

## CURRENT ISSUES OF PSYCHOSOCIAL REHABILITATION OF MILITARY SERVICEMEN AND THEIR FAMILIES

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### INTRODUCTION

The term 'rehabilitation' in the modern understanding means a system of state, socio-economic, psychological, medical, professional, and pedagogical measures aimed at restoring a person's health, work capacity and social status, which is based on biological, socio-economic, psychological, moral, ethical, scientific, and medical grounds. Of course, such a clear, thorough and somewhat complex interpretation did not appear immediately, and therefore it is necessary to analyze this concept in more detail.

The word rehabilitation (comes from the Latin: re – a prefix meaning reverse or repeated action, and *habilitas* – suitability, ability) is translated into Ukrainian as 'recovery'<sup>1</sup>.

It is known historically that the term 'rehabilitation' was initially used as a legal term and meant the cancellation of charges in court and full restoration of the rights of a citizen. There is also the term 'legal rehabilitation' – when the injured person is not only restored to his rights but receives the right to restore his reputation and compensation for damages.

In general, the term "rehabilitation" has a wide range of uses. Today, it is used in almost all spheres of human activity in addition to jurisprudence. Since we analyze the topic of addictive behaviour in people, it is worth considering rehabilitation in medical, social and psychological aspects.

According to the definition of the World Health Organization, rehabilitation is a complex and coordinated use of medical, social, educational and professional measures for preparing or retraining an incapacitated person to the highest level of realization of functional capabilities.

The legislation of Ukraine in various legal acts also defines the term of rehabilitation. The Law of Ukraine 'Fundamentals of the Legislation of Ukraine on Healthcare' explains the term 'rehabilitation' in this way – it is a complex of measures necessary for a person who is or may be subject to restraints of daily activity due to health status while interacting with his or her environment<sup>2</sup>.

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<sup>1</sup> Словник термінів і понять сучасної освіти / уклад. : Л. М. Михайлова, О. В. Пагава, О. В. Проніна ; за заг. ред. Л. М. Михайлової. Сєверодонецьк, 2020. 194 с

<sup>2</sup> Основи законодавства України про охорону здоров'я: Закон України від 19 листопада 1992 р. *ВВР України*. 1993. № 4. Ст. 19.

The Code of Civil Protection of Ukraine broadens the meaning of 'rehabilitation' in terms of its medical and psychological aspects. According to this legislative act, 'medical-psychological rehabilitation' is a complex of medical and preventive measures, recovery and rehabilitation to restore psycho-physiological functions, optimal working capacity, and social activity of people<sup>3</sup>.

Rehabilitation of people is a system that includes many elements. Therefore, in addition to the medical aspect, it includes psychological rehabilitation as a necessary component. This is natural since the personality, the person's mind, feelings, desires, character, etc. are the core factors to be considered while assisting.

The Law of Ukraine "On the Rehabilitation of Persons with Disabilities in Ukraine" defines psychological rehabilitation as a system of measures aimed at restoring and correcting the psychological functions, qualities, and characteristics of a person, creating favourable conditions for the development and affirmation of the individual<sup>4</sup>.

### **1. Theoretical analysis of scientific approaches to the problem of the concept of rehabilitation**

Talking about psychological rehabilitation, it is important to define the goals, tasks and principles of this measure. Resolution № 1338 of the Cabinet of Ministers of Ukraine dated November 29, 2022, defines the procedure and conditions for providing free psychological assistance to persons who are discharged from military service, war veterans, persons who have special services to the Motherland, to their family members or family members of deceased war veterans, reveals the purpose of psychological assistance:

1) preservation and restoration of mental health, general well-being and quality of life, prevention/prevention of the development of mental and behavioural disorders of service recipients;

2) overcoming difficult life circumstances;

3) reduction of the frequency and severity of the consequences of traumatic events on a person's mental health;

4) prevention of disability.

Psychological rehabilitation services can be provided in individual, family or group form. The main rehabilitation services include psychodiagnostics, psychocorrection and psychotherapy.

