

From Help to Healing: Building Trust and Support Through Communication

29 April 2025



Agenda

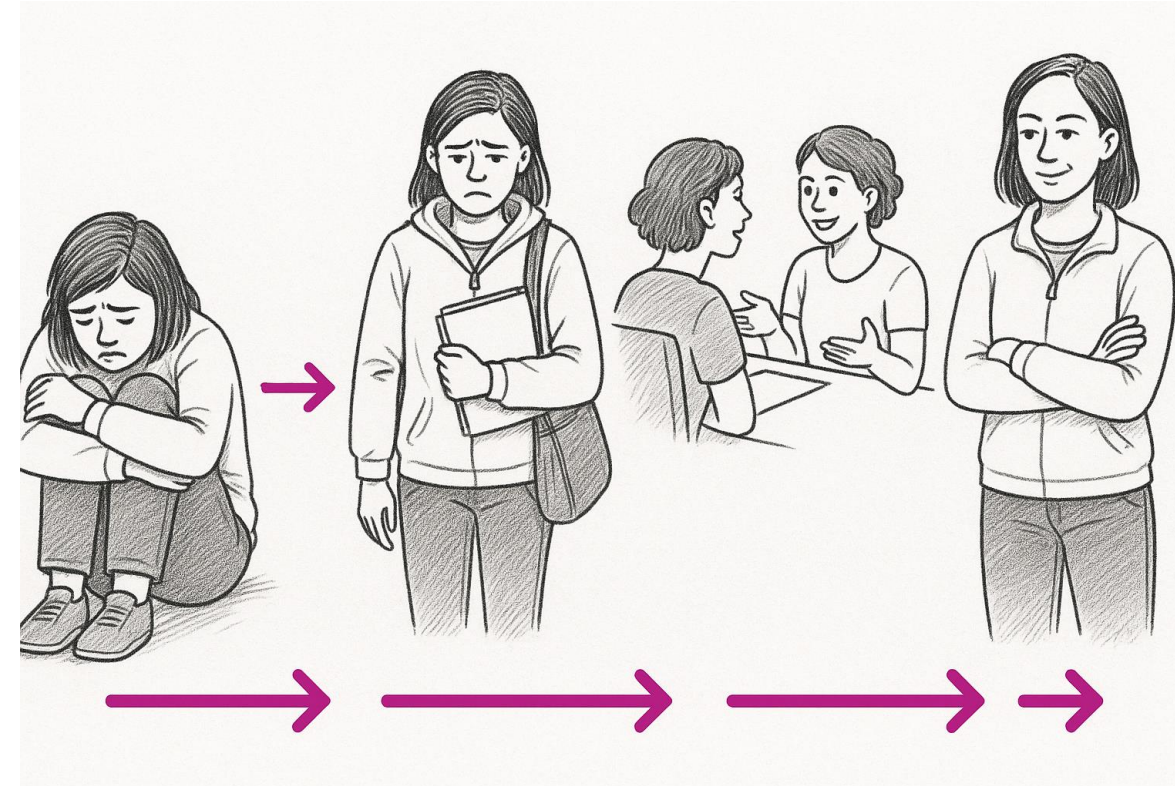
- Impact of displacement
- Recognizing signs of stress, anxiety, and trauma in researcher behaviour
- Common miscommunications – and how to avoid them
- Building trust and psychological safety in professional interactions
- How to respond to signs of distress with care (without overstepping)
- EURAXESS as a supportive ecosystem: knowing when and how to connect researchers with mental health resources

My story

- 💔 My hometown has been under occupation since the start of the full-scale war. My family and I were forced to leave. Today, my daughter and I are based in Kyiv.
- 🎓 Our university was relocated in May 2022 to Zaporizhzhia – a frontline city. All teaching and collaboration are now online. Our university community is scattered across Ukraine and the world.
- 🔬 At first, I didn't know how to cope. So I turned to science – the one stable tool I had.
- 🧠 Together with colleagues, I began researching the mental health of academic staff during wartime
- 🤝 We also started peer support groups for our university staff based on the “peer-to-peer” model.
- 🌱 And that's why I'm here today: to share what helped me – and what might help others.

