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PSYCHOLOGICAL SUPPORT FOR FAMILIES AFFECTED BY WAR (BY THE EXAMPLE OF THE 2020 ARTSAKH WAR)

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The article presents work aimed at identifying the psychological problems of families who suffered from the 44-day war in Artsakh, and their post-war social and psychological rehabilitation. Psychological support was provided to 50 families living in different regions of Armenia. The families were classified according to these criteria: families with wounded soldiers, families of deceased soldiers, forcibly displaced families. For 6 months, in-person and long-distance psychological support was provided to 130 people. Both individual and group support was provided.

The main method of work was a psychotherapeutic conversation. An eclectic approach was applied. Psychological support had 3 main directions, since we dealt with different problems: trauma, loss, displacement.

The authorial model of psychological rehabilitation of military personnel, created in 2020 from our own experience of working with the wounded during and after the war, was applied. It consists of 6 stages: desensitization, transition from thoughts to emotions and bodily sensations, activation of resources, anchoring, new history, socio-psychological recovery. The work was performed within the framework of cognitive-behavioral, rational, gestalt, humanistic, existential, logo-, photo- and sedative therapy.

Body-oriented, cognitive-behavioral, positive and polyvagal therapies were used to relieve emotional stress, verbalize feelings and strengthen positive thoughts of family members of the wounded servicemen.

With families of the deceased soldiers, the farewell ritual of A.B. Kabikenova "Koshtasu", which includes 6 techniques built on a combination of existential and gestalt therapy: gratitude, request for forgiveness, insults, love, farewell, lesson.

Work with displaced persons had the following focus - to survive negative life events, overcome the crisis of personal identity, adequately assess their own situation, adapt to a new environment, form psychological stability.

In the course of the work, a number of psychological problems of the wounded, their families, families of deceased soldiers and displaced persons were revealed. As a result of psychological support, it was possible to face traumatic experience, verbalize and discharge emotions, reflect on their own experiences, mobilize resources, develop skills to manage emotions, rethink life, mitigate the ontological crisis, expand the time perspective, stimulate prospective motivation, activate coping mechanisms, psychologically readapt to the conditions of life, provide post-traumatic personal growth.

Key words: *psychological support, war-affected families, socio-psychological rehabilitation, readaptation, families of wounded soldiers, families of deceased soldiers, displaced families.*

After the 44-day Artsakh war, psychological services are in demand in society, particularly among families directly related to the war. In a post-war situation, it becomes urgent to assess the need for psychological support and provide targeted, purposeful support, that is, the identification of those groups in society for which socio-psychological rehabilitation work is most required.

The post-war psychological service has its own characteristics depending on which specific target group it is implemented with: wounded servicemen, their family members, families of deceased soldiers, displaced families, families of missing persons. Psychological work with each group, in turn, has its own characteristics. For example, the post-war psychosocial adjustment of wounded servicemen in the society is different depending on the depth of the injury and the type of disability.

In recent years, Armenian psychologists Z.D. Asatryan, H.M. Avanesyan, Kh.V. Gasparyan, M.P. Mkrtumyan, S.H. Arakelyan, G.S. Yesayan, A.D. Arakelyan, A.M. Avagyan, D. Gevorgyan, M. Sahakyan, A. Soghoyan, A. Avagyants, H. Hovhannisyan and others presented psychological research conducted during and after the 44-day Artsakh war. Nevertheless, the problem of socio-psychological rehabilitation of war victims needs scientific development and empirical methods. Their presence will contribute to the activation of the practical field, the proper organization of psychological support.

It should be emphasized that there are still few studies in Armenia that systematically present the organization, stages and results of the psychological service in the war and post-war period. It is necessary to develop models of psychological support with war-affected target groups (children, elderly, wounded, veterans, displaced persons, relatives of the deceased soldiers, family members of servicemen),

as well as to introduce them, make them available and applicable for professionals in the field. The goal of our work is to partially fill the gaps in the field.

In 2022-2023, the Diakonia Charitable Foundation implemented the program "Long-term stable support to the victims of the Artsakh war of 2020". Within the framework of the project, both social and psychological support was provided to the affected families, contributing to their post-war psychosocial adjustment and recovery.

The work was carried out with 50 financially disadvantaged families living in different regions of Armenia, which were classified according to the following 3 criteria:

- families of wounded soldiers,
- families of deceased soldiers,
- displaced families.