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<sup>3</sup> Кодекс цивільного захисту України : Закон України від 2 жовтня 2012 року № 5403-VI: <https://zakon.rada.gov.ua/laws/show/5403-17>.

<sup>4</sup> Про реабілітацію осіб з інвалідністю в Україні : Закон України від 06.10.2005 р. № 2961-IV. URL: <https://zakon.rada.gov.ua/laws/main/2961-15>.

The direct task of psychodiagnostics is to assess the psychological state of an individual and to provide a diagnosis. Terletska L. notes that it is necessary to identify a psychological problem, obtain the necessary information, analyze this information and make a conclusion when conducting a psychological diagnosis<sup>5</sup>. According to Hrystuk O., diagnostics provides an opportunity to analyze the personality, identify flaws in its behaviour, and also find the causes of these flaws. Qualitatively conducted psychodiagnosis allows us to implement the next steps in psychological aid – psychocorrection and psychotherapy.

According to Kuzikova S., psychological correction makes it possible to exert a targeted influence on a person to solve his or her specific psychological problems<sup>6</sup>. This influence allows for correcting the shortcomings of psychological development or human behaviour. Modern psychology uses a large number of methods of psychocorrection: psychocorrection, which is based on psychoanalysis; Gestalt correction, operant conditioning correction; transactional analysis; existential psychocorrection, etc.

According to the definition of Zubaly N., psychotherapy is a system of therapeutic influence on the patient's psyche and the entire organism through it<sup>7</sup>. The main tool of this method of working with people with addictive behaviour is the word. Using methods of psychological influence, the psychotherapist enables the patient to understand his problems better, helps the patient to eliminate emotional discomfort and tension, and helps him to express his emotions freely. As noted by Mushkevich M., more than 600 methods of psychotherapy exist and are used in modern global practice<sup>8</sup>. Cognitive, behavioural, suggestive, family and other types of psychotherapy are used to solve the problem of alcohol and drug addiction.

Speaking on rehabilitation, Lysenyuk V., Samosyuk I., Samosyuk N., and V. Tkalina distinguish the following rehabilitation periods:

1) convalescence – the process of gradual recovery and recuperation of damaged physical, biological and psychological functions (medical and psychological rehabilitation are most suitable for addicted people during this period);

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<sup>5</sup> Медична та соціальна реабілітація : навчальний посібник / за заг. ред. І. Р. Мисули, Л. О. Вакулєнко. Тернопіль : ТДМУ, 2005. 402 с.

<sup>6</sup> Основи реабілітаційної психології: подолання наслідків кризи : навчальний посібник. Т. І. Київ, 2018. 208 с.

<sup>7</sup> Психіатрія і наркологія : підручник / за ред. В. Л. Гавенко, В. С. Бітенський, В. А. Абрамов та ін. ; за ред. В. Л. Гавенка, В. С. Бітенського. 2-ге вид., переробл. і допов. Київ : ВСВ «Медицина», 2015. 512 с..

<sup>8</sup> Мушкевич М. І. Основи психотерапії : навч. посіб / М. І. Мушкевич, С. Є. Чагарна ; за ред. М. І. Мушкевич. Вид. 3-тє. Луцьк : Вежа-Друк, 2017. 420 с.

2) re-adaptation – the process of adaptation to everyday life, work or study, and the environment (during this period, social and professional rehabilitation are added to medical and psychological rehabilitation);

3) resocialization – the process of recuperation of social functions and a person's position in the social macro- and microenvironment (social and professional rehabilitation takes the leading place here, but medical and psychological rehabilitation can be used if necessary)<sup>9</sup>.

