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Analysis of Methods to Overcome Psychoemotional Stress under Wartime Conditions

Аналіз методів подолання психоемоційного стресу в умовах війни

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ABSTRACT

The **purpose** of the study is to analyze psychological theories of stress and identify methods of overcoming it that can and should be used in wartime. Its urgency is due to the need to provide psychological assistance to servicemen and civilians who have experienced factors of exceptional intensity (shelling, injuries, death of loved ones). In accordance with the objective, the main tasks are identified: 1) to determine the essence of the concepts of "stress", "combat stress", "traumatic stress", "post-traumatic stress"; 2) to find out the differences between the course of stress as a psycho-emotional state in conditions of war; 3) to analyze the main theories of stress research; 4) to describe the approaches to overcoming it, which are used within these theories and are appropriate for use in wartime.

Methods. A set of methods of scientific research: theoretical analysis, generalization, comparison, systematization of facts, theoretical modeling, scientific interpretation are used to implement the key tasks.

The results of the research. The paper presents the solution to an important academic issue related to the analysis of methods of overcoming psychoemotional stress in war. There are three main types of stress that occur during war: combat, traumatic, and post-traumatic. The differences of the described varieties are determined and their nature is established, the latter consists in the action of stressors of exceptional strength, which determines the combination of physiological and psychoemotional symptoms. In this regard, biological (related to the physiological nature of stress) and psychological theories are analyzed.

According to biological theories, stress is a violation of the body's balance between external influences and internal resources of the body, which fact outlines the main methods of overcoming it. According to these theories, methods aimed at attracting physiological resources of the body (rest, sleep, relaxation);

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restoration of disturbed psychophysiological functions (normalization of respiration, acquisition of control over the body); provision of basic needs (food, water, heat, hygiene).

According to psychological theories, stress is characterized as an internal mental state of tension that determines the methods of overcoming it. For the treatment of combat stress, the BICEPS program (brevity, immediacy, centrality / contact, expectancy, proximity, simplicity) is presented, which is widespread in US military practice. To overcome the traumatic and post-traumatic stress of civilians, a number of methods of psychological and psychotherapeutic care have been proposed, including psycho-counseling, debriefing, crisis intervention, defusing, autogenic training techniques, rational, cognitive-behavioral, physical therapy, therapy and neurotherapy.

Conclusions. Summarizing the theoretical and methodological positions of the study, two main areas of influence on the symptoms of psycho-emotional stress are identified:

1) impact on physiological aspects of life, including the satisfaction of basic human needs for food, warmth, hygiene; increase of physiological resources of an organism and restoration of the broken psychophysiological functions; 2) influence on psychological factors of behavior (motivation, value system, volitional characteristics) by means of psychological counseling, psychological rehabilitation and psychotherapy.

Their use is effective in a complex, which will increase the impact on both psychological and physiological factors of stress formation.

Key words: stress, combat stress, traumatic stress, post-traumatic stress disorder, war.

Introduction

In the conditions of full-scale war, it is natural to significantly increase the psycho-emotional load on both military and civilians. This fact leads to increased emotional burden, which manifests itself in the form of psychological stress. The state of stress affects the effectiveness of daily activities, well-being, and life satisfaction. Citizens of the occupied territories who have witnessed rocket and tank shelling, the constant noise of planes and artillery, the military from the conflict centers have particularly severe experiences, which often lead to exacerbation of various behavioral symptoms. According to R.A. Gabriel

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(Gabriel, 1986), the level of stress losses in the European army during World War II is 1 in 10 (101: 1000). Psychological help is an opportunity for them to process their past experience by reshaping it, focusing on own emotions, activating internal and external resources, which helps to cope with the problem.

Analysis of recent research

Analysis of a number of references shows that the problem of stress has often been the subject of special studies. The most common are biological: adaptation hypothesis suggested by H. Selve (Selve, 1956) and psychological: J.S. Greenberg's concept; and the model of coping strategies developed by S. Folkman & R.S. Lazarus (Greenberg, 2002; Folkman & Lazarus, 1991). The research of psychologists who study the overcoming of the effects of psycho-emotional stress in wartime deserves special attention. In particular, we refer to V.A. Alexandria's work on different views on the code of conduct in emergencies (Alexandria, 2022); M.M. Sipko's works on the study of the effectiveness of operational strategic training in stress management (Sipko, 2010); and experimental studies by R.A. Gabriel on emotional disorders related to stress in terms of military conflicts (Gabriel, 1986). At the same time, the problem of war as a factor of stress resistance leaves a lot of room for research in the domestic scientific space.

