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FEATURES OF THE PSYCHOEMOTIONAL STATE OF INTERNALLY DISPLACED FAMILIES FROM THE WAR ZONE

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Abstract

The article is devoted to the issues of psycho-emotional reaction due to emergency situations. The features of the influence of the nature of emotional expression, the presence of *anxiety* and *depression* on the somatic state of children and adolescents in conditions of internally displacement from the war zone are considered. The purpose of a research is to study the impact factors of the parental model of psycho-emotional coping with stress on the somatic state of children and, as a result, the formation of disorders of the psychosomatic spectrum. To study the psycho-emotional state of parents, we used *depression* questionnaires, health questionnaires "PHQ-9" and "GAD-7", and the "Multidimensional Scale of Perceived Social Support" ("MSPSS") methodology, which made it possible to identify factors in the formation of emotional disorders. To analyze the general somatic status of children from internally displaced families and being treated in the departments of gastroenterology, the questionnaire "BFB-K" was used. The results of the research showed the presence of a relationship between the psychoemotional state of parents and children, as one of the

factors in the formation of psychosomatic complaints of children and the development of somatic aggravation of the condition.

Keywords

Internally Displaced Persons – Psycho-emotional state – Anxiety – Depression

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Introduction

The current situation in Ukraine is characterized by a series of ongoing emergencies and general instability. Since 2014, as a result of a military conflict, according to the UN, more than 1 million citizens have become internally displaced persons, by 2015 – about 2 million. According to the data of the Ministry of Social Policy of Ukraine, from April 22, 2019, the number of displaced people continues to grow (according to the Unified Information Base, 1.376.517 people were registered)¹.

The author O. F. Novikova² analyzed a number of psychosocial problems faced by forced displaced families from Donetsk and Lugansk regions, assessing the leading factors: loss of housing, work, and familiar living conditions.

The author assessed the scale of forced migration from the zone of military conflict as the second most massive relocation of Ukrainian citizens after the Chernobyl disaster. The unpreparedness of the population for a long-term loss of housing was noted, it was indicated that most families estimated the duration of internally displacement for no more than three months.

There was also a lack of readiness of the authorities and structures of the executive and legislative branches of government on issues of protecting the rights and interests of the indicated category of people. The listed factors, according to the author's observations, formed a number of socio-psychological problems of the selected category people, significantly complicating the process of their adaptation to new conditions in general³.

Features of the psychological perception of the fact of migration as a temporary difficulty of a large number of internally displaced people are also reflected in the works of O. Ye. Blynova⁴ and S. V. Murasheva⁵. It has been established that a significant part refuses to assimilate in the host society, does not perceive the need for integration in the new conditions as a need for hope in the near future to return home. The attitude to what is happening, as to temporary residence in forced conditions, is, in its turn, an important feature in general psycho-emotional picture of a person's perception in new difficult conditions.

The author noted the fact that, due to the large number of people faced with the need for migration, the question of the socio-psychological problems they experience is becoming global. A number of psychosocial and economic problems of internally displaced people arise, due to the lack of an effective migration policy, government

¹ O. Ye. Blynova, "Socio-psychological features of the attitude of the host community to IDPs", Scientific Bulletin of Kherson State University, Vol: 3 num 2 (2017): 136-141 y N. D. Volodarska, "Technologies of psychological well-being restoration of internally displaced persons", Insight: the psychological dimensions of society, num 1 (2019): 79-83.

² O. F. Novikova, "Transformation of problems of Donbass migrants: from social protection to a resource of development", Economic Bulletin of Donbass, Vol. 2 num 48 (2017): 4-14.

³ O. F. Novikova, "Transformation of problems ...

⁴ O. Blynova; I. Chervinska; V. Kazibekova; H. Bokshan; S. Yakovleva; O. Zaverukha y I. Popovych, "Social and Psychological Manifestations of Professional Identity Crisis of Labor Migrants", Revista Inclusiones, Vol. 7 num 3 (2020): 93-105.

