THEORETICAL FOUNDATIONS AND PRACTICAL APPROACHES TO PREVENTING AND OVERCOMING THE NEGATIVE MENTAL CONSEQUENCES OF CRISIS SITUATIONS IN THE POPULATION DURING THE WAR

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Summary

Purpose – to present an analysis of the theoretical foundations and practical approaches to preventing and overcoming the negative mental consequences of crisis situations in the population during the war.

Material and methods. The study used the bibliographic method, as well as the method of analysis and synthesis of scientific materials from scientific sources.

Results and discussion. The results of our study showed that it is important for specialists involved in the organization and provision of crisis psychological assistance to take into account that in traumatic situations, victims and their relatives are in dire need of information, social, medical and other types of assistance. Orientation is towards an integrated approach in providing assistance contributes to a more rapid recovery of the pre-crisis functional state of a person, his ability to adequately perceive reality, greater self-control of behavior in a crisis situation and a decrease in the likelihood of mental disorders and psychosomatic diseases as a result of a traumatic experience.

Of particular importance in the provision of emergency psychological assistance are theoretical ideas about mental (cognitive, emotional, behavioral, etc.) changes caused by the influence of extreme, crisis situations. In the cognitive-cognitive sphere of a person, there are violations of perception, attention, thinking, memory. There are serious negative changes in volitional actions (decision-making, control, self-regulation). On the part of the emotional sphere, there are anxiety, panic states, fear, horror, aggression, anger, guilt, shame, depression, apathy, etc. Among somatovegetative disorders there are loss of appetite, sleep disturbance, a sharp weight decrease (or increase), a decrease in the overall tone of the body, flabbiness, muscle tension, trembling, etc. are observed. In behavioral manifestations, there is a general disorganization, which manifests itself in the loss of purposefulness of behavior, its controllability by a person; aimless increased activity prevails or, on the contrary, passivity, lethargy. In the sphere of social interaction, aggressive behavior, conflict, the search for the perpetrators and blaming others, alienation, social isolation, etc. are often observed.

Conclusion. Being in crisis conditions and experiencing the traumatic consequences of war, a person experiences a whole range of negative emotional states. Mental processes and states experienced by a person as a result of a crisis event are characterized by the obsessive reproduction of the traumatic experience, which is embodied in symptomatic behavior, and is caused by the desire to avoid repeating the emotional experiences that took place during the traumatic event. The central idea of the vast majority of theoretical and practical approaches to overcoming the traumatic consequences of crisis events is that the use of certain psychotechniques should deprive a person of experiencing negative emotional manifestations and behavior aimed at avoiding everything that can remind of the experience, or at least weaken these symptoms.

Keywords: crisis state, trauma, traumatic consequences, traumatic experience, psychological help, crisis help, emergency psychological help.
INTRODUCTION

Being in crisis conditions and experiencing the traumatic consequences of war, a person experiences a whole range of emotional states: despair, confusion, disorientation, depression, and also experiences suffering due to having to make difficult decisions, has painful experiences due to heavy losses, feels exhausted, lonely, may find himself in in a state of complete despair, to experience a state of constant anxiety due to the expectation of sudden danger, etc.

In the global practice of providing crisis psychological assistance, there are many specific techniques and practical methods for overcoming the traumatic consequences of crisis and war events. Based on the analysis of special literature devoted to the problems of psychological assistance to individuals in a crisis, as well as based on the analysis and generalization of the negative mental consequences for a person of various crisis events, we will determine the theoretical, methodological and practical principles of preventing and overcoming the negative mental consequences of crisis situations in the population during war.

As evidenced by the analysis of the literature on crisis psychology, the central idea of the vast majority of theoretical approaches to overcoming the traumatic consequences of crisis events is that the use of certain psychotechniques should prevent a person from experiencing negative emotional manifestations and behavior aimed at avoiding everything that can remind of the experience. or at least alleviate these symptoms[2; 7; 9; 13; 16; 19].

As it was established based on the results of theoretical research and the experience of clinical observations, the mental processes and states experienced by a person as a result of a crisis event are characterized by the obsessive reproduction of the traumatic experience, which is embodied in symptomatic behavior, and is caused by the desire to avoid the repetition of emotional experiences (a sense of chaos, panic, horror, helplessness, etc.) that took place during the traumatic event[3; 5; 12; 17; 20].

So, based on the understanding of the essence of the mental experiences of a person who has undergone a traumatic experience and the need for a theoretical justification of the methods of psychological assistance in overcoming obsessive trauma experiences, we analyzed the main theories of traumatic stress therapy.

