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**THE MAIN PROBLEMS AND STRATEGIES OF OPTIMIZATION OF PROCESS OF PSYCHOLOGICAL REHABILITATION OF INTERNALLY DISPLACED PERSONS**

A few years ago we even could not imagine that now we will solve the problems connected with the personal destinies of thousands of people who simultaneously became victims of not some accident or disaster, but in consequence of the military conflict that takes place at Donbass.

During our independence we did not face with problems of internally displaced persons, prisoners of war, hundreds wounded and killed civilians and soldiers – participants of the Anti-Terroristic Operation (ATO). In fact, until 2014 we didn’t have a practical experience of auctioning in such conditions. Therefore, we learned the methods and forms of working with these peoples, who needed professional psychological help from extreme psychologists[[1]](#footnote-1), as the saying goes, by doing.

Consequently, we can not say that all our actions, during last 5 years, were adequate and correct. So, if we highlight some problems, that have appeared at the professional way of the Ukrainian psychologists, it won’t be a criticism, blaming of our colleagues, or superiors for inactivity, it is just an attempt to find ways and tools for solving the hottest issues of effective psychological aid for people who lost his home, relatives and, the main, - believing in justice.

When we started our work with internally displaced persons, we understood that the psychologists are not magicians, who can with magic wand solve all personal problems of clients. Lack of understanding or reluctance to understand and to imagine the psychologist’s duties at the process of psychological aid to the people from the affected-regions of Ukraine cause a simplification of idea to hep concrete person. This simplification happens when we concentrate only on number of people who get psychological aid for improving reports to superiors.

Such concentration, in fact, creates a situation when one part of internally displaced persons gets excessive psychological aid and the other one — poor. One of te reasons of such unequal distribution is location of some internally displaced persons, because usually it happens in remote areas. As we think, it is ***the first, but is not the main, problem of optimization of adaptation process of internally displaced persons.***

For further considering the term of psychological adaptation, we should give precisely definition of this term.

We should remind that for emphasizing domination of some component within whole system during adaptation process, we can use following terms:

* physiological adaptation;
* psychological adaptation;
* socio-psychological adaptation;
* psychophysiological adaptation;
* professional adaptation.

We want to emphasize that these terms are common in the world and are used by all human sciences. So, in 2014 we were astonished, to put it mildly, when in the legislation of Ukraine was used the term “*psychological adaptation*” with different meaning. It happened because before it the term “psychological adaptation” had been used once in the one document – Law of Ukraine “About rehabilitation of invalids in Ukraine” from 6 October, 2005.

A comparison of two definitions of the term “psychological adaptation”, one what is used in the sciences throughout the world and the other what we have in the Ukrainian legislation, we found the main difference: our society, what are regulated by the actual laws and regulatory documents, dehumanize psychological work with people who need professional help from professionals. Until recently, according to the current laws, internally displaced persons *were adapted* to actual requirements. Actually this process still occurs, but less bright. But, for our opinion, the main goal should be *allowing these persons to satisfy their needs and realize significant goals what connected with their needs!*

We want to remind that each practicer uses terminology pragmatically, he directed to use it not only accurately, but also use this terminological apparatus automatically. Unfortunately, the terminological mess in some legislation and regulatory documents, what regulated human activities in conditions that create risk to human life, create a situation of their inadequate interpretation.

Namely, within terminological mess there was the main mistake of organizing the aid to internally displaced persons. Society (here we don’t mean volunteers and psychologists, we mean exactly state institutions) want to adapt internally displaced persons to actual reality, but simultaneously society forget about the main task of the state. This task is *satisfaction of actual need* of internally displaced persons, namely, their need for food, their need for housing and the main – their need for safety!

These peoples who experienced dreads of the military conflict, they lost not only material values, they also lost their confidence in future. They escaped from their small homeland because they wanted to save the most valuable things – their life and lives of their relatives and close people.

Destroyed usual way of life, disorganization, disorientation, losses of sense of safety, of self-confidence etc, all these things caused a fear of death among internally displaced persons.

As a result, we had a constantly traumatized persons, who didn’t know what expect and what to do.

So, we can state that all internally displaced persons needed for psychological aid while they were displaced to new places of housing.

But did we had to provide the same psychological aid to all of them?! Today we can say confidently “No”. But, in the past we had a new problem – ***the problem of differentiation of internally displaced persons.*** Today we know, that this problem located in the plane of division of internally displaced persons into categories. These categories can be assigned on the base of examining of *their looses essentially and their traumatization*.These data allowed us to choose, with high prognostic accuracy, *the strategy of providing psychological aid*. In some cases we supported processes of successfully adaptation to new conditions of their life, in other cases – we had started working from the processes of recovering and rehabilitation and then moved to their adaptation.

