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THE DEBRIEFING AS PSYCHO- TECHNOLOGY ASSISTANCE TO VICTIMS OF WAR, TERRORISM AND DISASTERS: BIOETHICAL ASPECTS

M.R. Arpentieva

grand doctor (Grand PhD) of psychological Sciences, associate professor, corresponding member of the Russian academy of natural sciences (RANS), professor of the department of development and education psychology, Tsiolkovskiy Kaluga state University, Kaluga, Russia, ORCID ID 0000-0003-3249-4941, arpentevamr@tksu.ru

The article is devoted to psychological support and rehabilitation of military personnel and victims of war. The

possibilities and limitation of debriefing as a form of psychological support and prevention last heavy military stress, post-traumatic stress disorder and other disorders. Examines the main mechanisms of debriefing and its functions. Particular attention is drawn to the problem of social exchange of experiences, its role in overcoming the negative effects of war trauma, and the role and functions of social exchange of experiences in the reconstruction of the events of wars, disasters, and terrorist attacks. Describes the conditions of the effectiveness of psychological debriefing and its problems. The experience of trans-ordinal events, including a long stay in them, can be very valuable for the individual and the community, requires research, reflection, not only leads to non-healing wounds and psychosomatic disorders and mental type, but with proper work with him, identifies new opportunities of moral and psychological development of man as the Creator of the surrounding reality. We analyzed the results of studies of social exchange (separation) of experiences in debriefing and other studies of socio-psychological counseling. In the considered works he acts as a process of social exchange or "division" by the subjects of the meanings of his life activity, experiences and perceptions about it. The success of such an exchange, its effectiveness and productivity is associated with the formation and development of partnerships and mutual support. Very important are the conditions for achieving psychological security and the focus on the development of subjects of dialogue. The central bioethical aspect of assistance to the victims of wars, terrorist acts, disasters and other psychotrauma events is the consideration of the interests of the victims themselves and the protection of the interests of the society, the preservation and development of social relations.

Keywords: debriefing, war stress, survivor's guilt, war, terrorist act, accident, PTSD, trauma, psychological counseling, social sharing experiences.

ДЕБРИФИНГ КАК ПСИХОТЕХНОЛОГИЯ ПОМОЩИ ЖЕРТВАМ ВОЙН, ТЕРРОРИСТИЧЕСКИХ АКТОВ И КАТАСТРОФ: БИОЭТИЧЕСКИЕ АСПЕКТЫ

М.Р. Арпентьева

доктор психологических наук, доцент, член-корреспондент Российской академии естествознания (РАЕ), профессор кафедры психологии развития и образования, Калужский государственный университет имени К.Э. Циолковского, г. Калуга, Россия, ORCID ID 0000-0003-3249-4941, arpentevamr@tksu.ru,

Статья посвящена проблемам психологической поддержки и реабилитации военнослужащих и жертв войны. Анализируются возможности и ограничения дебрифинга как формы психологической поддержки и профилактики тяжелых последствий военного стресса, посттравматического стрессового расстройства и других нарушений. Рассматриваются основные механизмы дебрифинга, его функции. Особое внимание обращается на проблему социального обмена переживаниями, ее роль в преодолении негативных последствий военных травм, а также роль и функции социального обмена переживаниями в реконструкции событий войн, катастроф и терактов. Описываются условия эффективности психологического дебрифинга, его проблемы. Отмечается, что опыт переживания трансординарных событий, в том числе длительного пребывания в них, может быть весьма ценным для человека и сообщества, требует своего изучения, осмысления, не только приводит к хронической травматизации и нарушениям психосоматического и психического здоровья, но, при правильном осмыслении, определяет возможности нравственно-психологического развития человека как творца своей жизни. В статье проанализированы результаты исследований социального обмена (разделения) переживаний в дебрифинге и других исследованиях социально-психологического консультирования. В рассмотренных работах он выступает как процесс социального обмена или «разделения» субъектами смыслов своей жизнедеятельности, переживаний и

представлений о ней. Успешность такого обмена, его эффективность и продуктивность связана с формированием и развитием отношений партнерства и взаимной поддержки. Очень важными являются условия достижения психологической безопасности и направленности на развитие субъектов диалога. Центральный биоэтический аспект помощи жертвам войн, террористических актов, катастроф и иных психотравмирующих событий – учет интересов самих пострадавших и защита интересов социума, сохранение и развитие социальных отношений.