Purpose of our study

The importance of theoretical and practical elaboration of the problem, the need to determine effective psychological means of solving it led to the choice of the purpose of the article – analysis of psychological theories of stress and identifying methods to overcome it, which should be used in war.

Objectives of the study

- 1. Define the essence of the concepts of "stress", "combat stress", "traumatic stress", and "post-traumatic stress".
- 2. Find out the differences between the course of stress as a psycho-emotional state in war.

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- 3. Analyze the main theories of stress research.
- 4. Describe the approaches to overcoming it, used within these theories.

Research methods and techniques

A set of general scientific research methods was used to solve the set tasks, including: theoretical analysis, generalization, comparison, systematization of facts, theoretical modeling, and scientific interpretation.

Results and discussions

Stress can be seen as the body's response to psychological and psychophysical environmental influences. In modern psychological research, the terms "stress" and "distress" (as its variety) are used to explain a wide range of human conditions that occur due to the negative effects of external and internal factors on the body. The main mechanism of stress is an imbalance of external influences and internal reserves. The amount of resources available to man is insufficient to effectively cope with external psycho-emotional and physical stress. This indicates that the body's natural resistance is lower than the strength of emotional and physical influences of the environment, which leads to stress.

In psychology, along with the concept of stress, there is the term "distress", which is more common in hostilities (from the English "distress" – grief, suffering, exhaustion). It has a negative effect on the body and can transform human behavior. Chronic distress causes serious dysfunctional and pathological disorders in the body. Their signs and consequences often include difficulties with task-oriented coping; concentration problems; fear and anxiety for the future; apathy and emotional numbness; irritability and anger; sadness and depression; feeling powerless; severe hunger or, conversely, lack of appetite; difficulties in making decisions; crying without any apparent reason; headaches or stomach problems; difficulty with sleeping; excessive use of alcohol, antidepressants, drugs; feelings of alienation (Alexandria, 2022); violation of the sense of security; fear due

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to lack of control over the situation; disorganization; panic; excessive fuss or, conversely, numbness; physiological symptoms such as vomiting, tremor, urination, etc. (Gabriel, 1986).

Today, lots of theories indicate methods and technologies for overcoming stress. The biological theory of stress is proposed by Canadian physiologist H. Selye (Selye, 1956) and supplemented by our modern domestic researchers R.V. Alekseenko, O.D. Bulinina, V.P. Bulakh, M.A. Vashchuk, G.M. Zelenska, I.M. Isayeva, I.S. Karmazina, D.I. Marakushin, L.V. Chernobai (Marakushin, Chernobai, Isayeva & others, 2020). According to their approach, stress is a physiological reaction of the body, which occurs due to the influence of physical, chemical, psychoemotional environmental factors and helps the body survive. Researchers point out that in addition to psychological symptoms, a person may experience a variety of physiological symptoms, such as headaches, abdominal pain, chest pain, breathing problems, high blood pressure, and sleep disorders.

The rational grain of biological theories is the doctrine of adaptive reactions of the organism, which deals with the violation of internal homeostasis (balance), but focuses on the inexhaustible potential of human adaptive capacity. The adaptive response usually occurs in several stages, and the time of passage and transition to each of the stages will depend not only on the intensity of the stressor, but also on the level of stability of the organism. It is equally important to understand that each organism has individual reserves of adaptive capacity to overcome stress – taking them into account will allow you to more effectively balance the concept of overcoming a stressful situation. In addition, the removal of physiological symptoms (headaches, high blood pressure) will help to attract physiological resources of the body, such as rest, sleep, relaxation, etc. (Selye, 1956).

Equally important is the consideration of stress stages, among them: a) the stage of anxiety, which consists in the mobilization of defenses, changes in shock and anti-shock, accompanied by changes in physiological responses, respiratory rate,

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myocardial contractions, blood glucose, etc.); b) the stage of resistance, which involves the maximum intensity of stress factors and reduce the body's resistance; c) the stage of resistance, which is basically intended to increase the functional reserves of the body (normalization of the hormonal background of the pituitary gland, adrenal glands); d) the stage of exhaustion (distress), which occurs only when the stimulus continues to act, thus causing the depletion of the body's internal reserves (Bulakh, 2014).

