Chapter 6

PSYCHOLOGICAL REHABILITATION OF VETERANS AND ADULT VICTIMS OF MILITARY OPERATIONS

Kulesha N. P.
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Introduction

The current state of Ukrainian society is associated with a complex of various economic, political, demographic, and spiritual factors that harm people.

The specificity of military service is the need to perform professional duties in conditions complicated by the impact of emotional and physical stress factors associated with combat operations. Therefore they may be at risk of developing social and psychological maladjustment. The performance of complex combat missions by military personnel is usually accompanied by a decrease in the body's psychological reserves, leading to disorders of vital functions, and adverse personality changes, which subsequently harm the general state of health, performance, relationships with others, etc.

The traumatic experience gained during combat operations harms the health of servicemen and women who participated in combat operations. In particular, after returning to civilian life, they experience new stresses related to social adaptation, misunderstanding of loved ones, difficulties in communication, professional self-determination, self-realisation, family formation, etc. The primary stress experienced during combat is amplified by secondary stress that occurs after returning home. This condition becomes the internal basis for the psychological and social maladjustment of combatants in society. According to psychiatrists, in a best-case scenario, at the bare minimum, 20% of combatants in Ukraine will be diagnosed with chronic post-traumatic stress disorder (PTSD), which has already been called the ATO syndrome in the coming years. Given this, there is an urgent need for research in this area.

1. General description of the concept of rehabilitation, definition of the term

The lack of timely and accessible mental health and rehabilitation services is an urgent problem for all of humanity. Approximately 13% of the world's population has mental health problems.

At the same time, according to statistics, one-third live with a disease that significantly affects their physical health, while the quality of life can be improved through quality rehabilitation (World Mental Health Report: Transforming Mental Health for All. Geneva: World Health Organisation; 2022. Licence: CC BY-NC-SA 3.0 IGO). This figure has been steadily increasing, not least because mental health and rehabilitation services have not been a priority in most countries for a long time and most of the healthcare funding has been focused mainly on physical health. The above-mentioned global statistics are impressive, but even they do not take into account the consequences of war that modern Ukraine faces daily. Successful social adaptation in the military community is possible only through a set of rehabilitation measures.

An important methodological point of our study is to establish the relationship of the rehabilitation concept with other related categories, and, above all, with such categories as adaptation, readaptation, resocialisation, etc. Since psychological rehabilitation is a type of psychological assistance, let's take it into account. Military psychologists interpret psychological assistance as any purposeful activity of a person aimed at expanding the psychological capabilities of another person in his or her personal and social functioning. The range of forms of psychological assistance is quite wide and includes co-presence, which creates the effect of facilitation; mental contagion; teaching/training; stimulation; communication of useful information; demonstration of effective behavioural models; counselling; therapeutic councelling, etc. It has been established that assistance can be provided before, during, and after combat operations[1].

In addition, psychological assistance is aimed at restoring the lost (impaired) mental capabilities and health of the military.

To understand the meaning of rehabilitation of servicemen term, we will start by clarifying the basic definitions. First of all, we would like to state that even today there is no single universally accepted definition of rehabilitation. The concept of rehabilitation was introduced into scientific circulation at the end of the 19th century related only to the medical field, and was interpreted as medical and social recovery based on any activity. In particular, some researchers[2] are convinced that the term rehabilitation gained international recognition after the First World War, when many disabled war veterans appeared, for whom special hospitals were opened, where various methods of rehabilitation treatment were widely used. Gradually, as knowledge about

[1] Багрій В. Н. Особливості соціально-педагогічної роботи соціального працівника із сім'ями військовослужбовців. *Вісник Національного університету оборони України*. 2013. 2 (33). С. 7–10.

[2] Бриндіков Ю. Л. Реабілітація військовослужбовців учасників бойових дій в системі соціальних служб: теоретико-методичні основи: монографія. Хмельницький: Вид-во «Поліграфіст», 2018. 372 с.

human beings deepened, the concept of rehabilitation began to be actively used in other areas, including psychology, pedagogy, sociology, etc. Thus, in the legal context, the concept of rehabilitation implies the full restoration of the legal status of a person; in the socio-economic sense, it is a set of measures aimed at restoring (or compensating) impaired body functions and the ability to work of patients and disabled persons[3].

In psychiatry, rehabilitation is a complex and multi-stage process that helps patients develop an active attitude towards health disorders with gradual restoration of a positive attitude towards family and society in general. The system of adaptation and rehabilitation measures includes methods of occupational therapy, psychosocial, psychotherapeutic, and pharmacotherapeutic influence, improvement of the microsocial environment (removal of doom and hopelessness in the minds of healthy people in case of mental illness of a loved one), the establishment of relations between the patient and others, primarily with family members[4]. In our study, we believe that rehabilitation is a complex multifaceted concept that is equal to restoration. That is why scholars [5] focus on its various aspects, namely:

– psychological, which aims to restore the lost abilities of the individual as a manifestation of his/her plasticity;

– pedagogical, which contributes to the restoration of spiritual and moral development, harmony, and integrity of the individual;

– social, focused on restoring lost functions and connections with the life support environment;

– socio-economic, aimed at restoring the lost social functions and connections of the client with the life support environment;

– medical, which helps to prevent disability by restoring impaired body functions and working capacity;

– legal, which involves the restoration of a good name and legal rights due to the cancellation of a previously recognised guilt.

This is how different types of rehabilitation are currently distinguished in scientific circles. It should be noted that the formation of the terminology for the concept of rehabilitation originates in Western Europe. For example, in France, the concept of readaptation was widely agreed to. It is based on the

[3] Бриндіков Ю. Л. Загальнонаукові аспекти розробки системи комплексної реабілітації військовослужбовців Збройних Сил України учасників бойових дій. *Педагогічні науки: зб. наук. праць. Херсонський державний університет.* Херсон, 2017. Вип. LXXIX (79). Том 2. С. 201–206.