It should be noted that this classification is conditional, because there was a family that had both an injured person and a deceased soldier at the same time, and there were displaced families that also had an injured person. In total, psychological support was provided to 130 people affected by the war.

21 families with injuries were included in the psychological work. The overwhelming majority of the wounded had a disability category, there were those with an amputated limb, organ loss, severe brain injuries (an implant was placed in the brain), and wounded with serious shrapnel and gunshot wounds. One of them spent 45 days in captivity.

Along with the work with the wounded, psychological support was also provided to family members, 14 people in total.

24 forcibly displaced families, 85 people in total, received psychological support. The families were displaced from Artsakh's Hadrut region (district center and villages), Shushi, Kashatagh region (Berdzor and villages). In 4 of the displaced families, the father of the family was also injured.

Members of 5 families of deceased soldiers received psychological support, only 10 people. In one of the families of a deceased soldier, there was also an injured person (the father was killed, the son was injured).

Psychotherapeutic conversation was used as the main method during the work. Taking into account the essence and manifestations of the psychological problem, an eclectic approach was shown. Techniques of a number of psychotherapeutic directions were applied.

The work with the families was done during 6 months (in-person and remotely). Depending on the nature of the psychological problem, both individual and group support was provided. There were cases when a person was included in group work, then individual psychotherapeutic meetings were held with him.

According to the principles of psychological service for victims of emergency situations, the age characteristics of the beneficiaries were taken into account [6].

Psychological support had 3 main directions, because we were dealing with different problems: injury, loss, displacement.

While working with the wounded, we took into account a number of circumstances. During the war, continuous psychotraumatization of servicemen takes place, the war "breaks" a person psychologically, the psychotraumatic factors of battle injure him [2]. The war situation and its consequences cause changes in the value system among servicemen. On the one hand, some phenomena are devalued, on the other hand, other values are given a new meaning. After returning to civilian life, the presence of militarized consciousness among veterans forms inadequate mechanisms for adapting to public life. Therefore, the work with servicemen who received psychological support during the war should also be carried out in peaceful conditions, having a continuous character [1].

During the support, we used the authorial model of psychological rehabilitation of servicemen, which was created in 2020 as a result of our own experience working with the wounded during and after the war. The work was done within the framework of cognitive-behavioral, rational, gestalt, humanistic, existential, sedative, logo- and photo-therapies. The model consists of the following 6 stages:

Desensitization: in essence it is the repeated experience of a stressful situation in calm conditions that erase previous negative experiences and physical reactions.

Moving from thoughts to emotions and bodily sensations: the emotions and bodily sensations experienced during and after the traumatic event are recognized and discussed.

Activation of resources: during the rehabilitation work, the psychologist activates the internal, external and imaginative resources of the serviceman.

Anchoring: search and strengthening of a bright, reliable, safe point (it can be any relationship, an event in life, a goal) as a result, stabilization of mental state, "return" to life.

New history, new meaning: passing through the previous stages, the serviceman evaluates reality and his traumatic experience anew, rethinks life and builds future plans.

Socio-psychological rehabilitation: readjustment takes place, a new behavior is formed, more adequate and constructive [3].

Let's present another program, which A.G. Karayani suggests applying to work with injured and disabled veterans:

1. Establishing a psychotherapeutic relationship,
2. Work with pain: neuro-linguistic programming (NLP), elimination of pain sensations through body-oriented therapy, meditation, relaxation techniques,

3. Work with fears, for example: fear of disability, fear of the impossibility of full existence, fear of having nightmares, etc.
4. Restoration of the meaning of life for those wounded who do not want to live, are frustrated, are depressed. Done through logotherapy and spiritual practice,
5. Achievement of a new meaning of life [5].

To ensure the effectiveness of psychological support, it is necessary to work in parallel with both the serviceman and his family members [1].

Both group and individual work was carried out with the family members of the wounded. The group version was most effective when family members told about their experiences during the war and after it.

Body-oriented, cognitive-behavioral, positive and polyvagal therapies were used in order to relieve the emotional tension of the family members of the wounded servicemen, verbalize feelings and strengthen positive thoughts.

A.B. Kabikenova's "Koshtasu" series of techniques [4], which is a combination of existential and gestalt therapies, was used with those who lost a relative during the war. Throughout the work, the client imagines that the dead person is next to him, listening to him, a dialogue takes place between them. "Koshtasun" is a farewell ritual that includes 6 techniques.

