THE PSYCHOLOGICAL SAFETY OF SPECIALISTS INVOLVED IN THE ORGANIZATION AND PROVISION OF PSYCHOLOGICAL ASSISTANCE IN WAR CONDITIONS

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Summary

The aim. To provide an analysis of the theoretical foundations and practical approaches to addressing the issue of psychological safety for specialists involved in the organization and provision of psychological assistance in war conditions.

Materials and methods. The research employed the bibliographic method, method of analysis, and synthesis of scientific materials from academic sources.

Results and discussion. A detailed analysis of several scientific studies revealed that among the main prerequisites for the emergence of emotional burnout in helping professionals, two directions are traditionally identified: the characteristics of professional activities and the psychological characteristics of the specialist.

In the context of the question about the psychological changes that can occur in professionals during their professional activities, we have examined the phenomenon of secondary trauma or secondary traumatic stress, which refers to the trauma experienced by a professional while providing psychological assistance. In the literature on crisis psychology, the phenomenon of burnout is often equated with the phenomenon of secondary trauma due to the following reasons: 1) both states tend to accumulate over time, and 2) they have similar consequences (insomnia, depressed mood, impaired communication with social environment and family). However, a detailed analysis of these phenomena indicates the presence of differences, primarily in the characteristics of their emergence.

Conclusion. The main safety rules for assisting specialists, compliance with which is necessary to maintain their professional well-being, include: awareness of one’s abilities and the limits of one’s competence; having an understanding of one’s vulnerabilities and assessing one’s capabilities and risks when working with cases that involve heightened emotional sensitivity; tracking changes in one’s emotional and physical state, as well as changes in behavior; seeking help from superiors when needed; when dealing with challenging crisis events and their aftermath, working better in pairs with colleagues. This is necessary for maintaining emotional balance for each specialist working in a pair and for the ability to rely on each other during consultations or group psychological work; participating periodically in supervision groups or receiving supervision. Following these rules is essential for preserving the emotional well-being of each specialist and enables them to rely on support systems such as working in pairs and seeking supervision or consultation when needed.

Key words: psychological safety of crisis psychologists, psychological assistance in war conditions, emotional burnout, stability of mental state.

INTRODUCTION

The practice of providing psychological assistance in crisis situations is one of the areas of work that is associated with a high level of mental burden. Such a specific nature of work carries the likelihood of experiencing psychological manifestations that can have a negative impact on the professional well-being of the specialist.

The issue of psychological well-being of professionals in helping professions, including psychologists, psychotherapists, and social workers, often remains
Professional burnout (or emotional burnout) refers to well-being among professionals involved in providing support of professionals involved in the organization and provision of psychological assistance in times of war one of the crucial aspects that should be at the forefront of the activities of crisis psychologists.

PURPOSE OF THE STUDY

The aim of the study is to present an analysis of the theoretical foundations and practical approaches to addressing the issue of psychological well-being of professionals in the social sphere [8; 9; 11; 16].

MATERIALS AND METHODS

The research employed the bibliographic method, method of analysis, and synthesis of scientific materials from academic sources.

RESULTS AND DISCUSSION

In order to investigate the issue of psychological well-being among professionals involved in providing psychological support in times of war and the importance of psychological support for these professionals, we will first explore the psychological concept of burnout.

According to general scientific understanding, professional burnout (or emotional burnout) refers to a state of physical and mental exhaustion that occurs in professionals in the social sphere [8; 9; 11; 16].

The phenomenon of burnout was first described in 1974 by psychiatrist H. Freudenberger. While working at a health center, he observed certain changes in the mental state of the staff. These changes included gradual emotional exhaustion, irritability, significant decrease in motivation and loss of productivity, as well as somatic disorders and deterioration of intellectual abilities. H. Freudenberger coined the term «emotional burnout» to describe this complex of symptoms [11].

Scientists A. Pines and A. Aronson propose a general understanding of the phenomenon of burnout as a state of physical, emotional, and cognitive exhaustion caused by prolonged exposure to emotionally demanding situations [20].

I. Beierl ge and D. Kleiber view burnout syndrome as a state of mental and physical exhaustion accompanied by decreased workability and a sense of alienation from oneself [8].