So, the first step of extreme psychologists’ work was the preliminary assignment of internally displaced persons to the groups or categories of affected. The main criteria for this process was the character of their losses. We developed and provided for those persons such categorization:

* left area of anti-terroristic operation (ATO) before, with their belongings, documents etc – need only social support (accommodation, documents, job);
* left area of ATO hurriedly, didn’t take all belongings, were shelled – material support, psychological (most likely debriefing);
* were shelled, dwelling were destroyed totally or partially;
* had been in the area of the military conflict for a long period of time;
* were wounded, or members of family were wounded;
* have lost a close person in area of ATO;
* somebody from family has left in area of ATO[[2]](#footnote-2).

Our personal experience of working with different categories of affected population allows us to state that someone from those population needs only social support, and here we can speak about successful adaptation to new conditions of living, and another one, who has experienced significant losses, needs long-termed rehabilitation. In the second case we can observe well-marked processes of experiencing their losses and the process of grieving.

So, in the first case the main aid directed towards social support, what should include some part of psychological support in the process of adaptation to new conditions of living.

But, we should notify that in case when person doesn’t know where she or he will accommodate, what he or she will eat and will be there safe for him or her, we can’t be sure in that this person will *take adequately* psychologist’s actions.

Moreover, if the basic needs of person aren’t satisfied, we can’t speak about person’s sense of life. This understanding lead us to the an additional, but important conclusion: there is no sense, for superiors, *demand from psychologists efficiency of working at the railway and bus stations when they provide psychological aid to internally displaced persons who arrived recently*. We even can say that this part of working doesn’t have any sense.

The usage of psychologists will be maximally effective during *following* internally displaced persons to the place of accommodation and at the stage of their staying at the transitive centers.

In the second case we must speak about providing the first psychological aid to internally displaced persons. In case of non-receiving process of adaptation becomes impossible.

So, internally displaced persons, who belong to the first group of affected, they already have motivation to live further, cope with difficulties, hope for something. Consequently, for those persons will be enough simple to provide activities within socio-psychological stimulation of actioning, coordinating their actions, informing.

Internally displaced persons, who belong to the second group of affected, lost sense of life, are disappointed with all world, as well as lost their desire to cope with difficulties by themselves. We can identify such persons by their passive life position, fear of the future, actualization of the past, indifference to everything what happening with them, and, even, they can have suicide thoughts.

Mentioned above features of behavior of internally displaced persons, can be called peculiar markers that should be tracked by psychologists, especially, during correction and rehabilitation.

In addition to differentiation of internally displaced persons according to the level of their traumatization, we also should take into account their category: who is this person (child, senior age person, man or woman). These categories should be taken into organization of psychological work.

Scientists of the Laboratory of crisis and disaster psychology of the National University of Civil Defense have already developed a number of the modern approaches to organization of providing psychological aid to affected persons from Donetsk oblast, Luhansk oblast, Autonomous Republic of Crimea. Also, they, firstly in the history of the national psychology, have defined:

* types of losses and their effect at the internally displaced persons;
* features of experiencing dwelling loss by affected persons from Donetsk oblast, Luhansk oblast, Autonomous Republic of Crimea;
* features of females’ behavior who lost their husbands;
* features of males’ behavior who lost their wifes;
* reactions and behavior of senior peoples who lost wifes or husbands;
* features of affected persons’ behavior, who experienced child loss ;
* the main types of reactions to the loss after emergency situation and their analysis (look at the addenda 1-7).

We should notice that such information must be gathered by psychologists during their staying at the transitive centers. After that, those information could be shaped into a cover letter or into a registration card of internally displaced person. Then, those documents could be sent to the place where the person want to stay. Those information could be provided to local psychologists from government and non-government organizations at the end destinations.

Those data for each concrete persons will allow psychologists to choose an algorithm of actions and an aid delivery method for each affected person. And here we have another current problem – ***the problem of organizing cooperation between representatives of different ministries that involved in this process***.

It is a fact, which in conditions of emergency situation what happens at the state level, emerge a need for using broad range of knowledge’s. That range is needed for making complex and responsible decisions. In turn, such situation demands creation an appropriate legal regulation of that cooperation.

Actually, we bound to state that we have faced with a lack of skilled specialists. Most of local superiors have to attract psychologists randomly, from different psychological services. But also, really significant part of psychological work with internally displaced persons usually is done by volunteers. Their activity can’t be overstated, but also, in some cases, it can’t be controlled or tracked.

But if we speak about result, then all what we have said should be taken into account!