PURPOSE OF THE STUDY

Purpose of the study – to present an analysis of the theoretical foundations and practical approaches to preventing and overcoming the negative mental consequences of crisis situations in the population during the war.

MATERIALS AND METHODS

The study used the bibliographic method, as well as the method of analysis and synthesis of scientific materials from scientific sources.

RESULTS AND DISCUSSION

Among the main principles of the work of a specialist who provides psychological assistance to an individual experiencing a crisis, in crisis psychology, the following are distinguished:

1) Orientation on personality and its development. The state of crisis in which a person is, should not be considered as a disease, but as a normal reaction to abnormal circumstances. A person’s experience of a crisis involves the possibility of personal development and transition to a qualitatively new level, and, accordingly, the psychological support of a person during a crisis should be considered not as a treatment, but as an aid to the process of personal development.

2) Objectivity. The process of providing psychological help to a person in crisis is always characterized by a high level of uncertainty that the helping specialist may experience. Regardless of the professionalism and competence of the helping specialist, each specific case of working with a person in crisis opens up new ways leading to positive changes. In connection with such specificity of work, it is advisable for crisis psychologists to adhere to a certain structure of providing psychological assistance. Orientation to such a structure allows the specialist to better orient himself in determining the level of traumatization and choose the appropriate direction in the implementation of crisis assistance.

3) Empathy. Empathy does not imply a formal attitude towards a person. The experiences of a person who is in a severe crisis state are similar to those that every person could experience at one time or another in his life. Therefore, drawing an analogy with one’s own life experience will help the specialist to better understand the essence of the experiences of a person suffering from the traumatic consequences of a crisis, and, based on this, to be more effective with her.

4) Catalyst function. The priority task of a professional who provides psychological assistance to a person in crisis is to help that person, first of all, to identify and begin to use effectively their internal coping resources. Improper provision of psychological help can lead to a person being fixed in a state of helplessness and dependence on the constant help of a psychologist, instead of adjusting to the use of personal resources and resources of the social environment.

5) Competence. Crisis intervention assumes that a specialist who provides psychological assistance has
fundamental theoretical knowledge in the field of trauma psychology, as well as practical skills in providing assistance to a person in a state of crisis.

6) Voluntariness. Psychological help can be useless if the person to whom it is intended is unwilling or unable to use it. Some people simply refuse to receive psychological help for a long time, because they believe that it diminishes their human dignity. Especially, in a crisis, a person often experiences a state of instability and confusion, and this causes a person to want to preserve the idea of himself as the one who has the power and is able to control what is happening. And therefore, the very thought of applying for professional psychological help is unacceptable to a person, because it reminds him of a state of helplessness.

7) Reality. The provision of psychological assistance should begin with determining the request of a person who needs this assistance and correlating this request with the specialist’s real professional capabilities.

8) Security of the specialist. The work of providing psychological assistance to a person who is experiencing the traumatic consequences of a crisis requires a huge expenditure of energy from the specialist and is very often accompanied by emotional exhaustion. This leads to professional «burnout». One of the means of preventing this condition is the distribution of resources in the team of helpers, as well as the work of specialists in pairs, which provides the possibility of distributing the emotional load during the implementation of crisis psychological assistance.

9) Succession. It is of great importance in the practice of providing psychological assistance that crisis specialists share their own accumulated experience among other specialists who provide assistance in crisis situations. Such a professional exchange contributes to the expansion of methodological approaches to solving crisis problems, as well as to increasing the effectiveness of the use of certain techniques for overcoming crisis situations[8].

The results of the analysis proved that most researchers of crisis psychology identify the following stages in the implementation of the process of effective therapy of obsessive traumatic experiences: stabilization of the mental state (identification by a person of his experiences through the verbalization of the emotional and somatic state); breaking ties between traumatic memories and reactions to them; processing of traumatic experience; restoration of stable social ties and improvement of interpersonal interaction skills; accumulation of the necessary positive emotional experiences that contribute to recovery [13; 17; 18; 19].

Among the main stages of recovery of a person who has survived a traumatic event J. Hermann singles out: establishment of safety; reconstruction of traumatic history; restoration of ties between the victim and the environment [2].

It is worth noting that the recovery process of an injured person in each individual case may have its own sequence of outlined stages, as well as its own duration.

A review of the global practice of providing psychological assistance in the context of social crises proves that the most widespread measure to overcome the mental consequences of traumatic events is the emergency organization of crisis services, which are aimed at working with a large number of people.