According to the observations of researchers E. Schmitz and G. Hauke, the following symptoms are characteristic of emotional burnout: feelings of weakness, helplessness, worthlessness, fears, indifference, physical and emotional exhaustion, depression, lack of life energy and optimism, and a sense of futility [21; 22].

M. Burish proposed an expanded model of emotional burnout, which consists of the following stages:

1. Warning stage. This stage can unfold in two directions: excessive involvement (limiting social contacts, neglecting one’s own life needs, excessive work activity, ignoring negative manifestations of one’s mental state, etc.) and exhaustion (general feeling of fatigue, insomnia, unfounded sense of constant threat, impatience, etc.).

2. Stage of decreased personal involvement. During this stage, there is a general reduction in activity in the following areas:
   - Towards colleagues and patients (stereotypical perception of others’ behavior, formal execution of professional duties, blaming others for one’s own mistakes and failures, etc.).
   - Towards others in general (reduced or lack of empathy, indifference, critical judgments, etc.).
   - Towards one’s own professional activities (loss of interest in professional responsibilities, tardiness, constant dissatisfaction with the work process, attempts to shorten the workday, etc.).

Additionally, against the backdrop of these changes, the professional may exhibit heightened self-focus: focusing on one’s own needs, feeling that others are using them, and so on.

3. Stage of emotional reactions. During this stage, emotional manifestations range from depressive symptoms (reduced self-esteem, constant feelings of guilt, mood swings, unfounded fears, apathy, etc.) to aggressive behaviors (suspicion, conflicts with others, blaming others, denying one’s own involvement in failures, inability to compromise, etc.).

4. Stage of destructive behavior. During this stage, changes occur in the intellectual domain (reduced attention span, decreased ability to solve complex cognitive tasks, overall rigidity of thinking processes, etc.), emotional-social domain (avoidance of work-related topics, indifference, lack of interest in favorite activities, avoidance of social interactions or excessive attachment to one person, etc.), and motivational domain (reduced or lost initiative, predominant adherence to instructions in professional activities, overall decrease in performance effectiveness, etc.).

5. Stage of psychosomatic reactions. This stage is typically characterized by the emergence of somatic disorders, such as headaches, insomnia, digestive disorders, increased blood pressure, rapid heartbeat,
difficulty breathing, general immune system suppression, and sexual disorders. All of these symptoms may lead to increased consumption of caffeine, nicotine, and alcohol.

6. Stage of disillusionment. During this stage, a person may experience a negative outlook on life as a whole, feelings of helplessness and purposelessness, and existential despair [9].

Therefore, according to M. Burisch’s model, the syndrome of emotional burnout begins with significant expenditure of psychophysical resources, which have a continuous nature and eventually lead to the emergence of a persistent sense of fatigue, disillusionment, and loss of interest in professional activities.

Another model of emotional burnout in professional activity belongs to researchers B. Perlman and E. A. Hartman. According to this model, emotional burnout is manifested through three main types of reactions to stress: physiological reactions (somatic symptoms and exhaustion), affective-cognitive reactions (irrational beliefs, emotional and motivational exhaustion), and behavioral reactions (reduced professional motivation and productivity, distancing from professional duties).

The authors of the model identify four stages of professional stress that lead to emotional burnout: 1) Stage One: Tension arises due to the need for additional effort to meet increased job demands; 2) Stage Two: Strong negative feelings and experiences related to prolonged stress emerge; 3) Stage Three: This stage is accompanied by the physiological, affective-cognitive, and behavioral reactions described earlier; 4) Stage Four: This stage represents actual burnout as a result of experiencing chronic psychological stress. It is characterized by physical and emotional-motivational exhaustion, as well as a sense of subjective distress (a feeling of physical and psychological discomfort) [18].

J. Jedelvic and A. Brodsky identify four stages of development of the «emotional burnout» syndrome:

1) «Idealistic Enthusiasm»: At the beginning of their work, the consultant is filled with hope and often holds unrealistic expectations. If these notions are not consciously acknowledged and become apparent during their training and supervisory support, it will inevitably lead to a stage of stagnation.

