

Social Works in Certain Areas of Donetsk and Lugansk Regions

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ABSTRACT

Prevention of negative phenomena in the environment is compounded by the annual growth rate of crisis phenomena in society. They are closely linked to the political, socio-economic situation and instability in the Ukrainian society. There is acute discussion about military actions in some districts of Donetsk and Lugansk regions. Also, insufficient attention from the authorities in the areas of hostilities encourage professionals to organize social works through assisting children and young people and the elderly to create a positive view of a healthy lifestyle. In modern conditions, there is a need for social and psychological assistance caused by fear, post-traumatic stress disorder, economic crisis, depression, anxiety and cognitive process destabilization. The experience of Polish specialists working with people in combat zones is very useful for social workers in Ukraine.

Keywords: social work, rehabilitation, prophylaxis, deprivation, anxiety, fighting, nervous condition

1. INTRODUCTION

The general socio-economic, socio-political hardship faced by different age groups of people living in separate districts of Donetsk and Luhansk regions (ORDLOs) requires concentration of efforts of State bodies, specialists of social services and other social institutions to solve a complex of the most acute issues. That is why the organization of necessary measures for social rehabilitation, psychological counseling, negotiation, training, etc., has become one of the main tasks of social workers in preventing negative phenomena in the environment.

The usefulness of preventing negative phenomena in the environment is intensified by the fact that each year the number of crisis phenomena in society grows. They are closely linked to the political, socio-economic situation and instability in the Ukrainian society. There is acute discussion about military actions in some districts of Donetsk and Luhansk regions.

Separate districts Donetsk and Lugansk regions - the concept in the administrative-territorial unit of Ukraine, uniting part of the territories Donetsk and Lugansk areas of Ukraine. The boundaries of the territories were legally defined in March 17th the basis of the line of demarcation between the armed forces of Ukraine and armed opposing them formations of self-proclaimed Donetsk and Lugansk People's Republics in September 19th 2014 year (date of signing Minsk memorandum). Limits of the territories do not include settlements, the control over which was lost by Ukraine after September 19th 2014 year, in particular, the important city of Debaltsevo.

According to the Resolution No. 252 from March 17th 2015 «On the definition of separate districts, cities, villages of Donetsk and Lugansk regions, where a special procedure for local government is included», the territories are limited by the state border between Ukraine and the Russian Federation, by the aisle of the Azov Sea.

Yuri Wishniewski presents official demographic data on population quantity of occupied territories Donetsk and Lugansk regions. UNSD (United Nations in 2014 Russia occupied the Crimean peninsula, Ukraine informed UNSD (United Nations Statistics Division) - the United Nations Statistics Division - about the impossibility of providing statistical data on the Autonomous Republic of Crimea and the city of Sevastopol (in particular, data on the population) resulting from the annexation of these Ukrainian territories by the Russian Federation. Therefore, the demographic (Demographic Yearbooks UNSD2014 p. Yearbook of UNSD) starting in 2014 provide data on the number of population of Ukraine without consideration of Crimean population, and data on the number of population of Russian Federation are not given at all (instead of the number there are placed three points). However, UNSD Ukraine did not send such a UNSD message concerning occupied Russia territories of Donetsk and Lugansk regions. It explained, firstly, that Russia did not dare to include these territories in composition, as it did with the, with the Crimea, and secondly, the fact that it was concluded with Minsk agreements, which confirmed that these territory should return under the control of Ukraine. Therefore, the State Statistics Service of Ukraine (Derzhstat) continues to consider population of occupied territories with two eastern regions.

Derzhstat Reports these data to the UNSD data and promulgates it on their own site and in their own printed publications. In particular, in its own annually statistical collections „Number of available population of Ukraine“ submits information on the January 1 for each, region, as well as for each city with regional submission and each area (including occupied cities and districts of two eastern regions) with a breakdown into urban and rural areas population. Since the boundary between occupied territories and the territories controlled by Ukraine is well known, using these collections of Derzhstat it is possible to calculate official number of occupied population territories and explore how it changed over the period from January 1, 2017.