⁵ S. V. Murasheva, "Impact of forced migration on host regions", Society and Security Insights, num 3 (2019): 98-110.

authorities of a number of states that make situational, fragmented decisions regarding this category of people⁶.

In turn, O. Ye. Blynova carried out a study of the problem of adaptation of internally displaced people and singled out the socio-psychological aspect as a main one. She noted that the attitude of the local population, acting as a host for IDPs, is an important aspect in the process of their adaptation and adaptation of children.

According to her observations, the most characteristic features of internally displaced persons are reactions of anger, hostility towards the local population, which is caused by a state of loss of control over what are happening, a state of incompetence, and unpreparedness to make decisions in an objectively difficult life situation. Thus, the general coping strategy for stressful events is maladaptive⁷.

The question about the features of socio-psychological adaptation of the most unprotected category among the internally displaced, in particular of children, is especially acute in the topic that is being discussed. The authors T. A. Spirina and L. A. Mohova⁸, analyzing the psychosocial conditions for the adaptation of migrant children, emphasized the need to adapt to a new environment. They noted the presence of a number of problems for these children in adaptation issues not only at the personal, psychoemotional level, but also the development of new learning conditions for themselves, interaction with new people.

Among the positive and negative aspects of the psychosocial and pedagogical maladaptation of children from migrant families, the author V. A. Mishkina⁹ identified the main socio-pedagogical aspects. She especially emphasized the problems in the process of socio-psychological adaptation of adolescents. She indicated that the state of stress is associated with a change of residence's place. This in turn leads to a change in the usual way of life, communication. The mental state of children is influenced by the specificity factor of the parental model of adaptation to stressful events.

Of course, situations that cause a constant sense of fear amid threats to life and the future affect the general psychological state, motivation for further activity and adaptation mechanisms. Particular attention, in conditions of internally displacement of persons from the war zone, is given to the risk group - to children and adolescents. Parents' internal worries and intra-family conflict relationships affect their physical and psychological state¹⁰.

A review of other scientific studies on the issue of labor migration¹¹, the psychoemotional well-being of families¹² internally displaced from the war zone¹³ showed

⁶ S. V. Murasheva, "Impact of forced ...

⁷ O. Ye. Blynova, "Socio-psychological features ...

⁸ T. A. Spirina y L. A. Mohova, "Research of the problems of migrant children as a condition of their socio-pedagogical support", The world of science, culture, education, num 3 (2016): 98-110.

⁹ V. A. Mishkina, "A retrospective analysis of work with children of migrant families", Bulletin of Economic Security, num 4 (2018): 317-319.

¹⁰ L. M. Balabanova, "Psychological features of reflection of internally displaced persons", Problems of extreme and crisis psychology, num 22 (2017): 51-59.

¹¹ O. Blynova; V. Lappo; V. Kalenchuk; O. Agarkov; I. Shramko; L. Lymarenko; I. Popovych, "Corporate Culture of a Higher Education Institution as a Factor in Forming Students' Professional Identity", Revista Inclusiones, Vol. 7 num Especial (2020): 481-496 y I. M. Halian; O. I. Halian; DR. ROSINA SHEVCHENKO / PH. D. ABBAS KAAFARANI / PH. D. TETIANA ALIIEVA / DR. LIYBOMYRA PILETSKA

the need for a deeper study of the factors affecting the parental model of psychoemotional coping with stress on the somatic state, especially the formation of disorders of the psychosomatic spectrum of children.

The purpose of the empirical study is to examine the impact factors of the parental model of psycho-emotional coping with stress on somatic state; analyze the formation of disorders of the psychosomatic spectrum of children.

