Abstract: The article reflects theoretical, methodological and methodical bases of psychological aid to victims of unexpected crisis-military situations on the background of coronavirus pandemics spreading. The essence of psychological self-help as a factor of stress-resistance and internal psychological potential of resisting psychological traumas in the conditions of war and viral pandemics with the propositions of effective methodological means of its conducting is revealed. In providing psychological aid, the cognitive-behavioral approach was deemed effective as the basic one, and it was suggested that integrative psychotherapeutic and comprehensive psychological approaches to crisis counseling in conditions of military conflict be applied, depending on the specifics of survivors’ experience of acute emotional reactions and the complexity of the course of posttraumatic stress disorders of resistance to the action of a psychotraumatic factor. Neuropsychological correction deserves special attention in providing psychological aid in conditions of military conflict and pandemics, which allows a combination of an integrated body-oriented psychological approach with neuro-psycho-correctional techniques and psychotherapeutic methods for effective restoration of the tone of the nervous system and stabilization of the psycho-emotional state. The main provisions of practical psychology that in conditions of war and pandemic COVID-19 the adaptive potential of psychological health of each person and psychological self-help is love, faith and hope. Psychological recommendations of educational character for the formation of basic skills to ensure psychological health in conditions of war and pandemic COVID-19 have been developed.

Keywords: Psychotrauma; stress; crisis; neuropsychological correction; self-help; inner resources; psychotherapeutic and psychological approaches; psychotherapy.

Introduction

Nowadays in Ukrainian practical psychology the problem of providing psychological support in the conditions of war and pandemic COVID-19 occupies a special place. The psychological health of Ukrainians is adversely affected by some of the strongest stressors that have broken their habitual lives and the combination of which can entail not just neurotic anxiety experiences, but panic attacks and depression, the development of post-traumatic stress disorder and complex mental disorders, above all the intervention of practicing psychotherapists. The study of the problem of providing psychological aid has gained urgency as a vital psychological work in connection with the preservation of human health, which has found itself in extremely dangerous and unpredictable crisis situations. Preservation of health of Ukrainians is the primary public task of preservation of the Ukrainian family, nation, Ukraine.

The purpose of the article is to analyze the methodological basis of psychological aid to Ukrainians in conditions of war and pandemic COVID-19. Scientific novelty lies in the fact that the article examines the theoretical, methods and methodological foundations of psychological aid in conditions of war and pandemic COVID-19 simultaneously as the strongest stress-factor in human life of Ukrainians; psychological self-help as a factor of stress resistance and internal psychological potential of coping with psychological trauma in war and viral pandemic conditions is considered. The practical significance of the article lies in the fact that the psychoanalytic approach to the analysis of methodological means of psychological aid, taking into account the use of integrated psychotherapy and neuropsycho-correction at the systemic level and in an integrated way is implemented. The analytic-generalizing analysis of the methodological means of psychological aid to Ukrainians under the conditions of war and the COVID pandemic can be used in psychotherapeutic and psychologically corrective practice.

Theoretical, methodological and methodical foundations of psychological aid in war and pandemic COVID – 19

The war situation of Ukrainian society and the unsatisfactory epidemiological state associated with the COVID-19 pandemic have formed a vital demand for psychological practice in helping people in crisis situations. Ukrainian volunteer psychologists and psychotherapists provide socio-psychological support to different segments of the population in
difficult situations of traumatic crisis arising in response to the psychotraumatic situation of war and global pandemics.

The consequences of war on human mental health are actively studied by domestic and foreign researchers (Bondarchuk, 2016; Murtny & Lakshminarayana, 2006; Rzeszu et al., 2020; Smith et al., 2016; Tsarenko, 2016). After traumatic events, a wide range of intense emotions and reactions related to war can arise - the difficulties of living in a war zone, problems in displacing refugees, experiences of torture and trauma of various types, as found to be related to mental health problems of people, Almoshmosh (2016). Psychotraumas received during the war are closely connected with the level of post-traumatic stress disorder (PTSD) and symptoms of depression (Rzeszutek et al., 2020).