Ключевые слова: дебрифинг, военный стресс, война, террористический акт, катастрофа, вина выжившего, посттравматический стресс, травма, психологическое консультирование, социальный обмен переживаниями.

Most of the participants, primary and secondary victims of wars, terrorist attacks and catastrophes that have experienced trans-ordinary events of varying intensity, duration and unfolding, events related to mass deaths and death threats, treachery and deprivation, a complete violation of human rights and moral relations, equilibrium. This particular complex of psychological problems was called "post-traumatic stress syndrome". For the first time, post-traumatic stress disorder was described in the US after a lengthy study of the mental state of US soldiers returning after a defeatist anti-human war in Vietnam. Psychiatrists and lawyers in the United States drew attention to the fact that a significant proportion of those serving sentences in US prisons at the end of the twentieth century participants in the Vietnam War. There were expressions "Vietnamese syndrome", "syndrome of war participants". With similar mental disorders people who survived such cataclysms, especially in the case of the acute experience of inhumanity, immorality, betrayal of injustice, encountered domestic experts who surveyed participants in military operations in various "hot spots" of the former USSR – in Afghanistan, in Chechnya. Destructive for the human psyche consequences begin after a month of direct participation in battles. The sense of unfairness of war, betrayal and immorality is so exacerbating the negative impact of trans-ordinary events and situations that we can assume: it is this, and not in itself, the "stress of survival" that makes a major contribution to the stability, duration and intensity of post-traumatic disorders. As a result, a large number of victims, trying to reconcile the ordinary "civilian" experience and experience of war, with its "extra-moral" components, often have mental disorders and diseases of varying severity. Victims have deformations of representations about the boundaries of human and moral behavior. They try to live as if "nothing has changed." those who have given rise to social isolation as

unwillingness of society and the state to deal with the victims, buying off with lump sum or constant payments. These violations do not allow us to rework the experience of the trans-ordinary situation, to integrate into everyday life, the life of "ordinary people". Trans-ordinary event changes the scale of understanding reality. It translates it, in whole or in part, into the sphere of spiritual and moral relations. Since the crisis of these relations affects the whole person in one way or another, the consequences of this event can manifest in a very plentiful variety of symptoms. The state of people was further aggravated by the fact that the victims, despite the development of their psychogenic disorders, remain for some time in a life-threatening situation and even participate in the elimination of the consequences of the calamity that has befallen them, military "shares" of various types. Besides, the victims can and should be perceived as survivors of death – their own death, however, just as people who have experienced a clinical death resist parting with the past, so the survivors resist holding on to the already ramshackle shell of moral and other ideas about yourself and the world. From the internal point of view, the collision with the trans-ordinary experience, however cruel and difficult it may seem, can and should be understood by a person as an experience necessary for his development.

In the 1980s, "posttraumatic stress disorder" was recorded as a diagnostic category as a condition that develops in a person experiencing a stressful event of a menacing or catastrophic nature capable of causing general distress. If a person suffers from post-traumatic stress, this means that he has experienced a traumatic event or a series of events, i.e. experienced something terrible, intense trauma or a series of injuries that do not often happen to other people. This is a traumatic event that "transcends normal human experience." Since in the modern practice the number of trans-ordinary situations is expanding (experience of violence and torture, imprisonment, etc.) is becoming more common, then it can be said that trans-ordinariness is a characteristic of the "typical – atypical" experience of a given person in a given social group. Unfortunately, or fortunately, a person adapts to the most diverse living conditions and the buildup of a "civilized" "military presence", the accompanying devastation and poverty, for example, in Africa and Asia, the former CIS, etc., has made habitual the experience of inhuman, inhumane relationships between people ordinary. Fascism

and genocide have become a daily occurrence. Therefore, certain events or incidents are only part of the overall picture, an external circumstance that has played a role in the painful process. The Horrors of wars, disasters and terrorist acts have an effect not only their intensity and frequency. Injuries follow one another, so that man is not the time "to recover". They have their own eccentricity, excessive violations of the ideas of man about the normal, everyday life.