According to Data from January 1, 2014 in the Donetsk and Lugansk, regions lived 6583 thousand people, inclusive 3894 thousand (or 59.15% of the total quantity) in those settlements that are now occupied. Urban population of the 62,8%, - two areas on the date amounted was 5885 thousand people, 3696 thousand of which, or 62.8% - on the territory which is now occupied. Simultaneously rural population of two regions amounted 698 thousand people, including on the territory of that is now occupied - 198 thousand, or simply 28.37%. Thus, the invaders succeeded to capture the territory on which only 5.1% of the population (198 of 3894 thousand) lived in rural areas.

2. BACKGROUND

Actually, this territory - is continuous industrial strip from Lugansk to Donetsk with added little agricultural zones (in particular, located directly near to the border with Russia). In this industrial strip there are interspersed residential zone, coal mining zone and other industrial enterprises (in most situations the are long gone bankrupt, closed or stopped recently, already through occupation measures time) and huge industrial waste zone (in particular, waste heaps from waste rock after extraction of coal) that pollute air and groundwater. From the economical point of view, this territory is depressive area, in terms of ecology - a solid zone of ecological catastrophe, from the demographic point - a fast zone of population extinction. According to the Derzhstat in 2013, year before Russian interference, general coefficient of the birth rate in the Donetsk and Lugansk regions was respectively 9.4 % and 9.1 % (per 1,000 people of available population) and significantly conceded middle Ukrainian indicator that was 11.1%. Simultaneously the general coefficient of mortality in these both areas is 15.9 % (per 1,000 people of available population) and was markedly higher from middle Ukrainian indicator that was 14.6 %. So general rate of natural population growth (calculated as the difference between coefficients of birth and mortality) was 6.5% in Donetsk and - 6.8% in Lugansk, while the average for Ukraine -3.5 % (per 1,000 people of available population). Also noticeable was migration outflow of the population from these two areas. Integral consequences of

demographic crisis in the Donetsk and Lugansk region could be seen from next comparison. During ten years, from January 1, 2004 to January 1, 2014, the population of Donetsk area was reduced due to all of the factors (low birth rate, high mortality, migration) by 8%, Lugansk - by 9.4%, and the rest of the regions of Ukraine - by 3.9%. It means that the Donetsk and Lugansk population has been declining more than twice faster than other regions Ukraine. However, these data refer to the entire territory of Donetsk and Lugansk regions. In the minim cities, the Indexes were worse. In addition, that it why these cities became under occupation.

After Russian interference, demographic trends in the Donbas sharply changed, mostly to the side of degradation. The first consequence of occupation was a wave of refugees. Many people had all reasons all to fear for their own life. For the young families an important motive was the desire not to endanger their own children. In addition, a lot man wanted intended to void forced mobilization to occupation troops. To motives of personal security were added economic motives: every time more people lost their business or were lost their jobs. In addition, from the occupied Donetsk and Lugansk government agencies were evacuated, and together with them many regular workers moved to Mariupol, Kramatorsk, Artemivsk (now Bathmat), Severodonetsk Also higher education institutions were evacuated (in particular, Donetsk National University of W. Stus was moved to Vinnitsa), and after teachers a lot of students moved to a new place of studying studying. Among those who left the occupied areas dominated young and middle age people y т. ч. including children of preschool and school age. The amount of people who are retired and of old age was relatively small. Typical phenomenon was when the adult children moved to a controlled Ukrainian territory, and their parents pensioners stayed for not to leave their their property. Occupied territories massively left graduates of schools to join the Ukrainian ra and other higher educational institutions. For these categories of applicants was installed special, simplified procedure for admission to Ukrainian universities. According to this system a passport, a certificate of full general average education, certificate of external independent evaluation are not obligatory not. In general, the consequence of all mentioned trends is essentially difficult situation in demographic structure of the population on the occupied territories. It is clear, that. It is clear Reduction of of young population is also a consequence for birth reduction reduction. The curfew cur is significantly impairy im life of young people, leading to uncertainty in the nearest future. Therefore, long as the territory will stay under occupation, the share of the young generation will be reduced. Simultaneously the part of elderly people will grow. Moreover, this, in turn, will have consequence of further growth of general coefficient of mortality. Thus, the occupation has brought the local population in the demographic spiral of difficult life circumstances.