The famous modern Ukrainian psychologist T. Tytarenko believes that one of the most important periods of rehabilitation is the initial one since it lays the foundation for the further rehabilitation process. From the scientist's point of view, this preparatory period is divided into the following four phases:

1) Familiarization phase – time to establish contact with the patient. Providing high-quality psychological aid involves creating an open and sincere atmosphere, unquestioning acceptance and understanding of the person to whom this help is provided;

2) Deepening of trustful relationship – a period for the patient to reveal his problem, and trust the specialist who will work with him. Trust is the key to solving problems;

3) Primary diagnosis – the phase for defining techniques and methods of providing assistance. To determine how to practically provide help, it is necessary to investigate the state in which a person is, the nature of the problem and whether the person has the motivation to change;

4) Provision of a support group – time to activate the rehabilitation potential and support from other people (especially the family, since it is the family that can most contribute to a positive influence on the individual). During this period, a person will need acceptance from others, their attention and support. All this is necessary for the person who receives psychological aid to gain self-confidence and recuperate<sup>10</sup>.

When providing psychological help, it should be taken into account that this help will be effective only if the person wants to change. G. E. Gresham and several other authors compare rehabilitation with a school, where the patient is given instructions, taught, supported and expects feedback<sup>11</sup>.

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<sup>9</sup> Про реабілітацію осіб з інвалідністю в Україні : Закон України від 06.10.2005 р. № 2961-IV. Про реабілітацію осіб з інвалідністю в Україні : Закон України від 12.01.2023, No. 2864-IX. URL: <https://zakon.rada.gov.ua/laws/show/2864-20#n34>

<sup>10</sup> Соціально-психологічні технології відновлення особистості після травматичних подій : практичний посібник / Т. М. Титаренко, М. С. Дворник, В. О. Климчук та ін. ; за наук. ред. Т. М. Титаренко. Національна академія педагогічних наук України, Інститут соціальної та політичної психології. Кропивницький : Імекс-ЛТД, 2019. 220 с.

<sup>11</sup> Post-stroke rehabilitation: Clinical practice guideline, No. 16., G. E. Gresham, P. W. Duncan, W. B. Stason et al. Rockville, MD : U.S. Department of Health and Human Services, 1995.

According to Lysenyuk V., it allows involving the patient in solving rehabilitation issues based on the principle of 'together with the patient' and not 'for the patient'<sup>12</sup>. Hence, an addicted person is not in the position of an observer of how someone works on changing her behaviour during the rehabilitation. The person is an active participant in the whole process. Only under these conditions, a positive result can be expected.

Gavenko V. and several other scientists, also speaking on rehabilitation, stress that rehabilitation affects not only the medical and psychological spheres but also a system of social measures that prevent the further development of the disease, and loss of ability to work and are aimed at the earliest and most effective return of the sick and disabled people to socially useful work and active social life. In their opinion, rehabilitation measures can be considered successful if the patient's personal and social status can be recovered. This means that during rehabilitation, a person is recuperated in his own eyes, as well as in the eyes of others<sup>13</sup>.

According to Dub V., medical and psychological rehabilitation creates favourable conditions for social rehabilitation, which returns the patient to normal relations with other people and restores the ability to work<sup>14</sup>. All these opinions are also confirmed by Gulin M. in the social work dictionary, defining the concept of rehabilitation, which she interprets as '...actions aimed at restoring physical, mental and social abilities'<sup>15</sup>.

Thus, summarizing all mentioned above, we can conclude that rehabilitation is an important tool for working with people. It involves a set of medical, psychological, social and other measures that help to restore a personality holistically. The effectiveness of these measures depends on the professionalism of the specialists who provide help, as well as on the desire and efforts of the person to whom this help is provided.

## **2. Modern directions and organization of psychological support in crisis states of the personality**

Being at war is an extreme situation, when a person is constantly under the strongest psycho-emotional stress, overcoming it with willpower. This comes

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<sup>12</sup> Лисенюк В. П. Реабілітаційна медицина: основні поняття та дефініції. Національний медичний університет ім. О. О. Богомольця. 2018. URL: <http://www.mif-ua.com/archive/article/34537..>

<sup>13</sup> Психіатрія і наркологія: підручник за ред. В. Л. Гавенко, В. С. Бітенський, В. А. Абрамов та ін.; за ред. В. Л. Гавенка, В. С. Бітенського. 2-ге вид., переробл. і допов. Київ: ВСВ «Медицина», 2015. 512 с.