This aspect of post-traumatic stress refers to the inner world of the individual and is associated with the person's reaction to the experiences experienced. We all react in different ways: a tragic incident can cause serious trauma to one and almost not affect the psyche of another. It is also very important, at what time the event occurs: the same person at different times can react in different ways. Thus, speaking of post-traumatic stress, one usually means that a person experienced one or several traumatic events that deeply affected him: spiritually, mentally and physically. These events differed so sharply from all previous experience or caused so much suffering that the person answered them with a stormy system of tentative and then negative, destructive reactions, including for himself. The normal psyche in such a situation naturally tends to soften the discomfort: a person who has experienced such a reaction fundamentally changes his attitude to the surrounding world, in order to live at least a little easier. An abnormal, sick psyche can be even more damaged: border agents in the territory of military operations, catastrophes and terrorist acts are especially dangerous – "dangerous type personalities". Personalities of the "safe type" have experience in transforming trans-ordinate situations and preserving the spiritual and moral guidelines in them. Motivation for self-preservation (need for safety) and safe behavior skills are very important defensive entities of the individual, their implementation and use in both everyday and transnational situations is the main and necessary condition for a harmonious existence. The motives (intentions) of understanding of oneself and of the world, the motives of relations with people, and the motives for transforming oneself and the world were connected with it. The "invulnerability paradigm", which characterizes everyday life, assumes the fulfillment of the security condition in the ordinary and transnational situation as a matter of course. However, a person of a safe type knows that this is not so: "Invulnerability" is more an

illusion than a fact. Man only believes himself to understand the world, which has satisfying his relations with people and is able to influence the world, to change. Therefore, in a transnational situation, where the fulfillment of this condition is problematic, the understanding of oneself and the world, the illusions of control, and many illusions of relations are usually lost. One of the leading problems is the problem of death as a problem of human choice: to live, trying to find a new meaning and new life strategy, to correct the "mistakes" of a past life, or to die, refusing to return to the already familiar pain, suffering, habitual way of life and the old meaning. Studying these problems on the example of the world wars of the twentieth century, psychiatrists described the symptoms of military neurosis and proposed the concept of "shock-shock", which explained its symptoms because of mental trauma received during explosions and bombardments. They described the symptoms and the long-term consequences of a psychological trauma received during the fighting – military psychosis ("combat exhaustion" – exhaustion from military operations). When studying the state of political and criminal criminals, prisoners and prisoners of war, E. Minkovskiy syndrome was identified [2; 3] (concentration camp syndrome). It includes such symptoms as apathy and depression, irritability, sleep disorders, accompanied by difficulties in work and family life. It includes the syndrome of "emotional anesthesia" ("l'anesthésie affective"), which combines the phenomena of a kind of insensitivity due to the prolonged moral and physical suffering of many prisoners of Nazi concentration camps and modern prisons (destroying the person, narrowing the circle of interests, the predominance of primitive, instinctive reactions). The duration, type and number of symptoms depends on the time spent in extreme conditions, such as stress and care. It should be noted that, since in ordinary situations such as imprisonment, and also after a person returns "to a citizen", these stresses were most often not monitored. The violations were not recorded, then, as a rule, people choose for themselves the path of self-destruction (suicides and drug addiction) or "emotional anesthesia," stupefaction and cynicism, which provokes active desocialisation and human involvement in the destruction of the community (recidivism or primary crime, political opposition, terrorism, etc.). Thus, a society that refuses to help the victims of terrorist attacks, catastrophes and wars, migrants escaped from them, convicted, etc., provokes new