2) «Stagnation»: After experiencing initial disappointments in their work, the consultant may feel discomfort due to their high expectations not being met. Dissatisfaction with working conditions (workspace, remuneration, etc.) may arise. If there is no activation of internal or external resources for various reasons, the consultant experiences frustration.

3) «Frustration»: This stage is characterized by the consultant’s doubts about the effectiveness and significance of their work. If they fail to recognize their state and its causes, as well as take steps to overcome it, «emotional burnout» progresses, leading to the development of apathy.

4) «Apathy»: This stage is characterized by a state of passivity, indifference, and inaction, a weakening of professional interests and motivations, and the formal fulfillment of professional duties [10].

A detailed analysis of a series of scientific studies [8; 11; 13; 14] has revealed that among the main prerequisites for the development of emotional burnout in helping professionals, two directions are traditionally distinguished: the characteristics of professional activity and the psychological characteristics of the practitioner.

Among the causes of emotional burnout in helping professionals, there can also be widely held beliefs and behavioral manifestations, such as:

– «I am a savior»: This mindset indicates the existence of a professional belief that their role is that of a rescuer, with all their actions being devoted to this mission.

– «I do everything independently»: This behavior is often driven by the conviction that nobody can perform their job better and more professionally than themselves.

– «Excessive responsibility for the client’s feelings»: The professional may believe that the client’s negative emotions (grief, sadness, depression, etc.) are caused by their own perceived lack of professional competence.

– «Problem-focused approach»: It is not uncommon for professionals to become immersed in the client’s problems, solely focusing on the traumatic moments without taking into account the person’s strengths and available resources for overcoming suffering [2].

Indeed, if a professional providing psychological assistance in various crisis situations experiences similar aspects, the risk of developing psychological burnout is quite high.

In the context of the question about the psychological changes that can occur in professionals during their professional activities, it is also important to consider the phenomenon of secondary trauma or secondary traumatic stress. This refers to the trauma experienced by the professional while providing psychological help.

In the literature on crisis psychology, the phenomenon of burnout is often equated with the phenomenon of secondary trauma because both conditions: 1) tend to accumulate over time, and 2) have similar consequences (insomnia, feelings of depression, impaired communication with social circles and family).

However, a detailed analysis of these phenomena reveals differences, primarily in their underlying causes.

Indeed, secondary trauma is considered to be the changes that arise as a result of the therapist’s empathic
involvement in the relationship with a patient who is experiencing a traumatic condition. The therapist’s exposure to detailed narratives of horrific events and the severe consequences of trauma can alter their mental state and influence their worldview. The therapist’s vicarious experiences of the patient’s suffering create conditions for secondary traumatization. Additionally, in the process of crisis psychological work with individuals who have experienced trauma and are undergoing unbearable suffering, the therapist involuntarily strives to alleviate their pain as quickly as possible. When this desire is frustrated due to a lack of rapid changes and therapeutic success, feelings of disappointment and helplessness arise [18].

- Based on the experience of working as helping professionals and trainers in crisis psychological assistance, Israeli psychologists I. Shaham and S. Neev note that the internal experiences of a specialist engaged in crisis psychological work have two poles: a sense of omnipotence and a sense of powerlessness. In accordance with this, they identify two false cycles that a helping professional may fall into:

1) «Cycle of Omnipotence». This state is characterized by:
- Thoughts such as «only I can understand him/her,» «his/her life (mental state) depends on me,» «no one can help him/her like I can.»
- Feelings of euphoria, confusion, and frustration.
- Behaviors such as taking on excessive responsibilities, disregarding help from colleagues, and endlessly repeating the same efforts.
- Consequences such as detachment from sources of support, fatigue, and exhaustion.

2) «Cycle of Powerlessness.» This state is characterized by:
- Thoughts such as «I am unable to help,» «the world is merciless.»
- Feelings of guilt, confusion, frustration, and powerlessness.
- Behaviors such as inaction, continuous mourning, self-blame and blaming others, mechanical performance of professional duties.
- Consequences such as inhibition, a sharp decrease in personal and professional self-esteem, disruption of interpersonal relationships [17].