Research of Methodology

The methodological starting points of our research in the context of studying the features of the psychoemotional state of internally displaced families from the war zone are an approved methodological complex using psycho-diagnostic tools. This methodology has been tested by researchers in the study of violations of adaptation, *anxiety*, innovation, sensory regulation in a situation of uncertainty¹⁴, as well as in the study of mental expected states in various activities¹⁵. All these experimental and empirical studies contained elements of the research of the psychoemotional state of the personality.

Psychometric methods for measuring the psychoemotional state of internally displaced people from the war zone were used in the research: *depression* questionnaire, health status questionnaire PHQ-9¹⁶, questionnaire GAD-7¹⁷.

The psychodiagnostic method was used to analyze the level of adaptation: Multidimensional Scale of Perceived Social Support (MSPSS) (G. D. Zimet)¹⁸, adaptation of the questionnaire N. A. Sirota and V. M. Jaltonskij¹⁹.

- L. Ye. Gusak; H. I. Bokshan y I. S. Popovych, "Communicative Competence in Training Future Language and Literature Teachers", Revista Amazonia Investiga, Vol: 9 num 29 (2020): 530-541.

 12 O. Ye. Blynova y K. O. Kruglov, "The value of social capital for the psychological well-being of employees", Insight: the psychological dimensions of society, num 1 (2019): 72-78.
- ¹³ V. Yu. Zavatskyi; L. S. Piletska; N. Ye. Zavatska; O. S. Semenov; O. O. Blyskun; O. Blynova; V. V. Yaremchuk y I. S. Popovych, "Systematic Rehabilitation of Student Youth with Post-Traumatic Stress Disorders under Conditions of the Armed Conflict in Eastern Ukraine", Revista Espacios, Vol. 41 num 6 (2020).
- ¹⁴ A. Halian; I. Halian; I. Burlakova; R. Shevchenko; V. Lappo; I. Zhigarenko y I. Popovych, "Emotional Intelligence in the Structure of Adaptation Process of Future Healthcare Professionals", Revista Inclusiones, Vol. 7 num 3 (2020): 447-460 y O. Kononenko; A. Kononenko; V. Stynska; O. Kachmar; L. Prokopiv; H. Katolyk y I. Popovych, "Research of the factor structure of the model of world view settings at a young age", Revista Inclusiones, Vol. 7 num 3 (2020): 98-116.
- ¹⁵ I. Popovych; G. Laliuk; M. Aleksieieva; A. Popovych; V. Bondarenko; O. Kovtun y O. Tsiuniak, "Sociocultural metrics of the personal paradigm of orphans' upbringing in pedagogical theory and practice of Ukraine", Revista Inclusiones, Vol: 7 num 3 (2020): 343-356 y O. Tsiuniak; A. Pyslar; G. Lialiuk; V. Bondarenko; O. Kovtun; O. Los y I. Popovych, "Research of interdependence of variables and factor structure of masters' readiness for innovative pedagogical activity", Revista Inclusiones, Vol: 7 num 3 (2020): 427-452.
- ¹⁶ K. Kroenke; R. L. Spitzer y J. B. Williams, "The PHQ-9: validity of a brief depression severity measure", J. Gen. Intern. Med. Vol: 16 num 9 (2001): 606-13.
- ¹⁷ B. Bandelow, "Guidelines for the pharmacological treatment of anxiety disorders, obsessive-compulsive disorder and posttraumatic stress disorder in primary care". Int. J. Psychiatry Clin. Pract., Vol: 16 num 2 (2012): 77-84.
- ¹⁸ G. D. Zimet; N. W. Dahlem; S. G. Zimet; G. K. Farley, "The Multidimensional Scale of Perceived Social Support", Journal of Personality Assessment, num 52 (1988): 52:30-41.

A child complaint questionnaire (BFB-K)²⁰ was used to analyze the condition of children.

Questionnaires PHQ-9 and GAD-7 made it possible to assess the severity of depressive and anxious manifestations due to emergency situations. The MSPSS technique allowed us to evaluate the adaptation process in new living conditions.