<sup>14</sup> Дуб В. Реабілітаційна психологія: методичні матеріали до семінарських занять для студентів ВНЗ. Дрогобич: Редакційно-видавничий відділ Дрогобицького державного педагогічного університету імені Івана Франка, 2017. 92 с.

<sup>15</sup> Христук О. Л. Психологія девіантної поведінки: навчально-методичний. Львів: ЛьВДУВС, 2014. 192 с.

at a very high price: almost all participants in hostilities inevitably experience a change in their physical and psychological state. According to world statistics: every fifth participant in hostilities, in the absence of any physical injuries, suffers from neuropsychological disorders; among wounded and disabled persons – every third. But this is only a small part of a giant iceberg. Other consequences appear several months after returning to everyday life. These are various psychosomatic diseases. According to experimental data, combatants are two to three times more likely to suffer from such diseases as hypertension, gastritis, stomach ulcers, etc. The general state of health is characterized by weakness, dizziness, reduced ability to work, headache, heart pain, phobic reactions, sleep disorders, sexual disorders, etc. People with disabilities have additional problems related to injuries and traumas. All this requires specialists to use various methods of psychological rehabilitation of servicemen<sup>16</sup>.

One of the important target functions and current tasks of psychological assistance is the psychological rehabilitation of crisis states of the individual. When providing psychological assistance, it is important to observe the principles of partnership, versatility (variety of efforts, influences, measures), and combination of psychological, social and medical-biological methods of influence. The main principle of psychological help should be the activity of psychoprophylaxis, which consists in the formation of psychological stability of the individual (prevention not only when a person turns to a psychologist or psychotherapist, but also active permanent psychoprophylaxis in the form of special or psychological training, psychodiagnostic examinations, observation and preventive use of various psychological means and correction methods). First of all, it is worth highlighting and briefly describing the primary system of psycho-prophylaxis of crisis states of the individual, which should be implemented at the state level through the implementation of a complex of socio-economic measures that ensure a sufficient socio-economic, cultural and human standard of living of the population, its employment, living conditions, life and rest. According to Belinsky V. G., moral and spiritual education, as well as individual preventive measures – a healthy lifestyle, the correct regime of work and rest, physical activity, giving up bad habits, etc., are of great importance in the primary prevention of crisis states of the personality. Nowadays, in terms of the multifaceted nature of the 'crisis state of personality', crisis psychological assistance to the population is provided by specialists of various profiles: psychologists, medical and social workers, representatives of religious organizations, etc. In most of the developed countries of the world, at the national and local (regional) levels, social and psychological services, telephone services ("helpline"), and offices

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<sup>16</sup> Бондаренко О. Ф. Психологічна допомога особистості. Харків : Фоліо, 1996. 237 с.

for providing psychological assistance to people in crisis are created at the expense of state and public organizations.

The modern pool of individual rehabilitation measures to help individuals in crises is quite broad and multifaceted (psychological self-regulation and self-training, psychological counselling, family psychotherapy, suggestion, neurolinguistic programming, rational psychotherapy, art therapy, and much more). Each of them has its own positive and negative features. The methodical pool of psychological means of rehabilitation of crisis states of the personality is in constant development and the search for new, most effective means and methods.

Elements of *rational psychotherapy* take place at every contact with the client. They are based on the principles of logical analysis of the condition, clarification of its nature, causes, symptoms, course and prognosis. This type of therapy eliminates uncertainty in the client's ideas and helps reduce the elements of mental tension and anxiety characteristic of a psychological crisis. *Cognitive psychotherapy* sets itself the goal of correcting maladaptive cognitions, that is, thoughts that cause inadequate or painful emotions and make it difficult to solve any problem, thoughts that lead to a crisis. The client is taught the ability to identify his maladaptive cognitions and consider them objectively. It is necessary to make maximum use of the client's experience in positively solving life issues and generalizing the rules of their solution to problem areas. Then comes the stage of modifying the rules of behaviour regulation to make them more flexible, less personalized, and more realistic.