The main principles that ensure the effective operation of crisis services are:

1. Availability of assistance. An important condition for the effectiveness of psychological assistance, which is provided within the framework of crisis services, is its timeliness. The earlier the affected person is able to receive help, the lower the intensity of development and the level of manifestation of negative mental consequences.

A significant point is the mode of operation of the crisis service, which could provide maximum availability for those who wish to apply for help. This is important for a number of reasons:

– usually the motive for seeking psychological help from specialists, even with serious problems, is unstable, situationally determined.

Along with the need for help and the desire to solve the problem, there is inertia, unpreparedness for psychological, time and material costs, fear of negative evaluation, disbelief in the possibility of changes through psychological work.

– Victims of violence are in dire need of psychological help, but at the same time they are afraid of condemnation, so the inability to quickly get an appointment with a specialist leads to the refusal of further attempts to seek help.

2. Various forms of assistance. Among the main forms of psychological assistance organized in the context of crisis services are: hotline, individual consultations, family counseling, group work. The availability of various forms of assistance greatly increases the likelihood that it will become available to the victim. For example, for many people who have experienced a traumatic experience, it is extremely difficult to take the first step, and a helpline, for starters, is a lifesaver. In addition, not all people have the physical ability to come to a consultation and not everyone wants it. In addition, there are problematic issues that do not require a personal meeting with a specialist and can be resolved over the phone.

In general, the variety of forms of crisis psychological assistance can significantly increase the effectiveness of its provision.

3. Team approach in the work of specialists. Teamwork for specialists who provide psychological assistance in
acute crisis situations is an extremely important principle, since the work of even a highly qualified specialist without cooperation with colleagues can lead to a decrease in the effectiveness of assistance, as well as rapid emotional burnout. In addition, teamwork allows you to constantly share experiences and have the opportunity to look at a particular case from different points of view.

Working with acute crisis situations is always associated with huge emotional costs. This work requires emotional response and creation of team psychological conditions to provide emotional support to each other. In addition, the work in the crisis center must be supported by regular supervision of cases.

4. Preservation of confidentiality of appeals. Confidentiality of appeals and the possibility of maintaining anonymity is an essential condition in the work of a person affected in a crisis situation. The victim’s lack of confidence in maintaining the confidentiality of his appeal can act as a significant obstacle in forming contact with a specialist, leads to distortion of information about the specifics of his situation and is usually the reason for refusing to receive psychological help. This principle becomes especially relevant when working with victims of violence, with people who experience feelings of acute shame and humiliation. Confidence in the confidentiality of the interaction with a specialist is also very important for adolescents, who painfully relate to the need to seek help because they do not want to appear weak and unable to cope with the problem on their own[1].

The analysis of numerous studies conducted based on the results of evaluating the effectiveness of the organization and providing psychological assistance has proven a high level of success in the implementation of crisis intervention. The high significance of the role of psychologists in preventing and overcoming the negative mental consequences of crisis situations for people who have undergone a traumatic experience is indisputable[5;12].

Researchers of the effectiveness of primary psychological assistance during crisis events emphasize the fact that victims who had the opportunity to receive psychological support in the early stages of traumatization and, directly, at the scene of the incident, suffer significantly less from psychological complications [3; 6; 7].

In general, there are two main periods of providing crisis psychological assistance, depending on the time that has passed since the traumatic event:

– the period of primary psychological assistance (during the event and in the near future after it). Within this period, work is carried out with primary maladaptive reactions. Emergency psychological assistance is provided as necessary during the work of the crisis psychologists team with the victims. The frequency of providing assistance can vary from one-time, short-term to systematic, and if necessary, continuous (for example, psychological support of a person to resolve the uncertainty of the situation, which is associated with the probability of the death of his loved one and continued provision of psychological support if a tragedy occurs);

– the prolonged period (some time later, for example, a month or a year later). Within this period, work is carried out with delayed maladaptive reactions and directly with trauma. In this case, psychological assistance is provided step by step, has a longer, prolonged character[5].

A significant contribution to a deeper understanding of the essence and definition of the main tasks of emergency psychological assistance is the experience of specialists whose professional activity is related to the direct overcoming of the consequences of an emergency event (rescue services), first aid to victims after an extreme event (medical services), initial support of the victim in immediate time after the tragedy (social services) [] etc.

Therefore, in general, emergency psychological assistance is provided in cases where, as a result of the psycho-traumatic impact of a crisis situation, such mental changes have occurred that cause maladaptation, disrupt the functional state of a person, volitional processes (self-control, self-regulation), decision-making capabilities, etc.

