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War Trauma and the Family System— "Contagion" Processes *vs* Homeostatic Processes

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ABSTRACT

The aim of the article is to confront the knowledge about the specificity of the functioning of the family system in the situation of exposure of its members to traumatic phenomena, which are undoubtedly the hostilities in Ukraine. The wave of war refugees, that we have been encountering in our country for two years, requires developing ways of helping to contain traumatic experiences, rebuilding a sense of security and restoring homeostatic mechanisms natural to the family system. Knowledge of the mechanisms that govern, regulate and order the family system can be helpful in developing a methodical approach. What can potentially hinder this type of work is, on the one hand, the accumulation of a large number of traumatic stimuli (m.in. war, refugeeism, cultural and linguistic differences, different levels of social and personal capital), and on the other hand, the fact that methods of working with post-traumatic disorders are used to work with this type of families, in a situation where trauma is an ongoing experience.

KEY WORDS: war trauma, family system, homeostasis, war refugees, posttraumatic disorders

Introduction

With the start of the war in Ukraine on February 24, 2022, the lives of many people have changed dramatically and suddenly. According to the Office of the United Nations High Commissioner for Refugees, more than one million people left Ukraine in the first week of the war, and to day this number exceeds 6 million people (Operational Data Portal Ukraine Refugee Situation). The enormous scale of this phenomenon is not sur-

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prising from the perspective of Ukrainian families trying to save their lives. In response to these events, many Poles have become involved in various forms of assistance, both directed to the areas affected by the war in Ukraine and here in Poland to support refugees. The humanitarian and economic crisis, compounded by the COVID-19 crisis, is prompting mental health research into refugees, those remaining in Ukraine and other populations indirectly affected by these worrying phenomena. In war-affected communities, rates of Posttraumatic Stress Disorder (PTSD) are significantly higher than in other populations. At the same time, research indicates that not only the direct exposure to traumatic events can contribute to the development or deepening of psychopathology, but its impact goes much further and leaves its mark on society as a whole (Fullerton, Ursano & Wang 2004; Cheung, Kube, Tay, Diener, Jackson, Lucas, Ni & Leung 2020). Helping these people requires a well-realized diagnosis, both of the individuals affected by the consequences of war trauma and the diagnosis of entire family systems, which react naturally to changes both coming from the outside and within the system.

Properties of traumatic phenomena

When analysing the behaviour and experiences of Ukrainian war refugees, it can be assumed that the factors disturbing their functioning and adaptation to the new conditions are the trauma of war and its consequences. Their escape from the war-torn country in order to save their lives and their children's lives took place in dramatic circumstances related to the abandonment of some of their families, abandonment of their life's possessions, setting off into the unknown, losing control over their lives and an elementary sense of security. These factors can further amplify the traumatic nature of their experiences. According to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), symptoms of PTSD include exposure to trauma and, as a result, intrusions (disturbing, intrusive memories and nightmares), avoidance (of places, memories associated with the nightmare), hypervigilance (increased sensitivity to threats, preoccupation with potential danger), difficulties in emotions and cognition (among others: poor concentration, negative thoughts). These symptoms negatively affect the social life of these people, their professional work, and their relationships with others (American Psychiatric Association, 2013). Traumatic experiences arise through a sudden external factor that violates the integrity of the subject and thus causes a disruption in the body's energy resource and triggers all defense mechanisms (Freud, 2005, p. 31). The specific features of traumatic events, unlike other stressful situations, are the spectre of a threat to life and health and strong emotional reactions to the appearance of traumatic stimuli in the form of fear, helplessness and

terror (Badura-Madej & Dobrzyńska-Mesterhazy, 2004). An additional factor reinforcing the strength and scale of traumatic disorders is the mediatization of war. Nowadays, almost every person around the world has the opportunity to observe the battlefield by means of media transmissions; images of destruction, death, suffering of people, including civilians, all acts of barbarism used by aggressors are commonplace. This naturally deepens the trauma among those directly connected with the war site, but also increases fear and tension among observers of these activities around the world.

Trauma can be individual and/or collective. The former is conditioned by the individual's life history, it affects the individual and its course is closely related to the individual resources of a particular person. Collective trauma, on the other hand, affects entire communities and is a shock that affects many people at the same time. This type of trauma is defined as psychological trauma experienced by many people at the same time (Orwid, 2009, p. 13–14). The distinguishing feature is that despite the fact that each individual experiences something individual, the basis of this phenomenon is common. Collective trauma can have different character and dimension, it can concern death, but also different variants of exclusion processes. From this perspective, it concerns communities, nations, ethnic, racial or religious groups. Piotr Sztompka emphasizes the fact that trauma is a collective phenomenon, a state felt by the entire group or community as a result of destabilizing events, culturally interpreted as traumatic. It is a social fact prevalent in a given group and a common experience of the group as a whole (Sztompka, 2000, p. 14–15). After the outbreak of the war in Ukraine, all the above-mentioned premises of collective trauma appeared. Military attacks on military and civilian targets came as a shock to the inhabitants of Ukraine, their family members in exile and the communities of other countries, especially neighbouring countries, who were aware of the sense of threat and empathetically connected with the fate of the direct victims of this war. This is a perfect example of inspiring individual and collective empathy. In the face of other people's suffering, we get a chance to show our most noble sides.