Stress becomes a psychological trauma when a consequence of a stressor becomes a disturbance in the mental sphere of a person similar to disturbances in somatic processes. A traumatic stressful event, characterized by suddenness, destructive force, intensity, often connected with the fact or threat of death, serious bodily harm or sexual violence, it brings completely new information to the person, which must be integrated into previous life experience. At the physiological level, the biochemical balance changes, the work of the brain changes: interhemispheric synaptic transmission is blocked, the neurons of the cerebral cortex function differently, as a result of which those areas that are associated with the control of aggression and the sleep cycle are affected first, otherwise memory begins to function. The mechanism of traumatic memory becomes the cause of post-traumatic stress states, reactions of excessive fright (accelerated heartbeat, panting, weakness, feeling deaf, stupor, patience, insensitivity) appear. More often than not, people react to an extreme event with psychomotor agitation, which is manifested by excessive, rapid, sometimes aimless movements. Attention narrows, voluntary purposeful activity becomes problematic, reactions of excessive fright (accelerated heartbeat, panting, weakness, feeling deaf, stupor, patience, insensitivity) appear. In the presence of some of these characteristics of low stress tolerance of the person of a certain intensity, duration and frequency distinguish four types of response to a traumatic event: without signs of impaired adaptation; non-pathological mental adaptation as an acute stress reaction; pathological mental maladaptation; adaptation disorders (Kisarchuk et al., 2015, pp. 8-25).

The concepts "trauma," "psychological trauma," and "traumatic stress" are often used synonymously. In an extreme situation, people suffer from the following factors: the depth and intensity of traumatic events; prolonged anticipation; suddenness - the less expected the event, the more it
destroys the psyche; duration - the longer a person is in the zone of an extreme situation, the more exhausting he or she becomes; constant changes - the psyche does not have time to develop new, important for survival information; the scale of destruction after a crash, the number of dead and wounded (in Israel it is customary to eliminate as soon as possible, sometimes within hours, the consequences of terrorist attacks or shelling; this way people have the impression that they are strong and can control the situation); lack of control - some events in war conditions no one can change, but not always the ability to determine even their own life (rest, sleep, food); moral uncertainty when it is necessary to make decisions that have a significant impact on life, both their own and others - for example, whom to save, whom to take with them, how much to risk, whom to blame, etc.; behavior during traumatic events - not everyone manages to handle a difficult situation better at once. What a person did or did not do in extreme conditions can significantly affect his or her self-esteem, a long-term source of self-blame (Tsarenko, 2016).

Theoretical, methodological bases of psychological aid in conditions of war and the COVID-19 pandemic are based on the conceptual provisions of the works of domestic and foreign psychologists, in particular, the experience of psychological aid to victims of extreme events in Ukraine with analytical and psychological analysis of important theoretical aspects of experience of crisis traumatic situations (Kisarchuk et al., 2015); the methodology "Children and War: Teaching Healing Techniques" developed on the basis of the cognitive-behavioral approach to therapy of post-traumatic stress disorder, effectively implemented in a number of war-torn countries (Smith et al., 2016); specifics of psychocorrection work (Maksymenko et al., 2015); identification and systematization of the transformation of views on the phenomenon of death in accordance with different types of human consciousness, identification of integral characteristics and empirical manifestations of the fear of death as a way of organizing life experience in the typology of models of fear of death (Myronchak, 2020); results of empirical research of development of depression and high anxiety in people due to outbreak of coronavirus disease COVID-19 (Shen et al., 2021).

Thus, effective for overcoming post-traumatic stress in children and parents associated with war are the healing techniques developed by Smith et al. (2016) based on a cognitive-behavioral approach to therapy of post-traumatic experiences and effectively implemented in a number of war-torn countries. The main of them contain the following directions of psychological work: research of emotional reactions to stresses of war;
creation of a feeling of safety; techniques of work in imagination; techniques of double focus of attention; work with dreams; work with opinions; work with emotions, with special attention to those emotions which are connected with the mental state of excitability and their correction, and also with the experience of loss of loved ones; exposure to traumatic memories: drawing, writing, and talking through them; providing guidance on parenting children and overcoming parents' own problems; and keeping a diary to plan activities for each day of the week.