Emergency psychological assistance is a system of short-term measures, the task of which is: regulation of the current psychological and psychophysiological state of a person, reduction of the intensity and strength of negative emotional reactions of affected people, stabilization of their emotional state by means of professional methods that are appropriate to the requirements of the situation[5;12].

The provision of emergency psychological assistance at the scene is carried out by a group of specialists, which should represent a relatively stable group of like-minded people who have appropriate professional training. It is important that in addition to psychologists, doctors are also part of the emergency psychological assistance team. The group of supporting specialists should include both men and women. The number of brigades and the number of specialists in each is determined depending on the scale and strength of the destructive consequences of an emergency event. It is important that the number of crews is sufficient to provide a rotating duty at the scene for as long as it is needed[3; 4; 6].

Summarizing the experience of crisis psychologists made it possible to highlight the main areas of activity of emergency psychological assistance teams:

– at the stage of organization (making a decision on an emergency trip to the scene, determining the composition of the group, work schedule);

– organization of the crisis telephone line;

– provision of emergency psychological assistance to people affected by an extraordinary event; assistance and
counseling of the victim’s family members; provision of the necessary primary psychological assistance to persons who have experienced an indirect psycho-traumatic impact of an extraordinary event (for example, as a result of receiving information about the event);

- generalization and analysis of the work process at the scene of the incident, information obtained during the provision of emergency psychological assistance; predicting the occurrence of delayed negative mental reactions to a traumatic event in the population;

- diagnosis of the condition of specialists, provision of recommendations and necessary psychological assistance to local specialists;

- if necessary, informing and consulting local specialists about the main strategies for further work with the victims[7; 10].

Basic practical principles of providing psychological assistance in extreme situations:

1. At the scene of the incident, it is important for the psychologist to first orient himself to what help (besides psychological) is needed at this time; which of the victims need help the most. It is important to identify the risk group, which includes: people in a state of shock, stupor; people who do not have relatives who could provide them with support; parents who lost their children; people who are looking for their relatives and at the same time there is a high probability that they may be among the dead; people who have lost a loved one and at the same time have a serious illness that can cause an attack in stressful circumstances (heart and other somatic diseases);

2. It is important for a psychologist to clearly tell the victims who he is and why he is here. It is necessary to find out the names of the victims and be sure to inform them that help is near and they will be saved;

3. If possible, the victim should be deprived of outside views. If the bystanders do not leave, you should try to give them some kind of assignment (for example, disperse the crowd);

4. During disasters, it is important to make physical contact with the victim by gently taking his hand and taking a position at the same level as him. It must be said that he will not be left alone. The psychologist must avoid turning his back on the victim;

5. If the victim’s condition allows, the psychologist can give him a powerful mandate. This will allow a person to be convinced of his ability, feeling the ability to self-control. For example, you can involve victims in helping others by clearly and thoroughly instructing them in simple words;

6. It is very important to identify a group of resource people on whom the specialist can rely in further work (people who, in the conditions of an extreme event, are able to assess and control the situation, provide strong support to the victims and, thus, demonstrate to others the possibility and necessity of managing their own behavior in those extreme situations circumstances);

7. If the conditions of the situation allow, it is very important to give the victim the opportunity to speak: it is necessary to actively listen to him, be attentive to his feelings and thoughts, give him feedback about the positive moments and his courage in this situation [4].

An important aspect of the organization and provision of emergency psychological assistance is the definition of the circle of victims who need the help of specialists. They include: persons directly affected by an extraordinary event; witnesses of the event who also experience the psycho-traumatic impact of the extraordinary event; relatives and loved ones of the victims, who experience acute emotional reactions to the news of what happened; employees of rescue services; medical workers providing assistance to victims directly at the scene and in hospitals; employees of social services participating in the elimination of the consequences of an extraordinary event; people who have developed negative mental manifestations, exacerbated mental disorders or actualized past traumas due to the stressful impact of the information they received about the emergency situation [5].

CONCLUSION

It is important for specialists involved in the organization and provision of crisis psychological assistance to take into account that in traumatic situations, victims and their relatives are in dire need of informational, social, medical and other types of assistance. Focusing on a comprehensive approach during the provision of assistance contributes to a faster recovery of a person’s pre-crisis functional state, his ability to adequately perceive the real reality, greater self-control of behavior under the conditions of a crisis situation, and a reduction in the likelihood of the appearance of mental disorders and psychosomatic diseases as a result of the experienced traumatic experience [8; 9; 11].