[4] Sullivan K. An Application of Family Stress Theory to Clinical Work with Military Families and Other Vulnerable Populations. Clinical Social Work Journal, 2015. 43(1). pp. 89–97. doi:10.1007/s10615-014-0500-7 551.

[5] War Zone Stress Among Returning Persian Gulf Troops: A Preliminary Report. – Department of Veteran Affairs, 1991. pp. 1–11.

idea of restoring adaptability at the level changed by the disease. In Denmark and Sweden, the term principle of normalisation is adopted, which is similar to the concept of habilitation and "is applied to persons suffering from any physical or mental defect from an early age"[6].

It should be noted that the scientific definition of rehabilitation has undergone certain transformations due to the historical context. In particular, during the First World War, various types of rehabilitation began to develop actively. Thousands of crippled and injured soldiers received reconstructive care and rehabilitation treatment. Thus, in 1903, Franz Josef Rutter von Bus in his book The System of General Care for the Poor first introduced the concept of rehabilitation, with the main focus on charitable activities. Soon after, in 1922, in the United States, the International Society for the Care of Crippled Children was the first in the world to take on the development of the most important issues of rehabilitation[7].

Historical materials indicate that the term rehabilitation began to be intensively used in social practice during the world wars. Thus, various types of rehabilitation were actively developed during the First World War. Thousands of injured and crippled soldiers received rehabilitation treatment and reconstructive care. Rehabilitation was actively developed after the Second World War. At that time, various rehabilitation services, centres, and state rehabilitation institutes were established to treat the consequences of injuries, contusions, and diseases in servicemen sustained at the front [8]. The medical meaning of the term rehabilitation was introduced in Washington in 1946 at a meeting on the rehabilitation of tuberculosis patients, where the essence of rehabilitation was seen as "the restoration of the victim's physical and spiritual strength, as well as his or her professional skills"[9].

The term rehabilitation comes from the late Latin rehabiti – ability, rehabilitatio – the restoration of ability. Rehabilitation is a complex of coordinated physical, medical, psychological, social, and pedagogical measures aimed at the fullest possible restoration of health, psychological status, and ability to work of people who have lost these abilities as a result of an illness. This is achieved by identifying the body's reserve capabilities and stimulating its physical, psychological, and professional capabilities. Thus, A. Burlak highlights one of the features of rehabilitation, multidimensionality,

[6] . Williams C. M., T. Williams. Family Therapy of Viet Nam Veterans. The Trauma of War. Bd. by S. Sonnenberg. Washington, 1985. pp. 196–199, pp. 206–208.

[7] Медична та соціальна реабілітація : Навчальний посібник / За заг. ред. І. Р. Мисули, Л. О. Вакуленко. Тернопіль: ТДМУ, 2005. 402 с.

[8] Susan B., Sullivan O, Thomas J. Physicalrehabilitation: assessment and Treatment. Schmitz. Philadelphia F. A. Davis Company, 1994. 748 p.

[9] Sories F., Maier C., Beer A., & Thomas V. Addressing the Needs of Military Children Through Family-Based Play Therapy. Contemporary Family Therapy: An International Journal, 2015. 37(3). pp. 209–220. doi:10.1007/s10591-015-9342-x

which is “the need to involve specialists from different fields of knowledge for its implementation” [10].

According to the definition of the International Labour Organisation, rehabilitation means “restoration of health of persons with physical or mental disabilities to achieve maximum fullness from the physical, mental, social and professional points of view”. In this case, the nature of the injury or the patient’s disease is usually irrelevant. Persons with developmental defects, trauma, long-term neurological, therapeutic, mental, or any other illnesses, as well as persons who participated in hostilities both inside and outside the country, need rehabilitation. At a meeting of the World Health Organisation (WHO) Committee of Experts on Rehabilitation in 1968, it was decided that rehabilitation should be understood as “the combined use of medical, social, educational and vocational measures to achieve and use the maximum functional capabilities of those in need”[11]. In addition, rehabilitation is seen as a process that aims to prevent the development of a disability that can be prevented during the treatment of the disease and to help people with disabilities achieve the maximum physical, mental, professional, social, and economic fullness for which they are suitable within the framework of an existing disease or bodily ailment[12].

Here are some viewpoints of scientists on the essence of the scientific definition of rehabilitation. Thus, in the publication by R. Ovcharova[13], rehabilitation is seen as a comprehensive, staged, multi-level, dynamic system of interrelated actions aimed at restoring a person’s rights, health, status, and capacity, which includes correction and prevention of deviations.

Researchers O. Troshyn, Y. Zhulyna, and V. Kudryavtseva interpret rehabilitation as “a set of measures that help people with physical disabilities and chronic diseases to adapt to the requirements of education, professional

[10] Hilman A. Yu., Kulesha N.P., Ulytskyi O.A., Aubakirova G.M., Malinovskiy Y.A., Mysak I.V., Antonenko V.M.et al. (2022) Post-Traumatic Stress Disorder (PTSD): Theory, Diagnosis And Practical Aspects Of Psychotherapy. «The level of development of science and technology in the XXI century '2022». Monographic series «European Science». Part 2. CHAPTER 3. Karlsruhe. P. 133-157.

[11] Парахонський Б. О., Яворська Г. М. Онтологія війни і миру: безпека, стратегія, смисл: монографія / Борис Олександрович Парахонський, Галина Михайлівна Яворська. – Київ: НІСД, 2019. – 560 с.