What else could be referred to in the context of the war in Ukraine and the socio-emotional situation of refugees is the phenomenon of cultural trauma. Sztompka describes this phenomenon as a trauma of change that affects the domain of culture, and thus collective and individual identity. Traumatogenic events disrupt routine ways of acting and habits of thought, which may translate into changes in worldview and patterns of thinking and acting (Sztompka, 2000, p. 23). Cultural trauma occurs when members of a community feel subjected to a dramatic situation that leaves an indelible mark on their group consciousness, marking their memories and permanently altering their future identity (Alexander, 2010, p. 195). The outbreak of the war has caused Ukrainians to reorient their identity, clearly towards Europe, in opposition to the previously close Russian nation. This conflict has strengthened the desire of the majority of

Ukrainians to be in the structures of NATO and the EU. This is Ukraine's emancipatory trend, paid for at a huge price, which seems irreversible when confronted with the effects of war trauma.

According to Peter Levine (2021), war trauma is particularly dangerous for children, which by its obvious nature, interferes with their natural developmental processes. On the one hand, children have a huge adaptive power, but on the other hand, the consequences of this type of experience in their case can hibernate for many years and devastate their reality in adulthood. In such cases, the scale of the effects of traumatic phenomena is difficult to estimate in studies carried out in a short distance from the occurrence of the traumatizing stimulus. Some reports highlight a greater capacity for resilience and a lower incidence of PTSD after war trauma in older adults. The time that has elapsed since the trauma of war is crucial for the manifestation of mental health disorders: symptoms of anxiety disorders increase with age, but not depression (Charlson et al., 2019). The severity of PTSD can also increase with age due to loss of fitness, loneliness, and reduced perceived quality of life (Pless Kaiser et al., 2019). This makes it difficult to diagnose the syndrome, as somatic problems may be considered age-specific, rather than an expression of trauma. In addition, trauma can result in the development of cognitive deficits and health problems later in life. The clinical picture and ways of reacting to traumatic phenomena is very individual, differentiated not only due to e.g. age or gender, but above all depends on the individual predispositions of a given person and the resources of social groups surrounding the individual, including the most important one, which is the family.

The family as a homeostatic system

A family can be defined in many different ways. To describe it, we can use pedagogical, sociological, psychological, historical, legal and, above all, individual perspectives, which take into account the personal experiences and beliefs of its individual members. The multiplicity of these perspectives, the multidimensionality of family life, as well as the fact that it is undergoing intense and significant changes and the emergence of new, hitherto absent forms, makes it extremely difficult to create a single, complete definition of the family. On the basis of the systemic theory of the family, this is not a necessary task, what is sufficient is the inner and conscious conviction of individuals about the definition and boundaries of his family, and therefore the subjective perspective is important here.

The family, with all its complexity, can be thought of as a psychosocial system. A system means a complex object that constitutes a coherent whole (Wysocka, 2013, p. 8). It is not only the sum of its elements, but it is a completely new quality. The sys-

tem is characterized by dynamism, structure, differentiation, organisation, the ability to maintain stability, and the ability to develop and transform. Systems theory is based on the assumption of a broad and holistic perception of reality. A system is a set of elements related to each other by interactions and dependencies, thus constituting a single whole, capable of functioning according to specific rules (de Barbaro, 1999). The system naturally uses the resources inherent in its components. In the course of carrying out various tasks, these resources can be capitalized, and on their basis personal social and cultural capital is created (Sztompka, 2002). Already at this elementary level, the family system of war refugees from Ukraine has been deconstructed and loses its natural properties due to the very fact of separating the elements of the family. Another traumatic factor is the fact that they are mutually concerned about the fate of all its members, the system is saturated with fear, helplessness and an elementary sense of insecurity.