Gratitude: it is necessary to thank the object of the loss, imagining that the dead person is sitting in a chair in front of them. The purpose of this stage is to engage in a psychotraumatic situation, to reach a flexible and relaxed state of consciousness in a resourceful state of enlightened memory and gratitude. As a result, defenses weaken or disappear, and the person becomes more receptive to therapy.

Request for forgiveness: as a rule, loss is accompanied by guilt. After losing, many people begin to realize their big and small flaws: they didn't communicate much, they didn't support him/her in a difficult time, they left him/her alone, etc. The psychologist tells the client that right now there is a unique opportunity to receive forgiveness. The client says: "Forgive me for the fact that I..." The work continues until the client feels that his soul is relieved and he is forgiven.

Insults (it is the most difficult part of the job). that feeling exists, but it is not customary to realize being hurt by a dead person. It is necessary to prepare the client, to give "permission" to be offended, saying: "When we don't admit that we are hurt, it doesn't mean that we don't have that feeling. As long as we are hurt by a person, he feels guilty. If we love him, we must realize why we are offended and forgive him." After these words, the client speaks more easily about his insults.

Love: after the previous 3 stages, the client feels a sense of mental calmness and emptiness at the same time. He says words of love, which are a resource for him.

Farewell: at this stage, the client should say goodbye to the dead person, give him a chance for eternal rest. By saying goodbye, a person at a deep level realizes, accepts and comes to terms with the irreversibility of loss.

Lesson: saying goodbye to a loved one, the client feels both relief and emptiness. In order to replenish resources, the psychologist asks the client to tell what the experienced situation of loss has taught him.

Overcoming the conflict between the impossibility of physically staying in the historical homeland and the lack of positive motivation to move to a new place of residence was emphasized during the psychological support of the forcibly displaced people. The displaced person's psyche is traumatized, adaptation difficulties arise in the new place of residence. A person finds himself in a different cultural environment and experiences cognitive, emotional, motivational dissonance [7].

The psychological problems of forcibly displaced persons are complex in nature. The problems refer to all spheres of the person: emotional, cognitive, behavioral, demand-motivational, communicative. Disturbances in different areas of mental health, superimposed on each other, can lead to total disorders of the personality. One of the main problems of the displaced is the identity crisis. Psychosomatic symptoms and various neurotic disorders also occur: depression, suicidal tendencies, anxiety disorders, fears [7].

According to V.K. Shamrei and V.M. Litkin, during the psychological assistance provided to displaced persons, it is necessary to:

- Help to survive negative life events: loss, deprivation, changes before and after displacement,
- To help overcome the crisis of social and personal identity: drastic changes in self-concept, changes in one's own place in the system of vital relationships,
- Help to adequately understand one's own situation, culturally adapt and accept the lifestyle of the new place of residence; the longer the patterns of the previous habitat are preserved, the more difficult it will be to adapt to the new environment,
- Help to form psychological stability in order to overcome difficulties, raise psychological resources.

Psychological work cannot be effective if the hard life experience of displaced people is not taken into account: loss of homeland and human life, deprivation, separation from roots [7].

We have worked with displaced people to relive negative life events, to overcome the crisis of personal identity, to adequately evaluate their own situation, to form psychological stability in the process of adapting to a new environment.

Techniques of the following therapeutic directions were applied: cognitive-behavioral therapy, gestalt therapy, existential therapy, positive therapy, art therapy (phototherapy), logotherapy, acceptance and commitment therapy, polyvagal

therapy, body-oriented therapy, psychodynamic approach, neurolinguistic programming.

The experience showed that group work is more effective during the psychological support of displaced persons. In everyday life, family members often do not show their feelings. Group work provided an opportunity for everyone to listen to the other, communicate and understand their emotions, and an atmosphere of mutual support was formed.

Individual work with wounded servicemen with different degrees of disability and family members of war victims is preferable.

Below we will present the results of the work done with the war victims.