The specifics of care is directly related to the stages of stress. For example, in the state of shock (stage of anxiety) the help will be provided to restore impaired psychophysiological functions: normalization of respiration, gaining control over the body.

Isolation from the source of stress or the maximum reduction in the intensity of stressors is important in the resistance phase. However, sometimes it is not possible – the constant danger in combat zones and during shelling in the occupied territories remains unchanged. Therefore, the main task of psychological care at this stage is to increase the body's resistance through rest, relaxation, sleep, etc. factors that allow you to restore the body's strength. Providing basic needs for food, water, hygiene is also the basis for overcoming stressors. The psychological factors are important in this context: the sense of safe of immediate environment (support from friends, family, relatives) and selforganization.

The stage of resistance requires increasing of functional reserves of the body through the use of verbal methods of psychological influence: explanation, persuasion, suggestion; use of physical factors (heat, comfortable accommodation) and, if possible, physiotherapeutic methods: baths, hardware physiotherapy, massage, and aromatherapy.

Considerable attention in the context of the analysis of the negative effects of stress deserves research on methods and psychotechnologies that should be used at the stage of exhaustion. Consideration of this issue is related to the activation of internal

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resources. At the stage of exhaustion (distress) support will increase the body's internal reserves (motivation, operational and strategic individual energy potential, motor and mental activity) (Marakushin, Chernobay, Isayeva, Karmazina, Vashchuk, Alekseenko, Bulinina & Zelenskaya, 2020).

Unlike biological, the essence of psychological theories is to focus on the development of psychological personality traits that are involved in overcoming stress. American psychologist J.S Greenberg emphasizes that the structure of stress is a combination of stressors (factors that can potentially cause a stress response) and stress reactivity (changes in mental and physiological state of the body). This interaction reveals the nature of stress quite clearly and defines approaches to it (Greenberg, 2002).

Against the general background of the functioning of various types of stress during the war, combat, traumatic and post-traumatic stress disorders are most pronounced. The concept of stress as a combat trauma is related to the psychological reaction of people in combat zones to the influence of stressors of exceptional strength (shelling, injuries, death). Traumatic stress is a typical emotional reaction of civilians to circumstances that go beyond ordinary life experience. Usually, traumatic stress is characteristic for the inhabitants of the occupied territories, who suffer with shelling, destruction, and witness the death of people. Equally important is post-traumatic stress disorder (PTSD) – a delayed response to traumatic events which usually occurs during the first three months (Korolchuk, 2016).

Under these conditions, the main emotional symptoms of stress response are: a) anxiety, fear, panic – feelings of tension of varying severity: from fear, anxiety to panic anxiety; b) anger, aggression – the reverse forms of response, which clearly shows the body's response to the inability to meet own needs. They occur when a person cannot reach a goal, so he/she tries to shift their dissatisfaction to weaker objects; c) apathy – an alienated attitude to the situation, which consists in understanding

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the inability to control the situation; d) depression – a depressed and prolonged emotional state, exacerbated by understanding of the insurmountability of stressors and the inability to cope with psychological trauma; e) inadequate emotional reactions of a protective nature (Gabriel, 1986).

One way or another, traumatic stress, combat trauma, and other similar disorders exacerbate both psychological and physical suffering. Vomiting, urination, and tremors of the extremities are the most common physiological reactions of newcomers in the early days of shelling and contemplation of the horrors of war associated with death and injury. Psychologists consider this condition to be typical in conditions of war, which is characterized by a physiological course within the norm. Some military, many civilians who have witnessed and survived the horrors of the occupation will try to return to daily life and regain a sense of control and confidence in the future, but others will find it very difficult. This is due not only to the intensity of the stressor, but also to the adaptive capabilities of the human body – the strength of nervous processes and the body's overall resistance.

