ISSN 2227-6246 (Print)
ISSN 2663-6956 (Online)
DOI: https://doi.org/10.32626/2227-6246.2023-59
UDC 159. 922.138-89.556.344(12)

УДК 159. 922.138-89.556.344(12)

Stress Resistance and Post-Traumatic Syndrome of Children with Hearing Impairment in War Conditions

Стресовитривалість та посттравматичний синдром дітей з порушеннями слуху за умов війни

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ABSTRACT

The aim of the article. *The author's research consisted in psychological diagnosis, the formation of psychological help for families, the creation of protocols for further work with stress and post-traumatic syndrome for psychologists with the category of children with special educational needs, in particular with hearing impairments. The purpose of the study was specified through the*

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DOI (article): https://doi.org/10.32626/2227-6246.2023-59.158-178

series of tasks: first, determination of the main factors and types of traumatic events, their duration under wartime conditions (which were the result of post-traumatic stress disorders) in children with hearing impairment; secondly, ascertainment of the psychological state of children of various ages with hearing impairment under war conditions; thirdly, the development of the basics of psychological assistance under conditions of stress or post-traumatic disorder» for the child through the family» during the war period.

Methods. *To solve the outlined tasks and ensure the reliability of the provisions and conclusions, specific scientific methods of research were used, including methods of observation, conversation, interview, questionnaire, collection of medical anamneses. The study covered 62 people with hearing impairments of special boarding schools in Kyiv, Zhytomyr, Lviv and Pidkamin. Among the specified number of children, there were also immigrants from other regions of Ukraine. The basis for observation was a pronounced, persistent (≥ 4-6 months) fear or anxiety about one or more social situations in which they may be or have been participants, objects. The situation and fear had to be repeated and cause 4-5 signs characterizing post-traumatic syndrome. Among the main test methods, the «Test for determining the level of anxiety, stress and depression IDR» was used, the «Test-Umbrella» (M. Korchevskyi) and «I and the fence» (O. Lyumarenko) as projective methods.*

The results of the research. *Based on the results of conversations and observations, it was established that post-traumatic syndrome in children with hearing impairment is a complex of children's reactions to trauma. A traumatic event is determined by experiences, negative emotions that cause fear, horror, and helplessness in most children. These are situations when a minor has experienced a threat to his own life, cruelty, loss of relatives, death or injury of another person. According to the results of the study, it was established that in the majority of children, symptoms of stress, which were noticeable in the child's behavior, appeared 3-4 months after the injury. In accordance with the conducted test methods, it was found that most children experience symptoms of re-experiencing a traumatic event. Many children have elevated levels of stress and depression. It is also described in detail that each age category of children with hearing impairment has its own characteristic type of post-traumatic syndrome, depending on age. Each of the types is characterized by a feature of behavioral reactions and affects.*

Conclusion. *Under the conditions of post-traumatic syndrome, a number of emotional-volitional, regulatory, and behavioral disorders occur in children with*

hearing impairments, which are often intense in nature and provoked by the family's attitude towards the child, the style of communication, upbringing or separation from the child, etc. During psychological diagnosis and the formation of psychological assistance, the family (parents, guardians) often complicate the child's therapy, changing the normal, adequate perception of events to those that will be convenient for adults, teaching them to incorrectly assess the situation and the ways out of it. Further studies of stress and PTSD are ongoing. The obtained results will influence the types of psychological assistance and the creation of protocols for the work of psychologists with stressful conditions under war conditions.

Key words: *child with hearing impairment, special educational needs, traumatic event, stress, post-traumatic stress disorder, stress resistance, psychological help, restress.*

Introduction

Studies in the field of post-traumatic stress developed independently of studies of stress and situations that occurred in the country and society. But the events of February 2022 significantly changed the attitude of researchers to the category of stress, post-traumatic disorders and stress resistance of humans and minors. Researchers actively began to interpret the H. Selye's scientific works. The central principle of the concept of stress, proposed in 1936 by the scientist (Selie, 1998), were the homeostatic model of self-preservation of the organism and the mobilization of resources to respond to the stressor. He divided all effects on the body into specific and non-specific effects of stress, which are manifested as a general adaptation syndrome. This syndrome goes through three stages in its development: 1) anxiety reaction; 2) stage of resistance; 3) stage of exhaustion. The scientist introduced the concept of adaptive energy, which is mobilized through adaptive restructuring of the body's homeostatic mechanisms. Its depletion is irreversible and leads to aging and death of the organism.