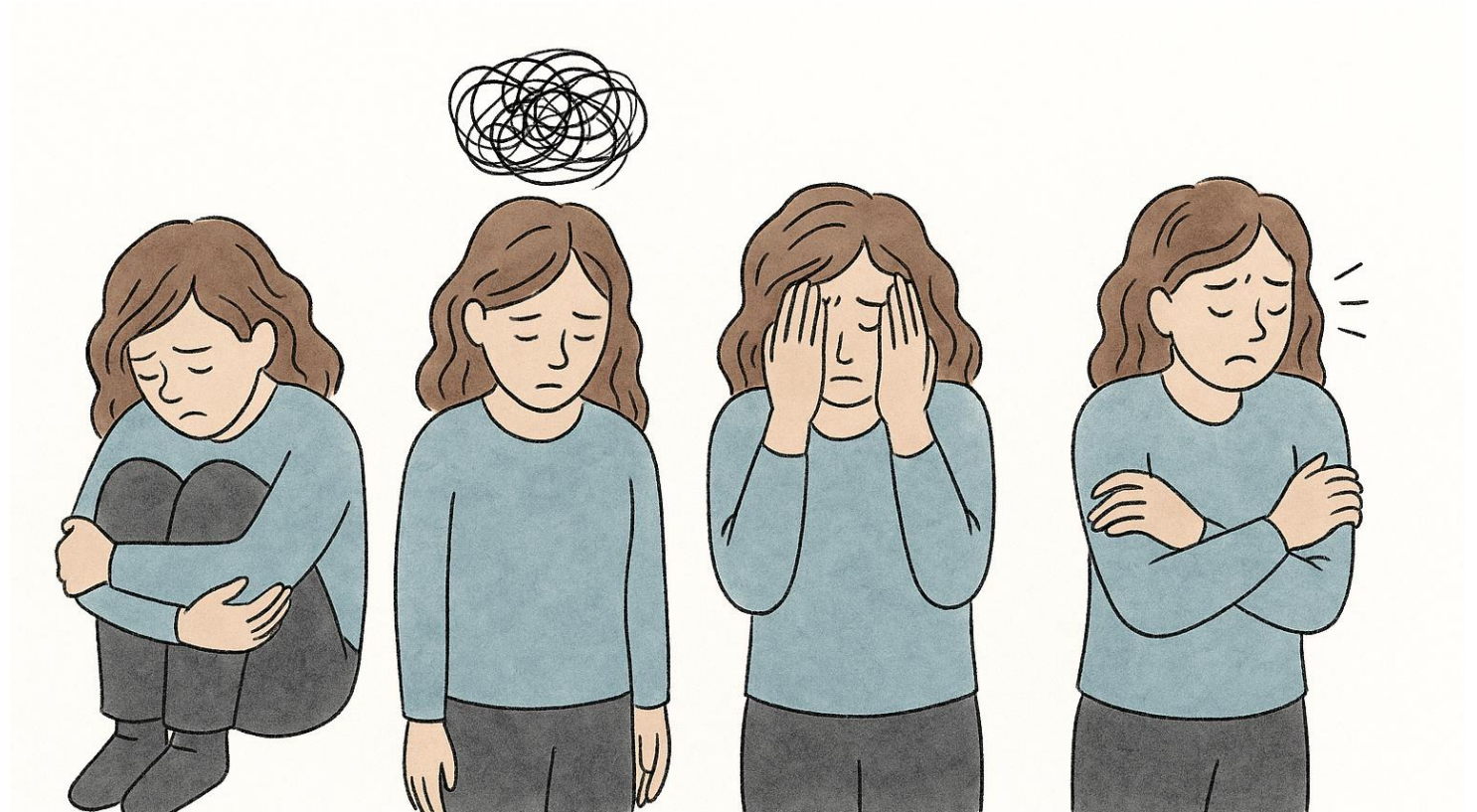
Stages of adaptation in displacement*

- 1 Crisis stage (shock and loss)
- 2 Disorganization stage
- 3 Initial adaptation
- 4 Psychosocial integration
- 5 Post-traumatic growth



*Uehara, E. (1990). *Dual Frame of Reference Model of Adaptation*; Berry, J. W. (1997). *framework*; Laban et al. (2004) *Mental health of displaced persons*; Kim, Y. Y. (2001). *C adaptation theory*

Mental health challenges for displaced researchers








How stress affects the mind and body?

- ◇ Chronic stress keeps the body in '**survival mode**' – triggering constant fight-or-flight responses.
- ◇ Hormones like cortisol and adrenaline stay elevated, causing **sleep disturbances, fatigue, and tension**.
- ◇ Over time, this leads to **burnout, cognitive fog, emotional instability, and weakened immunity**.
- ◇ **Long-term stress rewires the brain** – impairing memory, focus, and emotional control.