[12] Tedeschi R. G., & Calhoun L.G. Posttraumatic growth: Conceptual foundations and empirical evidence. Psychological Inquiry, 2004. 15. pp. 1– 18

[13] Клапчук В. В., Зайцева В. М., Пущина І.В. Фізична реабілітація в Україні: історичні відомості і проблемні питання. *Вісник Запорізького національного університету. Фізичне виховання та спорт*. – 2014. – № 1. – С. 204-209. Режим доступу: http://nbuv.gov.ua/UJRN/Vznu_FViS_2014_1_31

and social life"[14]. Scientists[15] also consider rehabilitation as a set of different influences and measures aimed at the fastest and most complete recovery of deviations that have arisen for various reasons, among which physical disability is one of the first. The core of this process is the support and development of self-respect and self-confidence and the formation of skills for independent solutions to life problems.

The definition declared in the dissertation study by A. Burlak[16] also appeals to us. Namely, the author claims that rehabilitation should be considered a science and art of restoring a person to the level of his or her social activity. According to V. Myasishchev, rehabilitation involves restructuring the system of relations of a person and adapting him or her to these important aspects of life. As M. Kabanov notes, "rehabilitation is a system of various measures aimed at preventing the development of pathological processes that lead to temporary or permanent disability, as well as at the early and effective return of a person to society, to socially useful work"[17]. The approach of researchers, who consider rehabilitation to be a system of state socio-economic, professional, medical, psychological, pedagogical, and other measures aimed at preventing temporary or permanent disability and providing for the rapid return of sick and disabled people to socially useful work in society, is relevant as well.

We also find the definition of rehabilitation suggested by O. Beretska quite interesting. The scientist interprets it as "a complex, multilevel, stage-by-stage and dynamic system of interrelated actions aimed at restoring a person's rights, status, health, and capacity both in their own eyes and in the face of others to maximise their capabilities"[18]. Studying the peculiarities of rehabilitation of older age groups, O. Beretska concluded that the point of rehabilitation is to restore a person's faith in himself or herself and his or her strength, to give him or her a sense of fullness of personality, who should and can maximise his or her physical and spiritual potential, realise his or her

[14] White Paper on standards and norms for hospice and pallianive care in Europe. Recommendations from the European Association for Palliative Care. Part II. Eur. J of Palliative Care. 2010. Vol. 17 (1). pp. 22–33.

[15] Осьодло В. І., Хміляр О. Ф. Психологічна допомога військовослужбовцям: досвід армію Ізраїлю. Військова психологія у вимірах війни і миру: проблеми, досвід, перспективи: матеріали Всеукр. наук-практ. конф. з між нар. участю. К.: КНУ ім. Тараса Шевченка, 2016. С. 63–65.

[16] Бриндіков Ю. Л., Шинкарук О. В. Шляхи корекції та виправлення соціальних патологій військовослужбовців учасників бойових дій. Професійна підготовка фахівців соціальної сфери: надбання, проблеми, перспективи: Матеріали ІІ Всеукр. наук-практ. конф. (Хмельницький 26-27 жовтня 2017 р.). Хмельницький: ХНУ, 2017. С. 151–152.

[17] Невмержицький В. М. Особливості професійно-психологічного відбору військовослужбовців до діяльності в особливих умовах. Вісник Національного університету оборони України імені Івана Черняховського. 2014. Вип. 2 (39). С. 269–273.

[18] Бедюк М. В. Особливості реалізації програми «Психологічна допомога бійцям АТО та їхнім сім'ям». Збірник наукових праць РДГУ. 2016. Випуск 6. С. 18–21.

aspirations, and can find new sources of self-improvement and self-development. The researcher defined the purpose of rehabilitation in modern conditions as "providing people with the opportunity for self-realisation, assistance in identifying, revealing, developing abilities, creating conditions for free expansion and consolidation of various social contacts, while supporting the process of preservation, development, possible correction of social, cultural, spiritual, biological life"[19].

The most interesting, given the subject of our study, is the position of O. Serpovska, who is convinced that the essence of rehabilitation of law enforcement officers – combatants – through socio-cultural activities is "a complex purposeful process of restoring the psychological, social and communicative resources of the body that were damaged or lost as a result of being in the combat zone with the help of adequate means and forms of socio-cultural activities that have cognitive, informational, educational, cultural and recreational set"[20].

It should be pointed out that rehabilitation is a wider concept than treatment in the traditional sense. At different stages, it contains elements of both prevention and treatment to restore both health and the life values of an individual and his/her position in society to the maximum extent possible.

At the same time, this concept is considered by M. Kabalov as tertiary prevention (primary prevention – taking the necessary precautions to avoid disease in the first place, secondary prevention – disease treatment). We fully agree with V. Belov and V. Halkyn, who emphasise the complex aspect of rehabilitation, highlighting that it is a system of scientific and practical activities aimed at "restoring the personal and social status of the subject through a comprehensive impact on the personality with the involvement of medical, social, psychological, pedagogical, legal and other means"[21].

Let us focus on the analysis of the essence of rehabilitation of servicemen. Thus, in the understanding of Ya. Radysh and O. Sokolova[22], it is "a system of medical, psychological and professional measures aimed at preventing the development of pathological processes that lead to disability; effective and early return of servicemen to professional activities".

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[19] Бедюк М. В. Особливості реалізації програми «Психологічна допомога бійцям АТО та їхнім сім'ям». Збірник наукових праць РДГУ. 2016. Випуск 6. С. 18–21.