Such mental manifestations of the general adaptation syndrome are designated as "emotional stress" – affective experiences that accompany stress and lead to adverse changes in the

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human body (Mubarak, 2022). Such affective experiences began to intensify on the mental and physical levels of Ukrainians since emotions have been the first to be involved in the structure of any purposeful behavioral act.

Emotions were the first to be involved in the bodies of the adult and children's generation of Ukraine, starting from February 24 and until today, it was the emotional system that engaged the stress reaction during the impact of extreme and traumatic events. As a result, functional autonomic systems and their specific endocrine support, which regulates behavioral responses, were activated.

According to modern ideas, emotional stress can be defined as a phenomenon that arises in the comparison with the demands faced by a person with his ability to cope with them. If a person does not have strategies for overcoming a stressful situation ("coping strategies"), a tense state occurs, which, together with primary changes in the internal environment of the body, causes a violation of its homeostasis (Goldsmith, 2018). This reaction, as a response, is an attempt to cope with the source of stress. Such a reaction is characteristic for both an adult and a growing organism (preschool children, junior and senoir schoolchildren, teenagers). Coping with stress includes psychological (cognitive and behavioral strategies) and physiological mechanisms. If attempts to cope with the situation are ineffective, the stress continues and can lead to the appearance of pathological reactions and organic disorders (Dammann, 2019).

Under certain circumstances, instead of mobilizing the body to overcome difficulties, stress can cause severe disorders. Such violations are often characteristic for children with special educational needs, in particular, hearing impairments. Under conditions of repetition or during long-term affective reactions in connection with long-term life difficulties (for example, resettlement, living in a territory with frequent bombing, hiding in bomb shelters, loss of relatives, etc.), emotional arousal can acquire a stable, persistent negative form. In such cases, even

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when the situation is normalized, stagnant emotional arousal does not weaken, but on the contrary, it constantly activates the central formations of the nervous autonomic system. They are responsible for the «search» in the body for weak links that form violations and non-standard reactions of a child with special educational needs (Nagy, 2019).

Primary disorders arising under conditions of emotional stress in various structures of neurophysiological regulation of the brain lead to the change in the normal functioning of the cardiovascular system, gastrointestinal tract, disorder of the immune system, etc. (Tarabryna, 2010). Stressors are usually divided into physiological (pain, hunger, thirst, excessive physical exertion, high and low temperature, etc.) and psychological (danger, threat, loss, insult, information load, etc.).

Stress becomes traumatic for a child when the result of the impact of the stressor is a disturbance in the mental sphere by analogy with physical disturbances. In this case, according to the psychoanalytic concept, the structure of the «self» (Freud, 1998), the cognitive model of the world, the affective sphere, the neurological mechanisms controlling learning processes, the memory system, and the emotional ways of learning are disturbed (Wells, 2017). The fact of experiencing traumatic stress of a child with hearing impairment becomes the cause of the appearance of post-traumatic stress disorder/disorder (PTSD) after a certain period. Parents explain the child's condition as «unusual», «non-standard», «behavior has completely deteriorated», etc. But during communication with a specialist, such a family will be diagnosed with post-traumatic stress disorder.

Today, this is an urgent issue for both scientists and practitioners, since many children injured during the war need the help of specialists. Although the modern understanding of post-traumatic stress disorder/disorder (PTSD) was definitively formed by 1980, information about the impact of traumatic experiences continued to be recorded. Today, it needs updating, clarification and practical recommendations, especially regarding the activi-

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ties of psychologists and psychotherapists with such an unprotected category as children with special educational needs.

Disorders that develop as a result of the trauma experienced in war (as opposed to «normal» psychogenic states) have been described and diagnosed before. Thus, as early as 1867, K. Erichsen (Erichsen, 1976) published the work «Railway and other injuries of the nervous system», where mental disorders were described in persons who survived accidents on the railway. In 1888, M. Oppenheim introduced a well-known diagnosis of «traumatic neurosis» into practice, within which he described many symptoms that are now called PTSD (Oppenheim, 1988).