- 🧠 **Mental health:** high rates of anxiety, depression, and PTSD among displaced individuals.
- 😴 **Sleep disruption:** cortisol and adrenaline interfere with sleep cycles, worsening exhaustion.
- 💪 **Physical symptoms:** muscle tension, fatigue, headaches, and increased health risks.
- 🧩 **Cognitive impairment:** memory loss, reduced concentration, and decision-making difficulties.
- 📊 **Professional impact:** decreased work performance, risk of burnout, loss of motivation.

-  **PTSD, depression, anxiety:** over 1 in 3 displaced people suffer from these conditions (WHO, UNHCR).
-  **Burnout:** chronic stress from instability, trauma, and academic pressure leads to exhaustion, depersonalization and decrease personal accomplishment.
-  **Loss of academic identity:** separation from institutions, community and projects often triggers grief and self-worth disruption.
-  **Isolation & disconnection:** lack of social and professional networks increases risk of loneliness and depression.
-  **Career disruption:** interrupted or stalled academic paths contribute to frustration, uncertainty, and stress.

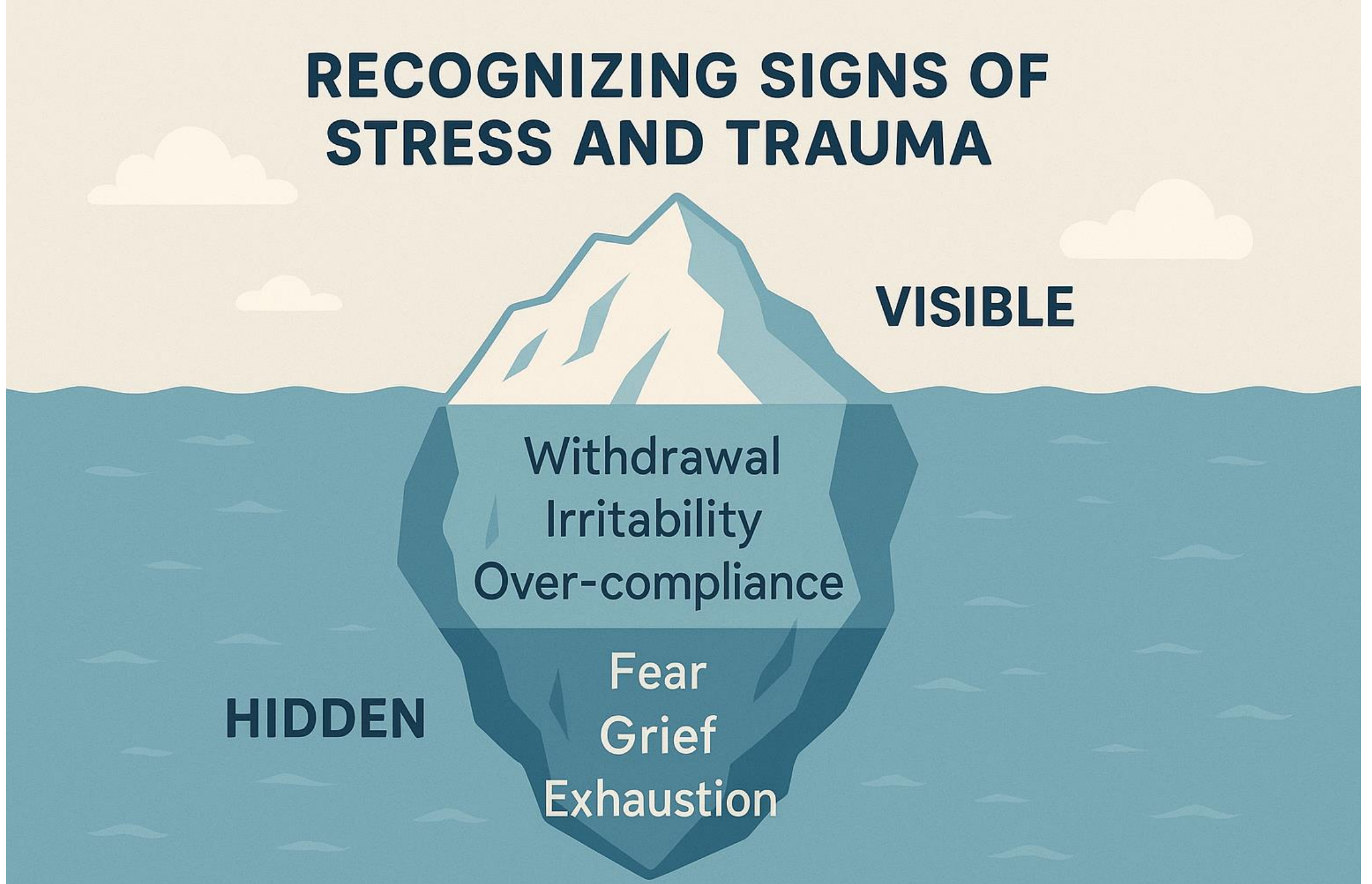
RECOGNIZING SIGNS OF STRESS AND TRAUMA

VISIBLE

Withdrawal
Irritability
Over-compliance

HIDDEN

Fear
Grief
Exhaustion



Common emotional and behavioral signs

- Withdrawal or isolation
- Irritability and anger
- Over-compliance or people-pleasing
- Disorganization and forgetfulness
- Emotional shutdown or numbing

Examples in emails and meetings

- Sudden silence, missing meetings, or turning off camera.
- Overreactions to small changes or curt emails.
- Saying 'yes' too quickly, avoiding boundaries.
- Missing deadlines, seeming scattered or forgetful.
- Flat tone, delayed replies, minimal emotion.

Common misinterpretations

✗ What we think

“They’re disinterested.”

“They don’t need help.”