processes of desocialisation and resistance. It is obvious that the growth of crime and terrorism, catastrophes are not priorities of the state, however, the example of modern Russia shows that this problem is still included in the zone of the "blind spot". Its silence is the – part of the corruption processes of society, long lived the "ideals" of social consumption and repression. Parallel to the research-findings, assistance techniques were developed, including debriefing. Debriefing is currently a relatively common form of socio-psychological counseling for victims of terrorist attacks, disasters, wars and other intense, massive or individual stresses. Even in the work of S. Marshall, who sought to understand the "historical truth" of military operations through their comprehensive description of the survivors of the hostilities, was noted the need to create an atmosphere of support and goodwill. He was noted the importance of providing an opportunity to share their experiences contributing to the restoration of harmony of intrapersonal and intragroup relations [3; 7]. In most cases, the purpose of debriefing is to reduce the psychological damage caused to the victim – the subject of military stress – by explaining to the person what happened to him and listening to his point of view. This is a crisis intervention designed to weaken and prevent the post-traumatic stress reaction caused by trauma in normal people. This reaction is typical for people who are in an extreme, stressful situation (survived a traumatic event). Intervention allows preventing and reducing the likelihood of development of the consequences of psychological trauma by its comprehension: awareness, and processing experiences of a traumatic event [10; 11; 14]. The concept of "debriefing" was taken by psychologists from military terminology. In it, it denotes the procedure the "briefing" (briefing). The task of debriefing, especially in dealing with the military in the course of ongoing military actions and actions – is to alleviate psychological stress and help the subject to return to normal life. Currently, debriefing as a method of emergency social and psychological assistance involves working with individual or group psychic trauma, is a form of crisis intervention, a specially organized and structured work with people who have experienced a tragic event. Its purpose is to reduce the severity of the psychological consequences of the stress experienced, to minimize psychological suffering in the short and long term by (a) "working out" the cognitive organization of the experience experienced by understanding the structure and meaning of

the events that occurred, experiences about them, and (b) intensive "exchange of experiences") information about change management. Noting the existence of different types of debriefing, the researchers state that it is used both as an individual and as a group intervention. However, group classes are more effective because they help to recreate the "initial situation". They provide an opportunity to understand what happened: to understand yourself, others and the situation. They also provide an opportunity to resolve or prevent such problems as disclaimers and experiences of "survivor's guilt", prisoner's syndrome and "Stockholm syndrome". In addition, the group becomes a place for communication, trust and a sense of security, and also – the restoration of order. Debriefing contains, as the main element, defusion or verbalization aimed at re-experiencing (re-experiencing, rethinking) the non-traumatic aspects of an experienced event, investigating traumatic experiences in the context of encouraging (confirming) and defending group support, "normalizing" reactions, including experiencing and understanding occurring and stimulating the comprehension of experiences (at the cognitive level). It also includes informing about the options for a psychological response after a psychotraumatic event, that is, in effect, training in ways of understanding the traumatic situation, debriefing itself and their consequences. In the process of sharing experiences in a psychological safe environment, when the acceptance and attention of others become the backbone of the need to restore internal order, security and overcome fear of insecurity, a more or less implicit transfer of the role of the "knowing" to the suffering person itself was realized. This leads to a decrease in the individual and group voltage. The sensations of the uniqueness and abnormality of one's own experiences decrease. There is a mobilization and integration of internal and external resources of the individual and the group. Personality overcomes the barriers of relationships as barriers to misunderstanding of oneself and other people. Researchers and practitioners have seen an increase in mutual support as solidarity and mutual understanding. A person has the opportunity to "close" or let go of the past, and they can summarize (search for the final meaning) of the experience. "A new beginning" arises, involving the creative use of experience in later life in the process of developing an understanding of oneself and the world. Therefore, the method of crisis intervention and the prevention method. He gives as

"defusing" – the ability "to talk" (talking it out). It is important to vent in order to relieve stress in people (trainees) to identify the arisen experiences and the changes that have occurred with people, build relationships psychological safety and support.

