

REFLECTIVE INSIGHTS: ADAPTING SUPERVISORY PRACTICES IN WAR-TORN ENVIRONMENTS (DURING UKRAINIAN WAR, 2022-2024)

Alona SEIDEL¹

¹M.A., Licensed psychologist, certified psychodrama-therapist, Russia, Israel

Abstract

This article offers a reflective analysis of the experience of supervising Ukrainian psychologists during the Russo-Ukrainian War. It chronicles the journey from the initial shock of transitioning from peace to war, through the adaptation phase of coping with the ongoing conflict, to the current state of powerlessness and disappointment. The author, who has overseen various support groups and navigated the complexities of cross-cultural supervision, delves into the challenges faced by psychologists in handling their own trauma while providing support to others. The article highlights the need for restructuring traditional therapeutic approaches to address acute trauma and the importance of self-care strategies for mental health professionals. It discusses how wartime experiences have necessitated the development of new supervisory models and practices, including the handling of forced emigration, increased psychiatric cases, and changing dynamics in client needs, especially among children and adolescents. The author underscores the evolving role of psychologists in a war-torn society and the crucial need for resilience, resource management, and creative adaptation for survival. The article concludes with a poignant reflection on the psychological toll of war and the ongoing search for effective strategies to support both clients and therapists in such extreme circumstances.

Keywords: Online group Supervision, War Trauma, War psychology, Resilience, Cross-cultural counseling

1. INTRODUCTION

This article is an attempt to reflect on the experience of working as a supervisor for three groups of Ukrainian psychologists during the Russo-Ukrainian War. The story began on February 24, 2022, the day Russia attacked Ukraine and initiated a full-scale military invasion. From February 28, support

groups for Ukrainian colleagues were organized, in which I either participated or translated for Ukrainians from English.

I quickly noticed that Ukrainian colleagues were uncomfortable in the presence of foreign colleagues who could not fully share their experiences or be delicate enough in their statements to avoid triggering and re-traumatizing Ukrainian colleagues. Ukrainians couldn't be in the same group with Russians, regardless of the Russians' political or personal stance. By March, it became clear that all Ukrainian colleagues had left the international support groups. This was a difficult, shocking month, with the inconceivable happening – Russia's military attack on Kyiv, Kharkiv, and Mariupol. Civilians fled in terror from the front-line zones. The media was filled with tragic stories of the sudden war. Ukraine was in chaos, confusion, and fear.

By April, it became clear that Kyiv and Kharkiv would withstand, but Mariupol would fall. Some clarity emerged about what was happening and what could be done for self-defense and the defense of the country. All my Ukrainian psychologist acquaintances began volunteering for psychological support of Ukraine's civilian population. Some psychologists, with special clearance, worked with the military.

I found myself in a difficult situation. I have been living in Israel since 2012, but I grew up, studied, and worked in Russia for most of my life. Before leaving Russia, we worked, studied, and upgraded our qualifications together with Ukrainian colleagues, without distinction of citizenship, in Russian. I was as friendly and worked with Ukrainian colleagues as with Russian ones. The 2014 military conflict between Russia and Ukraine was difficult for me; I did not quite understand what was happening. At first, I was sure it was some political misunderstanding. But the conflict continued, turned chronic, and froze in the Luhansk and Donetsk regions of Ukraine. We still maintained ties together – Russian and Ukrainian colleagues. But a cooling in relationships was noticeable.

And so, February 24, 2022, confronted me with a choice. What could I do as a volunteer to alleviate the suffering of war? Professional support for Ukrainian colleagues seemed a good option. Despite our proficiency in Russian, I had to engage in cross-cultural supervision. I was already familiar with the phenomenon of international work with Ukrainian colleagues. For example, the article "Cross-Cultural Counselling Supervision in Ukraine" describes differences in legal, ethical, and cultural complexities that regulate and impact the supervisory relationship [1]. The authors recommended that potential supervisors in transnational supervision settings or programs "be screened to gauge commitment to the project, their multicultural awareness, cultural sensitivity, flexibility, and teachability." [1].