During the war and military special operations a popular American program BICEPS (Brevity, Immediacy, Centrality / Contact, Expectancy, Proximity, Simplicity) is implemented in the fight against stress (Sipko, 2010); the above abbreviation has the following meanings: a) brevity (shortness) – discussion of critical events should last from 2 to 3 hours, and stay in medical institutions – no more than 3-4 days (this does not apply to those who need further treatment due to mental illness); b) immediacy – help is provided immediately after the onset of symptoms; c) centrality / contact – servicemen in need of assistance are evacuated to establishments in the immediate vicinity of the military unit. After returning to their unit, they are reintegrated through psychologists or military chaplains; d) expectancy – servicemen are informed that their reaction to stress is typical and normal, and comrades need their return. When they return,

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they are treated in the unit like all other soldiers; e) proximity – assistance is provided not only in medical units, but directly in the battalion headquarters, on light duty. This is a key factor, according to which the head of a small unit helps to overcome stress, and comrades are emotionally supportive; e) simplicity – treatment is very simple: sleep, food, water, hygiene, encouragement, details of work and conversations that restore confidence – this is more than what is needed to return the serviceman to full operational readiness.

As for civilians, the work to overcome stress is carried out according to the situation. In such difficult conditions, the following are of paramount importance: a) maximum rest, which allows you to relieve emotional stress; b) provision of accommodation, food and water; c) association with people who have experienced a similar situation; d) care for others; e) a lot of communication with loved ones, which allows you to respond to negative emotions; f) self-organization; g) information awareness and information support; g) verbal suggestion and positive self-suggestion; h) change of views on the problem; j) revaluation of values. It is important to realize that their response to stress in the face of emergencies is normal, and similar psycho-emotional states are experienced by other people who are in enemy-occupied territories or under enemy fire.

If it is possible to cooperate with a psychologist (psychotherapist) directly or by phone (on hotlines), they will provide psycho-counseling, psychorehabilitation and (or) psychotherapeutic assistance, depending on the problem. In the telephone mode, the leading method of psychological counseling will be support through psycho-counseling. Direct contact will involve all three forms of assistance. Psychological debriefing, crisis intervention, and defusing are methods of psychological rehabilitation. Psychological therapy can be provided in the form of rational, cognitive-behavioral, physical therapy, and art therapy. A positive effect is obtained by using autogenic training techniques and neurolinguistic programming.

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Within the framework of psychological care, it is important to use effective coping strategies to overcome stress, identified by S. Folkman & R.S. Lazarus. According to them, the main components of the stress model are adaptation mechanisms aimed at overcoming difficult situations. R.S. Lazarus and his colleague S. Folkman first used the concept of "coping behavior", which means the sum of cognitive and behavioral efforts spent on mitigating the effects of stress (Folkman & Lazarus, 1991). Accordingly, they define the following strategies which include: a) a strategy of distancing, which consists in trying to abstract from the problem; b) a strategy of self-control, which allows to solve the problem by self-organization and regulation of own behavior; c) strategy of seeking social support as help from other people; d) a strategy of acceptance of responsibility, which allows to realize one's role in overcoming stress; e) an avoidance strategy that in some circumstances reduces internal tensions; f) strategy of planning the solution of the problem as an analysis of own capabilities and outlining the probable results of own actions; g) positive reassessment of the situation due to the change in attitude to it (Folkman & Lazarus, 1991).

This approach to the problem makes it possible to compose an individual set of behavioral, emotional and cognitive forms of response, which are most appropriate to use in wartime.

Conclusions and recommendation

Summarizing the main positions of the study, carrying out research analysis of the main theories of stress, we have grounds for the following conclusions.

Stress in war conditions (combat, traumatic, post-traumatic) is characterized by the influence of stressors of exceptional strength, which causes a combination of psycho-emotional and physiological symptoms.

Biological and psychological theories are the most widely represented in scientific research. According to the first, stress is a violation of the body's balance between its external inf-

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luences and internal resources. The main methods of overcoming it are resistance to individual reserves of adaptive capacity, attracting physiological resources of the body, such as rest, sleep, relaxation, restoration of impaired psychophysiological functions: normalization of respiration, gaining control over the body, providing basic needs for food, water, hygiene, physical (heat, cozy accommodation) and physiotherapy (baths, massage, aromatherapy) methods.