Let us emphasize the works of researcher D. Stierlin in 1909 and 1911, which became the basis for modern disaster psychiatry. Many works describing the human condition after extreme and traumatic events appeared after significant military conflicts. Thus, important studies arose in connection with the First World War (1914–1918). In 1916 E. Kraepelin characterizing a traumatic neurosis, first indicated that after severe mental traumas, permanent retraumatizing effects can remain, intensifying over time. Later, A. Myers in the work «Artillery shock in France 1914-1919» defined the difference between the neurological disorder «contusion from shell explosions» and «shell shock». A contusion caused by a burst shell was considered by scientists as a neurological condition caused by physical trauma, while «shell shock» was considered by A. Myers as a mental condition caused by severe stress (Sahin, 2022).

Thus, responses to combat involvement became the subject of extensive research during World War II. Different authors characterized such conditions in different ways: «military fatigue», «combat exhaustion», «military neurosis», «post-traumatic neurosis».

After the Second World War (1939-1945), Soviet researchers actively worked on this problem: V. Galenko (1946), E. Zalkind (1946, 1947). In 1941, in one of the first systematic studies, A. Kardiner called this phenomenon «chronic military neu-

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rosis». Based on the ideas of Z. Freud, the scientist introduced the concept of «central physioneurosis», which, in his opinion, causes the violation of a number of personal functions that ensure successful adaptation to the surrounding world. A. Kardiner believed that neurosis has both physiological and psychological origins (Freud, 1998). The scientist was the first to describe complex symptoms: 1) excitability and irritability; 2) uncontrollable type of response to sudden stimuli; 3) fixation on the circumstances of the traumatic event; 4) avoidance of reality; 5) tendency to uncontrolled aggressive reactions (Barkovets, 2018).

Similar types of violations could be observed in concentration camp prisoners and prisoners of war.

A new stage of interest and interest in this problem arose in domestic psychiatry in connection with military conflicts, natural and man-made disasters that occurred in our country in recent decades. The accident at the Chornobyl NPP (1986) was particularly difficult in terms of consequences.

In the 1980s, PTSD research became even more broad in terms of population. In order to develop and clarify various aspects of PTSD, numerous studies have been carried out in the USA. Among them, it is worth highlighting the works of R. Egendorf and A. Bowlander regarding the state of the military who were in Vietnam (Azeem Mubrarak, 2022; Bovolar, 2017).

The beginning of systematic studies of post-stress states caused by the experience of war, traumatic events related to it and their impact not only on the military population, but primarily on the civilian population, is currently taking place in Ukraine as well. This period intensified after the armed conflict with the neighboring aggressor country. Many studies now reveal the essence of the psychological state of adults who were in the occupied territories (G. Matvienko, K. Rakin, O. Savinov), soldiers, prisoners (I. Valyushko, M. Stepiko), children who experienced traumatic events together with their parents (A. Klymenko, M. Moiseeva, O. Orlov, Ya. Sharuba) (Doroshenko, 2019). Cur-

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rently, psychologists and educators are most actively developing technologies for complex diagnostics and support for children with special educational needs (with hearing impairments), survivors of violence, armed conflict, displaced from places of permanent residence, lost relatives (relatives), etc. and, as a result, have such diagnosed as post-traumatic stress disorder/disorder (PTSD). Among domestic scientists, it is worth mentioning such scientists as (A. Dushka, V. Zhuk, V. Zasenko, V. Lytvynova, S. Lytovchenko, O. Taranchenko, V. Shevchenko) and, perhaps, the names of those who have not yet demonstrated the results of their research.

The results of the reviewed numerous studies showed that the condition that develops under the influence of traumatic stress does not fall into any of the classifications available in clinical practice. The consequences of the injury may appear suddenly, after a long time, against the background of the general well-being of the child, and over time, the deterioration of the condition becomes more and more pronounced. Various symptoms of such a change in state were characterized, but for a long time there were no clear criteria for its diagnosis. There was also no single term for the designation.

Therefore, the purpose of the study is to help a child with hearing impairment who experiences post-stress syndrome/disorder during military operations and further support «the child through the family». The main and first thing is to determine the actual state at a certain point in time.