*Gestalt therapy* uses methods aimed at correcting the processes of perception, processing and actualization of information by a client who is in a state of crisis. It is known that the Gestalt approach is based on five key concepts: the correlation of figure and body, awareness and focus on the present, opposites, protective functions, maturity and responsibility. "Gestalt" is defined as a specific organization of parts that make up a certain whole, which cannot be changed without destroying it. We select from the background what is important or meaningful to us – it becomes a gestalt. As soon as the need is satisfied, the gestalt is completed, that is, it loses its significance. A new gestalt is formed. This rhythm of the formation and completion of gestalt is the natural rhythm of the body's vital activity. In crises with subsequent maladaptation, the gestalt remains incomplete. Gestalt techniques help to find expression for unexpressed feelings. In this way, the gestalt that traumatizes the individual is completed and there is an opportunity to move on to work on the unconscious problems that led to the crisis. Gestalt therapy promotes the actualization of intrapersonal conflicts, which can lead to search and personal growth. The relevance of awareness and focus on the present is due to the fact that people who are in crisis situations have a

tendency to experience only those events of the past that traumatize, remember, and despair. They do not live in the present and constantly do not pay attention to the need to be aware of what is happening at this moment in the world and within themselves.

*Hypnosis and trance techniques.* The hypno-suggestive method is used in crises related to the actual loss (death) of a loved one; when de-actualizing crisis states accompanied by the affects of anger and resentment (in those cases when neither rational nor group psychotherapy methods are effective, for example, in rigid and infantile personalities in connection with the effects of denial and displacement).

*Hypnotherapy* is also used as a symptomatic technique to relieve mental tension during acute grief reactions, to relieve asthenic and phobic symptoms, and to normalize autonomic functions.

*Existential therapy.* The main goal of existential therapy is to help a person better understand his life, to better understand the opportunities and limits of these opportunities. At the same time, existential therapy is not aimed at changing the client and rebuilding his personality; all attention is focused on understanding the process of life, and the contradictions and paradoxes that appear in everyday life. If a person perceives reality as not distorted, the person gets rid of illusions and self-deception, sees his mission and his goals in life in more detail, sees meaning in everyday worries, and finds the courage to be free and responsible for this will. In other words, existential therapy does not heal so much as teaches the discipline of life. It can also be called the harmonization of a person's life. Another fundamental feature of existential therapy is the desire to understand a person through the prism of his internal ontological characteristics, or universal existential factors. These are factors to which every person's life is subject. There are seven such universal characteristics of a person: a sense of being; will, its limitations and responsibility for it; human finitude, or death; existential anxiety; existential guilt; life in time; sense and nonsense. In the process of psychotherapy, the client's attitudes regarding these universal circumstances of life, in which the roots of psychological difficulties and problems are hidden, are considered. Mental health and the possibility of mental disorders are associated with real and fake ways of existence. To live a real life, according to the existential therapist J. Bujenthal, means to be fully aware of the real moment of life; choose how to live this moment and accept responsibility for your choice. In reality, it is quite difficult, and that is why people live a false life for most of their lives, that is, they are inclined to conformism, refuse to take the risk associated with the choice, and try to transfer the responsibility for their life to others. A false way of life inevitably leads to an aggravation of guilt, fear of death, and loss of the meaning of life. However, without realizing the



invalidity of his existence, a person can suffer from fear, pain, apathy, or experience a crisis, in the process of which he will 'come to his senses' and become wiser. In existential therapy, therapeutic changes are associated, first of all, with the expansion of the client's consciousness, with the emergence of a new understanding of his life and the problems arising in it. What to do with this understanding is the client's business and responsibility. On the other hand, the real results of therapy should be manifested not only in internal changes but also necessarily in real decisions and actions. However, these actions should be considered, given their possible negative consequences, rather conscious than spontaneous.