Of special importance during the provision of emergency psychological assistance are theoretical ideas about mental (cognitive, emotional, behavioral, etc.) changes caused by the influence of extreme, crisis situations.

Violations of perception, attention, thinking, and memory are observed in the cognitive sphere of a person. There are serious negative changes in volitional processes (decision-making, control, self-regulation).

From the emotional sphere, there is anxiety, panic, fear, terror, aggression, anger, guilt, shame, depression, apathy, etc.

Somatovegetative disorders include: loss of appetite, sleep disturbances, sharp weight loss (or increase), decrease in overall body tone, lethargy, muscle tension, tremors, etc.

In behavioral manifestations, a general disorganization is observed, which manifests itself as a loss
of purposefulness of behavior, its controllability by a person; aimless increased activity or, on the contrary, passivity, inhibition prevails.

In the sphere of social interaction, aggressive behavior, conflict, finding culprits and blaming others, alienation, social isolation, etc. are often observed [4;5;9].

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Резюме

ТЕОРЕТИЧНІ ЗАСАДИ ТА ПРАКТИЧНІ ПІДХОДИ ПОПЕРЕДЖЕННЯ І ПОДОЛАННЯ НЕГАТИВНИХ ПСИХІЧНИХ НАСЛІДКІВ КРИЗОВИХ СТАНІВ У НАСЕЛЕННЯ ПІД ЧАС ВІЙНИ
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Мета роботи – представити аналіз теоретичних засад та практичних підходів до попередження і подолання негативних психічних наслідків кризових станів у населення під час війни.

Матеріали і методи – у дослідженні було застосовано бібліографічний метод, а також метод аналізу та синтезу наукових матеріалів із наукових джерел.

Результати дослідження і їх обговорення. Результати нашого дослідження показали, що спеціалістам, які беруть участь в організації та наданні кризової психологічної допомоги важливо враховувати, що в трагматичних ситуаціях постраждалі та їх близькі гостро потребують інформаційної, соціальної, медичної та інших видів допомоги. Орієнтування на комплексний підхід під час надання допомоги сприяє більш швидкому відновленню докризового функціонального стану людини, її здатності до адекватного сприйняття реальної дійсності, більшого самоконтролю поведінки за умов кризової ситуації та зниженню вірогідності появи психічних розладів та психосоматичних захворювань внаслідок пережитого травматичного досвіду.

Особливе значення під час надання екстреної психологічної допомоги мають теоретичні уявлення щодо психологічних (когнітивних, емоційних, поведінкових тощо) змін, які спричиняються впливом екстремальних, кризових ситуацій. В пізнавально-когнітивній сфері людини спостерігаються порушення сприйняття, уваги, мислення, пам’яті. Спостерігаються серйозні негативні зміни волевих процесів (прийняття рішення, контролю, саморегуляції). З боку емоційної сфери, мають місце тривога, панічні стани, страх, жах, агресія, гнів, почуття провини, сором, пригніченість, апатія тощо. Сред соматовегетативних порушень спостерігаються: втрата апетиту, порушення сну, різке зниження (або збільшення) ваги, зниження загального тонусу організму, в’ялість, м’язова напруженість, дрож тощо. У поведінкових проявах спостерігається загальна дезорганізація, яка проявляється втратою емоційної змістовності поведінки, її контролюваності людиною; переважає безцільна підвищена активність або, навпаки, пасивність, загальмованість. В соціальної взаємодії часто спостерігається агресивна поведінка, конфліктність, пошук винуватців та звинувачень, відчуження, соціальна ізоляція тощо.

Висновок. Перебуваючи у кризових умовах та переживаючи трагматичні наслідки війни, людина переживає цілий спектр негативних емоційних станів. Психічні процеси та стан, які переживає людина внаслідок кризової події, характеризуються нав’язливим відтворенням трагматичного досвіду, яке втілюється у симптоматичній поведінці, та зумовлене прагненням уникнути повторення емоційних переживань, що має місце під час трагматичної події. Центральною ідеєю переважної більшості теоретичних та практичних підходів до подолання трагматичних наслідків кризних подій є те, що використання таких іншіх психотехнік має позбавити людину переживання негативних емоційних проявів та поведінки, орієнтованої на уникнення всього, що може нагадати про пережите, або, хоча б, послабити її симптоми.

Ключові слова: кризовий стан, травма, травматичні наслідки, травматичний досвід, психологічна допомога, кризова допомога, екстрена психологічна допомога.