Also, insufficient attention from the authorities in the areas of hostilities encourage professionals to organize social work through assisting children and adolescents, young

people and the elderly to create a positive view of a healthy lifestyle. In modern conditions there is a need for social and psychological assistance caused by fear, post-traumatic stress disorder, economic crisis, depression, anxiety, cognitive process destabilization, neurotic reactions, etc. People deal with such problems themselves without knowing who can help them. Social workers must help in addressing the needs of adaptation to new living conditions, assessment and providing standards of life when basic physiological needs meet the forefront. In Poland there are clinics and rehabilitation centers that provide assistance, psychological counselling to veterans. In complicated cases, the Clinic of Psychiatry and Military Stress Acting at the Military Medical Institute in Warsaw provide such assistance.

The Polish state in the area of assistance to veterans has introduced normative acts, in particular the Law on Veterans of Combat Action outside the state. Soldiers returning from foreign missions must undergo a medical examination in special commissions; one of the elements of this survey is a psychologist and psychiatrist survey. Taking into account the situation in Ukraine, and taking into account the experience of foreign specialists in Poland, it becomes clear that we have to approach in a phased, systematic way, taking into account features of this situation.

Together with the negative experience, acquisition residents of the territory suffer from physical and psychological trauma. As is known, the adaptation of people living in war conditions is complicated by numerous socio-psychological problems, which actualizes the need for rehabilitation work. Rehabilitation work (lat. *rehabilitatio* - recovery) has several components: medical, psychological and social. All components are interconnected and should be provided with a complex of rehabilitation measures. After all, medical rehabilitation (restorative treatment for the prevention of disability) aimed at achieving the mental, social, economic, professional value of a person. It pursues the same goal as socio-psychological rehabilitation, mainly the restoration of mental and physical forces of the body in order to ensure the social integration of the individual in the social environment. The scientific study of the issue of socio-psychological rehabilitation of ORDLO residents is required for organizing a set of measures to provide social-psychological assistance and to improve the system of social protection, which is the purpose of the article.

Social work for survivors in an area of anti-terrorist operation can be divided into palliative and hospice care. The main tasks of which are:

- conducting educational and protective measures for developing of the potential of citizens (clients) to overcome difficult life situations;
- providing effective social and psychological rehabilitation, in particular, involving the citizens themselves and non-governmental (volunteer) organizations;
- establishing links between citizens (clients) and existing social services and other organizations that have the necessary resources to provide relevant services.

Particular role is played by the establishment of cooperation with international programs of technical, humanitarian etc.

The functions of social work in the ORDLO, from the point of professional activity, are:

- 1) Diagnostic – study, analysis and assessment of the client's living environment (individual, group, and community), evaluation of the results achieved during the working process;
 - 2) Prognostic – development of a sequential plan for solving a client's problem or a social problem in society taking into account possible alternatives, prospects and options for changes;
 - 3) Organizational – the activities of the social service and its employees to ensure the interaction of all participants and institutions involved in the work with the client;
 - 4) Communicative – the establishment, continuation and termination of necessary professional contacts, the exchange of information;
 - 5) Protective – the use of laws and legal norms to ensure the rights and interests of clients;
 - 6) Preventive – prevention of negative daily collisions of individuals and risk groups;
 - 7) Psychotherapeutic – organization of consulting of different kinds, adjustment of interpersonal relationships, assistance in social rehabilitation for all who need help, promoting social adaptation of a person;
 - 8) Pedagogical – the identification of interests and needs of people in various activities;
 - 9) Controlling – control over the implementation of taken decisions, the purposeful use of funds provided for targeted social assistance and satisfaction of material interests and needs of low-income clients;
 - 10) Managerial – assistance in the organization of social services at enterprises, organizations, or by the place of residence, involvement of the public in the work. Directing the activities of social services to provide various types of assistance and social services to the population, first of all to low-income categories of the population, and then to others; finally, providing of coordinated interaction of all sections of social protection;
 - 11) Popularization – organization of advertising of social services, promotion and dissemination of ideas for social protection of the person, providing clients with the necessary information in a clear and accessible form for them, providing multivariate advice and suggestions;
 - 12) Medical – organizing of work on the formation of a healthy lifestyle, assistance in mastering the basics of first medical aid, culture of nutrition, sanitary and hygienic norms; organization of work on family planning, formation of responsible attitude to reproductive and sexual behavior, assistance in training of young people in family life;
 - 13) Correcting – constructive changes in the microsocium and life support system of a person.
- Particular attention should be paid to social work with children, which requires special approaches and is characterized by its complexity.