*Method of progressive muscle relaxation*, method of autogenic training. A crisis causes muscle tension, but very often this condition is not realized by those who experience it. Muscle tension causes many unpleasant consequences: anxiety, fatigue, insomnia, back pain, and coordination disorders. Together with other specific difficulties of the crisis, manifested in poor concentration of attention, the listed conditions increase the risk of an accident. Therefore, the treatment of muscle tension should always be given top priority. The methods of progressive muscle relaxation and the method of autogenic training, aimed at reducing tension and activating the personality, are widely used in the system of psychotherapeutic influences. The immediate goal is to speed up the exit from the crisis state, stop accompanying affective and autonomic disorders, and create a basis for further psychotherapeutic work. A more distant goal is to teach clients self-regulation skills in stressful situations in the future. Autogenic training includes methods of creating a positive emotional background, responding to aggressive tendencies; the final goal of these exercises of emotional-figurative regulation is to increase self-esteem and self-confidence, a feeling of inner freedom and relaxation, increase the level of optimism, and strengthen control over emotions and behaviour.

*Group behavioral therapy*. This form of psychotherapy teaches knowledge and certain skills. In the course of group psychotherapy, favourable conditions are also created for the reaction of feelings, or at least there is an opportunity to switch from studying and fixing one's own experiences to distracting activities. As a result of the therapy, the cognitive stereotypes of the clients' perception of themselves, the situation and the surrounding world change. Encouraging aggression helps clients overcome self-doubt because the normal presence of anger signals strength and resources for change. Involvement in joint activity, which, in fact, is group psychotherapy, contributes to the growth of activity and spontaneity of behavior, its focus on overcoming situations of hopelessness and hopelessness, stimulates the search for adequate means of solving the problem. Ultimately, group therapy achieves its main goal –

ensuring personal self-realization, the deprivation of which is a permanent and fundamental condition of psychological crisis. The behaviour of the client in the group helps the psychotherapist and psychologist to see the system of relationships as it is implemented in the client's life. Behavioural therapy can contain elements of other psychotherapeutic methods (for example, psychodramatic methods and techniques). Breathing psychotechnologies provide, through somatic influence, a change in the mental state of an individual at various levels.

Moreno's method of psychodrama: restoration of the functional state of the body; decrease in the level of emotional tension, and anxiety; development of communication skills; and formation of a positive attitude towards the disease, and one's state.

The 'critical incident debriefing' method is a method of emergency psychological assistance, which is carried out as soon as possible after a tragedy.

Discussion techniques under the guidance of a trained professional; group discussion designed to help participants cope with the consequences, and develop skills needed in case of a repeat situation. The procedure allows you to react to the impressions, reactions and feelings associated with the event in conditions of safety and privacy.

Facing similar experiences of other people, the participants get relief – they have a reduced sense of uniqueness and abnormality of their reactions, and internal tension decreases. Medicines are also used to stop and stop mental disorders in military personnel, which relieve increased excitability and irritability, normalize the mood, and stimulate the normal functioning of the body. Using the tranquilizers and other special pharmacological drugs is carried out under the control or on the recommendation of medical workers and allows not only to increase the neuropsychological stability of military personnel when they perform actions associated with severe or prolonged mental stress but also to relieve neuropsychological excitement. Issuance and reception of individual special medicines require caution and should be carried out after testing and agreement with the commander of the unit<sup>17</sup>.

### **3. Psychological assistance to families of military personnel and war veterans**

In every country in the world, signing a military contract or enlisting a soldier to go to war is stressful for the family. The family often feels that it is being dragged into a vortex of consequences that it did not choose or agree to. Every day such a family makes significant sacrifices.

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<sup>17</sup> Луппо С. Є. Психологія екстремальних та кризових ситуацій : навчальний посібник. Київ : Вид-во Нац. авіац. ун-ту «НАУ – друк», 2010. 96 с.

For example: the family functions without one of the parents (male or female) for a long time during the period of preparation or execution of a combat mission; the family often misses the serviceman on holidays, birthdays and special events, at which he cannot be present, being away on training or performing a combat mission; if a serviceman even lives with his family, his working day is irregular; the family is determined to accept military service above all else and to function in the absence of one of its members; every member of the family experiences distress, because a loved one may not return from war or a combat mission, or may return changed – psychologically or physically.