Research methods and technologies. The main goal of the study was specified through the following research tasks:

– determination of the main factors and their duration, which act as triggers of anxiety, in particular under the conditions of wartime (as a result cause PTSD) in children with hearing impairment;

– ascertaining the mental state of the main spheres of personality or their changes (emotional, behavioral, cognitive and regulatory-volitional);

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– development of psychological assistance "for the child through the family" characterized by PTSD.

In order to solve the outlined tasks and ensure the reliability of the provisions and conclusions, we used specific scientific research methods, in particular methods of observation, conversation, interview, questionnaire, collection of medical anamneses.

The study covered 62 people with hearing impairments: elementary school (12), high school (17), teenagers (24) and youth age (9) from special boarding schools in Kyiv, Zhytomyr, Lviv, Pidkamin. Among the specified number of children, 24 ones were immigrants from other regions of Ukraine. According to the gender criterion, the sample consisted of 27 girls and 35 boys. The study was conducted on the basis of the Communal Institution of the Lviv Regional Council "Pidkamin Special School of I-III Levels with Advanced Professional Training" (children with impaired hearing, mental development, speech disorders); "Zhytomyr Special School No. 2" of Zhytomyr Regional Council (children with impaired hearing, intellectual development, autistic spectrum); Special boarding school of grades I-III No. 9 of Kyiv city (hearing impairment, speech impairment); Special comprehensive school No. 335 of the city of Kyiv (visual impairment, speech impairment, hearing impairment); Terebovlia educational and rehabilitation center (hearing impairment, speech impairment, intellectual development); Compensatory preschool education institution No. 582 of Kyiv (mental development, hearing impairment, behavioral).

The basis for observation was a pronounced, persistent (≥ 4-6 months) fear or anxiety about one or more social situations in which they may be participants, objects. The situation and fear had to be repeated and cause 4-5 signs characterizing post-traumatic syndrome. Children could have internal (fear of dying suddenly, fear of pain) and external (fear of humiliation by others, embarrassment, rejection) fears. In addition, the following signs must be present: the presence of the same situations that always

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cause fear (recalls of repeated events and fear of them, increased anxiety; children had an active desire to avoid such fears, situations; fear or anxiety was disproportionate to the actual threat (taking into account sociocultural norms); fear, anxiety and/or avoidance caused significant discomfort or significantly worsened social activities/situation. In addition, in the anamnesis, the likely cause of fear and anxiety could not be another mental disorder, behavioral disorder (such as schizophrenia, agoraphobia, dysmorphophobia, etc.), in addition to the diagnosis of PTSD, which required verification.

In order to create an individual program of psychological assistance for a family and/or a child, a specialist needs to determine the nature of the traumatic event and the level of its impact. Psychologists distinguish the following five characteristics of trauma that can cause traumatic stress (characteristic depending on the age of the child) (Vona, 2016):

1) the event is realized, that is, the child knows what happened to him and what caused his psychological state to deteriorate;

2) this condition is due to external causes;

3) the experience destroys the usual way of life;

4) the event that took place causes horror and a feeling of helplessness, powerlessness;

5) the child does not realize what has happened, but feels the parents' nervousness and anxiety.

Traumatic stress is an experience of a special nature, the result of a special interaction between the child and the surrounding world. It is a normal reaction to abnormal circumstances, a condition that occurs in a person who has experienced something that is beyond his normal experience.

The psychological reaction studied by psychologists as an impact on trauma included three relatively independent phases, which allowed to characterize it as a process unfolding over time and to choose the appropriate psychological support (Korek, 2017).

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The first phase – the phase of psychological shock – contains two main components:

1) suppression of activity, inertia, change in the child's behavior, disruption of orientation in the environment, disorganization of activity;

2) denial of the event (a kind of protective reaction of the psyche). Normally, this phase is quite short-lived.

The second phase – impact is characterized by expressed emotional reactions to the event and its consequences. These can be strong fear, horror, anxiety, anger, crying, accusations, aggression - emotions that differ from the child's usual behavior by the immediacy of manifestation and extreme intensity. Gradually, these emotions are replaced by a reaction of self-doubt. The specified phase passes with thoughts "what if..." and is accompanied by the awareness of the irreversibility of the event, the recognition of powerlessness, and often by blaming the parents.

The considered phase is critical, because after it either the recovery process begins ("reaction", acceptance of reality, adaptation to newly created circumstances), that is, the third phase of normal response, or there is a fixation on the trauma and the subsequent transition to a post-stress state in a chronic form (Vovchenko, 2022).