Each system has a certain set of rules that govern its functioning. Totality, as a characteristic feature of the system, shows that in order to know the functioning of the family, it is necessary to look at all its members as its constituent elements and at the family as a whole. The system is the result of interactions between its elements and has an integral structure (Rostowska & Spryszyńska, 2014, p. 29–51). A change in one part of the system affects the other parts of the system, and the whole system changes its shape in the process (e.g. the temporary or permanent absence of one of the parents changes both the structure of the family and the way all its members function). The second important element characterizing the systemic approach is the treatment of causality in a circular, rather than linear, way. The elements of the system interact with each other in a circular manner on the principle of feedback loops (Józefik, 2003, p. 24), without a clear beginning or end. This means that any change in a unit or subsystem affects other units and subsystems, and thus changes the entire system. This gives a different perspective on the etiology of phenomena observed in the course of diagnosing disorders occurring in individual representatives of the system. Family members interact with each other through feedback, which can make it difficult to determine what was the cause and what was the consequence of the situation. In this way, successive cycles of behaviour utually trigger each other. The regulatory process in the form of a negative feedback mechanism consists in reducing the reaction force of the system in response to an increase in the strength of the stimulus on the system. A positive feedback mechanism occurs when an increase in the strength of a stimulus on a system results in an increase in the strength of the system's response to that effect. The first is the mechanism responsible for maintaining the stability of the system, while the second is the mechanism responsible for the process of changing the system. Both of these processes, with a weakened ability to regulate them, may manifest signs of destruction. An excessive tendency to change can lead to weakening or even loss of

family identity. An excess of negative feedbacks leads to stagnation and blockage of developmental changes, which in turn can lead to the disappearance of the system. Knowledge of these mechanisms makes it easier to interpret the processes of mutual infection of individual family members, e.g. with traumatic experiences. Regardless of the degree of openness of situations that cause traumatic disorders in family members, others experience the emotional states of their loved ones, empathizing almost automatically. The secrecy of the underlying emotions of one of the family members can only worsen the emotional state of the others, because it gives rise to conjectures that often surpass the real events in their size. The apparent protection of children, through the lack of showing their own emotional states by the parents, in my opinion, only reinforces the child's anxiety and, besides, provides the basis for modeling the attitude of hiding one's own emotions.

Families function in a specific cultural context, and in this area many phenomena important from the family point of view are also observed. Each family creates and regulates a specific family identity. It can be considered as a certain azimuth of the feeling of belonging to an important, specific family community, despite the changes that are taking place in us and around us (Bajkowski, 2018, p. 7–-8). Each element of the family system can help the other elements to draw on each other's resources and from the dynamics of the relationship that takes place in its space. In order to optimize the process of building one's own identity, it seems important to achieve a sense of family coherence (Antonovsky, 1995, p. 34). It can be treated as the psychosocial capital of the individual, a kind of pattern of perceiving the family in cognitive, emotional and instrumental aspects (Werner, 2013, p. 73–83). This helps to find answers to important existential questions concerning, among others: the place of the individual in the family, the specificity of the division of roles in the family, the emotional states dominating among its members, and the abilities that the family manifests when confronted with developmental tasks and crises of an internal and external nature. An important link in the regulation of these processes is the natural specificity of the family system in the form of two complementary tendencies: maintaining stability (manifested, among others: in the sense of belonging) and change (necessary for the development of both the individual of its members and the whole family). The ability to maintain a balance between morphogenetic processes and morphostatic tendencies is an essential element in maintaining the identity of the family system. The family system produces, separates and regulates these two elements of the process in the course of the process of socialization and upbringing. As a result, the family shapes the child's behaviour and strengthens his or her sense of identity. At the same time, the system should respond with internal changes to the new external circumstances, to which it is constantly subjected The war and refugee situation is a huge crisis that attacks every member of the family, but also attacks the system as a network of relationships and connections. On

the one hand, this can be seen as a source of noticeable post-traumatic symptoms, and on the other hand, as a source of the system's strength in response to an evident attack from the outside. Here we touch upon an important regularity of the family system, which is the homeostatic tendency of the system, the preservation of internal balance despite unfavorable external circumstances. This changes the perspective of looking at the symptoms of family members, which are a kind of defense mechanism integrating its members around maintaining the coherence and integrity of the system. It can be compared to the situation of infecting the body with bacteria, viruses and the body's automatic reaction in the form of an increase in temperature as a symptom that is supposed to draw attention to the threat and activate the mobilization of the whole body to defend its health. The autonomy and self-regulation of systems make them resist external control, but they can change their form in response to external and internal disturbances. Living organisms are subject to these laws, which result from their structure and autopoietic organisation (autonomous processes) (Gale & Long, 1996, p. 12). The systemic model of understanding the family takes as its starting point the analysis of: its history, the process of development, the current structure and patterns of relationships, and its place in the hierarchy of other systems (Józefik, 2003, p. 22). To describe the family as a system, three levels of analysis must be considered: biological, individual, and social. Its functionality, on the other hand, is assessed by how family members cope with changes resulting from the family life cycle, natural development processes and unforeseen random events (such as the ongoing war in Ukraine).