[20] Сергієнко Т. М. Соціально-педагогічні аспекти адаптації та дезадаптації особистості у військовому середовищі. Педагогіка, психологія та медико-біологічні проблеми фізичного виховання і спорту: науковий журнал. Харків: ХОВНОКУ. ХДАДМ, 2010. ғ 4. С. 128–132.

[21] Баранівський В. Соціальна політика держави в Збройних Силах України, її основні напрямки і механізм реалізації. Народна армія. 2003. 9 вересня. (ғ111). С. 2.

[22] Сергієнко Т. М. Соціально-педагогічні аспекти адаптації та дезадаптації особистості у військовому середовищі. Педагогіка, психологія та медико-біологічні проблеми фізичного виховання і спорту: науковий журнал. Харків: ХОВНОКУ. ХДАДМ, 2010. ғ 4. С. 128–132.

Table 1

Main approaches to the study of the concept of rehabilitation in foreign and domestic research

Surnames of the authors	The meaning of the concept of rehabilitation	The main characteristics of the concept of rehabilitation
Franz Josef Rutter von Bus	Charitable activities	**Activity**
A. Burlak	multidisciplinary nature, the need to involve specialists from different fields of knowledge for its implementation	**The use of specialists for the functional capabilities of a person**
World Health Organisation	the combined use of medical, social, educational, and vocational measures to help people in need achieve and use their maximum functional capabilities	
R. Ovcharova	as a comprehensive, phased, multi-level, dynamic system of interconnected actions aimed at restoring a person's rights, health, status, and capacity, including correction and prevention of deviations	**Set of measures**
O. Troshyn, Y. Zhulyna, V. Kudryavtseva	as a set of measures that help people with physical disabilities and chronic diseases to adapt to the requirements of education, professional and social life	
O. Serpovska	a comprehensive, purposeful process of restoring the psychological, social, and communicative resources of the body that have been damaged or lost as a result of being in the combat zone with the help of adequate means and forms of socio-cultural activities that have a cognitive, informational, educational, cultural and recreational vector	
V. Myasyscheva	rehabilitation involves restructuring the system of relationships of the individual and adapting him or her to these important aspects of life	**System of measures**
M. Kabanov	rehabilitation is a system of various measures aimed at preventing the development of pathological processes that lead to temporary or permanent disability, as well as at the early and effective return of a person to society and socially useful work	

Table 1

O. Beretska	as a comprehensive, multi-level, phased, and dynamic system of interrelated actions aimed at restoring a person's rights, status, health, and capacity both in his or her own eyes and in the face of others in order to fully realise his or her individual capabilities	
Ya. Radysh and O. Sokolova	a system of medical, psychological, and professional measures aimed at preventing the development of pathological processes that lead to disability; effective and early return of servicemen to professional activities	
H. Dremova	inclusion in social structures designed for healthy people and related to various spheres of human activity – educational, professional, etc.	**Integration into the community**

Let us imagine the interpretation of the term rehabilitation of servicemen as a holistic set of medical, physical, psychological, social, and pedagogical measures aimed at restoring the health, psycho-emotional state, and performance of servicemen participating in combat operations. This goal is achieved by identifying reserve hidden capabilities of the body and stimulating physical, psychological, and professional abilities.

2. Regulatory support, main approaches and principles of rehabilitation activities in Ukraine

The Constitution of Ukraine is the main document protecting human life and health in Ukraine. The Constitution of Ukraine enshrines the right of everyone to healthcare, medical care, and health insurance. According to it, "Healthcare shall be ensured by state funding of relevant socio-economic, medical and healthcare and preventive programmes. The state shall create conditions for effective and accessible medical care for all citizens. Medical care is provided free of charge in state and municipal healthcare institutions; the existing network of such institutions cannot be reduced. The state promotes the development of medical institutions of all forms of ownership. The state shall take care of the development of physical culture and sports, and ensure sanitary and epidemiological welfare." (Article 49 of the Constitution of Ukraine).

In the middle of the twentieth century, Canadian physician Brock Chisholm, the first CEO of the WHO (The World Health Organisation), formulated the statement "True physical health is impossible without mental

health". At the same time, the task of supporting the mental health of the population can only be achieved through a multilevel and cross-sectoral approach, in which not only the healthcare sector but also authorities regulating other areas of life (social support, education, employment, emergency response, etc.) are involved in public policy in this area.

The documents that form the legal framework for MHSS[23] (Mental Health Social Support) can be grouped into the following categories:

– system-building documents – documents that set out the vision and general concept of MHSS development;

– national strategies – documents that define the strategy for achieving sustainable growth and human capital development in Ukraine, and therefore also relate to mental health;

– Laws of Ukraine related to mental health – a crucial component of MHSS governance, as they regulate key relationships between stakeholders by establishing binding rules. Legislative provisions should be aligned with the basic principles, values, and goals of the state policy;

– subordinate legislation – orders and resolutions of the Cabinet of Ministers of Ukraine, orders of ministries adopted to implement the mechanisms set out in the laws of Ukraine[24] (see Table 2).

Table 2

Key laws of Ukraine related to mental health

Law type	Laws of Ukraine
The basic law	Constitution of Ukraine (1996)
Codes of practice	Civil Code of Ukraine (2003) Civil Protection Code of Ukraine (2012)
Laws regulating the healthcare sector	Fundamentals of Ukrainian legislation on health care (1992) On Psychiatric Care (2000) On State Financial Guarantees of Medical Care for the Population (2017) On rehabilitation in the field of health care (2020) On the Public Health System (2022) On Measures to Counteract Illicit Trafficking in and Abuse of Narcotic Drugs, Psychotropic Substances and Precursors (1995)
Laws regulating the social sphere	On the Fundamentals of Social Protection of Persons with Disabilities in Ukraine (1991) On social and legal protection of military personnel and members of their families (1992) On State Social Assistance to Persons with Disabilities from Childhood and Children with Disabilities (2000) On the Rehabilitation of Persons with Disabilities in Ukraine (2005) On social work with families, children and youth (2001) On Preventing and Combating Domestic Violence (2018)

[23] World Hearlth Organization (WHO). International classification of impairments, disabilities, and handicaps (ICIDH). Geneva: WHO; 1980. 175 p.