According to psychological theories, stress is the internal mental state of tension and excitement, which determines the methods of overcoming it. The BICEPS program (brevity, immediacy, centrality / contact, expectancy, proximity, simplicity) is officially sanctioned in the US military practice for the treatment of combat stress. To overcome the traumatic and post-traumatic stress of civilians, a number of methods of psychological assistance are used: psycho-counseling, debriefing, crisis intervention, defusing, autogenic training techniques, rational, cognitive-behavioral, physical therapy, neurolinguistic programming, artography. Equally important are self-help techniques – reuniting with people who have experienced a similar situation; caring for others; communication to respond to negative emotions; information support; positive self-suggestion; and revaluation of values.

A complex of these methods will be the most effective in their combination, which will increase the impact on both psychological and physiological factors of stress formation.

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Гончарук Наталія, Онуфрієва Ліана. Аналіз методів подолання психоемоційного стресу в умовах війни.

Мета дослідження — проаналізувати психологічні теорії стресу та виокремити методи його подолання, які, можливо, і доцільно використовувати в умовах війни. Її актуальність обумовлена необхідністю надання психологічної допомоги військовослужбовцям і цивільним, котрі пережили дію чинників виняткової інтенсивності (обстріли, поранення, загибель близьких). Відповідно до мети виокремлено основні завдання: 1) визначити сутність понять «стрес», «бойовий стрес», «травматичний стрес», «посттравматичний стрес»; 2) з'ясувати відмінності перебігу стресу як психоемоційного стану в умовах війни; 3) здійснити аналіз основних теорій дослідження стресу; 4) описати підходи до його подолання, що застосовуються у межах цих теорій та є доцільними для використання в умовах війни.

Методи. Для реалізації ключових завдань використано комплекс методів наукового дослідження: теоретичний аналіз, узагальнення, порівняння, систематизація фактів, теоретичне моделювання, наукова інтерпретація.

Результати дослідження. У дослідженні представлено варіант вирішення важливої наукової проблеми, пов'язаної з аналізом методів подолання психоемоційного стресу в умовах війни. Виокремлено три основних різновиди стресу, які зустрічаються під час війни: бойовий, травматичний, посттравматичний. Визначено відмінності описаних різновидів і встановлено їх природу, яка полягає у дії стресорів виняткової сили, що зумовлює поєднання фізіологічної та психоемоційної симптоматики. У зв'язку з цим проаналізовано біологічні (пов'язані із фізіологічною природою стресу) та психологічні теорії.

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З'ясовано, що згідно з біологічними теоріями, стрес є порушенням рівноваги організму між зовнішніми впливами та внутрішніми ресурсами організму, що окреслює головні методи його подолання. Відповідно до цих теорій виокремлено методи, спрямовані на залучення фізіологічних ресурсів організму (відпочинок, сон, релаксація); відновлення порушених психофізіологічних функцій (нормалізація дихання, опанування контролю над тілом); забезпечення елементарних потреб (у їжі, воді, теплі, гігієні).

Стрес охарактеризовано як внутрішній психічний стан напруги, що визначає методи його подолання. Для лікування бойового стресу представлено програму BICEPS (brevity, immediacy, centrality/contact, expectancy, proximity, simplicity — у перекл. стислість, безпосередність, центральність/контакт, очікування, близькість, простота), розповсюджену у військовій практиці США. Для подолання травматичного та посттравматичного стресу цивільних осіб запропоновано низку методів психологічної і психотерапевтичної допомоги, до яких входить психоконсультативна бесіда, дебрифинг, кризова інтервенція, деф'юзинг, техніки аутогенного тренування, раціональна, когнітивно-поведінкова, тілесна терапія, нейролінгвістичне програмування, арттерапія та ін.

Висновки. Узагальнюючи теоретико-методологічні позиції стосовно дослідження, визначено дві основні сфери впливу на симптоматику психоемоційного стресу:

- 1) вплив на фізіологічні аспекти життєдіяльності, серед яких задоволення основних базових потреб людини у їжі, теплі, гігієні; підвищення фізіологічних ресурсів організму та відновлення порушених психофізіологічних функцій;
- 2) вплив на психологічні чинники поведінки (мотивацію, систему цінностей, вольові характеристики) засобами психологічного консультування, психологічної реабілітації та психотерапії.

їх застосування є ефективним у комплексі, що уможливить посилити вплив як на психологічні, так на фізіологічні чинники формування стресу.

Ключові слова: стрес, бойовий стрес, травматичний стрес, посттравматичний стресовий розлад, війна.

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