those advocating for gender equality and inclusivity, can be a practical tactical approach. At this level, it is equally important to establish ongoing support services for practitioners, such as group meetings, retreats, and festivals. Integrating new practices into the routines of many individuals requires substantial community effort, and turning these practices into traditions that can be passed down to future generations demands time and persistence. Promoting mental health among schoolchildren presents a unique opportunity to overcome resistance often encountered in such initiatives. Young people tend to adopt and utilise innovations more readily, positioning them as potential agents of change within their families and communities as a whole. This strategy also enables consideration of local cultural specifics and the socio-demographic characteristics of the population, facilitating the development of tailored regional promotion algorithms.

The routine and personal promotion strategy focuses on integrating psychohygiene practices into the lives of individuals, gradually transforming them into

habitual routines. This level of intervention involves psychologists, psychotherapists, social workers, health-care professionals, teachers. Together with the client, specialists collaboratively construct an individualised architecture of practices, identifying and addressing barriers to implementation (Hundertailo, 2022). This process establishes a daily or weekly routine for maintaining mental health, adaptable to changing circumstances, conditions, or interests over time. A gender-sensitive and trauma-sensitive approach is crucial at this level. Women, in particular, often face challenges such as the “glass ceiling”, “sticky floor”, or “missed step”, as they disproportionately bear the burden of reproductive labour and unpaid domestic work. Additionally, many individuals have endured traumatic experiences under martial law, necessitating careful and sensitive interactions in such contexts. This strategy, however, should be employed selectively. The first two strategies are designed to empower most people to organise their own daily psychohygiene practices independently. Given that specialist services are a scarce resource, the promotion framework should aim to minimise the demand for this intensive, individual-level work. Furthermore, all professionals working in medical, social, and psychological care should receive comprehensive training on the importance of constructing psychohygiene practice architectures as part of their professional education. By equipping specialists with the necessary tools and knowledge, this strategy ensures effective support for those requiring personalised guidance while reserving resources for those most in need.

CONCLUSIONS

Daily psychohygiene practices are essential steps for maintaining an individual's psychological health through the systematic implementation of routine activities. Psychohygiene practices include basic practices (physical and mental psychohygiene) and derivative practices (communicative, informational, and recreational). The study revealed that most psychohygiene practices are critically deficient, underscoring the urgent need for promotion in this area. Statistical analysis showed that the prevalence of most psychohygiene practices differs significantly by gender. Consequently, promotion strategies must be comprehensive, gender-sensitive, and – given the state of war in Ukraine – trauma-sensitive. Three promotion strategies, cultural-organisational, territorial and social, as well as routine and personal, are proposed to address the scarcity of psychohygiene practices. These strategies aim to support the well-being and psychological health of the population during wartime. Future research will focus on identifying the specific psychohygiene practices of individuals in various professions and developing tailored strategies for promoting these practices within organisations.

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CONFLICT OF INTEREST

None.

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Перспективи промоції практик психогієни під час війни

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Анотація. Одним із викликів військового часу є збереження здоров'я людини, зокрема психологічного. Здоровий спосіб життя, насамперед, практики психогієни, є дієвою можливістю вирішити це завдання. Метою дослідження було визначити особливості використання практик психогієни серед українців та розробити стратегії промоції психогієни. Було проведено опитування щоб дослідити щоденні практики психогієни (базові – фізичну та ментальну, та похідні – комунікативну, інформаційну, рекреаційну). Згідно з даними дослідження більшість практик психогієни виявилися критично дефіцитарними (практикують менше третини респондентів). Зокрема найменш поширеними виявилися практики ментальної психогієни (практикують менше одної десятої осіб), найбільш поширеними – практики фізичної психогієни (використовують від одної до двох третіх осіб). У практикуванні психогієни виявлено статистично значущі гендерні відмінності. З усіх п'яти груп практик виявлено, що щоденна турбота про себе переважно залежить від гендеру респондента. Практикування не відрізняється у чоловіків і жінок лише у сфері рухової активності, веденні особистого щоденника, довірливому близькому спілкуванні та джерелах отримання інформації (телебачення, інтернет). Відповідно промоція психогієни має бути травмоутливою та гендерно чутливою. Для подолання дефіцитарності практик психогієни було розроблено три основні стратегії. Культурно-організаційна стратегія має завдання привнести практики психогієни в культурний простір, поширити психоедукаційні програми серед державних організацій та учбових закладів. Територіально-громадська стратегія спрямована на промоцію в місцевих громадах, із врахуванням субкультурних особливостей та активності громадських організацій. Рутинно-особистісна стратегія промоції полягає в налаштуванні системи соціальної допомоги та психологічної підтримки окремих осіб у процесі формування індивідуальної архітектури практик психогієни, цілеспрямованій роботі над трансформацією щоденної рутини. Завдяки комплексному підходу до організації промоції передбачається подолання дефіцитарності практик психогієни, що позитивно відзначиться на психологічному та соматичному здоров'ї населення, сприятиме підтримці благополуччя громадян

Ключові слова: здоровий спосіб життя; практики психогієни; травмоутливість; гендерна чутливість; стратегії промоції