People live in zone of military actions and are influenced by traumatic stress, caused by the following circumstances:

Firstly, they are in a situation that directly threatens their lives, they indirectly experience death and injuries of their comrades. Psychological stress is maintained by constant negative expectations;

Secondly, they are in a state of mental deprivation (deprivation - loss, restriction), caused by the impossibility of satisfying important vital needs for a long time (change of civil life into war period, loss of relatives, etc.);

Thirdly, they experience the mental state of frustration (lat. Frustration – deceit, in vain expectation), which arises when the reality does not correspond to the expectations of the person, namely, of the peace.

By definition of M. Levitov, the mental state - is a holistic characteristic of mental activity for a certain period of time, which determines the originality of the course of mental processes depending on the reflected objects and phenomena of reality, the previous state and mental characteristics of the individual [1].

Scholars determine the main determinants of the condition:

a) the needs, desires and aspirations of the Human (or more precisely to say conscious and unconscious needs, aspirations and desires);

b) its possibilities (hidden potentials and initiated abilities;

c) conditions of the environment (objective influence, subjective perception and understanding of the current situation) [5].

The ratio of these factors determines the characteristics of the state, but none of these components are definitely opposed to each other. [5]. The power of desire, which is not supported by the necessary abilities of a particular individual, does not always counteract the disclosure of abilities, and sometimes, on the contrary, has a decisive influence on their development [5].

The state of frustration may arise when faced with objective insurmountable difficulties (for example, the impossibility of a peaceful life, free movement, limitation) or subjective experiences (for example, about the inability to meet peers). Ukrainian residents, who live on the territory of the ORDLO in the East of Ukraine, were morally not ready for hostilities, and that became the cause of post-traumatic stress disorder.

Today, the great contribution to the social work in the area of the antiterrorist operation brings the creation of more and more new social programs. The main tasks of which are: conducting social tutorials and inspections of families; provision of social-pedagogical, psychological, socio-economic services; prevention of complicated life circumstances in families; organization and conducting of social-psychological training sessions; cooperation with governmental and non-governmental organizations, public organizations, etc.

It should be understood that the war, as a complex socio-political phenomenon, firstly, sets forth its claims to the individual, and not every person is responsible for their psychological, physical and spiritual qualities. Secondly, the military situation requires preparation, since it plays a big role in the prevention of injuries, and in the protection

of one's own life and the lives of relatives and comrades. The consequences of war traumatic stress circumstances will be determined for a long time by psychological factors (individual-typological, mental, character logical personal specifications, adequacy of mechanisms of psychological protection and adaptation, etc.), duration of stress factors and somatic-neurological difficulty.

Psychological injuries, received because of living in a military actions zone, fall within the classification of «post-traumatic stress disorder (syndrome)» (the term Posttraumatic stress disorder – PTSD was introduced into scientific circulation in 1980 by M. Horowitz, B. Dohrenwend). The consequences of military traumatic stress are manifested by the symptoms of «psychological protection» (amnesia – can be obvious or supposed, mental retardation, the avoidance of any memories or associations with traumatic events), «return» (obsessive memories, fears, sleep disorders, nightmares, insurmountable anxiety state, loss of feeling of joy and peace). The diagnosis of the syndrome is indicated in the American Diagnostic and Statistical Manual of Mental Disorders and is included in the MKX-10 (International Standard Classification of Diseases, Injuries and Causes of Death - ICD-10).

In accordance with diagnostic criteria, post-traumatic stress is defined as a delayed or prolonged response to a stressful situation or a situation of an exclusively threatening or catastrophic nature that can cause distress to almost anybody [3, p. 435]. Diagnostic criteria for personalization maladaptation are as follows: hostility and distrust towards the world; social detachment; a feeling of desolation and hopelessness; chronic feeling of excitement, constant threat, existence «on the verge»; alienation [3].