Disturbances that develop in a child after an experienced psychological trauma affect all levels of his functioning (physiological, personal, level of interpersonal and social interaction), lead to permanent personal changes, especially in high school and adolescent children.

Among the main test methods that were used is the Test for determining the level of anxiety, stress and depression IDR, among the projective methods are the test "Me and the umbrella" (according to M. Korchevskyi), test "I and the fence" (O. Lyumarenko).

Results and discussions. Based on the results of conversations and observations, we conclude that PTSD is a complex of children's reactions to trauma, where trauma is determined

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by experiences, negative emotions that cause fear, horror, and helplessness in most people. These are situations when a minor experienced a threat to his own life, cruelty, loss of relatives, death or injury of another person, especially someone close to him. Note that, according to a survey of parents, 32.1% of children had symptoms immediately after being in a traumatic situation, 39.8% noted that the child began to change after 3-4 months, 28.1% of parents did not notice any changes after the events experienced during the war. They are the indicators that indicate the insidious nature of post-traumatic stress disorder.

There is evidence in the scientific literature that cases in which PTSD symptoms appeared in veterans of the Second World War forty years after the end of hostilities (Bavolar, 2017).

According to the features of the manifestation and course of PTSD in children with hearing impairment, three types of post-traumatic stress disorders could be distinguished:

1. Acute, developing in a period of up to three months (it does not need to be combined with an acute stress disorder that develops within one month after a traumatic event).

2. Chronic PTSD lasting more than three months.

3. Delayed, when the violation occurs six or more months after the traumatic event (but at the moment, parents do not notice any particular changes, explaining, for example, behavioral changes with age crises, general tension in society).

Parents and older children (adolescents, young men) describe their condition as persistent and vivid memories, recurring dreams about an event that struck, frequent experiences with the same emotions as the first time. During the "Me and the umbrella" test, teenagers picture a large umbrella with well-closing edges. This indicates the child's fear, the desire to be protected. Mostly umbrellas have dark colors. Rainbow or bright umbrellas for children up to 8-10 years old. And in adults aged 11-12 years and older, showers can be observed, in younger children there are clouds with droplets, or shading, sticks, like rain. The rain itself is a symbol of the experienced event, pain, trauma, stress

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and indicates the level of experience, memory of the experience. The symbol of the umbrella is protection, ways of salvation, persons who protected, etc.

Elementary school students and preschoolers, on the contrary, try to avoid talking about the events that happened. When using the "I and the fence" tests, children can draw only the fence or themselves, but in no case both the fence and themselves. This is explained by avoiding a traumatic event. Also, at the age of 10, drawings are characteristic – a fence on one side, and me on the other, as a denial of what happened.

Teenagers and young adults depict the fence along the entire length of the paper, and themselves in two variations: first, in front of the fence, and second, behind it. Accordingly, for a psychologist, this is an understanding of the fact that a teenager standing in front of a fence begins to cope with his emotions and gets out of a traumatic position. But a teenager who depicted himself behind a fence is a sign that a person needs help.

It is also important to take into account the details with which children fill in their projective drawings: who is depicted in the drawing besides the child, the ratio of sizes, the color palette and, of course, the child's story about what is depicted. Because an adult can see one thing, but a child interprets it differently. It is important to talk with the subject, clarify, for example, the choice of color and attitude towards it, etc.

In the international classification of mental disorders in traumatic stress, three groups of symptoms are distinguished: the symptom of re-experiencing (or the symptom of "intrusion"), the symptom of avoidance, and the symptom of physiological hyperactivation (Rishel, 2023).

According to the results of the study of children with hearing impairment using the IDR method, the following results were obtained: 37.6% of children are characterized by symptoms of avoidance, 39.2% – by symptoms of re-experiencing a traumatic event, and 23.2% by symptoms of physiological and affective hyperactivation. Stress and depression values are elevated.