Therefore, when planning rehabilitation, it is necessary to take into account the needs of the whole family. After the US war in Afghanistan and Iraq, the first general recommendation is to keep the whole family in the focus of rehabilitation, to rehabilitate the family as a whole system<sup>18</sup>. If only one part of the system is helped, then the expectation that the whole system will work effectively is infantile. Therefore, it is necessary to focus rehabilitation on the family in general, on the dynamics of its life, on the problem of adaptation to life after the war, on its difficulties and true healing. At the same time, the effect of the therapy is mutual: a healthy family helps the soldier heal, and vice versa. This is the nature of family systems – the elements of the system are interconnected, and one element affects the functioning of all others. The United States has a number of programs, protocols, and dynamic models aimed at individualized therapy for veterans. However, despite studies consistently demonstrating the impact of trauma on all family members, there is a paucity of data on military family therapy. In some studies, subsystems of the husband or father or the couple have been highlighted, but only a few studies have presented research on family system therapy in its entirety. The factors of therapy that significantly affect marital satisfaction and family dynamics will be considered below. After a combat mission or military service, a person generally returns physically and emotionally different. It is important to note that unlike previous wars, more veterans are returning home with wounds and injuries that would have been fatal in the past; while suffering more polytrauma injuries: multiple amputations, traumatic brain injuries, severe facial injuries, etc<sup>19</sup>. Any bodily injuries affect the psyche of a person, to which are added the invisible moral traumas of contemplating the consequences of war, and the stresses associated with the general aspects of

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<sup>18</sup> Кордунова Н. О. Психологія криз особистості: методичні рекомендації до індивідуальних завдань. Луцьк : ПП Іванюк В. П., 2022. 47 с.

<sup>19</sup> Психологія екстремальності та психопрофілактика психічної травми й суїцидальних намірів : навч.-метод. посіб. / Л. І. Магдисюк, Р. П. Федоренко, А. П. Мельник, О. М. Хлівна, Т. І. Дучимінська. Луцьк : Вежа-Друк, 2021. 236 с.

service in the armed forces. Trips to perform military or service tasks today are a reality of military service. Separation from a family deprives family members of daily communication but does not necessarily negatively affect the overall satisfaction or quality of the marital relationship. If we take into account a wide range of marital factors: the level of confidence that the marriage can be maintained for a long time; the level of commitment of spouses to each other; number of divorces; level of marital life satisfaction, domestic violence, it was found that there are no significant differences in marital life satisfaction in couples separated due to military conflicts and those who simply served in the army while staying at home. However, significant differences were found in the case of post-traumatic stress disorder (PTSD). It was established that conflicts in families in which one of the members had PTSD are much more frequent than in other families, and the level of satisfaction with family relationships and the level of confidence in marriage are lower. Therefore, it is not so much separation as PTSD symptoms after military personnel return home from a combat mission that negatively affects the quality of family relationships. Studies have shown that the closer the combat mission was in time, the more likely it was to develop stress-related symptoms (in particular, PTSD). This subsequently led to low marital satisfaction (Allen et al. 2010). Many studies confirm that PTSD symptoms related to sleep, dissociation, and serious sexual problems significantly reduce the level of satisfaction with married life [122]. A high level of intensity of trauma symptoms in veterans also negatively affects their ability to be emotionally open and available to family members.

Another important area of family therapy is working with domestic violence. It has been proven that serious forms of domestic violence are observed in military personnel families, and this is not always related to the presence of stress or other disorders in military personnel. At the same time, there are studies that indicate that participation in hostilities by itself is not a determinant of domestic violence. However, young couples, especially young wives of soldiers, report a significant number of incidents of violence by servicemen and veterans returning from combat missions or war. In particular, cases of domestic violence were more often detected in the first year after servicemen returned home. Hence, rehabilitation work on issues of domestic violence is relevant and perhaps should be more focused on young couples and families in the first year after a service member returns from war.