In our opinion, an important component of psychological aid to the psychologically traumatized victims of acute crisis situations during the period of war against the background of viral pandemics, in particular in the case of loss of a loved one, is work with the fear of death. Thus, Myronchak (2020, p. 42) defines the fear of death as the emotional mechanism influencing the ability to adapt to the environment, changing the motivational sphere. From the author's point of view, the fear of death can influence the transformation of reality, becoming a full-fledged way of organizing an individual's life space. Consequently, we consider constructive psychotherapeutic techniques of release from fear of death through constructive construction of personal life strategies of the client in a difficult social space (to improve, revive, make the most constructive and effective use of his or her life experience through creativity or self-knowledge, etc.) and a combination of the psychoanalytical tradition with the existential approach. But when death is denied, life itself is denied. The denial of death on any level is a denial of one's own nature, which leads to an increasingly narrowed area of consciousness and experience, limiting the space for all-round psychological development (Myronchak, 2020).

In the structure of the psychologist's readiness to provide psychological aid to persons participating in the ATO and members of their families as a complex personal entity, the following components can be distinguished: cognitive (a set of knowledge on the content, factors, methods and techniques of psychological assistance to persons participating in ATO (anti-terrorist operation, a set of measures aimed at the prevention, prevention and suppression of terrorist actions), and their family members, significantly reducing the risk of destructive tendencies in this process, in particular misperception of professionally loaded information and its distortion; affective (positive attitude towards provision of psychological aid, the set of motives that condition the corresponding attitude of the psychologist); conative (the set of practical skills and abilities for provision of psychological aid, in particular, conducting a constructive dialogue with clients; implementation of self-control in difficult situations of professional
activity; use of optimum ways and means of overcoming stressful situations in professional activity, etc.). Only a high level of development of these components will contribute to the readiness of psychologists to provide quality psychological aid to victims of crisis traumatic events (Bondarchuk, 2016, p. 11).

In our opinion, the application of psychotherapeutic knowledge by specialists (clinical psychologists and psychotherapists) during the years of war and pandemics in Ukraine provides for the specificity of psychological aid depending on the features of survivors' experience of acute emotional reactions, the complexity of the course of posttraumatic stress disorder, the presence of mental disorders and the internal resources to resist the action of the psychotraumatic factor. Experience for a crisis counselor in the cognitive-behavioral approach alone as a basic approach may not always be sufficient; therefore, it is effective to use the integrative psychotherapeutic and comprehensive psychological approach in crisis counseling.

The international professional community is focused on providing people with support that respects their dignity, culture and capabilities. According to the recommendations of the World Health Organization, psychological first aid (PFA) includes the following elements: non-intrusive provision of practical help and support; assessment of needs and problems; assistance with basic needs (e.g., food, water, information); listening to people without making them talk; comforting and appeasing people; providing assistance in getting information, connecting with services and social support structures; protecting people from further harm. Not everyone who has experienced a crisis event needs or seeks PFA. The key is not to impose help on those who don't want it, but to be available to those who may need support; not to make useless promises and provide false information, exaggerate your skills, be intrusive, force people to tell their stories, judge a person for actions or feelings; should show that you understand the victims' feelings or are aware of the important events they are talking about, such as the loss of their home or the death of a loved one: "I'm sorry..."; should highlight the person's strengths and how they were able to take care of themselves and allow people to wallow in silence. In some situations, medical care is a life-saving priority (World Health Organization, 2017).

In our own experience of crisis psychological counseling, a group of psychotherapists labeled a combatant as having post-traumatic stress disorder. None of his symptoms as a complex of disorders in the structure of PTSD was found by us. False generalizations based on errors in the counselor's cognitive and communication competencies can be related to the
dynamic course of the client's stress tolerance from low to medium levels within a short time interval. Under conditions of social-psychological support from volunteer psychologists and relatives, mental health can be restored even in dangerous conditions of human activity. Lack of psychological support and self-support in a person is often associated with a loss of faith and hope in improvement of circumstances or one's own life. Besides, the excessive responsibility to exaggerate negative attributes of the client's mental state can have an adverse effect on the emotional health of the consultant and weaken not only the client's trust in himself or herself, but also in his or her professionalism. The psychological secret of error prevention is to listen attentively to the client, while pointing out positive aspects (indicating the inner potential for overcoming the crisis) and to build a consultation conversation around them.