According to the theory of H. Selye, stress (eng. Stress – stress, pressure, and load) is a nonspecific response of the body to any demand from the environment [4] and may be syntonic (reconciliation) or catatonic (struggle). The first reaction to a stressful situation is surprise or anxiety (mobilization of the organism forces), the next phase - resistance or adaptation to stress, the third – astonishment, loss of energy reserves, which leads to fatigue [4].

The reaction to stress can be biological (direct response to the irritants) and mental (the irritant does not directly act, the reaction is distant). Accordingly, the very characteristics of the local military conflict and the social reaction to it can, in the future, exacerbate post-traumatic stress disorder in society and, as a result, cause maladaptation in peaceful life. Disadaptation of personality occurs on the value, psychological and social level. Changes in personality traits can become barriers to establishing communications in conditions of peace causing social isolation. Contacts are maintained only with people who were close.

Post-traumatic stress disorder is a line of changes caused by the memory of an injury, occurring in the following areas: emotional (fear, sorrow, anxiety, anger); cognitive (difficulties in memorizing, attention violation, deterioration of intellectual activity); bodily (abdominal pain, chest pain, headache, trembling, ticks, sleep disorders); behavioural (difficulties in communication,

concentration on oneself, isolation, increase in consumption of cigarettes, drugs, alcohol abuse).

The main symptoms of the delayed stage of development of PTSD are:

- rising depression;
- an all-consuming sense of weakness;
- various pains that are not supported by objective confirmation;
- low self-esteem, acute sense of worthlessness, uselessness.

Early diagnosis of post-stress conditions, negative mental states allows at initial stages to detect low adaptive potential of severe manifestations of mental injuries and their consequences. In addition, it allows to identify the optimal means of preventing the relevant conditions.

We conducted an empirical study on the territory of separate districts of Donetsk and Lugansk regions in February 2017.

The purpose of the study is to assess the emotional state and post-stress disorder by peaceful population living in an area of hostilities. Adults (18-55 years) people of different social status (50 people) attended the study.

For psychodiagnostics were applied: the test «Self-assessment of mental states» (G. Eisenck); The C.Scale for assessing the level of reactive (situational) and personal anxiety of Y.Spielberger – J. Hanin; the B.Differential diagnostics of depressive states of W. Zhmurov; the D.Form of the Mississippi Scale for the assessment of post-traumatic reactions (civilian version) (adapted version of D. Bolotov).

According to data obtained using the questionnaire of G. Eisenck the low level of emotional stability was determined by 51% of respondents. Emotional instability of these surveyed people was characterized by inadequately strong reactions to incentives that cause them, and pronounced neuroticism by excessive nervousness, tendency to a quick change of the mood, irritability. Expectations of danger and anxiety feeling when interacting with other people contribute to development of a social fear.

Survey of respondents on the Scale of the level of reactive (situational) and personal anxiety of C. Spielberger - J. Hanin showed: the predominance of a high level of anxiety by 58% of the respondents; 36% moderate and 6% - low. Individuals with a high level of anxiety are more prone to stress and tend to experience a state of anxiety of greater intensity and even much more often than individuals with a low level of anxiety.

On Differential Diagnosis of Depressive Conditions of W. Zhmurov we determined that 3% of respondents had a slight depression; 21% - minimum; mild depression - 56%; severe by 14% - epression by 14% and deep depression was detected by 6% of the respondents.

Study of the Myssical Scale to Assess Post-Traumatic Reactions (civilian version, adapted by D. Bolotov) showed that 13% of the interviewed respondents expressed the impact of injuries on a person (signs of a clinical variant of a post-stress disorder); 48% of respondents have separate symptoms and 39% have a normative indicator.

The main symptoms of post-traumatic stress disorder are: episodes of re-experiencing trauma in the form of intrusive memories (reminiscences), dreams or nightmares. Characteristic is also the emergence of emotional dullness, alienation from other people, lack of reaction to the surrounding, anhedonia (lack of satisfaction from life and its manifestations) and avoiding activities and situations that resemble an injury. Usually an individual is afraid and avoids that events which remind him of an initial injury. Occasionally there are dramatic, sharp flashes of fear, panic or aggression, provoked by stimulus, which cause an unexpected memory of an injury or an initial reaction to it. Usually there is a state of elevated vegetative excitability with an increased level of wakefulness, increased reaction of fear and insomnia. With the above symptoms and signs usually anxiety and depression also could be combined; not frequent is even suicidal ideation. Proofs of the presence of an injury should be supplemented by repeated obsessive memories of the event, fantasies and ideas in the daytime.