Representatives of international crisis psychology, such as E. Baker, S. Welt, and W. Herron, propose the concept of the «good enough therapist.» According to this concept, being «good enough» means having a clear understanding of one’s abilities and recognizing the boundary between being «sufficiently competent» and «perfect.» The striving to be «perfect» for the patient, attempting to solve all their problems, inevitably puts the therapist in a situation of impossible tasks, as the absolute resolution of all issues is unattainable [7].

Let’s focus specifically on problematic aspects that professionals providing primary psychological assistance on-site after a traumatic event encounter. In cases of extraordinary events, it is important for consultants to remember that this experience also has a negative impact on them. D. Benveniste suggests fundamental rules that professionals working with disaster victims should keep in mind:

- Consultants need to take care of themselves and their colleague both physically and emotionally. Working at the site of a catastrophe can easily overwhelm and emotionally exhaust professionals, even experienced psychologists with high levels of qualification. They often point out how draining a few hours of crisis counseling can be for them when they have never worked with crisis situations on-site before. Such a state of the consultant does not contribute to the quality provision of psychological assistance to the victims. Therefore, it is essential for professionals to adhere to a work schedule, regulate workload and pace, take breaks even in extremely challenging situations, pay attention to nutrition, and rest even when they feel they still have energy. Ignoring all of this can also lead to the need for crisis intervention for the consultant.

- Consultants need to remember the importance of maintaining clarity of thought. In extraordinary situations, it is easy to lose a clear perspective on what is happening. Therefore, the professional should follow specific guidelines and rely on pre-established priorities for work in emergency situations.

- Consultants need to remember the importance of collaboration and supervisory support among themselves. An essential condition for organizing crisis psychological assistance is the opportunity for intensive interdisciplinary interaction among colleagues. Such an environment enables consultants to provide supervisory support to each other and consult professionals from related fields (such as doctors, psychiatrists, social workers, etc.). The complexity of problematic situations encountered by the consultant can negatively impact their ability to see the situation from different perspectives and in a broader context, leading to potential mistakes. Therefore, supervisory support for consultants conducting crisis interventions is unquestionably necessary. Cases that induce significant tension and have the potential to disrupt emotional equilibrium require particular attention in their interaction with supervisors [2; 3].

J. Halpern and M. Tramontin propose simple rules of conduct for a professional working with survivors immediately after a traumatic event. Among them are: taking breaks; not ignoring proper nutrition and physical exercise; adhering to a work schedule and avoiding overloading oneself with extra hours; taking regular pauses and working in shifts with other professionals; taking days
off if crisis interventions in extraordinary events require prolonged presence alongside the affected person; not disregarding support and assistance from colleagues and family [12].

**CONCLUSION**

Among the main factors that can lead to burnout in professionals providing psychological assistance in crisis situations, the following are highlighted: the nature of the work, material and socio-psychological conditions of the activity; monotony of the work; working overtime, high demands, and time constraints; dealing with a large number of patients and the intensity of their problems; low personal resilience and inflexibility in responding to changes; high emotional sensitivity; feelings of injustice related to perceived inadequacy of material rewards and expended effort; emotional shock experienced by young professionals when faced with the reality of practical work that often does not meet their expectations regarding professional activity; increased responsibility and the need to make important decisions independently; prolonged exposure to emotionally tense situations; job dissatisfaction and loss of meaning; persistent uncertainty about the effectiveness of one’s actions due to a lack of successful therapeutic outcomes and clear guidance for further progress in therapy; feelings of helplessness and powerlessness due to observing the progressive deterioration of a patient’s condition (mental or somatic); lack of conceptual unity in the therapeutic pair of crisis professionals; prolonged confrontation with the vulnerability and suffering of patients, which can activate one’s own painful memories; mismatch between professional demands and personal resources; conflicts with colleagues and lack of social support; feeling the futility of one’s work; dealing with «unmotivated» clients who constantly resist the efforts of the professional; investing significant personal resources in work without sufficient recognition and positive evaluation; uunresolve personal conflicts of the professional [5; 6; 15].

The main safety rules for helping professionals, adherence to which is necessary to preserve their professional functioning, are as follows: awareness of one’s own abilities and the limits of one’s competence; recognizing vulnerable areas and assessing one’s capabilities and risks when working with cases that evoke heightened emotional sensitivity; monitoring changes in emotional and physical well-being, as well as changes in behavior; seeking assistance from management when needed; when working with challenging crisis events and their aftermath, it is beneficial to work in pairs with colleagues. This is important for maintaining emotional balance for each professional in the pair and for relying on each other during consultations or group psychological work; regularly participating in supervision groups or receiving supervision [2].