“They missed a deadline – careless.”

“They were blunt – rude?”

“No eye contact – not listening?”

☑ What might really be happening

They’re overwhelmed or mentally exhausted.

They’re afraid to ask or don’t know how.

They’re juggling survival issues (housing, legal).

Stress, culture, or limited language.

Trauma, respect norms, or language processing.

Language traps to avoid

✗ “You didn’t fill out the form.”

✓ “Looks like something’s missing – want to check it together?”

✗ “Calm down.”

✓ “I see this is stressful – let’s go step by step.”

• Add warmth 

• Avoid blame 

• Simplify language 

• Invite clarification 

• Show consistency 

Building trust and psychological safety



Micro-trust: **every moment matters**

- Every conversation, email, or smile sends a message.
- Micro-trust = Small consistent actions that build psychological safety.

1. Predictability

2. Kindness

3. Choices

4. Patience

Predictability

Why?

- Predictability reduces anxiety.
- Keep promises, set clear expectations, avoid surprises.
- Be consistent in tone, timing, and actions.

How?

- Always follow through on promises.
- Clarify processes upfront:
“Here’s what happens next...”
- Check-in as promised.

Kindness

Why?

- Warmth and empathy humanize professional support.
- Small gestures matter: smiles, names, patience.
- Validate feelings: “That sounds tough.”

How?

- Warm greetings: *“It’s good to see you today.”*
- Active listening: *“That sounds overwhelming.”*
- Small affirmations: *“You’re doing your best, and that’s enough for today.”*

Offering choices

Why?

- Loss of control is common after displacement.
- Offering choices restores **autonomy**.
- Phrase support as options:
“Would you prefer...?”

How?

- *“Would it help if...?”*
- *“Here are a couple of options...”*
- *“It’s completely up to you. We’ll go at your pace.”*

Patience

Why?