The International Association of Group Psychotherapy (IAGP) and PsyCrisis Ukraine offered me a supervisory role for an online group providing professional support to Ukrainian colleagues for 10 weekly meetings, and I agreed. Although I had previously worked as a supervisor for Ukrainian colleagues, I had doubts because I had never worked as a psychologist and/or

supervisor for patients from a war zone, and this was my first year working as a supervisor. Moreover, I had to understand that my native language, Russian, was the language of the enemy for Ukrainians. However, I hoped that my experience working in Israel and my identification as an Israeli psychologist, which I already had, would be helpful. I thought that the 10-week project would help us all together to figure out what was happening and what to do next.

No one expected it to be 100 weeks and, as it is now clear, even more. Over these 2 years, I led three long-term support groups for Ukrainian psychologists. These were two weekly online groups in the IAGP project, each lasting 1.5 years. I worked on this project with my Ukrainian colleague Iryna Prozhoha, who was my co-director and now continues to work with these groups as the director. I also lead one large group of volunteer psychologists (about 50 psychologists) for the Ukrainian charity "Woman and War" (currently ongoing, started in July 2022). Today, almost 2 years after those first days of the war, we have together experienced various military situations, difficulties, and dramas. Probably, we know more, but the war is still ongoing. The questions are still relevant: what is happening, and what to do next? It is appropriate to add that the list of literature specifically dedicated to the topic of psychologist supervision in wartime is quite narrow. Further, a few important articles will be mentioned, but until today, there has been no systematic and comprehensive study and description of the topic. Over these 2 years of the Ukrainian-Russian war, we, together with clients, have gone through several major social stages in the dynamics of the war as psychologists. Conditionally, these can be divided into shock, adaptation (activation), and powerlessness (freezing).

2. SHOCK (Spring 2022)

The sudden, extensive change from a peaceful to a wartime way of life, caused by the constant threat to life, undoubtedly and inevitably causes shock. In a state of shock were clients, psychologists, and supervisors. Many residents of Ukraine left their homes, cities, and country. Migration was massive, instant, and forced. During the first group meetings, I didn't know what exactly to say. I didn't even know which language to speak. I began leading groups in English with translation into Ukrainian. Soon, group members understood that I comprehended Ukrainian well, and the translator stopped translating from Ukrainian to English for me. It was obvious that all group members spoke Russian fluently, but they didn't want to speak the language of the enemy, committing daily war crimes against peaceful Ukrainians. It was also evident that interpretation took up much of the group's time.

In such a strange state, the groups operated for several weeks until the participants got used to me and suggested working in Russian - they trusted me

and made an exception for me. Each weekly meeting was tense and unpredictable. I was very cautious not to re-traumatize anyone with any bright word or question. I don't remember when I was so attentive to the choice of words, intonations, and metaphors. I felt like I was on very thin ice.

What I noticed was a sharp slowdown in the development of group dynamics and achieving the usual (pre-war) results. In one of my groups for psychologists, - and it was a frequent topic of supervisory request - psychologists suffered from the fact that the results they were used to achieving in sessions with clients were unattainable. We all felt like failures and unqualified for such work.

Together we concluded that in such a state of shock, clients very quickly reveal the content of their past and current trauma. Under the pressure of such stress, clients lack the psychological strength to hold the trauma within themselves. At the same time, clients did not have the strength and resources to process the trauma and achieve healing or post-traumatic growth. So, all of us were in such a strange and unfamiliar state: we saw the trauma and could do very little about it.

Now, as I describe this, it is obvious and logically predictable that no one can cope with psychological traumas under the stress of war. However, it is important to consider the speed at which all psychologists transitioned from a peaceful state to working in a war context. It was the speed and unexpectedness of these events that were unbearable and made the restructuring of work very difficult. Even simple changes at such a speed and under constant threat to life caused incredible difficulties. For example, we hardly discussed client cases.

Firstly, because a lot of time was spent on our own emotional stabilization (both for psychologists and for me as a supervisor). In the article "Maintaining Resilience in the Face of War and Terrorism: Suggestions for Professionals," the authors also note "a greater need for Self-monitoring" and the necessity of developing and implementing additional Self-care Strategies [2].

Secondly, because the client's stories were very similar to the psychologists' own experiences and re-traumatized them.

By the end of the first 10 weeks of professional support groups, it became clear that in wartime, work needs to focus on creating special wartime supervision and that many past techniques and approaches from peacetime do not work.