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The anxiety type of PTSD was mainly diagnosed in children of a younger age (preschool and junior school age). Diagnostics for this age were mainly projective, as well as conversations with parents and children, observations. The specified type of PTSD is characterized by a high level of somatic and mental unmotivated anxiety on a hypothetic affective background with distress. The frequency is several times a day (no less). Symptoms are involuntary, sometimes obsessive, worrying about what «could be». Irritability and tension are also characteristic of older schoolchildren. Sleep disorders are characterized by difficulties in going to sleep with a predominance of anxious thoughts about various events, fear of horrors. After waking up, children can often describe episodes of fighting, violence, etc. Teenagers, for example, often deliberately delayed the onset of sleep and fell asleep only in the morning.

The asthenic type of PTSD characterized adolescence and was characterized by the dominance of feelings of lethargy and weakness. The mood is lowered, indifference to life events, indifference to family and educational problems, future education, profession, etc., was often characteristic. The behavior was characterized by passivity, the experience of losing the sense of enjoyment of life was also characteristic. For example, several episodes of aggressive behavior could be observed during the week. However, in contrast to the disturbing type of PTSD, in these cases, representations of the traumatic event lacked vividness, detail, and emotional color and were defined by the children as «pictures that arose as images and were obsessive, often repeated». Among the sleep disorders, the most characteristic was hypersomnia with the lack of desire to get out of bed, painful sleepiness, sometimes throughout the day. Teenagers did not hide their feelings and openly talked about all their experiences.

The dysphoric type of PTSD was characterized by a constant experience of internal dissatisfaction, irritation, up to outbursts of anger, rage, and instead a depressed-gloomy mood. This type of PTSD was also characteristic of teenagers, but to a greater

extent of youth. For example, teenagers were characterized by a high level of aggressiveness, a desire to unleash irritability on others. In the consciousness of the individual during communication, representations of aggressive content dominated in the form of images of punishment of imaginary offenders, fights, disputes with the use of physical force. Most often, teenagers were not able to control themselves and reacted violently to the remarks of others, but with a certain time they regretted it. Outwardly, the children were gloomy, their facial expressions tinged with displeasure and irritability. Avoidance and reticence were typical during communication between specialists.

During communication and diagnosis of children of various ages with hearing impairment, the primary priority was not only testing, but also identifying the leading role of a traumatic event.

It is worth emphasizing that it is too early to draw final conclusions. Since the study was started in April-May 2022 and continues until today.

Specialists collect anamnesis and individually predict the best type of psychological help in the context of not only the child, but also the «child-family». Because it is the parents who can both create emotional stress in the family and minimize it for their child.

Conclusions

Post-traumatic syndrome in children with special educational traumas, in particular with hearing disorders, is one of the most characteristic psychological conditions during the war in Ukraine. The acute, chronic negative emotional experiences are dominant: anxiety, fear, aggressiveness, irritability and dysphoria. In such states, affects arise that can reach such a level of intensity that it disorganizes the usual state of the child's cognitive, behavioral, self-regulatory, and social personality systems, complicating the process of adaptation to the events taking place. Let us emphasize that intense emotional experiences, such

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as stress and post-traumatic stress disorder are characteristic, mainly, for adults raising children whom psychologists worked with.

The family, parents often complicated the psychological therapy of the child, they changed the child's adequate, real perception of reality, did not correctly assess the situation, prevented finding an adequate way out of a stressful situation.

Some stressful situation, especially such as war usually saturated with various emotions, requires psychological support. Adults should help the child adapt to new realities, continue the educational, training and educational process. Parents, raising a young child (preschool age), choose the behavior of detachment from the child, stating, for example, something like "he/she is small – they won't remember", "I don't have time for his/her tears, there are more important problems", etc.

In addition to the mentioned problems, it is worth remembering that the armed conflict that arose in Ukraine was sudden, there are no recipes or psychological reports on how best to act in such situations. There are foreign studies, but they are not adapted to the peculiarities of our mentality, to our archetypes. This is an extremely stressful impact that is not characteristic of the everyday life of the population of Ukraine, and it can also cause unusual behavioral reactions on the part of adults in relation to the child: emotional coldness, indifference, aggressiveness, increased anxiety, anger, etc.

Therefore, taking into account all of the above, the peculiarity of the situation, the insufficiency of research into the psychological state of the most vulnerable category of Ukrainians – children with special educational needs (with hearing impairments), it is planned to continue studying the peculiarities of stress reactions, stress, depressive and anxiety states, create recommendations for parents and educators regarding the possible minimization of the impact of the war on the development of the child's personality, his further formation in the adult world.