During the support, a number of psychological problems manifested among servicemen wounded in the war were highlighted:

- The heightened demand to have a high social status of a defender of the motherland in society;
- The heightened need to receive support and care from the state (in particular, defense agencies);
- Identity problems due to changes in life activities as a result of the injury;
- An increased need for emotional support, which is often masked by strong psychological defenses;
- Uncertainty of temporal retrospective and prospective: for many, the past, present and future seem to be "mixed", there is uncertainty about the future;
- Social-psychological adaptation and self-realization difficulties;
- Symptoms of post-traumatic stress disorder: recurring images (flashbacks), insomnia, nightmares, hypervigilance, attention problems, indifferent attitude towards the environment, impoverishment of positive emotions (ahedonia), refusal of entertainment, irritability, focus on the past;
- When facing the war situation again (for example, in 2022 during the days of the enemy's attack on Jermuk) there is a double traumatization;
- A feeling of guilt: because they survived, because relatives are constantly worried about their health;
- Difficulties in managing emotions, a high level of personal vulnerability, which causes tension in interpersonal relationships, frequent use of psychological defense mechanisms;
- Precocious psychological maturation: young people aged 18-20 became veterans;
- The phenomenon of military camaraderie: they prefer to communicate with war veterans because they have the same values and ideas, they find that they have gone through unique trials and can only be understood by their own, they often avoid or limit contacts with civilians;

- Most of the wounded, particularly contract servicemen, experience severe psychological distress because they want to re-enlist and serve the Motherland, but due to disability they are legally unfit for military activity;
- Mental traumatization among servicemen wounded in the first days of the war is stronger than among those who wounded in the middle and at the end of the war;
- Servicemen with severe injuries and neurological problems (for example, cranial trauma) often refuse psychological support; some of the wounded previously refused to meet with a psychologist or the conversation was left unfinished because they were asked irrelevant and annoying questions. In working with them, the psychologist should show more tact.

Family members of the wounded are characterized by the following psychological problems: constant fears and anxieties for the physical and mental health of the wounded relative, heightened demand for valuing their relative's patriotism in society, heightened need for emotional support from others, psychophysical manifestations against the background of constant emotional experiences.

The feelings of guilt, loneliness and abandonment, grief, loss of interest in life, decrease in motivation to carry out activities, retrospective orientation of motivation prevail among the people who lost relatives in the war.

The following psychological problems are characteristic of forcibly displaced families:

- A feeling of being cut off from the roots - they feel like a stranger in a new place, and this lasts for quite a long time (2-3 years); as if the plant had been pulled out of the ground and not yet replanted;
- Problem of preserving identity -this is especially acute among displaced persons who have lost their place of birth; in order to preserve their own identity, they cling to their national customs, traditions, cuisine and relics in every possible way. Men bear the loss of their birthplace, their home, especially hard. Each family takes some object or animal that symbolizes the previous life, home or homeland (for example: TV, rug, house key, horse) and keeps it as a relic;
- Loss of sense of safety and security (typical of those displaced from Shushi, Hadrut), increased demand for security guarantee ("We will return to Artsakh only if we have security guarantees");
- Shock of domestic inconveniences ("I am 50 years old, is it good for me to live in these conditions?"; "I have built a house all my life to lose it in one day?"). Most of the displaced people live in difficult conditions, there is a family that took shelter in a pig slaughterhouse with 3 children;
- An intensified demand to own property("Let's have our own corner, even if it's just one room", "If only we have a roof over our heads that will be ours"),

- Victimhood: helplessness, passivity, apathetic state, which gradually turns into learned helplessness. Some people expect everything to be done for them, they don't show initiative;
- Heightened need for emotional support - they need a compassionate, caring attitude. It is noteworthy that in the case of a friendly attitude, an emotional attachment arises very quickly;
- Subjective perception of time. for some it slows down ("Life seems to stand still", "One day is like a week", "Life is not full of events"), for others there is haste and impatience ("We want to recover what we lost quickly, time is not enough ");
- Time planning and management issues;
- Uncertainty and instability towards the future - they do not make plans, there is no confidence in tomorrow;
- Relationships of mutual help and mutual support in the family: difficult living conditions and common pain bring the family together;
- Social-psychological adjustment problems in a new environment: contacts with people are limited or even refuse to communicate;
- Wariness and suspicion of strangers;
- Cognitive problems: thoughts are often scattered, inhibited, "jumping" from one topic to another, it is difficult to concentrate;
- Passivity of the motivational sphere, lack of motivation for activity;
- Psychophysical manifestations as a result of acute and long-lasting emotional experiences (diabetes, hypertension, thyroid gland function disorders, etc.);

The most serious psychological difficulties caused by **forcible displacement** are faced by the people who had faced various problems before: family, personal, service.