The next important topic of therapy is working with children. A recent study showed that children in families where one parent has symptoms of PTSD are more likely to experience stressful life events<sup>20</sup>. Such additional

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<sup>20</sup> Туриніна О. Л. Психологія травмуючих ситуацій: навч. посіб. для студ. вищ. навч. закл. / О. Л. Туриніна. Київ : ДП «Вид. дім «Персонал», 2017. 160 с.

stressors affect the child's behaviour and emotional feelings, which makes it impossible to study successfully at school and feel calm and comfortable in the family. Another significant problematic family dynamic associated with military service is reintegration. During the long separation, military personnel and their families live different lives. The length of separation for a year or more cements these 'different' lifestyles. A service member (soldier, officer) separated from his family learns to function as an individual and to take care of himself and the safety of the combat team. At this time, his wife copes with the workload, which was previously shared between the two. It was found that the feature that helped a wife cope without a husband, namely independence, becomes the destructive factor that causes the biggest problems in family reunification. Therefore, the constructive mechanism in the conditions of the husband's temporary absence becomes a destructive mechanism after his return and attempts to reintegrate into the family. Since separation is so common in military families that it is almost the norm, some studies show that it can help families become more resilient and creative in their approaches to coping with estrangement. It was also established that everyday communication during a service or combat mission is a protective mechanism for overall family stability<sup>21</sup>. Communication during military training and combat operations can take place by e-mail, using a web camera or a mobile phone. The habit of regular and effective communication is strengthened and becomes part of the character under the conditions in which the soldier is. It is said that what doesn't kill you makes you stronger. This is confirmed by practice. Families in which there are difficulties also have a reserve of resilience. Survival mechanisms during separation help adaptation after the return or demobilization of a combatant.

## CONCLUSIONS

The problems of the crisis are individual and depend on the personal characteristics of a person. Certain situations can be stressful for the vast majority, but turn out to be crises for those who are particularly vulnerable to them. A psycho-traumatic situation (PTS) is a signal for changes, a signal about the possibility of damage to the life world. Trauma is an injury, a break in integrity as a result of PTS. A crisis is a traumatic situation in which it becomes impossible to implement plans and ideas without changing the personality itself. Temperament significantly affects the internal picture of the disease when damaged by a crisis and the effectiveness of rehabilitation. Scientists emphasize insufficient attention to the problems of self-efficacy, and psychological resistance to stressful military situations, which requires

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<sup>21</sup> Туриніна О. Л. Психологія травмуючих ситуацій. Київ : ДП «Вид. дім «Персонал», 2017. 160 с.

paying much more attention to combatants – in addition to the diagnosis of PTSD symptoms, special attention should be paid to the combatant's adaptability, his current coping strategies and the presence of social support from the side of the family. The tasks of rehabilitation projects are the restoration of the individual's ability to carry out free and recreational activities in accordance with his interests and preferences; support of life and socio-cultural activity of a person; creation of a favourable psycho-emotional environment through means of communication and leisure; acquisition of adaptation skills to new living conditions; adult education. The main task of psychological assistance is to actualize the adaptive and compensatory resources of the individual and mobilize his psychological potential. The use of various types of physical therapy and healing methods of non-traditional therapy acts as a powerful catalyst for the reserves of the human body and activates the processes of recovery and recuperation. Achieving post-traumatic growth as an experience of positive changes occurring to a person as a result of encountering complex life crises is an important criterion at the stages of overcoming them.

### **SUMMARY**

The study highlights the concept of “Rehabilitation” and the reasons for the formation of a crisis due to the emergence of a psycho-traumatic situation, later – trauma, and only then – a crisis. The modern directions and organization of psychological assistance in case of crisis states of a person are highlighted. The necessity of rehabilitation with the involvement and comprehensive application of all its possible forms, and not only psychological assistance as the most significant and basic rehabilitation model of health restoration for families of military personnel and war veterans, is outlined. Various forms of correctional and rehabilitation work, including physical therapy methods (gestalt therapy, hypnotherapy, existential therapy, debriefing, group behavioural therapy) act synergistically, increase the adaptive and compensatory resources of the individual, mobilize their psychological potential and stress resistance, and are indicated. The features of psychological assistance to the families of military personnel and war veterans are revealed.

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