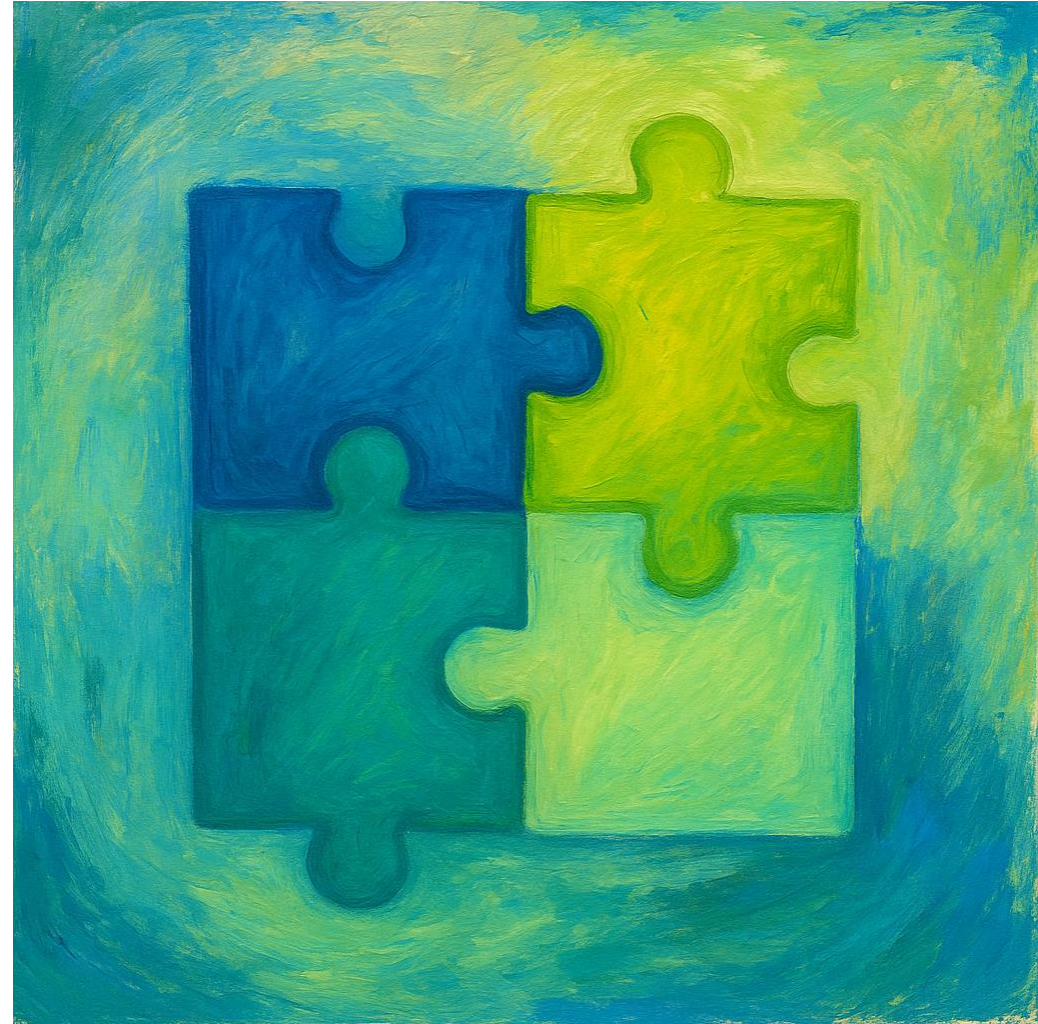
- Healing and trust take time.
- Allow silence. Break things into small steps.
- Stay calm through setbacks.

How?

- Allow thinking time after questions.
- Break tasks into small, manageable pieces.
- Stay supportive even when they struggle.

Bringing it all together

- **Predictability** builds stability.
- **Kindness** creates emotional safety.
- Offering **choices** restores autonomy.
- **Patience** nurtures healing.



Responding to signs of distress

(without overstepping)



Why this matters

- Displaced researchers face **immense stress**: trauma, loss, upheaval.
- Psychological support improves **well-being, integration, and productivity** (UNHCR).
- At least **1 in 3** displaced individuals experience depression, anxiety, or PTSD (UNHCR).
- Distress is a **normal reaction** to abnormal events, not a personal weakness.

Recognizing stress in displaced researchers

Watch for:

- Emotional signs: Persistent sadness, anxiety, irritability.
- Physical signs: Chronic fatigue, headaches.
- Behavioural signs: Withdrawal, loss of motivation, changes in participation.

When to act:

- After noticing a pattern or significant change over days/weeks.
- Find a private, calm moment to reach out.

How to gently acknowledge distress

- Use observations, not judgments:

“I’ve noticed you seem a little different lately and I just wanted to check in.”

- Stay calm and empathetic: **tone and body** language matter.
- Ensure privacy and trust:

“This stays between us. I’m here if you want to talk.”

Tips for first conversations

☒ Use “I” statements :

"I noticed... I care."

☒ Describe behaviors, not emotions:

"You've been quieter," not "You seem depressed."

☒ Offer space:

"If you want to talk later, I'm here."

☒ Be patient if they don't want to open up immediately.