3. ADAPTATION (Summer 2022 – Winter 2023)

Adaptation to the danger, chaos, and unpredictability of war began. First, it became clear that no developments in the field of PTSD were effective, as there was no post-trauma state. We were all in a state of acute military trauma. This realization became the starting point and main focus during the adaptation period

to the war. The goals of psychological adaptation to war shifted from peacetime goals of personal growth and development to survival.

In the groups, we devised a survival scale, and each time assessed the psychological resources that the war was taking away. If all your resources today are considered 100%, what portion is spent on experiencing the war? There was never a case when a participant named less than 30%. That is, at least a third of resources (based on self-assessment) goes towards adapting to the war. Often at the beginning of the war, when events on the front were very tough and when there were intense bombings of peaceful Ukrainian cities, participants said that the war takes away 60-70% of all energy.

It soon became clear that the intensity of secondary trauma was stronger than that of primary trauma. The article "Trauma-informed supervision in deployed military settings" noted that "Frequent exposure to client trauma heightens the risk of secondary traumatic stress and compassion fatigue among military health care providers" [3]. The same applies to psychologists working with the civilian population during military actions. Stories about what happened to others were more disturbing and traumatic than events provoked by the war in the psychologists' own lives. We developed another exercise, "Circles of Trauma," where we assessed traumatic information from the point of view of with whom the sad event occurred: with you personally, your relatives and friends, your acquaintances, other Ukrainians, or the country as a whole. Then, we came to a temporary solution that we would only discuss events that happened to the psychologists and their close ones in our meetings. There simply wasn't the strength and energy to process other types of trauma. Psychologists suggested this temporary solution to their clients as well.

Next, we invented a glass chest with a lock or a chest of dissociation. We began to put all the heavy stories and feelings into it, for which there was not enough strength and energy to process. We realized that for survival purposes, it's better to dissociate from heavy feelings than try to experience, process, and integrate them into personal history. But such dissociation should be healthy and temporary. Therefore, the chest where we put all the traumas for further work with them in the future was transparent, so we wouldn't forget about these stories and so that we could at least occasionally talk about them and wait until we had the strength to deal with them.

It should be noted that in this situation of adaptation to war, the number of clients and client requests sharply increased. We felt that the entire psychological assistance system was overloaded and operating at the limits of its capabilities, yet this was still insufficient to handle client requests. We developed a system for assessing clients and their requests, classifying clients by the urgency and severity of their issues. We chose those clients who urgently needed help and whom we could realistically assist. For the first time in our joint work history, we were forced to refuse clients with severe psychological trauma, acknowledging that in

some cases, providing consultative help via the Internet within a limited time and with limited personal resources was impossible. This was a difficult moral situation for psychologists and a very tough decision.

Observing the clients, we saw that the degree of traumatization of the civilian population depended on the degree of exposure to the war. A high level of traumatization was observed in those who were in the combat zone (front lines). However, the highest level of traumatization was not among them but among those who experienced personal encounters with the enemy. Direct encounters of the civilian population with enemy soldiers caused severe trauma. Such cases were very difficult to address in professional support groups. Furthermore, the traumatization of those who lost relatives and friends in the war, as well as those who lost their homes and/or emigrated (within the country or abroad), can also be noted. Air raid alarms, shelling of cities, and distressing news in the media can also be attributed to frequent causes of wartime traumatization.

Thus, we developed survival strategies, some of which have been mentioned above: resource analysis, therapeutic dissociation, and avoidance of secondary trauma. It's important to note that we passed the one-year mark of the war. There was a difference when we spoke about months of war and when we started to acknowledge that one year had passed. This signified that the war had been with us for a long time and that it might be prolonged. The one-year mark held psychological significance, altering the dynamics of expectations.

4. MOBILIZATION AND ANTICIPATION OF VICTORY (Spring-Summer 2023)

In the war with Russia, Ukraine needed and relied on international support. The work of professional support projects for psychologists was also part of this global support. The evident goal of this support was to provide resources to fight a stronger enemy and to achieve victory over them. Ukraine received military and moral support and hoped for victory. The entire country was mobilized for victory.

Psychologists spoke about a future offensive, about the need to be patient and conserve resources, that soon the offensive would begin, and victory would follow. For example, American and Ukrainian psychologist Dr. Alexander Lupis, who worked as a supervisor with Ukrainian colleagues on war trauma, spoke about engagement, optimism, and hope amidst war in his presentation at Harvard University [4].