In general, the support system for professionals providing psychological assistance should include a safe, structured, and ongoing environment for reviewing their clinical work. The conditions of such an environment should allow professionals to express their emotions and discuss issues related to the therapy of patients who have experienced trauma [1].

The primary and most effective form of psychological support for professionals in helping professions is supervision and interventions. Particularly important for professionals providing psychological assistance within crisis centers is receiving supervision from colleagues who belong to different organizations. Such supervision can be particularly beneficial in gaining new perspectives on ways to address traumatic stress and engage in psychological work with the negative consequences of crisis events.

The focus of attention in the process of supervision can include: self-understanding and self-perception issues (personal characteristics, behavioral patterns, reactions, and their impact on professional practice, self-attitude in professional activities); theoretical knowledge and professional actions (awareness of the beliefs and convictions that shape the practitioner’s position in their professional practice, reasons for using or not using specific methods); patient relationships (transference, isolation, dependency, detachment, etc.).

The following are the main functions of supervision: Educational function (it involves the development of skills, abilities, and competencies of the professional); Supportive function (it provides support and helps the practitioner resist the influences that may arise from client-related issues); Directive function: (it promotes self-monitoring and self-control in addressing the practitioner’s weaknesses, vulnerabilities, blind spots, and other areas of personal growth) [13].

Supervision serves as a significant form of support, particularly when crisis professionals become deeply emotionally involved in the process and is an integral part of any high-quality psychotherapeutic or psychological intervention. A professional perspective from an external source helps practitioners better recognize their countertransference and see what was previously unnoticed in the case. The additional insight from the supervisor aids the practitioner in providing psychological support to severely traumatized clients and enhances their practical work.

**CONFLICTS OF INTEREST**

Nothing to declare.
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Резюме

ПСИХОЛОГІЧНА БЕЗПЕКА ФАХІВЦІВ, ЯКІ ЗАЛУЧАЮТЬСЯ ДО ОРГАНІЗАЦІЇ ТА НАДАННЯ ПСИХОЛОГІЧНОЇ ДОПОМОГИ В УМОВАХ ВІЙНИ

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Мета роботи – представити аналіз теоретичних основ та практичних підходів до вирішення питання психологічної безпеки фахівців, які залучаються до організації та надання психологічної допомоги в умовах війни.

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

Результати дослідження та їх обговорення. Детальний аналіз ряду наукових досліджень засвідчив, що серед основних передумов виникнення емоційного вигорання у спеціалістів допомагаючих професій традиційно виділяють два напрямки: особливості професійної діяльності та психологічні особливості фахівця.

В контексті питання про психічні зміни, які можуть виникати у фахівців в процесі професійної діяльності, ми розглянули феномен вторинної травми або вторинного травматичного стресу, тобто травматизації, яку зазнає фахівець, здійснюючи психологічну допомогу. У літературі з кризової психології часто ототожнюють феномен вигорання та феномен вторинної травми через те, що обидва стани: 1) мають тенденцію до накопичення; 2) мають схожі наслідки (безсоння, пригнічення, порушення комунікаційних зв’язків із соціальним оточенням та ін’єкцію).

Проте детальний аналіз цих феноменів свідчить про наявність розбіжностей, які полягають, в першу чергу, в особливостях їх виникнення.

Висновок. Основними правилами безпеки допомагаючого спеціаліста, дотримання яких є необхідним для збереження його професійної працездатності, є: усвідомлювати рівень своїх можливостей та межу своєї компетентності; мати усвідомлення своїх уразливих місць та оцінку своїх можливостей і ризиків у роботі з випадками, до яких є підвищена емоційна сензитивність; відслідковувати зміни свого емоційного та фізичного стану, а також зміни у поведінці; у разі потреби звертатися до допомоги до керівництва; періодично брати участь в інтервізіях і супервізіях.

Ключові слова: психологічна безпека кризових психологів, психологічна допомога в умовах війни, емоційне вигорання, стабільність психічного стану.