The BFB-K questionnaire made it possible to assess the general somatic status of a child, as well as identify symptoms of a "psychosomatic nature" that can serve as "markers" of the child's stress state.

Participants

From 2014 to 2019, the research involved 134 families (398 people) who were internally displaced from the war zone and undergoing treatment at the Communal Non-Profit Enterprise "City Children's Clinical Hospital No.19" of the Kharkiv City Council (Kharkiv region, Ukraine). The research was conducted in compliance with ethical standards²¹ with the informational agreement of parents.

The inclusion criteria in the research were the presence in the near history of an objective psycho-traumatic situation (internally displacement due to hostilities) of a threatening nature with personal significance for family members.

Procedures and instruments

The research was organized on the basis of the Kharkiv Medical Academy of Postgraduate Education by the Department of Psychotherapy, Department of Pediatric Gastroenterology and Nutrition; Odessa National Maritime University Department of Practical Psychology; Kherson State University Department of General and Social Psychology. A study of internally displaced families from the war zone took place in the Kharkiv Regional Children's Hospital of the Department of Gastroenterology, where 134 families applied for help. The study examined 212 parents and analyzed complaints from 186 children. Of these, 78 complete families and 56 families with one parent (mother). The average age of children was in the range of 6.8–13.7 years (SD = 4.32), from primary school age to adolescence.

Data analysis

Statistical processing of empirical data and graphical presentation of the results was carried out using the statistical programs "Statistical Package for the Social Sciences" v. 21.0 and "Microsoft Office Excel 2007". To obtain reliable data, the Fisher angular transformation criterion was used. Differences between values of parameters at level p≤.05 considered statistically significant.

N. A. Sirota y V. M. Jaltonskij, "Copping-behavior and psychoprophylaxis of psychosocial disorders in adolescents", Review of Psychiatric and Medical Psychology, num 1 (1994): 63-74.
 K. Hock; H. Hess y E. Schwarz, "Child Complaints Questionnaire (BFB-K)". IJCP, Vol. 2 num 1 (1978): 34-44.

²¹ "WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects". 2013.

Results of Research

According to the results of the "PHQ-9" questionnaire, self-esteem of *depression* and psychometric characteristics of people internally displaced from a war zone in the group with severe depressive symptoms (more than 20 points) was included 20.28% (n = 43), 31.60% (n = 67) have symptoms of expressed *depression*, 38.21% (n = 81) – mild level of *depression* (see Tabl. 1).

The level of expression of depressive symptoms	N, 134 families (212 parents)	
	M	%
No depression (0-4 points)	0.00	0.00
Mild depression (5-9 points)	81.00	38.21*
Moderate depression (10-14 points)	21.00	9.91
Expressed depression (15-19 points)	67.00	31.60*
Severe <i>depression</i> (more than 20 points)	43.00	20.28

Note: M – arithmetic mean; * – Fisher's angular transformation by the criterion ϕ is significant at p_{ϕ} <.05

Table 1

Distribution of *Depression* Levels in Internally Displaced Families from the War Zone

Thus, in 52.0% of internally displaced families from the war zone, parents have an expressed *depression*.

The essential factors in identifying the cause of the formation of expressed depressive symptoms are objective stressful factors – threats (hostilities) and subsequent loss. It should be noted that the definition of "loss" includes affection, social status and supports of life processes (circle of friends, stability, certainty, housing, life). Both factors violate the integrity of the border of the individual and the family as a whole. Under the influence of such a combination of factors, *depression*, hopelessness, powerlessness and guilt are dominant in symptoms. Thus, the expressed demonstration of depressive symptoms acts as an "analgesic" component that reduces the severity of the experienced events for a parent, but has a negative effect on family members, in particular on children.