Unfortunately, the coordination of practical psychologists’ actions from different ministries and departments is an unresolved issue. So, psychologists of the rescue service, psychologists of force ministries, educational psychologists and psychologist of crises centers can’t cooperate adequately not only in ATO area, but even in places where internally displaced persons got accommodations.

We should say frankly and loudly that if we don’t solve this issue, we can’t provide efficient help, especially psychological, to internally displaced persons. From such situation, is suffering those peoples who need our help.

As the way of solving this problem, we propose to develop the clear system of cooperation, both vertical and horizontal, for all organizations, associations and unions, departments and services that involved to providing psychological help to internally displaced persons. This cooperation of providing psychological help should be regulated by the special institution. Also for this task we should create an algorithm of cooperation between psychologists from government and non-government organization.

We want to emphasize that the organization what provides psychological defense to the population in conditions of emergency situation (*emphasize –* in emergency situation) is the State Emergency Service of Ukraine. Namely, psychologist of emergency services have been trained to provide first psychological aid to affected peoples and peoples who have lost relatives in epicenter of emergency situation. And, if it needed, they also can provide psychological help to rescuers and to the other specialists who involved to emergency rescuing actions and liquidation of consequences of emergency situation.

Psychologists from other ministries and services should be the second echelon of that cooperation, who will provide psychological help at the step of getting affected persons out from unsafe area.

About psychologist of the *State Emergency Service* of Ukraine. Their place at the general providing psychological help to internally displaced persons should be connected with providing help at transitive centers to the second group of affected persons.

Psychologist of the State Emergency Service of Ukraine should start and finish their work within *initial* psychological adaptation (in other words, emergency but not perfect) during evacuation from area of ATO. Then they should transfer those persons to another psychologists from government and non-government organizations for further psychological following.

After the initial adaptation, coordination of practical psychologist working with internally displaced persons should be regulated by specialists from the Ministry of Social Policy. Because their duties connected with satisfaction of basic needs of affected persons. In fact, this ministry was created for this purpose.

Without coordination we could observe excessive providing psychological help to internally displaced persons (it sounds paradoxically). For instance, one person could get help from psychologists of the *State Emergency Service* of Ukraine, then from volunteers, and then from somebody else, and all it in one day. Corporative desire of each psychologists to help sometimes plays a bad role. Because internally displaced persons got used to psychological help in situations when they even don’t ask about it.

We want to warn our colleagues’ psychologists that such situation can become a real problem for adaptation processing. It can cause that affected person start thinking that he or she is an incapable social person with high-level aspiration and mentality of victim.

That situation was a reason why we appeal to the superiors of Ministry of Social Policy with initiative to create the clear structure for psychologist’s cooperation when they work with internally displaced persons. We think you will admit that in every country where is a problem of internally displaced persons, it is easy to choose who will work at schools and kindergartens in liberated cities and towns, and who will provide psychological help at the civil and military hospitals, as well as who will work in the unsafe areas, providing psychological help to the most affected persons. Also it easy to choose the type of psychological help will be provided in each mind above-mentioned case.

But here we have another significant problem – ***the problem of readiness of psychologists to work with such persons.***

Our experience of working with affected persons in different emergency situations, we can state that in case if we involved civil psychologist to providing psychological help in such situation, their often, actually, each second psychologists, weren’t prepared to actions with those peoples. It happened because our colleagues get used to use “academic” ways and methods of treatment. But those methods aren’t appropriate to conditions of different emergency situations, for instance, military or social.

We just trying to say that psychologist who will work with internally displaced persons should have not only classical degree on psychology, but also should be trained on fields if crisis and extreme psychology, knows the process and dynamics of psychological statement of person who was traumatized.

The National University of Civil Defense (actually, only this university has license for preparing extreme and crisis psychology in Ukraine), todays, successfully preparing specialist on extreme and crisis psychology and ready to share our experience with psychologists who want to be involved in the work with internally displaced persons.

We sure that all world knowledge should and can be used for efficient providing psychological help to internally displaced persons and for ensuring successful psychological adaptation to changed conditions of living.