Conclusions and perspectives of further research. Thus, according to our research, the following psychological features of the experience of post-traumatic disorders in the residents of certain regions of Lugansk and Donetsk regions were identified: the need for additional medical and psychological examination and accompaniment, strengthening of social and psychological rehabilitation, which would work in all directions (A. Pushkarev, O. Domoratsky,): the educational (this area includes information support, discussion of books and articles, familiarity with the basic concepts of physiology and psychology); the holistic direction (paying attention to the sides of the holistic existence of a person, often reveals and activates such ability to recover a person that was hidden even from itself.

Healthy lifestyle, sufficient physical activity, proper nutrition, no alcohol abuse, drug abandonment, avoidance of use stimulating substances (for example, caffeine), the ability to react with humour to many events in our lives creates a basis for recovery from severe traumatic events, and also helps to keep life active and happyoro [6]); osocial orientation (methods aimed at creating and increasing social support and social integration). This includes the development of a self-help network, as well as the formation of civic organizations that support people with post-traumatic disorders. It's important to accurately assess social skills, train these skills, reduce irrational fears, help in the ability to overcome the fear of forming new relationships. This category also includes forms of organization of social work that helps the process); agitation; therapeutic direction (pharmacotherapy, psychotherapy). In a situation where a person who has suffered from an injury does not speak about this experience (the person is not inclined, and does not allow himself this, often remains unheard), so his/her anxiety increases, and the revenge, retaliation feeling is often exacerbated. Even the innocent behaviour of other people with an increase of anxiety can be perceived as threatening and cause inadequate aggressive reactions that happens quite often.

The forms of social disadaptation of people, living in ORDLO, are various forms of addiction, that allow them to enter the state of change of consciousness, to «escape» from reality into an illusive, virtual world with the help of alcohol, drugs, games, etc. Deviant behavior often manifests itself both in violence against others, and in self-harming, which can be characterized by risky actions, suicidal attempts, etc. According to the behaviorist theory, aggressive behavior towards the «enemy», which is produced during the war conditions, is fixed at a subconscious level.

Consequently, the post-traumatic syndrome, which is the result of the presence of individuals in areas of military actions and substantially affects the course of mental activity of the individual, is not only an individual problem, but also a social one. Since the development and depth of the injury is influenced by the public attitude to the military conflict. Psychological rehabilitation, social rehabilitation as a process of restoration of physical, psychic and social resources of a participant in hostilities, should be of an integrative nature, include psychotherapeutic, psycho-diagnostic, psycho-corrective, preventive, occupational-orientated measures, using both individual and group forms of psychosocial work (consultation, group correction, auto-training, self-regulation, etc.). The effect of rehabilitation measures is felt when they are aimed not only at bringing the person out of crisis, but also to new vital skills and at untapped resources. The most successful are the results of socio-psychological work, when not only the causes of disorders are clarified, but also the individual needs grow in person is in process of developing and the motivation to develop the laid-out possibilities.

Important for people suffering from post-traumatic stress disorder, due to their long stay in the area of hostilities, is their psychological support. This support includes four directions [2]: educational direction (informational support, awareness that the problems of a particular person are not unique and can be solved); cholimistic direction; social orientation; therapeutic direction.

Each direction is based on a set of methods that are effectively used to correct post-traumatic stress disorder. The methods of the third group are important for social work: increase of social support and social integration (socio-psychological trainings aimed at increasing client's adaptability). Much attention is paid to family and group therapy; to development of skills and abilities of self-help; to involvement of people with post-traumatic stress disorder in the creation and participation in civic organizations; to assessment and training of social skills and abilities; to reduction of irrational fears; to the ability to take risks in the formation of new relationships, etc.