It makes it possible to clarify the events (at the level of facts), to analyze why the events took place in this way, and not otherwise, to eliminate the misunderstandings and correct mistakes; and also to improve the skills of conducting included monitoring, introspection, to enable participants to develop the ability to reflect and manage change. On the example of defusing, such a component of productive debriefing as an intensive "exchange of experiences" is especially noticeable. The phenomenon of social exchange ensures the satisfaction of various needs for human interaction and development, in particular, the need for separation (not alone and support), the need for understanding and the need for subjectivity (the possibility of influencing, controlling what is happening). Psychological intervention, including after trauma, military stress, meets the needs of the victims in overcoming feelings of helplessness, disorientation and misunderstanding, isolation, etc. in connection with the experienced traumatic situation. Psychological debriefing was also aim at helping clients respond more adequately to the sufferings of other victims, to understand them, to take them out of isolation and to maintain their own faith. This method was bas on a hypothesis and social norm, suggesting the need for immediate assistance to victims of psychological trauma (arising from disasters and various forms of violence) on the part of society. It was generally accept that debriefing as an answer in terms of security, support and confidentiality is related to the awareness of the normality (uniqueness) of one's own experiences, the mobilization of internal resources to prepare for the delayed consequences of the event [5]. Therefore, it should be done preferably immediately after a traumatic situation, by the time when participants in the events will be capable of reflection, understanding the situation and self-understanding. It is believed that in cases when debriefing is postponed for one reason or another, the traces of the traumatic experience (meaningless or misinterpreted fragments of the situation) are consolidated, accompanied by a number of violations in the socio-psychological and other spheres, up to the psychopathology and deformities of the life activity of the subject. However, delayed and

intensive debriefing often does not fully take into account factors such as mechanisms for restoring and transforming traumatic experiences. He does not read the style of psychological overcoming (protection, coping or self-realization) of the difficult situation of processing experience. He also does not take into account previously suffered injuries and mental disorders in the victim, which are activated along with dissociative manifestations, with a misunderstanding of themselves and the world around them due to a current psychological trauma. Therefore, the crisis debriefing was included in the list of procedures that could additionally ("secondarily") injure the victims. Among the important little learnable factors, it turns out to be as important as the loss of a loved one. a complex of "guilt of the survivor", other syndromes, distorting the habitual representations of a person about himself and the world, moral values. it is especially difficult for a man to experience the emergence of a hyperactivity state in the process of helpless observation of the deaths of others. These factors act as additional stress factors, many require different in form, time and place of intervention. Forcing the victims to discuss the traumatic event, not giving them enough time to get used to the experience, to independently find approaches to their comprehension, specialists cause the effects of "immersion" and "secondary victimization". In addition, the practice of forced debriefing, can lead to the passivity of participants, cause their discontent and, consequently, intensify the barriers of understanding. Psychological assistance cannot and should not was use as a repressive measure. It does not matter at the same time as often to the measures of this type the surrounding victims are accustomed to resort (including the heads of aid services and the state as a whole). They should not do this if they want to get a healthy society, help people and themselves. . A person who has survived death and has seen it, not so much clings to life, how much respects the moral foundations that structure it. Immoral and cruel treatment of victims on the one hand, serves as secondary victimization and suppression of activity. It leads to the formation of states of learned helplessness and self-cognition. At the same time, it activates the state of intensive struggle and protection of scorned morality, justice, humanity. That is – social confrontation and in varying degrees of local social conflicts (up to riots and civil wars). And, as is known, the strongest protest comes from the weakest and "crushed" layers. Questions of life

and death, their choice after experiencing a traumatic event, orders and pressure are not productively resolved. Therefore, often used multi-level debriefing, in which psychologists and their clients, other professionals working directly at the site of the event, subsequently themselves receive psychological, including supervisory, assistance from their colleagues. In modern studies, in particular, in the theory of social exchange or separation of experiences, reflecting the results of numerous theoretical and empirical studies of the transmission of experiences from one person to another [9; 12; 13; etc.], it is emphasized that the "needs of social separation are based on the" cathartic effects "of expressing experiences. Development and maturity, however, from the point of view of classical theories of growing up, suggest that a person as a "lone ranger" must cope with life's difficulties independently, regardless of external interference, and coping focused on experiences is unproductive: autonomy as independence and separation were consider more productive relationships [1; 2; 13]. It was assume that the social exchange of experiences disappears in adolescence [12]. However, there is another process in which children initially limited by parental education are gradually included in an ever wider circle of communication, especially in adolescence and adulthood [12; 13]. In friendly and loving relationships, social exchange as a collective construction of experiences that occurs as a child continues, strengthening mutual dependence and forming "traditions of interconnectedness" (social exchange), which form the basis of adult experiences, their comprehension, division, transformation.