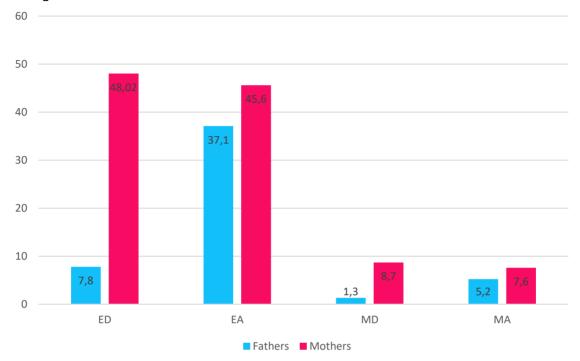
In families where one of the parents expresses severe depressive symptoms, children experience psychosomatic expressions in the form of complaints of gastrointestinal upsets, pains in the heart, headaches, tearfulness, difficulty in bronchial diseases, weakness, sleep disturbances and fears (with infantile expressions).

The analysis of the results according to the data of the "GAD-7" questionnaire showed the nature and intensity of expression of anxious components in families that are internally displaced.

According to the results of the questionnaire, 55.66% (n=118) had a high level of *anxiety*, 33.49% (n=71) had a middle level of *anxiety*, and 10.85% (n=23) had a moderate level.

When comparing the indicators of *anxiety* and *depression* of parents, the specificity of the response in complete families seems distinctive (see Fig. 1). For fathers, experiencing stressful events is associated with high rates of *anxiety*, while mothers express more depressive symptoms.

Given the specifics of the response, it is possible to assume that the imposed living conditions for the formation of economic stability fall on the shoulders of men, and the setting of life – on women.



Note: ED – expressed *depression* more than 15 points; EA – expressed *anxiety* more than 15 points; MD – moderate *depression* 10-14 points; MA – middle *anxiety* 10-14 points. Figura 1

Distribution of *depression anxiety* levels in complete families among parents

A further model of reluctance is determined by the need for activity: active physical, in the case of a parent forced to work in new conditions, or organization of housing and life, in the case of staying at home with children.

For parents who have high *anxiety* rates, complaints about the presence of a prolonged sensation of neuromuscular tension and sleep disturbance, fatigue and irritability are most characteristic. However, during the conversation, *anxiety* was not mentioned in assessing one's state, which indicates a lack of awareness of emotional experiences and reduced criticism of one's own experiences. The main complaints were somatic discomfort, fears, headaches, a feeling of tension, worsening of chronic diseases. In general, medical practice, this problem is described as overlap syndromes (overlap-syndrom)²². In this research, attention is paid to the specifics of responding to stressful events through somatic worsening of health, which in turn affects somatic complaints of children.

An analysis of the children's condition from internally displaced families from the war zone showed complaints of psychosomatic and neurotic registers (see Fig. 2).

²² L. A. Aaron y D. Buchwald, "A review of evidence for overlap among unexplained clinical conditions", Ann Intern Med., num 134 (2001): 868-881.

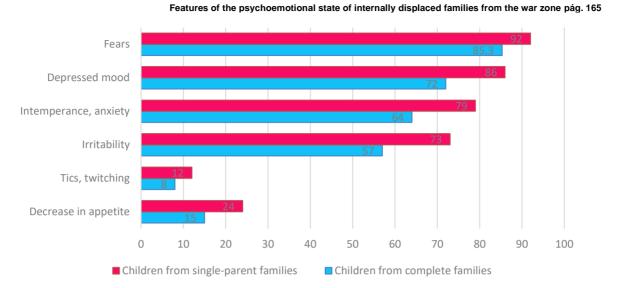


Figura 2
Complaints' distribution of children from complete and single-parent families, internally displaced from the war zone

The most frequent complaints of children were expressed in the form of psychological stress: 92.0% of children from single-parent families and 85.3% of children from complete families spoke about fears of death, darkness, loneliness, repetition of the situation (relocation), reduced background mood, tearfulness was observed in 86.0% and 72.0% of children, 79.0% and 64.0% of children showed feelings of *anxiety* and intemperance, frequent conflicts and bickering.