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In the first and second part of our research, we consistently set forth number of ideas that will allow to the client to find a common understanding and apply it specifically to its own life. If the client feels that some thoughts repeat, therefore, they are especially important, and it is necessary to draw attention to them again. Repetition strengthens the neural circuits and increase the number of neural bonds, so that even in a moment of weakness person does not doubt his greatness. The first part is easy for understanding and consciousness. Social Worker begins from the review of philosophical and scientific systems, within which recent studies are designed to explain and establish the nature of reality and the nature of human being, and also to answer the question why a person changes are hard and his true capabilities.

Times change. We, the people who have discovered a wider reality, are only a part of the radical changes immeasurably larger scale. The usual models are destroyed; they have to replace the new ones. The changes have affected all spheres of life: modern models of politics, economics, religion, science, social education, medicine and relations with the environment are fundamentally different from those that were still relevant some 10 years ago.

It would seem that changing outdated concepts for new ones is not difficult. However, much of the information and feelings received during human life are deposited at the biological level, and we wear them like clothes. Similarly, conceptions and ideas about reality and our interaction with it change.

A social worker knows that for a client to abandon the habitual life, known from the childhood, and to make a step towards something new is difficult; it requires efforts, and it is inconvenient. An addiction to all this in the way a person meets mocking, opposition and attacks of those who are habitually accustomed to live be the past.

Only that person is ready to stand on such a non-trivial path and face difficulties, who awaits changes. In terms of the majority, in the history of heretics even strange people were meant as geniuses, saints or greatest masters.

Apparently, the human nature is that we do not dare to change anything until everything becomes so bad and we do not start to feel such discomfort that we just cannot live like before. Only a crisis, injury, loss, illness and tragedy can force a person to stop and look at who we are, what we do, how we live, what we feel, what we know and what we believe in, and finally to stand on the path of true change. In order to become ripe for changes for our sake, for the

sake of our own health, relationships, career, family and future very often something really bad must happen. In Ukraine - it's fighting, economic crisis, political, non-democratic relationships in society.

Learning and changing can be through pain and suffering, and it can be through - feeling joy and inspiration. Most social work clients choose the first path and therefore do not move on, but return. To go the other way, you just have to tune in to the fact that any changes entail a slight inconvenience, the destruction of the usual predicted order and a certain period of inability. Temporary discomfort, inability is easy to understand for everyone. Probably the majority remember how uncertain we began to read, with a tingling, until this skill was a daily habit, first steps.

Assimilation of information (I know, that) and the development of practical experience through the multiple application of the knowledge acquired until the full consolidation of skills (I know, how) - this is how we most likely have acquired most of the skills that have become an integral part of existence (knowledge). Life skills are formed in the same way: first, you need to master the information, and then apply it. That is why our study is divided into three equally important parts.

We All are imperfect, and depending on which sphere we would like to change: physical, emotional or spiritual - we are united by a common desire: to come into conformity with the ideal version of ourselves, to become such that we, according to our own ideas, could be. When we stand in front of the mirror and look at ourselves depending on the mood we seem to ourselves in different ways, so what is the relevance?

The truth is that we are all endowed with a great gift; all of us can reap the fruits of our creative efforts. We do not need to tolerate reality, since at any moment we can create a new one. This ability is for everyone, because our thoughts really affect our lives.

Until we change the way of perceiving reality, any life changes will be casual and fast. In order to obtain a stable result, one needs to thoroughly review the views on the reasons behind the occurrence of certain events and complex life circumstances. To do this, one need to be opened towards new understanding of truth and reality. To bring the client to a new way of thinking, a social worker should operate with cosmology - the science of the structure and development of the universe - for understanding how thoughts can form a fate.

Establishing connections between the world external, material, visible, internal, world of thoughts, is a puzzling task for scholar philosophers of all times, as well as the necessary for social worker. Even today, it is obvious for many professionals in social work is that the mind effects the material world. The events of the material world affect our thoughts.

During the period that historians call, «New Times» humankind believed that the universe by its nature and orderliness is predictable and understandable. Remembering a famous mathematician and philosopher of the XVII century Rene Descartes, who offered many concepts that have not lost their significance for mathematics and other sciences? One of his theories: «I

think, therefore, exist» eventually brought more harm than good. Descartes was a supporter of the mechanistic model of the world, according to which the universe is obeyed to certain laws. Analysing the human mind, Descartes faced with the real problem: in the work of the mind there were too many variables, and it could not be reduced to unified laws. Descartes said that the mind cannot be obeyed by the laws of the objective, material world, and therefore cannot be considered as an object of scientific research. Study of matter is a sphere of science (mind is nothing, matter is all), and since the mind is an instrument of divine craft, so it must be investigated by religion (matter is nothing, everything is mind).