Adult people, comparing themselves with others, strive for self-understanding [4]. They turn to their social environment in search of explanations when they face obscure or confused situations or experiences. After participating in military operations, as well as after natural disasters, disasters or other traumatic and life-altering events, people tend to talk about their experiences and reveal their experiences. B. Rome and colleagues singled out the characteristics of this phenomenon: the experience is recreated in a dialogue, within the framework of creating or using a "socially common language", the experience is recreated in order to share with the addressee (real or symbolic) and change anything – in himself or the addressee [13]. Motives and goals of social exchange [12; 13] are as follows:

- express the pent-up experiences to try to facilitate them or achieve catharsis, recall or re-experience the event in order to find an explanation and clarify the meaning of the situation;

- "gluing together", getting closer to others and reducing feelings of loneliness, facilitating social interaction, getting solace;

- finding ways to solve problems, managing, seeking advice, getting help, supporting, legitimizing to test their experiences, approve them and confirm by society;

- entertainment, the desire to draw attention to getting attention from others, perhaps to impress others.

However, instead of social integration and strengthening of ties, revelations about certain events can be harmful to human relations to oneself and the world, his understanding of himself and the world, lead to social and personal disintegration, therefore some situations are not discussed and, probably, purposefully kept secret [3; 4; 6; other]. In addition, the problem of secondary exchange, he suggests that the listener shares his experiences and experiences of the narrator with other people [5; 7; 8], and there is a paradox: social exchange presupposes confidentiality, but in most cases, the experiences of the narrator become the subject of secondary and subsequent exchanges with other people. Confidentiality becomes an illusion: rather an exception than a rule. And yet debriefing is bearing fruit. Productive coping with stress, the transformation of life values and life activity of the subject as a whole in the process of debriefing was carry out in conditions of mutual understanding. In the situation of debriefing, there is an exchange and coordination, confrontation and research, co-creation of the meanings of the vital activity of the subjects.

These subjects seek to understand and be understood by each other psychologically safe (host, confirm, facilitating self-disclosure and aimed at mutual disclosure) counseling atmosphere. Consulting acts as a partnership, aimed at cooperation on the study and resolution of specific issues and situations, and frustrating everyday patterns of life, communication. This is communication with a significant other. The other one is really present, sincere and authentic. He is included in the dialogue as a person, affirms and confirms the significance and very existence of himself and the other. In the content plan, psychological assistance to victims of military stresses, disasters and terrorist acts presupposes the

realization that the values of the cognizing subject play a huge role in understanding and productive experience of what is happening, in the process of coping with life's difficulties. In the situation of wars, terrorist attacks and disasters, the survivor often remains practically alone with experience that does not have any formal past, as well as among other people who do not have similar experience in the past and experience what is happening next to and with it. Nearby sometimes there is simply no person who would have experience of survival in such situations. Especially strongly negative impact affects, as is known in young people: not having a significant experience in solving life's difficulties.

And vice versa, the existence of a large and varied life experience, acceptance of what happened "just with me" as a fact (and not punishment for any "bad", made in the previous catastrophe of life factor), a detailed understanding of traumatic experience helps a person to survive. Thus, a consultant working with this category of clients faces a very clear task: to help the client to understand the traumatic experience of experiencing a social disaster, to form a stable awareness of the client not as an "innocent" or "guilty" victim, but as a person "who managed to survive" in difficult conditions. On the one hand, it is important that the client is able to realize the value of the experience given to him as an "existential message" or a vital "challenge." On the other hand, it is very essential to improve the effectiveness of the assistance provided, the client is aware that it is not possible for him to become the same as he was before, for him, as for all other people who have gone through a severe psychological shock. Any attempt to return to the past will have a negative impact on the rehabilitation process. However, changing – does not mean to become "worse" or "weaker". "Negative" experience remains as long as it is not meaningful. Thorough study of life experience is one of the main conditions of any personal development in general: the lion's share of a person's life experience consists of experiencing a nominal "unpleasant" moments in various degrees. The mastering of such situations usually ends with their significant semantic transformation: a positive re-registration, or at least acceptance as a fact leading to changes in the human personality.