[24] Система у сфері психічного здоров'я та психосоціальної підтримки в Україні. Цільова модель 2.0. Київ. 2024«Підтримка Всеукраїнської координації у впровадженні Національної програми психічного здоров'я та психосоціальної підтримки як відповідь на війну та як частина зусиль з відновлення в Україні»., Київ. 2024 р. 144 с.

	On Combating Trafficking in Human Beings (2015) On social services (2019) On Protection of Childhood (2001) On ensuring organisational and legal conditions for the social protection of orphans and children deprived of parental care (2005) On social and legal protection of servicemen and members of their families (1991) On the status and social protection of citizens affected by the Chernobyl disaster (1991) On the Social and Legal Protection of Persons in Respect of Whom the Deprivation of Personal Liberty as a Result of Armed Aggression against Ukraine was Established and Members of Their Families (2022) On the status of war veterans and guarantees of their social protection (1993) On ensuring the rights and freedoms of internally displaced persons (2015) On the social adaptation of persons serving or having served a sentence of restriction of liberty or imprisonment for a fixed term (2011) On the Fundamentals of Social Protection of Homeless Persons and Street Children (2005)
Order of the Cabinet of Ministers of Ukraine	On approval of the Concept of Social Adaptation of Persons with Mental Retardation (№ 619-p, 2004) On approval of the action plan for 2021-2023 for the implementation of the Concept for the Development of Mental Health Care in Ukraine for the period up to 2030 (№ 1215-p, 2021)
Resolutions of the Cabinet of Ministers of Ukraine	On providing monthly financial assistance to a person living with a person with a disability of group I or II due to a mental disorder, who, according to the conclusion of the medical commission of a healthcare institution, needs constant third-party care, for the care of such a person (№ 1192, 2000) On the organisation of rehabilitation in the healthcare sector (№ 1268, 2021) On approving the list of medical psychiatric contraindications to performing certain types of activities (works, professions, services) that may pose a direct danger to a person or others (№ 577, 2022) On Approval of the Procedure for the Use of Funds Provided for in the State Budget for the Implementation of Measures for Psychological Assistance to War Veterans, Persons with Special Merit to the Motherland, Family Members of Such Persons, Affected Participants of the Revolution of Dignity, Family Members of Deceased (Deceased) War Veterans, Family Members of Deceased (Deceased) Defenders of Ukraine (№ 497, 2017) Some issues of providing free psychological assistance to persons who are discharged or released from military service, from among war veterans, persons who have special services to the Motherland, family members of such persons and family members of deceased war veterans, and family members of deceased defenders of Ukraine under the Law of Ukraine "On the Status of War Veterans, Guarantees of Their Social Protection" (№ 1338, 2022) Some issues of implementation of the programme of state guarantees of medical care for the population in 2023 (№ 1464, 2022) On approval of the Regulation on the Inclusive Resource Centre (№ 545, 2017) On Approval of the Procedure for Organising Inclusive Education in Preschool Education Institutions (№ 530, 2019) On approval of the Procedure for organising inclusive education in general secondary education institutions (№ 957, 2021) On Approval of the Procedure and Conditions for Granting Subventions from the State Budget to Local Budgets for Providing State Support to Persons with Special Educational Needs (№ 88, 2017)

Thus, the analysis of the regulatory framework, approaches, and principles of rehabilitation activities in Ukraine allowed us to generalise – in our opinion, a serious problem of the comprehensive system of rehabilitation of military

personnel participating in hostilities is the contradiction between the existing legal framework on social protection and rehabilitation of combatants in the legislation of Ukraine and the lack of material, financial, scientific, methodological and human resources for its practical implementation.

3. Theoretical and methodological foundations of rehabilitation of veterans abroad

Foreign experience, in our opinion, can be presented in two areas: post-Soviet countries, European countries, and the United States. At the same time, scientists[25] believe that the experience of social rehabilitation of participants in local armed conflicts in the United States is by far the most progressive.

It has been established that since the second half of the nineteenth century, manual therapy has received a new development in the practice of chiropractors and osteopaths (from the Greek χείρ – hand, όστέον – bone). In 1882, A. Still founded the first medical school for osteopaths in Kirkwall (Scotland). The training lasted for two years, and people without medical education were admitted to the school. Along with medicine and osteopathy, considerable attention was paid to commercial activities. In 1895, D. Palmer opened the first medical school for chiropractors in the United States, also for people without medical education. He developed the diagnosis of diseases of the atlanto-occipital joint O. Neheli (Switzerland) developed contact chiropractic techniques and in 1903 published a manual on chiropractic. Manual diagnostics is aimed at identifying mobility restrictions within the normal physiological function of any joint of the human body, and manual therapy is aimed at eliminating the restrictions identified by manual diagnostics.