In providing psychological aid in the treatment of post-traumatic stress, it is appropriate to apply the following practical psychotherapeutic approaches in a complex way - Frankl's logotherapy; J. Buchental's existential-humanistic psychotherapy; Gestalt therapy by F. Perls; somatic therapy of mental trauma by P. Lewin; personality-oriented psychotherapy by C. Rogers; body-oriented psychotherapy; process psychotherapy by A. Mindell, all cited and commented by Turynina (2017). In our opinion, under conditions of social instability associated with the threat to human life, mental disorders with anxiety-depressive, hysterical, neuroasthenic and hypochondriac symptomcomplexes are possible, which requires comprehensive and integrated psychotherapy combined with neuropsychocorrection as part of treatment and prevention. Foreign researchers Barlow et al. (2014) empirically confirm the importance of comprehensive therapy of emotional disorders, which can be "triggers" for many mental disorders.

Duan and Zhu (2020) proposed crisis interventions that would be based on a comprehensive assessment of the risk factors that lead to psychological problems for patients, their families, and medical staff in relation to the COVID-19 epidemic. Aminoff et al. (2021) also confirmed that Cognitive Behavioral Therapy (CBT) methods and techniques significantly reduce depression, anxiety and can be applied to various psychological symptoms related to the viral pandemic. Weiner et al. (2020) developed an effective mental health program in the COVID-19 pandemic. The researchers also believe that online cognitive behavioral therapy is effective in treating and preventing mental health disorders under the negative effects of pandemics on the human psyche.
Neuropsychological correction, which today's scientists often consider to be a section of psychological correction, deserves special attention in providing psychological aid in conditions of military conflict and pandemics. In current psychological practice, an integrated body-oriented psychological approach (with neuro-psycho-corrective techniques) with psychotherapeutic methods (breathing techniques, relaxation, motor and other training exercises that restore the tone of the nervous system and stabilize the psycho-emotional state of behavior can be effective (Berbets et al., 2021; Demchenko et al., 2021; Karasievych et al., 2021; Nenko et al., 2022; Sarancha et al., 2021). Neuropsychological techniques are present in many psychological approaches, in particular in body-oriented, cognitive, transpersonal, Gestalt therapy approaches to the correction of personality, etc.

Thus, as a Reich body-oriented model of psychological correction of the personality, physical postures are analyzed as a way to suppress feelings in certain parts of the body; the character carcass as a mechanism of behavior that provides energy blocking at the mental and physiological levels as protection against anxiety and fear and for neuropsychological correction the following exercises are performed in turn: natural breathing, throat muscle activation, belly relaxation, mobilization of aggression (after a strong inhale, on an exhalation hit the pelvis on the couch, while allowing your head to listen to your body). In psychological correction of the personality from the position of "transpersonal psychology," the holotropic approach, in particular techniques of holotropic breathing, allow for release of emotional and somatic tensions (Zlobin, 2005).

Maksymenko et al. (2015) present in detail the specifics of psychologically corrective work and its methodological means, consider problems of psychologically corrective work with different age groups, and substantiate features of group psychologically corrective work in different areas: T-groups, encounter groups, Gestalt groups, groups of the transactional analysis, skill training groups, cognitive direction, neurolinguistic programming, groups of body and dance therapy, art therapy groups, themocentric interaction; the specifics of use of psychoanalysis, psychodrama and relaxation procedures in group psychocorrection work, which integration can be successfully used in work with victims of military conflict and pandemics are considered.

Consequently, the cognitive-behavioral approach has been found to be effective in providing psychological aid to people who find themselves in difficult crisis situations of war and pandemic simultaneously. We support the position of foreign and domestic researchers on the application of an
integrative psychotherapeutic and comprehensive psychological approach to crisis counseling in conditions of military conflict, depending on the specifics of survivors' experiences of acute emotional reactions, the complexity of the course of posttraumatic stress disorder, the presence of mental disorders and internal resources.