Summarizing the work done, we can state that as a result of the psychological support of families affected by the war, it was possible to confront traumatic memories, verbalize and discharge emotions, realize bodily sensations, reflect on one's own feelings, value the traumatic experience, raise resources, reinterpret life, mitigate the ontological crisis, activate bio-meaningful and value-meaning positions and formulation of goals, expansion of time perspective, promotion of prospective motivation, commitment to rebuilding relationships, redistribution of vital forces, activation of coping mechanisms, promotion of constructive behavior, expansion of social roles, psychosocial adaptation to living conditions, formation of emotion management skills, psychoeducation, post-traumatic personal growth.

Thus, the psychological support implemented in the post-war period contributes to the socio-psychological rehabilitation and integration of war-affected families into society.

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ПСИХОЛОГИЧЕСКАЯ ПОДДЕРЖКА СЕМЕЙ, ПОСТРАДАВШИХ ОТ ВОЙНЫ (НА ПРИМЕРЕ АРЦАХСКОЙ ВОЙНЫ 2020 ГОДА)

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В статье представлена работа, направленная на выявление психологических проблем семей, пострадавших в результате 44-дневной войны в Арцахе, и их послевоенную социально-психологическую реабилитацию. Психологическая поддержка была оказана 50 семьям, проживающим в разных регионах Армении. Семьи были классифицированы по следующим критериям: семьи с ранеными солдатами, семьи жертв войны, семьи вынужденных переселенцев. За 6 месяцев очная и дистанционная психологическая поддержка была оказана 130 людям, пострадавшим от войны. В зависимости от характера проблемы оказывалась как индивидуальная, так и групповая психологическая поддержка.

Основным методом работы была психотерапевтическая беседа. Был применен эклектический подход. Психологическая поддержка имела 3 основные направления, поскольку мы имели дело с разными проблемами: травма, утрата, вынужденное переселение.

Применена авторская модель психологической реабилитации военнослужащих, созданная в 2020 году в результате собственного опыта работы с ранеными во время и после войны. Она состоит из 6 этапов: десенсибилизация, переход от мыслей к эмоциям и телесным ощущениям, активация ресурсов, якорение, новая история, социально-психологическое восстановление. Работа выполнена в рамках когнитивно-поведенческой, рациональной, гештальт-, гуманистической, экзистенциальной, лого-, фото- и седативной терапии.

Для снятия эмоционального напряжения, вербализации чувств и усиления позитивных мыслей членов семей раненых использовались телесно-ориентированная, когнитивно-поведенческая, позитивная и поливагальная терапии.

С семьями жертв войны был применен ритуал прощания А.Б. Кабикеновой «Коштасу», включающий 6 техник, построенных на сочетании экзистенциальной и гештальт-терапии: благодарность, просьба о прощении, обиды, любовь, прощание, урок.

С вынужденными переселенцами работа имела следующую направленность - пережить негативные жизненные события, преодолеть кризис личностной идентичности, адекватно оценить собственную ситуацию, адаптироваться к новой среде, сформировать психологическую устойчивость.

В ходе работы выявлены ряд психологических проблем раненых, членов их семей, семей жертв войны и вынужденных переселенцев. В результате психологической поддержки им удалось противостоять травматическому опыту, вербализовать и разрядить эмоции, рефлексировать собственные переживания, мобилизовать ресурсы, развить навыки управления эмоциями, переосмыслить жизнь, смягчить онтологический кризис, расширить временную перспективу, стимулировать перспективную мотивацию, активировать копинг механизмы, психосоциально реадаптироваться к условиям жизни, обеспечить посттравматический личностный рост.

Ключевые слова: *психологическая поддержка, семьи, пострадавшие от войны, социально-психологическая реабилитация, реадaptация, семьи раненых, семьи жертв войны, семьи переселенцев.*

**ՊԱՏԵՐԱԶՄԻՑ ՏՈՒԺԱԾ ԸՆՏԱՆԻՔՆԵՐԻ ՀՈԳԵՐԱՆԱԿԱՆ
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ՕՐԻՆԱԿՈՎ)**

*Մարինե Միքայելյան (Հայկական պետական մանկավարժական
համալսարան, Երևանի պետական համալսարան, Երևան, Հայաստան)*