ADDENDUM TO THE ARTICLE

Addenda 1

RATING INDICATORS FOR EXTENT OF SUBJECTIVE EXPERIENCING OF LOSSES

|  |  |  |  |
| --- | --- | --- | --- |
| No | Type of loss  | Mean of choice (in %) | Rank |
| 1 | Dwelling loss | 12,86 | 3 |
| 2 | Close person loss | 37,19 | 2 |
| 3 | Loss of child | 49,95 | 1 |

Addenda 2

INDICATORS FOR EXTENT OF SUBJECTIVE EXPERIENCING OF LOSSES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Type of loss | Male (%) | Female (%) | Senior people (%) | φ | φ | φ |
| 1. | Dwelling loss | 20,25 | 15,25 | 23,55 | 1,9 | 1,87 | 2,05\* |
| 2. | Close person loss | 34,8 | 30,53 | 31,35 | 1,55 | 1,62 | 0,89 |
| 3. | Loss of child | 44,95 | 54,22 | 45,1 | 2,66 | 0,70 | 2,4\* |

*\*p < 0,05*

Addenda 3

FEATURES OF EXPERIENCING OF LOSSES WHAT IS CAUSED BY ATO

* Among affected people is insignificant indicator of sharp negative reactions, except of senior people who had sharp reactions to the dwelling loss.
* Most affected persons were confused and have highs level of anxiety and neuro-psychological stress.
* Males more often than females, demonstrated their problem-solving orientation.
* Males more often than females and senior people was trying to find reasons what causes dwelling losses.
* Social support is important for females and senior people, what also is a personal coping-resource for affected persons.

Addenda 4

THE MAIN BEHAVIOR REACTION OF FEMALES WHO LOST THEIR HUSBANDS IN ATO-AREA

Females who informed their relatives about tragedy, despite of their hard psychological statement

Female who became mostly inadequate, and started screaming, crying and running somewhere. They needed intensive care from psychologists not only because they had sharp psychological statements, but also because they were sources of hysterical behavior that could be spread among females who also had the same loss

Females who take some sedative “to come down, to recover...” and then was trying to speak with people with high-level self-control

Females who reacted to tragedy, and also before informing and during recognizing, with fatigue and depression. Such female also had almost blocked attention and perception

Addenda 5

THE MAIN REACTIONS OF MALES WHO LOST THEIR WIFES IN ATO-AREA

Behavior was calm. They by themselves informed their relatives. But their behavior, apparently, was closed, strained and even immovable. It looked like them froze and were frightened even to move.

Males from this group demonstrated behavior that was caused by restraint, confusion and not understanding what was happened and despair. It looked like them was frozen and don’t react absolutely to what happened around. Someone’s of them were trying to cry quietly, spoke that it their fault because their didn’t protect her, remembered that before it they had had a fight.

From beginning actions of those males were aggressive, they tried to intervene to situation, they was shouting about what we had to do, criticized all who tried to help. Also they tried to revenge to those people who were guilty of the deaths of their wives

Addenda 6

THE MAIN BEHAVIOR REACTIONS OF SENIOR PEOPLE TO LOSS OF THEIR WIVES AND HUSBANDS

Denial of loss. They tried to find their wives or husbands:

Males from this group were aggressive and insisted on checking information about their wives destinies. They blaming others who were possibly responsible for the death of their wives. Females from this groups had well-marked negative reactions with hysterical manifestations and expressed their opinion about possibly were guilty for tragedy.

Disappointment and offense to the persons who died and left them alone:

Affected persons seemed like as if were waiting of such final, or knew that it happened. Behavior was closed and they didn’t want to set a contact and to speak. It seemed like they lost all their energy.

Accepting the fact that their wives or husbands were dead:

Most of females often were crying and all time were repeating that how they felt about it.

Addenda 7

THE MAIN BEHAVIOR REACTIONS OF PEOPLE WHO LOST THEIR CHILD DURING ATO

Denial – the first and the most common reactions of mother to the fact of child death. As well as they had freeze-reaction and hysterical manifestations as a reaction to the loss. Freeze-reaction, as we think, is a defense reaction of female’s organism to the message about child death. The first strong feeling what destroyed freeze-reaction often was angry. Angry and aggression of affected female are specific emotional reactions to objective factor that not allow people to stay in the statement of unity with the dead child.

Males have the same feelings as females but they try to not demonstrate it. The sorrow is different because in it are united typical and untypical symptoms of grief experiencing. The most of them had the same reaction to the message about child death – they turned and went away. They didn’t ask about details (where the child body is, how it was found, and how damaged it is).

The main feature of behavior reactions of senior people was hard emotional statement. The most of them said that they didn’t have rights to live further and what had happened were unfair and wrong. The main reactions were weep, stupefaction, freeze and panic forms of behavior.

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1. From the beginning of the military actions at Donbas, more than 2,5 millions of Ukrainian citizens become internally displaced persons (authors’ note). [↑](#footnote-ref-1)
2. Paragraphs 1-3 of proposed gradation characterize persons who will be successfully adapted to new condition. Paragraphs 4-7 describe persons who need intensive psychological care from psychologists. If we speak about successful adaptation of persons from paragraphs 4-7, we should do it with some caution (authors notes). [↑](#footnote-ref-2)