The next important point is the comprehension and development of scenarios and life goals of a person's life after the war, a catastrophe, a terrorist attack. This

aspect was closely related to the previous ones. The productive rethinking of traumatic experience presupposes a change in the temporal perspective of its analysis: a reorientation from the search for objectively nonexistent internal causes (past) to build the future – with "Why?" on "Why?" Psychotherapists who survived the experience of concentration camps, psychiatrists who worked with the military, always noted the importance of urgent psychological assistance in war, in the zone of combat operations, in the concentration camp, etc., the importance of its spiritual component preserving and developing the person's dialogue with itself and the world. One of the fundamental life, ontological issues related to the survivor's situation is the question of the invasion of non-being into being, the question of the completeness of the person's exercise and authenticity, the harmony of the individual. The survivor is one who, confronted with the experience of non-being, continued to be. The existential situation of the survivor is existence in a trans-ordinate situation. Or, otherwise, the trans-ordinary existence of a person: "the being of a person in the face of a threat of non-existence," a dialogue contrary to its impossibility. Contradictions between trans-ordinary experience and ordinary existence were manifest as:

1) the existential crisis – the conflict between the actualized possibility and the impossibility of realizing its possibility in ordinary (existential fault),

2) existential enlightenment – the person becomes wise in the light of trans-ordinary experience, despite trials, adversity and finds higher levels of realization of being.

There are two main types of personal response to the experience. The first – the past does not let go of a person, traumatic pictures and persistent thoughts about "what was" come back persistently and persistently. Unbidden memories cause repeated stress. Second – traumatic experience was deliberately ousted; a person tries to avoid thoughts and memories of what he has experienced.

However, transnational existence actively invades the ordinary existence, giving it the features of anomaly, catastrophism [2]: "The threat of non-existence becomes a nonspecific characteristic of not only the extreme situation, but also of the everyday life situation and determines the existence of man." A person who survived wars and catastrophes often embraces a feeling of alienation from people, from the world around them, a hard-lived loss of the ability to establish close relationships with people

around him: to experience feelings of love and joy, of creative uplift. A person with pain experiences change, alienation to himself and other people, misunderstanding, badly needs self-understanding and – almost unattainable – mutual understanding. However, mutual understanding can be found: on the way of listening and integrating the experience of listening, respectful and loving co-existence of the secret of personal transformation, spiritual rebirth: the new birth of a person meaningfully related to life, appreciating it and himself. The great experience with surviving military and other people's crisis situations are accumulated in the works of practical psychologists dealing with the problems of psychological and physical (including sexual) violence, problems of psychological survival and transformations of the self in the framework of studies devoted to the psychological rehabilitation of patients who have endured lethal diseases (cancer, etc.). In fact, it is easy to see the presence of significant similarity in the models they offer and typical scenarios for experiencing traumatic experiences. In any of these cases, there is a universal pattern: the need to separate the "spheres of influence" of an objective (physical, external) threat or traumatic situation and a zone that can be controlled by the client. The second point is the essential, qualitative difference acquired during the wars, catastrophic situations and events, terrorist acts, life experiences. This experience goes beyond the ordinary and is potentially creative, destroying the habitual patterns and worldviews and life activities of the subject. This experience requires a special value attitude, which often cannot be directly transferred and combined with the norms and experience of everyday life.

Thus, psychological debriefing contains elements of social support, exchange of meanings and rethinking (within the framework of processes of reaction, reassessment and information), management of behavior (changes). These elements as factors in the success of aid and its mechanisms – the social exchange of experiences and mutual learning – should be studied not so much as isolated, but together. The question of what will be the result of assistance to a specific client by a particular consultant in a given situation is determined in large part by what the circumstances will be – the general conditions for carrying out these procedures. Mutual understanding is one of such conditions: the dialogue, carried out in the atmosphere of a dialogue aimed at understanding the traumatic situation (experience), presupposing not only the

exchange of experiences and experience, but its joint semantic processing aimed at transforming the relationships and life activities of the client. The mutual understanding is formed in the process of social exchange) experiences, their meanings, develops in the process of transforming the meanings of communicating subjects as the construction and development of the helping relations, the exchange of feedback, etc. We analyzed the results of studies of social exchange (separation) of experiences in debriefing and other studies of socio-psychological counseling. In the considered works he acts as a process of social exchange or "division" by the subjects of the meanings of his life activity, experiences and perceptions about it. The success of such an exchange, its effectiveness and productivity is associated with the formation and development of partnerships and mutual support. Very important are the conditions for achieving psychological security and the focus on the development of subjects of dialogue.