It should be noted that the active development of both the theory and practice of rehabilitation occurred after the Second World War. Various centres, rehabilitation services, and state rehabilitation institutes were established to treat the consequences of injuries, contusions, and diseases sustained at the front for patients and the disabled. In the process of conducting psychodiagnostic of soldiers during the Second World War, R. Grinker and I. Spigel[26] developed a system of complex psychotherapeutic intervention, the main components of which are recognised as: drug synthetic method (use of sleeping pills to facilitate the process of achieving catharsis); psychotherapy with a limited number of sessions (brief psychotherapy); convulsive shock psychotherapy; occupational therapy; prolonged sleep therapy; group psychotherapy and establishing an atmosphere of psychological comfort for

[25] Бриндіков Ю. Л. Зарубіжний досвід реабілітації військовослужбовців-учасників бойових дій. Педагогічні науки: зб. наук. праць. Херсонський державний університет. Херсон, 2017. Вип. LXXVIII (78). Том 2. С. 195–200.

[26] Grinker R., Spigel I. War neuroses. Philadelphia. Toronto, 1945. P. 114.

patients. The researchers believed that the objectives of brief psychotherapy were to reduce unconscious tension, strengthen the ego, and modify the super-ego in veterans. They were guided by the main principles of psychotherapy: establishing a positive attitude of the patient to the therapist; preventing the patient from using secondary benefits from their disorder; desensitisation to situations that caused fear; overcoming the negative reaction of the super-ego (negative self-esteem); overcoming the tendency to passive dependence on others; relief from possible hysterical symptoms, and reducing unconscious hatred of others.

A significant contribution to the study of the rehabilitation of servicemen was made by A. Denisov[27]. The scientist associates the beginning of specialised rehabilitation care for combatants during World War II in the United States with the name of T. Salmon, whose concept was based on three principles: proximity to the place of combat operations; the immediacy of its provision and support for hope (creating confidence in the victims that they will return to the ranks after treatment). The concept was fully implemented during the Korean and Vietnam wars, as well as in all subsequent military conflicts.

In 1967, foreign researchers in the field of rehabilitation (B. Noke, 1983; E. Growney, T. Cahalan, D. Meglan, 1993) proposed the concept of isometrics, which served as the basis for the creation of information and training systems[28]. In a trauma clinic, the first system appeared in 1968 in the form of a passive isokinetic simulator for testing damaged functions and subsequent rehabilitation. In the 80s, isokinetic devices began to be widely used in the United States in the rehabilitation of trauma patients.

An analysis of foreign experience in rehabilitation activities allowed A. Denysov to conclude that the experience of social rehabilitation of participants in local armed conflicts in the United States is by far the most progressive. The creation of social rehabilitation services in the conflict zone will make it possible to significantly reduce the number of combat veterans suffering from mental disorders, which is one of the ways to solve the problems of social rehabilitation. In the US Army during the Second World War, convalescent hospitals were part of the army's medical facilities. Thus, in convalescent units, the wounded and sick underwent complex therapy combined with physical training. Moreover, "all the wounded and sick were on barrack duty"[29].

[27] Дідик О. До реабілітації потерпілих – комплексний підхід. Охорона праці. 2005. 9. С. 41–44.

[28] Wilson J. P. Conflict, stress and growth: The effects of war on psychosocial development among Vietnam veterans. C. R. Pigley, Leventman (Eda). Strangera at home: Vietnam veterans since the war. K. V., 1980. P. 127.

[29] Бриндіков Ю. Л. Загальнонаукові аспекти розробки системи комплексної реабілітації військовослужбовців Збройних Сил України учасників бойових дій.

In 1970, a group of American psychotherapists organised the so-called "rap"-groups of veterans from the Vietnam Veterans Against the War organisation to help them overcome the psychological consequences of the war and understand their military experience. The trusting atmosphere, mutual emotional support, and informal nature of the groups contributed to the effectiveness of psychological assistance to veterans[30].

A preliminary assessment and self-assessment of the psychological state of a soldier or officer and primary assistance (advice, conversation, consultation with a psychologist, chaplain, military priest, or commander) should be carried out immediately after a battle at post-combat examinations. Ideally, such a review helps the serviceman to understand his moods and feelings, collect his thoughts, and analyse the events that took place during and after the battle. If this is not done, and if you do not observe servicemen, they will experience mental shifts and personality changes. In the United States, all those who served in the Vietnam War are registered in 150–170 specialised clinics.

Agreeing with researchers of foreign experience in the treatment and rehabilitation of servicemen[31], we can state that in addition to the United States, the Israeli army has quite a lot of experience in the treatment of combat-related mental trauma, which applied the principles of victim assistance (BICEPS) during the war with Lebanon in 1982. For this purpose, the so-called Combat Fitness Retraining Unit was created, and staffed by psychiatrists, social workers, clinical psychologists, as well as sports and combat training instructors. An important condition is that the doctor or psychologist assisting must have combat experience, which will allow for a more trusting relationship in the course of therapy.

Researchers[32] emphasise that the use of BICEPS (brevity, immediacy, contact, expectancy, proximity, and simplicity) principles in assisting victims with manifestations of PTSD allows up to 85% of personnel to return to service. Among them, approximately 7% may experience repeated reactions. The Israeli army used three of the six principles (proximity, immediacy, and expectancy) during the war in Lebanon. A comparison of units where these principles were followed showed that approximately 60% of soldiers were able to return to their professional duties, as opposed to 22% where these principles were not followed. In addition, the incidence of PTSD was

Педагогічні науки: зб. наук. праць. Херсонський державний університет. Херсон, 2017. Вип. LXXIX (79). Том 2. С. 201–206.

[30] Winter K. Die Bedeutung der Herz-Kreislauf-Erkrankungen für Sterblichkeit, Arbeitsunfähigkeit und Invalidität. Berlin: Verlag Volk und Gesundheit; 1962.

[31] World Hearlth Organization (WHO). International classification of impairments, disabilities, and handicaps (ICIDH). Geneva: WHO; 1980. 175 p.