**Effective psychological self-help techniques in war and pandemic COVID – 19**

We can confidently confirm the main provisions of practical psychology that in conditions of war and pandemic COVID – 19 the adaptive potential of preserving the psychological health of each person is always love, faith and hope. The potential of love primarily provides support in care and service for the self, self-understanding and self-acceptance, which is always associated with optimistic counseling, hope and faith in improving primarily one's own mental state, meaningful life situation, and future in general. For the purpose of self-support in life-threatening situations, it is important to allow yourself to be yourself and experience all negative emotions (fear, anger, pain, aggression, despair, etc.), talk about your unpleasant feelings, take time to live (experience) the pain of loss, find meaning in your faith in the future and positive moments in difficult situations (new experiences, conclusions, support of others, heroic deeds and superhuman possibilities).

Almoshmosh (2016) argues that the psychological effects of war trauma are common and can even be linked to mental disability. As such, it is important to focus on internal resources-because of what injured people can do to help themselves cope with their difficulties. In addition to the specialized therapy that may be required in specific cases, there are many things that can be done on a personal and community level to help restore survivors' confidence and sense of control. The role of trauma survivors in self-management of their mental well-being especially needs to be understood and encouraged.

A person with sufficient potential for positive self-perception in any difficult situation will observe the habitual mode of the day, adequate rules of ensuring his or her own safety, self-support and support of others. In a life-threatening and unexpected situation, increased anxiety may be associated with a low level of adaptation to unpredictable events. In such a case, educational recommendations for the formation of basic psychological health skills are appropriate: adherence to a habitual daily routine, even in the "impossible" conditions of doing vital hygiene, nutrition, sports; tight control of information about the horrors of war or dangerous situations in
connection with the COVID - 19 pandemic, for example, only reading of basic information from objective sources in the amount and at certain intervals regulated by psychologists; use of neuropsychological breathing techniques (calming breathing: we inhale through the nose and exhale through the mouth, the exhale should be longer than the inhale) and relaxation auto-training with exercises of body-oriented therapy; work on expanding ways of positive communication and avoiding "stressful" communication; daily planning of pleasant activities for oneself, even for short periods (15-20 minutes) etc.

When the ability to cope with stressful situations is low, it is necessary to seek psychological aid from specialists - a psychologist or psychotherapist. Individual psychological counseling and group work with a professional trainer-psychotherapist can ensure the restoration of mental health to a sufficient degree for full mental functioning and the actualization of internal resources. Psychological trainings are effective for building psychological support skills, in particular the ability to listen more, which in times of war can be more effective than even the soothing phrases "We are with you", "Let's try together", "It's already quiet here". It is reasonable to conduct psychological self-support in the following sequence: work with the body, group work aimed at clarification of problems, recalling traumatic events and fallen brothers, discussion of useful strategies for overcoming the consequences of extreme events in order to work through negative feelings and states and actualization of resource conditions.

An important area of the psychologist's work is the formation of self-help skills in his or her clients. In order to adapt in an extreme situation, a person must switch from emergency mode of functioning to normal mode, life must be controlled by the adult wise part of our soul. In order for this to happen, it is important to take responsibility for oneself; learn to become aware of one's physical and emotional state, needs and problems, to think positively; master relaxation techniques, breathing techniques, elements of self-massage and massage, which can be done in the field. It is expedient to get acquainted with the basics of self-help in groups of 15-25 people. However, in the situation of servicemen, this requirement cannot always be met (often a unit has 20 to 25 servicemen, and it is inappropriate to separate the team). It is possible to conduct mini-training sessions such as: mobilization training; relaxation training (breathing techniques; relaxation exercises; techniques to increase self-awareness and awareness of the world around, techniques of body scanning and liberation from negative thoughts - by mindfulness therapy, etc.); training with elements of body therapy aimed at improving well-being (Kisarchuk et al., 2015).
Art therapy techniques are one of the powerful components of the integrated psychotherapy of emotional, cognitive and behavioral disorders influenced by the psychotraumatic factor. The model of art therapy includes the psychoanalytic, Jungian, group; the humanistic or client-centered; family; clinical; holistic (integration of experience at all levels); the transpersonal model; and the eclectic model. In our opinion, art therapy exercises are capable of producing effectiveness both in the process of psychological aid, and in the process of self-help and self-support, promoting positive changes in personal qualities and mental states, about what numerous psychological works of both domestic and foreign researchers testify (Binson & Lev-Wiesel, 2017; Karpenko, 2015; Schöller et al., 2018).