Isaac Newton has not only strengthened the mechanical model of the universe, but also explored a number of laws under which people can identify with accuracy, calculate and predict organized forces that influence the material world.

Approximately 200 years after Newton, Albert Einstein made the famous equation $E = mc^2$, which proves that energy and matter are so deeply interconnected as to be one essence. Einstein actually proved that matter and energy are interchangeable. This statement directly contradicted Newton's and Descartes's and marked a new understanding of the principles of the functioning of the Universe.

Accordingly, energy is stronger than the external force applied to material objects. Energy is the very essence of matter, and it is susceptible to the influence of the mind.

The destruction of the former ideas about the nature of reality is a merit not only of Einstein. However, it was he who blew their foundations, which ultimately led to the collapse of a series of narrow and sluggish concepts. Einstein's theories became the starting point for investigating the mysterious behaviour of light. The fact is that scientists noticed: sometimes light behaves like a wave (for example, when rays override the angle), and sometimes - as a particle.

Prior to the appearance of quantum physics, it was thought that the atom consists of a rather massive core, inside and outside of which there are smaller particles with less mass. A strong Newtonian atom model explains that the main focus is on matter. As the quantum model showed, nothing could be further from the truth. Most of the atom is empty space; atom is energy. Think about it: no physical objects around you are a solid matter. In fact, all this - is energy fields or information frequencies. Any matter largely is «nothing» (energy) than «what» (particles). A new quantum model of an atom is with an electron cloud. The atom at 99.99999% consists of energy and only 0.00001% - of matter. In material terms, this is practically nothing.

The energy of innumerable possibilities is similar to clay: our consciousness, or mind, can form everything from it. And since all matter consists of energy, then it is logical to assume that consciousness (in the terminology of Newton and Descartes - «mind») and energy (within the framework of a quantum model - the same as «matter») are so deeply interconnected that in fact the only ones. Both entities are closely intertwined. Our consciousness (mind) affects energy (matter), since consciousness is

energy, and energy has a consciousness. We are capable of influencing matter, since at the elementary level we represent the energy, endowed with consciousness. We are intelligent matter.

According to quantum model, the physical universe – is the only intangible information field in which everything related and which is potentially all, but in fact - nothing. The quantum Universe simply waits for the obsessed with consciousness viewer (for example, you or me), whose mind (which is energy) will affect energy (potential matter) by concentrating the waves of energy probabilities into physical matter. As the wave of probability of an electron at a certain moment becomes a part, so under the influence of the observer's consciousness, particles or groups of particles find physical existence in the form of life events. Here is the key to understanding how we can influence reality and change our lives. Observation skills and learning to purposefully influence our own destiny we come closer to live of our dream and ideal versions of ourselves. In addition, when armed with a strong knowledge, the transition to the third part of our study happens, the client gets the confidence of the «truth» discovered and got to know from his own experience.

3. CONCLUSION

To sum up the theoretical study of the problem, it was found that the main negative consequence of the person's living in the area of military actions is post-traumatic stress disorder. The special insidiousness of which is that over the years, for the most part of people it does not smoothen, but amplifies, displaying in an asocial behavior, neurotic reactions, somatic disorders, thus, turning from a socio-psychological problem to a disease. The consequences of post-traumatic stress disorder often manifest as deviant behavior (aggression, conflict, abuse of psychoactive substances, alcohol, drugs, crimes, etc.). Social assistance focused on rehabilitation, overcoming the symptoms and consequences of past experience should be based on its individual needs. Upon returning to a peaceful life, children, young people, and elderly people should be involved in activities of social work and receive full complex rehabilitation in accordance with individual programs. The most effective are individual advisory forms of work and group corrective lessons with people of certain districts of Donetsk and Luhansk regions. The best results of reducing the consequences of post-traumatic stress disorder are achieved in case when residents, integrating their negative experience, use it for personal growth, self-development, and self-realization.

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