[32] Єжова Т. Є. Зміст і завдання соціальної реабілітації. Соціальна педагогіка: навч. посіб. для студ. вищ. навч. закл. / за ред. О.В. Безпалько. К: Академвидав, 2013. С. 101–110.

30% lower. In this regard, comparative data on the prevalence of PTSD in veterans of the Vietnam War (15.2% after 15 years) and the Gulf War (5% after 2 years) are quite indicative[33].

It has been established that the rehabilitation system in Latvia is organised based on the National Rehabilitation Centre Vaivari, the Union of Latvian Doctors, the Medical Academy, and the Union of Latvian Rehabilitation Specialists. In 2000, the Faculty of Rehabilitation was established at the Medical Academy of Latvia, consisting of the following structural units: The Department of Rehabilitation (teaching the basics of rehabilitation to mature veterans of the medical faculty); the Academic School of Physiotherapy (four-year training for mature veterans as physiotherapists); the Academic School of Occupational Therapy (four-year training for mature veterans as occupational therapists); the Rehabilitation Residency (three-year postgraduate training for doctors) and advanced training courses in various rehabilitation specialties.

The experience of Czechoslovakia is quite interesting, where several rehabilitation centres have been established, and the concept of a rehabilitation treatment station has been introduced at a medical facility, which includes services for physiotherapy, physical therapy, and occupational therapy. At the same time, rehabilitation issues are subordinated to two agencies: medical rehabilitation is the responsibility of the Ministry of Health, while social and vocational rehabilitation is the responsibility of the State Social Security Administration.

In the UK, according to A. Delisov[34], there is a provision for the introduction of rehabilitation elements in the activities of all hospitals. It is considered desirable to create rehabilitation departments at each hospital, which are potentially expected to include gymnasiums, a swimming pool, physiotherapy, and occupational therapy rooms. As a result, the number of special rehabilitation centres is limited, and they are intended only for disabled people who have sustained very severe injuries and whose treatment requires long-term rehabilitation. British rehabilitation centres can be divided into two groups – medical institutions providing comprehensive specialised rehabilitation for certain diseases and mixed post-hospital rehabilitation centres. In the Netherlands and Belgium, a rehabilitation unit is not considered a regular inpatient department. Its specificity is determined by the task of the client's most active participation in the rehabilitation process. One of the conditions for the effective operation of a rehabilitation centre, according to

[33] Margalit Ch., Rabinovich S., Erion T., Solomon Z., Ribak J. Treatment of post-traumatic stress disorder an applied rear-echelon approach. Military Medicine. 1994. 5. pp. 415–418.

[34] Єна А. І., Маслюк В. В., Сергієнко А. В. Актуальність і організаційні засади медико-психологічної реабілітації учасників антитерористичної операції. Науковий журнал МОЗ України. 2014. 1 (5). С. 5–16.

A. Delisov, is the creation of a moral environment where, in full compliance with all medical norms and rules, with intensive treatment, the situation in the centre differs from that in a hospital. It has been found that in Ireland, daytime outpatient rehabilitation centres have been established in areas with a high population density, they are essentially day hospitals. This is beneficial from an economic point of view, as hospitals, care homes, and other rehabilitation facilities are organisationally combined into large complexes. A negative aspect of this organisation of rehabilitation is the difficulty of meeting the individual needs of a patient in need of rehabilitation treatment. In the process of studying the work of scientists, it was found that in Germany, measures to maintain, improve, and restore working capacity are mainly provided by representatives of the pension insurance of workers and employees. In the field of social and vocational rehabilitation, the federal agency for insurance and employment of the unemployed holds a monopoly position. Local social security authorities are responsible for financing rehabilitation measures.

German rehabilitation centres are divided into two levels depending on the priority of medical or social rehabilitation. Rehabilitation centres of the first level are practically rehabilitation clinics, where medical rehabilitation prevails. However, such centres have workshops, computer training rooms, and kitchens where clients receive social and vocational rehabilitation elements. These centres are mainly specialised in the area of pathology: psychological, neurological, etc. The structure of such a centre may include units that deal with social rehabilitation, for example, a vocational rehabilitation department, whose task is to develop professional skills in rehabilitants in certain specialties: programming, electrical engineering, drawing, trade professions, housekeeping, and social service, whose employees help organise leisure activities for the centre's clients, are responsible for their adaptation in society after discharge, teach them to shop, run a household, etc.[35].

Currently, the three most relevant methods of therapy for veterans are used in the United States during rehabilitation, namely:

Cognitive processing therapy (CPT)

CPT is a cognitive behavioral therapy that helps patients modify and challenge unhelpful beliefs related to trauma. Cognitive processing therapy (CPT) is a specific type of cognitive-behavioral therapy found to be effective for treating post-traumatic stress disorder (PTSD) in people who have experienced violence, abuse, natural disasters, or other traumatic events. This treatment addresses distorted beliefs about self, others, and the world and does not need to involve exposure to trauma. Research showed that a version of CPT without accounts of trauma is as effective as the one that requires trauma

[35] Якубова Л. Структурно-функціональна модель соціальної реабілітації осіб, що повернулись із зони АТО. Молодь і ринок. 2017. 5 (148). С. 50–54.

accounts. You will still assess trauma and will need to hear the person's description of the traumatic event. This will help diagnose and allow you to ask good Socratic Questions to challenge maladaptive beliefs.

In CPT, the therapist will help a patient who has undergone significant trauma to evaluate his or her thoughts surrounding the trauma, particularly maladaptive or self-blaming thoughts that maintain PTSD symptoms. The patient will then learn to challenge those thoughts and take a new perspective when appropriate. Like some other forms of CBT (cognitive behavioural therapy), at-home work is important for CPT; for example, patients will write an essay about the impact of trauma on their life and will need to complete 7 worksheets between most sessions.