Supportive responses

- Reflect and paraphrase: *"It sounds like you're missing your community and feeling isolated."*
Stay solution-neutral. **Don't jump into fixing.** First *listen, validate, reflect.*
Ask: *"What do you think might help right now?"*
- Offer practical help **only with permission.**
- Offer options, not orders: *"Would it help if I shared some support groups you could look into?"*
- Empower **choice**: *"Would you like me to check about flexible deadlines?"*
- Accept "no" gracefully. *"That's absolutely fine. I'm here if anything changes."*

+ I'm here to listen if you want to talk.

- A simple, powerful offer.
- It signals availability and willingness to hear them out, without pressure.
- It gives the person control over whether to talk and how much to share.

- *At least you survived.*

- Avoid any sentence starting with “At least...” when responding to someone’s problems. *“At least you survived,” “At least you have a job here,” “At least it’s not as bad as [someone else’s situation]”* – these kinds of remarks, while meant to find a silver lining, **minimize the person’s feelings**.
- It comes off as telling them “your problem isn’t that bad,” which can feel dismissive. As a rule, *don’t minimize their concerns or try to cheer them up by comparison (“well, at least...”)*. They are entitled to their full feelings about their own situation.

+ It sounds like you've been going through a lot. That must be really tough.

- This *validates* their experience.
- You're acknowledging the difficulty of their situation.
- Phrases like *"that must be hard"* or *"I can't imagine how stressful that is"* show empathy.
- You're not trying to cheer them up or fix it; you're recognizing their reality.

- *I know how you feel*

- Even if you also moved countries or have had a somewhat similar stress, you **don't know exactly** what they feel.
- Everyone's experience is personal. Claiming you know can seem dismissive or make them feel their situation is being co-opted. Instead, you can say "I can't imagine how hard this is, but I want to help" – acknowledging the uniqueness of their experience.
- The only slight exception is if *you too are a displaced person with very similar experiences*, sharing a bit of your perspective can build camaraderie – but do so carefully and only if it truly serves to help them (and after you've heard them out). Even then, you wouldn't say "exactly how you feel," but rather "*I went through something similar and I remember it was really hard*", and then refocus on them.

+ Thank you for sharing this with me.

- If the person does open up about their feelings or experiences, thanking them shows that you appreciate their trust.
- It reinforces that talking about it was okay and welcome.
- It also subtly conveys that you see their sharing as valuable, not a burden.

- *You should just* _____

- Giving unsolicited advice or quick fixes is generally unhelpful. *“You just need to exercise more, you’ll feel better,” “You should focus on the positive,” “Just get over it and concentrate on your research,”* etc., are likely to make the person feel misunderstood or even criticized.
- If solutions were that simple, they’d probably have tried them already.
- Telling someone in distress what they “should” do can sound condescending and may shut them down.

+ *Would it be okay if I connected you with a counselor?*

- Offering a specific form of help *with their permission* shows respect. For example: “*Would it be okay if I connected you with our counseling service? I think they have some resources that might be useful.*”
- By phrasing it as a question, you’re not imposing. You’re checking their comfort level.
- They might say yes, or they might prefer something else.

- *It could be worse.*

- This is another form of minimizing comparison. The fact that suffering is relative doesn't actually comfort someone in the moment – it often induces guilt or frustration.
- A displaced researcher likely *knows* others have it bad too; that doesn't make their pain disappear.
- We should allow them to focus on what *they* are feeling without invoking a comparison.
- Empathy is not a zero-sum game; validating one person's struggle doesn't diminish anyone else's.

+ It's okay to feel what you're feeling. There's nothing wrong with needing some help

- Often people in distress, particularly high-achieving academics, may feel guilt or embarrassment about struggling.
- Reinforce that it's okay to have these feelings and to seek or accept help.
- A phrase we like to use is *“asking for help is a strength, not a weakness,”* because it shows self-awareness and courage. In fact, reaching out is often the first step toward getting better.

- *Calm down*

- Telling someone to calm down has almost never calmed anyone down.
- It usually has the opposite effect, making the person feel their emotions are being dismissed.
- If someone is visibly upset or anxious, a better approach is to say, “*I see this is really upsetting – let’s take a moment,*” and perhaps lead a short grounding exercise *with* them if appropriate (for instance, take a deep breath together, or suggest stepping outside for some air).
- But a direct “calm down” can sound like you’re annoyed at their reaction rather than caring about the cause.

Embracing a strengths-based approach

- Focus on resilience and resourcefulness, not only trauma.
- See displaced researchers as **active agents**, not just victims.
- "**Empowerment, Voice, and Choice**" are key principles.