Through the use of drawing, modeling or other types of expression, art therapists are able to get to know the person and avoid his or her inner censorship. Thus, the control of consciousness over the unconscious impulses, in which the cause of various problems is often laid, is weakened. In art therapy, there is a prohibition of comparative and evaluative opinions, conclusions, criticism and punishment. This allows the client to be himself or herself without the discomfort, shame or humiliation of being compared to others, and helps to create an atmosphere of trust and safety in the therapeutic relationship. Besides, art therapy gives an outlet for internal conflicts and strong emotions, helps with interpretation of displaced experiences, etc. The methods of art therapy meet the expectations, installations and traditions of clients in Ukraine, for whom an orientation on emotional-image experience rather than on rational resolution of psychological conflicts is inherent.

Self-support of victims in conditions of combat stress: accept their emotional reactions, recognizing and comprehending them as adequate in conditions of military conflict; objectively assess the psychologically traumatic circumstances and events; in advance of risky actions form an admonition to resolve the situation positively, simultaneously working to improve the situation; adequately apply individually selected and comfortable for oneself breathing and relaxation techniques.

Thus, psychological self-help is a factor of stress resistance as an internal psychological capacity to withstand psychotrauma in war and viral pandemics. In providing psychological aid to people with low levels of self-support, domestic and foreign researchers have recognized the cognitive-behavioral approach as the basic one and suggested that integrative psychotherapeutic and comprehensive psychological approaches to crisis counseling in conditions of military conflict, depending on the specifics of acute emotional experiences, stress disorders, the presence of mental
disorders and internal resources to resist the action of the psychotraumatic factor, be applied.

**Conclusion**

In a complex crisis situation caused by military conflict on the background of viral pandemics, people in a state of severe distress need practical help containing socio-psychological, social and psychological support. Psychological aid is provided taking into account the main parameters of psychological crisis consultation: the state of physical health of the victim with determination of risk group, age of the victim, emotional response to an emergency situation and internal resources to overcome it, specific features of the psychological culture of participants of co-consulting interaction, experience in self-support, the individual psychological levels of stress resistance of the client.

Psychological self-help is a factor of stress resistance as an internal psychological capacity to withstand psychotrauma in war and viral pandemics. In providing psychological aid to people with low levels of self-support, domestic and foreign researchers have recognized the cognitive-behavioral approach as the basic one and suggested that integrative psychotherapeutic and comprehensive psychological approaches to crisis counseling in conditions of military conflict, depending on the specifics of acute emotional experiences, stress disorders, the presence of mental disorders and internal resources to resist the action of the psychotraumatic factor, be applied.

On the basis of the theoretical, methodological and methodical bases of psychological aid, as well as the psychological and analytical generalization concerning the effective technologies of psychological self-help, we can confidently confirm the main statements of practical psychology that in the conditions of war and the pandemic COVID-19 the adaptive potential of psychological health of each person is love - as a realization of experience of psychological self-help and support of others, faith and hope.

**References**


Bondarchuk, O. I. (2016). Sotsial’no-psykholohichni problemy hotovnosti praktychnykh psykholohiv do nadannya psykholohichnoyi dopomohy osobam, які беруть участ’ v ATO, ta chlenam yikh simey [Socio-psychological problems of readiness of practical psychologists to provide psychological assistance to persons participating in the ATO - Anti-Terrorist Operation, and members of their families]. In *Proceedings of the interagency scientific and practical conference*, Kiev. https://dspace.uzhnu.edu.ua/jspui/bitstream/lib/13539/2/Збірник_ч1%2030.03.16%20ATO.pdf


Tsarenko, L. H. (2016). Ekstremal’ni chynnyny rozladiv adaptatsiyi u viis’kovosluzhbovtsiv, yaki berut’ uchast’ v ATO [Extreme factors of adaptation disorders in soldiers participating in the ATO]. In *Proceedings of*
the interdepartmental scientific and practical conference (pp. 187-190). Kyiv. 
https://dspace.uzhnu.edu.ua/jspui/bitstream/lib/13539/2/Збірник_ч1%2030.03.16%20АТО.pdf


https://apps.who.int/iris/bitstream/handle/10665/44615/9786176150787-ukr.pdf?sequence=72

https://doi.org/10.3389/fpsyg.2021.700376