In this situation, it was crucial for psychologists to acquire skills in resource management. We conceptualized our resources as a bank account, analyzing what could be deposited daily to replenish our resources and how these resources could

be spent. We learned to conserve resources and plan their expenditure carefully. For instance, empirically, by observing the receipt and expenditure of resources, we concluded that one psychologist should not take on more than 3 cases of clients with acute loss, such as those who had lost relatives or friends. And if a psychologist was overall heavily loaded with clients, the number of clients dealing with loss should be reduced to 1-2.

We also employed many art therapy techniques (significantly more, in my observation, than in the pre-war period). We drew, sang, played, and visualized psychological stories and problems with objects as both a warm-up and as work with cases. This is similar to observations from the article "War and the Practice of Psychotherapy: The UK Experience 1939–1960": “The work of Wilfrid Bion, John Rickman and Michael Foulkes at Northfield and Maxwell Jones at Mill Hill is said to have transformed the role of groups, while occupational, art and individual therapies advanced in psychiatric hospitals run by or for the military” [5].

Unfortunately, the anticipated Ukrainian offensive on the fronts did not occur, nor did the expected victory. By the second winter of the war, in the autumn of 2023, the confrontation between the sides reached a stalemate. The front line stabilized in one place, and the efforts of both sides did not yield victory.

5. POWERLESSNESS AND DISAPPOINTMENT (Autumn 2023 – Winter 2024)

The war became routine, and changes caused by it became the norm of everyday life. Although the war seemed to fade into the background, usual and everyday matters – work, family, children, money, domestic issues – came to the forefront. We started to analyze many client cases and spent less time supporting psychologists' resources.

However, describing the war as merely background is not entirely accurate. The war significantly altered the course of routine life. We encountered a significantly higher number of clients with psychiatric problems. If before the war, 10-20% of all psychology clients had psychiatric diagnoses, now it's between 30 to 50% (based on surveys and psychologists' assessments). In psychological support groups, it often becomes necessary to conduct special seminars dedicated to various specific psychiatric diagnoses.

Particular attention was paid to ongoing work with depression and pathological grief associated with losses, the two main reasons for seeking help. Depression, even before the full-scale invasion, was the most common psychiatric diagnosis in Ukraine, estimated at 6.31% of the population in 2014, compared to

5.01% of the population in the European Union [6]. Now, the prevalence of depression is only increasing because "poor mental health in Ukraine is tightly interconnected with poverty, unemployment, and feelings of insecurity, compounded by the effects of the conflict" [6].

A significant portion of psychological issues during this period was related to forced emigration. Previously, this topic was hardly considered, but now we are working on approaches to understand the dynamics of forced emigration and adaptation to it, as well as practical techniques for working with such clients.

There was a dramatic change in requests for working with children. Adolescents found it difficult to adapt to the freedom restrictions caused by the war. Parents often changed their place of residence or lifestyle, without consulting their children or giving them a chance to influence decisions. Also, we observed a new generation of children focused on survival, seemingly unafraid of the war, but behind this optimism is their belief that a large group of people (enemies) is trying to kill them now and will continue to do so in the future.

By the end of the second year of the war, the country had lost many lives, many cities were destroyed, almost everyone's living standards declined (even in cities without military actions), millions of citizens left the country, and millions moved to other areas. The vortex of war was pulling in more people and consuming more resources, leading to exhaustion.

As we enter this phase of work, we are still in the process of analyzing the situation and developing our techniques and skills. The article "Professional Supervision as Therapists Self-care during Wartime" describes the situation of supervision as "a radical shift in the format, process, and content of psychoanalytic supervision groups in Ukraine following the Russian invasion" [7]. The same is evident in the process of clinical supervision overall. Ukrainian colleagues are actively working on new approaches to wartime supervision. In "Rising Above the Battle Scars: Integrating Trauma-Focused Concepts into Clinical Supervision Using the Discrimination Model in Ukraine," a new supervision model is proposed, combining Bernard's Discrimination Model with trauma-informed care for immediate and long-term crisis situations [8].

6. CONCLUSION

Some practical recommendations for wartime supervisors include restructuring the work from post-traumatic disorder to work with acute trauma; establishing self-support strategies and resource finding for supervisors and psychologists; and developing resilience and creativity for survival rather than personal growth. I hope that together with colleagues we will find ways to better navigate the ordeal of war.

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