So, if we analyze the nature of health complaints of children in these families, the following picture is observed: primary complaints of somatic state of health in 83.2%, were not previously observed and were not registered with a doctor with gastrointestinal disorders (67.5%), cardiologist (15.7%); worsening of chronic complaints of general well-being (fatigue, headaches, dizziness, nausea, declined memory and concentration of attention) in 52.4%; worsening of general school performance, decreased motivation for business, loss of interest; worsening of family relations, increased family conflicts. The study of indicators of social support according to the "MSPSS" questionnaire is considered as a mitigating subjective barrier when exposed to pathogenic stress. 42.8% point out a low support rate for the subscales "friends", "family" and "total support" (see Tabl. 1).

	N, 134 families (212 parents)		
Type of support	Complete families, n=72	Single parent families, n=56	
	M±SD	M±SD	
Family	1.78±0.89	1.22±0.37	
Friends	1.95±0.75	1.15±0.41	
Others Significant	2.01±0.56	1.42±0.32	
Total support	2.34±0.52	1.96±0.43	

Note: M – arithmetic mean; SD – mean-square deviation.

Table 1

Distribution of *Depression* Levels in Internally Displaced Families from the War Zone

Particular attention is paid to the issue of family cohesion in the context of a general experience of traumatic events, where the main factor is internal and emotional support. A low result in the "family" subscale indicates a violation of the boundaries of communication and a lack of trust. Given the nature of the stressful event, the low level of perceived support leads to a maladaptive model of the functioning of the whole family.

The indicator of social support in internally displaced families from the war zone is considered in terms of prevention, which is formed as a specific activity to preserve the physical and psychological well-being of the family. From this point of view, the subscales "friends" (1.78±0.89 and 1.22±0.37) and "others significant" (2.01±0.56 and 1.42±0.32) have reliably low results. However, the leading factor in the feeling of support for this group is the indicator of "family", the values of which are also low, which in turn affects the psycho-emotional state of parents and children.

Discussions

The study of the expression of the consequences of emergency situations on the psycho-emotional state of families and maladaptive reactions of children with subsequent psychosomatic complaints occupies a leading place in the mental health system. An analysis, on the one hand, of anxious and depressive expressions of parents, an indicator of their neuropsychic adaptation and level of social support, allows us to see the general picture of adaptive capabilities and stable resilience to difficult living conditions. On the other hand, an indicator of an effective model of resilience in the family is the mental state of children, which was assessed by the presence of somatic complaints, analyzed as a criterion for maladaptive expressions of family relationships in a difficult life situation. However, it is necessary to pay attention to the further study of the relationship of coping strategies, the mechanism of coping with stress of parents with the formation of psychosomatic disorders of children, which will allow us to develop methods of correction and psychoprophylaxis.

Conclusions

Note that severe stressful events have a devastating effect on the psychoemotional and personal spheres of respondents. According to the results of the research, there is a relationship between the emotional state of parents and children internally displaced from the war zone. The special sensitivity of the childhood category of children to the effects of external and intrafamily factors is reflected in their specific adaptive capabilities. The negative and excessive effects of stress factors on children lead to a decrease in their resilience and, as a result, the formation of psychosomatic disorders. In turn, psychosomatic disorders are transformed into chronic forms of psychosomatic pathologies. All parents' attention is concentrated on the process of restoring the somatic state of the child, along with the worsening of their own psycho-emotional state (increased anxiety and depression).

In connection with the above, the research is based on the study of the features of the psychoemotional response of all family members, as a single system, which in a stressful situation serves either as a catalyst for mental disorders, or as a supporting component in the resilience and adaptation of the body.

The studied factors of the influence of the parental model of psychoemotional coping with stress on the somatic state must be used in rehabilitation practice. The study

of disorders in the formation of the psychosomatic spectrum of children provides a wealth of material for the preparation of students in specialized specialties.

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