The central bioethical aspect of assistance to the victims of wars, terrorist acts, disasters and other psychotrauma events is the consideration of the interests of the victims themselves and the protection of the interests of the society, the preservation and development of social relations. In cases where assistants pursue their own interests, as well as the interests of the state and others guilty of causing and continuing the suffering of people, neither debriefing nor other procedures help. Society and people suffer from help that attempts to hide the true meaning and scale of catastrophes and military operations. The state, units and services involved in the liquidation of the consequences of emergencies and military conflicts receive only a temporary and partial benefit from the secondary victimization of their population. Attempts to deceive the population, to silence it, to suppress a surge of reciprocal resistance threaten the state with collapse, and society – with schism, riots, civil wars.

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RELIGIOUSNESS AS A FACTOR FOR
FORMING THE BIOETHICS IDEOLOGY OF
PATIENTS

T.G. Svetlichnaya

Doctor of medical Sciences, Professor of the Department of Public health, Health Care and Social work, Northern state medical University, Arkhangelsk, statiana64@yandex.ru ORCID: 0000-0001-6563-9604

L.I. Menshikova

Doctor of medical Sciences, Head of the Department of Public health, Health Care and Social work, Northern state medical University, Arkhangelsk, menshikova1807@gmail.com ORCID: 0000-0002-1525-2003

O.A. Kharkova

Candidate of psychological Sciences, Ass. professor of the Department Psychiatry and Clinical Psychology, Northern state medical University, Arkhangelsk, harkovaolga@yandex.ru ORCID: 0000-0002-3130-2920

G. Yu. Shchekin

D. Sc. (sociology), Professor of the Department of Philosophy, Bioethics and Law with a Course of Sociology of Medicine of Medical Sociology, Volgograd State Medical University, Volgograd, Russia, alfa-001@ya.ru

The aim of the study was to explore the moral and ethical and bioethical representations of believers and non-believers among patients in order to assess the influence of religiosity on the formation of a bioethical ideology and morally responsible attitude to the use of medical services. Study participants were divided into two groups in accordance with religious belief – believers (53,0%) and non-believers (47,0%). We found that there is a difference in all variables related to moral and ethical state of the patients between believers and non-believers. Moreover, we observe differences in the attitude of patients to all 7 analyzed biomedical technologies: in vitro fertilization, surrogate motherhood, human cloning, organ transplantation, fetal cell therapy, abortion and euthanasia. The attitude to the biomedical technologies of religious patients is bioethically responsible and is built on moral grounds, has a moral value and is filled with moral meaning. Religiousness promotes a deeper understanding by patients of the meaning of bioethical dilemmas and morally responsible attitude to medical interventions in the life and death of a person. The results obtained make it possible to assert that religiosity, acting as a factor in the formation of the bioethical ideology of patients, is an ethical regulator of the practice of using biomedical technologies.

Keywords: religiosity, bioethical ideology, biomedical technologies, and patients

РЕЛИГИОЗНОСТЬ КАК ФАКТОР
ФОРМИРОВАНИЯ БИОЭТИЧЕСКОГО
МИРОВОЗЗРЕНИЯ ПАЦИЕНТОВ

Т.Г.Светличная

Доктор медицинских наук, профессор кафедры общественного здоровья, здравоохранения и социальной работы, Северный государственный медицинский университет, г. Архангельск, statiana64@yandex.ru ORCID: 0000-0001-6563-9604

Л.И.Меньшикова

Доктор медицинских наук, заведующая кафедрой общественного здоровья, здравоохранения и социальной работы, Северный государственный медицинский университет, г. Архангельск, menshikova1807@gmail.com ORCID: 0000-0002-1525-2003

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