Post-traumatic assistance to refugee families

The war situation and the refugee wave required from the Poles to help, both materially, logistically, but also (and perhaps above all) emotionally. Institutions and organisations have taken steps to develop the most effective forms of assistance to refugee families fleeing the war in Ukraine. The emotional state of the refugees, the large number of people in need of help, language barriers, noticeable cultural differences, etc. have become a big challenge. Therefore, a few tips and recommendations for working with a patient with this type of specificity are worth mentioning.

Taking advantage of the knowledge of the mechanisms of the family system, the person providing assistance to refugee families should first strengthen the homeostatic mechanisms of the system. Mobilizing the resources of individual family members, their vital force, their own resources of experience in overcoming crises, the ease of absorption and internalization of ways of overcoming crisis situations observed in other people from the environment, will translate into the strength of the entire family system. The strength of this group lies in the different views on the same situations,

different perceptions and natural adaptation processes that are inherent in the system and facilitate adaptation to changing external conditions, even when they are dramatically unfavorable and hinder everyday functioning. It is also worth strengthening the flexibility of the system's external borders and the openness of its members to external support, marking them as beneficial, strengthening and not threatening the internal balance of the system and, consequently, leading to homeostasis.

Traumatic experiences, due to their aversive nature, tend to lie dormant, becoming part of the unconscious and repressed by the subject experiencing them. The task of people who work with such people is to try to reprocess, container these feelings and emotions before their power of destruction is transferred to the pool of unconscious actions, which insidiously disrupt even healthy relationships, introducing suspicion, lack of trust and a permanent state of fear, often of a generalized nature, without a clear stimulus that could potentially be worked on. In such situations, it may be useful to activate the widest possible field of social forces from the environment of traumatized Ukrainian families, who are able to identify and expose their own emotions. Taken from the trend of emotion-focused therapy, it brings measurable results for the trauma sufferers themselves, who feel empathetic to other people and provoke them to present their feelings and emotions. Paradoxically, this will reduce the effect of contagion with the traumatic experience, especially the implicit or uncommunicated aspect of it that gives rise to fantasizing, which is often more dangerous than the traumatic stimulus itself.

The problem may arise already at the level of identification with a specific cultural space of refugees, which tend to be different in the country to which they emigrated. One of the elements which in my opinion, may hinder the functioning of these people is the valence component, i.e. giving meaning to certain aspects of identity. This dissonance is often stimulated by the loyalty requirements of the family and the place of origin. In such cases, it is worth looking at both cultures as potential or resources that enrich, broaden the spectrum of choices, make functioning more flexible and can be capitalized in the course of a proper educational process and assistance intervention.

In the case of such a specific type of work, the attitude of the person providing assistance may also become a problem. There may be a lack of understanding of the cultural specificity of the mentees, perceiving incoming information through the prism of their own cultural schemes, and thus a lack of objectivity. There is the need for an attitude of tolerance towards cultural diversity as a professional predisposition to practice this profession. This may not be enough, because

> (…) tolerance of differences, including cultural differences, is not enough. Too often it becomes a way to hide a sense of superiority or, even worse, intellectual and moral laziness, which, under the guise of acceptance, even respect for the Other, trans-

formed by millions of cases, without a face, finds an alibi for its own distance from attempts to solve elementary social problems" (Bauman, 2011, p. 13).

Trying the approach that is more saturated with perception rather than hasty judgment coming from patients might be the answer. The basic diagnostic task is to recognize the so-called world maps of customers. Each of us has a different way of perceiving the social world around us. Our attitudes, hierarchy of values, preferences, stereotypes and prejudices are to a large extent shaped in the course of the educational process taking place in a particular culture. They are related to our experiences, but also to intergenerational transmissions, i.e. to the experiences of our ancestors. Each culture has its own azimuths, which in the process of internalization can become our own. In the context of working with people from a different cultural space, the communication process may be disrupted. Cultural diversity can be both an opportunity (curiosity about cultural differences), but it can also become a burden (in the absence of motivation to get to know the content of the different culture in detail). The attitude of the families and the local community of the interventionists is also of great importance. The mutual attitudes of majority and minority groups can be strongly stigmatizing and enforcing loyalty attitudes. The barriers put up by the environment of refugee families are often related to a strong need to care for the survival of their own culture. The task of the diagnostician and therapist is to help in recognizing the patient's map of the world, in trying to accept differences and to create an atmosphere for interesting learning about the existing culture, and thus enriching one's own culture as well. Therefore, actions should go in the direction of helping patients to develop a sense of multi-identity, without having to give up the richness of their own culture, while at the same time feeling that they are now in a friendly and safe space.

The problem for many people trying to help refugees regulate their emotions is the fact that they work in the methodology of post-traumatic therapy, which in its definition is carried out after traumatic events, but they are dealing with a situation in which trauma unfortunately still persists…

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