DOI (article): https://doi.org/10.32626/2227-6246.2023-59.158-178

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DOI (article): https://doi.org/10.32626/2227-6246.2023-59.158-178

Вовченко Ольга. Стресовитривалість та посттравматичний синдром дітей з порушеннями слуху за умов війни.

Мета. *Дослідження автора полягало у психологічній діагностиці, формуванні психологічної допомоги родинам, створенні протоколів подальшої роботи зі стресом та посттравматичним синдромом для фахівців-психологів з категорією дітей з особливими освітніми потребами, зокрема з порушеннями слуху. Мета дослідження конкретизувалася через низку завдань: по-перше, визначення основних чинників та типів травмуючих подій, їх тривалості за умов воєнного часу (які були наслідком посттравмівних стресових розладів) у дітей з порушеннями слуху; по-друге, констатація психологічного стану дітей різного віку з порушеннями слуху за умов війни; по-третє, розроблення основ психологічної допомоги за умов стресу чи посттравматичного порушення «дитині через родину» у воєнний період.*

Методи. *Для розв'язання окреслених завдань і забезпечення достовірності положень та висновків було використано специфічні наукові методи дослідження, зокрема методи спостереження, бесіди, інтерв'ю, анкетування, збір медичного анамнезу. Дослідженням було охоплено 62 особи з порушеннями слуху спеціальних загальноосвітніх шкіл-інтернатів м. Києва, м. Житомира, м. Львова, м. Підкаміня. З означеної кількості дітей були також переселенці з інших регіонів України. Основою для спостереження був виражений, стійкий (≥ 4-6 місяців) страх або тривога щодо однієї або декількох соціальних ситуацій, в яких вони можуть бути або були учасниками, об'єктами. Ситуація і страх мав бути повторюваним і викликати 4-5 ознак, що характеризують посттравматичний синдром. Серед основних тестових методик було використано «Тест на визначення рівня тривожності, стресу та депресії IDR», серед проективних методик: «Тест Парасоля» (за М. Корчевським), «Я і паркан» (О. Люмаренко).*

Результати дослідження. *За результатами бесід та спостережень було встановлено, що посттравматичний синдром у дітей з порушеннями слуху – це є комплекс реакцій дітей на травму. Травмівна подія визначається через переживання, негативні емоції, які у більшості дітей викликають страх, жах, безпорадність. Це ситуації, коли неповнолітня особистість пережила загрозу власному життю, жорстокість, втрату рідних, смерть чи поранення іншої людини. За результатами дослідження було встановлено, що у переважної кількості дітей симптоми стресу,*

DOI: https://doi.org/10.32626/2227-6246.2023-59
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які було помітно в поведінці дитини, з'явилися через 3-4 місяці після травми. Згідно проведених тестових методик виявлено, що більшість дітей переживає симптоми повторного переживання травмівної події. У багатьох дітей є підвищеними показники значень стресу та депресії. Також детально описано, що кожна вікова категорія дітей з порушеннями слуху має свій характерний тип ПТСР, залежно від віку. Кожен із типів характеризується особливістю поведінкових реакцій та афектів.

Висновки. *За умов ПТСР у дітей з порушеннями слуху виникає низка емоційно-вольових, регуляційних, поведінкових порушень, які часто мають інтенсивний характер та спровоковані ставленням родини до дитини, стилем спілкування, виховання або відсторонення від дитини тощо. Під час психологічної діагностики та формування психологічної допомоги родина (батьки, опікуни) часто ускладнюють терапію дитини, змінюючи нормальне, адекватне сприйняття подій на такі, як буде зручно дорослим, навчали не вірно оцінювати ситуацію та шляхи виходу із неї. Подальші дослідження стресу та посттравматичного синдрому тривають. Отримані результати впливатимуть на різновиди психологічної допомоги та створення протоколів діяльності психологів зі стресовими станами за умов війни.*

Ключові слова: *дитина з порушеннями слуху, особливі освітні потреби, травмівна подія, стрес, посттравматичний стресовий розлад, стресостійкість, психологічна допомога, рестрес.*

Original manuscript received 07.01.2023
Revised manuscript accepted 11.03.2023

DOI (article): https://doi.org/10.32626/2227-6246.2023-59.158-178