Why focusing only on trauma can be disempowering

- Talking only about trauma risks labeling researchers as “broken”.
- Difficulties with language overlook adaptability and achievements.
- Strengths-based support builds **confidence, dignity, and hope**.



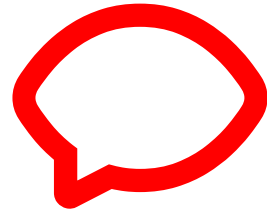
Recognizing and reinforcing strengths

- Look for resilience, adaptability, problem-solving skills.
- Researchers are **primary drivers** of their own recovery.
- Notice and mirror strengths through **genuine** acknowledgment.



Empowering phrases to use

- *“You’ve navigated so much already – that takes incredible strength.”*
- *“Your resilience and skills are very visible in the work you do.”*
- *“I admire how adaptable you’ve been; your problem-solving approach is really effective.”*
- *“The way you handled [specific situation] shows your competence and resourcefulness.”*
- *“Your insights are valuable – thank you for sharing them with the team.”*
- *“I can see how hard you’ve worked; you’re doing an amazing job given all these changes.”*



When do you keep supporting...
and when do you refer to a professional?

Traffic light model for responding to signs of distress and trauma

Green: manageable

- **Mild distress, but coping.** No immediate intervention needed, but ongoing support is helpful.

Sings:

- Occasional sadness, worry, or stress
- Quietness but responsive
- Some memory lapses but functioning
- Expresses needs independently

What you can do

- Offer regular check-ins.
- Validate emotions: "It's normal to feel this way."
- Provide practical resources if needed.
- Encourage connection with community and activities.

Traffic light model for responding to signs of distress and trauma

- **Yellow: Needs Attention**
- **Visible signs of struggle.** Distress is interfering with daily life. Needs more focused support.
- **Sings:**
 - Frequent withdrawal, missed meetings
 - Ongoing sleep problems, exhaustion
 - Difficulty concentrating or making decisions
 - Tearfulness, visible anxiety, irritability

What you can do

- Gently check in: "I'm noticing it's been a tough time – how can I support you?"
- Offer practical help and flexibility (e.g., extended deadlines).
- Suggest available psychological or counseling services (with consent).
- Normalize seeking help ("It's strong to ask for support.").

Traffic light model for responding to signs of distress and trauma

Red: Refer to Professional Help

- Signs of crisis or serious mental health concern. Immediate professional intervention needed.

Sings:

- Mention of hopelessness or giving up
 - Talk of self-harm or suicidal thoughts
 - Complete emotional shutdown, non-responsiveness
 - Aggressive behavior is not typical for the person

What you can do

- Stay calm, express concern: "I care about your safety."
- Do not promise confidentiality if there's risk.
- Guide or assist in contacting mental health professionals.
- If urgent: follow your institution's emergency referral procedures.
- After referral, continue showing non-judgmental support.










How to encourage professional help (without overstepping)

- 1 Normalize it: *"Talking with a counselor could really help. They're trained for situations like this."*
- 2 Frame it as empowerment: *"Getting support is a sign of strength, not weakness."*
- 3 Offer practical help: *"I can give you information or sit with you while you call."*
- 4 Respect choice (unless crisis): *"Would you prefer I help you reach out, or would you like some time to think about it?"*

What to do if they refuse help

- ◇ If it's NOT an immediate danger:
 - Stay supportive.
 - Revisit the idea later if needed.
 - Seek advice from your team if you're unsure.
- ◇ If there IS a **crisis** (e.g., suicidal intent):
 - Act **immediately**.
 - Safety takes priority – involve crisis services or emergency response.

Conclusion: how we support healing

-  You make a difference
-  Notice and acknowledge early
-  Trauma-informed communication
-  Listen more than you talk
-  Support without overstepping
-  Mind your words
-  Watch for red flags
-  Follow up and encourage hope
-  **Take care of yourself too**

Every small action – every moment of kindness and patience – builds a space where displaced researchers can not only rebuild their careers, but also rebuild their sense of safety, belonging, and hope.

Read more



Tsybuliak, N., Suchikova, Y., Shevchenko, L., Popova, A., Kovachev, S., & Hurenko, O. (2023). Burnout dynamic among Ukrainian academic staff during the war. *Scientific Reports*, 13(1). <https://doi.org/10.1038/s41598-023-45229-6>



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Thank you so much!
Your thoughts matter.

Please feel free to ask questions, share your reflections,
or let us know what resonated most with you.

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