Հոդվածում ներկայացվում է արցախյան 44-օրյա պատերազմից տուժած ընտանիքների հոգեբանական խնդիրների վերհանմանն ու հետպատերազմյան սոցիալ-հոգեբանական վերականգնմանն ուղղված աշխատանքը: Հայաստանի տարբեր մարզերում բնակվող 50 ընտանիքների հետ իրականացվել է հոգեբանական աջակցություն: Ընտանիքները դասակարգվել են հետևյալ չափանիշներով՝ վիրավոր զինծառայող ունեցող, պատերազմում զոհ ունեցող և բռնի տեղահանված: 6 ամիսների ընթացքում առերես և հեռավար հոգեբանական աջակցություն է ցուցաբերվել պատերազմից տուժած 130 անձանց: Կախված խնդրի բնույթից՝ կատարվել է ինչպես անհատական, այնպես էլ խմբային հոգեբանական աջակցություն:

Աշխատանքի հիմնական մեթոդը եղել է հոգեթերապևտիկ գրույցը: Ցուցաբերվել է էկլեկտիկ մոտեցում: Հոգեբանական աջակցությունն ունեցել է 3 հիմնական ուղղվածություն, քանի որ գործ ունեինք տարբեր խնդիրների հետ՝ վիրավորում, կորուստ, տեղահանում:

Կիրառվել է զինծառայողների հոգեբանական վերականգնման հեղինակային մոդել, որը ստեղծվել է 2020թ. պատերազմի օրերին և դրանից հետո վիրավորների հետ աշխատելու սեփական փորձառության արդյունքում: Այն բաղկացած է 6 փուլից՝ դեսենսիբիլիզացիա, անցում մտքերից դեպի հույզեր և մարմնական զգացողություններ, ռեսուրսների վերհանում, խարիսխ, նոր պատմություն, սոցիալ-հոգեբանական վերականգնում: Աշխատանքը կատարվել է կոգնիտիվ-վարքաբանական, ռաքիոնալ, գեշտալտ, հումանիստական, էքզիստենցիալ, սեդատիվ, լոգո- և ֆոտո- թերապիաների շրջանակում:

Վիրավորների ընտանիքի անդամների հուզական լարվածությունը թուլացնելու, ապրումների վերբալիզացիայի և պոզիտիվ մտքերի ամրապնդման նպատակով կիրառվել են մարմնին կողմնորոշված, կոգնիտիվ-վարքաբանական, պոզիտիվ և պոլիվազալ տեսության թերապիաներ:

Հարազատի կորուստ ունեցողների հետ կիրառվել է Ա.Բ. Կաբլենովայի «Կոշտասու» հրաժեշտի ծիսակարգը, որը ներառում է էքզիստենցիալ և գեշտալտ թերապիաների համակցությամբ կառուցված 6 տեխնիկաներ՝ երախտագիտություն, ներելու խնդրանք, վիրավորանքներ, սեր, հրաժեշտ, դաս:

Տեղահանվածների հետ կատարել ենք աշխատանք բացասական կենսական իրադարձությունները վերապրելու, սոցիալական և անձնային նույնականության ճգնաժամը հաղթահարելու, սեփական իրավիճակն

ադեկվատ գնահատելու, նոր միջավայրին հարմարվելու, հոգեբանական կայունություն ձևավորելու ուղղությամբ:

Հոգեբանական աջակցության ընթացքում վեր հանվեցին վիրավորների, նրանց ընտանիքի անդամների, զոհված հարազատ ունեցողների, բռնի տեղահանվածների մի շարք հոգեբանական խնդիրներ: Աշխատանք արդյունքում կատարվեց՝ տրավմատիկ փորձառության հետ առերեսում, հույզերի վերբալիզացիա և լիցքաթափում, սեփական ապրումների ռեֆլեքսիա, ռեսուրսների վերհանում, հույզերի կառավարման հմտությունների ձևավորում, կյանքի վերաիմաստավորում, գոյաբանական ճգնաժամի մեղմում, ժամանակային հեռանկարի ընդլայնում, պրոսպեկտիվ մոտիվացիայի խթանում, քոփինգ մեխանիզմների ակտիվացում, հոգեւոցիալական վերահարմարում կենսագործունեության պայմաններին, հետտրավմատիկ անձնային աճ:

Հանգուցային բառեր՝ հոգեբանական աջակցություն, պատերազմից տուժած ընտանիքներ, սոցիալ-հոգեբանական վերականգնում, վերահարմարում, վիրավոր ունեցող ընտանիքներ, զոհ ունեցող ընտանիքներ, տեղահանված ընտանիքներ:

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