Prolonged exposure (PE)

Prolonged exposure therapy is a form of psychotherapy for PTSD. PE is conducted by a clinician in one-on-one therapy. Sessions typically last 90 minutes and occur once a week for approximately three months. Prolonged exposure therapy treatment involves imaginal exposure during the session. The client describes the traumatic event for 40 minutes. If the account takes less time, the client repeats it as many times as needed. The therapist gradually encourages the client to describe more details and express more emotions. Next, the therapist helps the client process their experience, address maladaptive beliefs, and make observations about new details that came up during the exposure. Research shows that similar results can be achieved if imaginal exposure lasts 20 minutes per session, so you can shorten the sessions a little. The client records their account and listens to it every day at home. The client also does in-vivo exposure to start doing things they have been avoiding. For example, they may go to the store alone if they were only going to the store with someone else accompanying them.

The idea of PE may be appealing to the veterans because it means facing their fears, which is what warriors do. The effectiveness of CPT and PE are approximately equal. However, the dropout rates in PE are higher.

They used to train clients to relax and breathe in the past. Currently, Edna Foa (the creator of PE) is removing this part of the treatment. It does not add anything to the outcomes and can even serve as an avoidance strategy and reduce the effectiveness of PE.

Eye movement desensitization and reprocessing (EMDR)

EMDR is a psychotherapy technique designed to relieve the distress associated with disturbing memories. Short for Eye Movement Desensitization and Reprocessing, it involves recalling a specific troublesome experience while following a side-to-side visual stimulus delivered by the therapist. The resulting lateral eye movements are thought to help reduce the emotional charge of the memory so that the experience can be safely discussed, digested, and stripped of the power to trigger anxiety and

avoidance. Despite numerous studies showing that the technique works for some patients, it has been highly controversial ever since it was introduced in 1987. No universally accepted theory has been put forth to explain how lateral eye movements are integral to the treatment.

Expect a course of treatment that consists of six to 12 sessions, typically delivered one or two times a week, although some people may need fewer sessions. Studies suggest that a single distressing memory can be processed within three sessions (as I understand, they are talking about any type of stressful memory, but not PTSD. A memory-causing PTSD would probably involve more sessions). After taking the patient's history and explaining the procedure, the therapist helps the patient decide which past experiences will be the subject of treatment. The therapist then activates a disturbing memory by asking the patient to visualize or experience thoughts, feelings, or body sensations related to the event. Once a memory is activated, standard protocol calls for the therapist to assess the level of negative feelings and thoughts regarding the event as well as positive beliefs about oneself the patient wishes to bolster, and then to administer the bilateral visual stimulation.

Patients can expect to experience some level of emotional and physical discomfort while recalling distressing memories. Throughout the procedure, as new feelings and thoughts emerge and are discussed, the therapist samples the level and nature of emotional and cognitive distress and any somatic distress. Sessions end when the patient feels manageably calm, with instructions on how to handle disturbing thoughts and feelings between sessions. Subsequent sessions always begin with an assessment of memories that may have emerged since the previous treatment.

Therefore, the development of medical and psychological rehabilitation programmes should become a priority task of state policy in the field of medicine and psychology. Institutions that already have experience in such work should consolidate their efforts to create programmes of medical, social, and psychological rehabilitation based on multidisciplinary research.

4. An empirical study of the mental health of veterans and adults

To conduct the empirical stage of the study, we chose a set of methods for assessing the quality of life, which are aimed at measuring the level of stability of mental health, and psychological and subjective well-being.

The general results of the survey on the Modified BBC Subjective Wellbeing Scale (adaptation by L. Karamushka, K. Tereshchenko, O. Kredenzer) are shown in Fig. 1.

Let us consider the subscale Psychological well-being, high and medium scores of which indicate the ability of a person to feel optimistic about the future, to control his/her life, to be confident in his/her thoughts and beliefs,

both to grow and develop as a person. As a result of the survey, we received the following data: 63% – low level, 37% – medium level.

A low level was found in 63% of respondents, which means that they have a constant feeling of self-doubt and anxiety[36].

The subscale Relationships, which indicates comfort in attitudes and communication with other people, the presence of happy friendships and personal relationships, the ability to seek help from others, and satisfaction with their sexual life, has the following results: 53% of respondents have a low level, 30% have a medium level, and 17% of respondents have a high level.

The low level of 53% of mature veterans means that it is difficult for them to start and maintain communication, as well as build trusting relationships with new people. Respondents with high and medium levels can build relationships, both personal and professional, and they feel satisfied in the process of communicating with others[37].

The subscale Physical health and well-being indicates satisfaction with physical health, sleep quality, ability to perform work and daily activities, exercise and relaxation, and absence of depression and anxiety. The survey revealed the following results: 60% – low level, 30% – medium level, 10% – high level.

A large number of mature veterans have a low level of this indicator, which shows that they lack the skills to take care of their health, and they are also in situations of serious overload with responsibilities and tasks that they cannot solve. Mature veterans with a high and medium level of physical health have a satisfactory state of physical health, and the ability to devote time to physical activity, sleep, and rest. At this level of physical well-being, a person maintains a balance between exercise, self-realisation, and rest, which directly affects the state of satisfaction with their own life[38].

The indicator of subjective well-being has the following results: 67% – low level, 27% – medium level, and 6% – high level accordingly.

[36] Shemyakina, O.N., & Plagnol, A.C. (2013). Subjective Well-Being and Armed Conflict: Evidence from BosniaHerzegovina. Soc Indic Res, 113, 1129–1152. doi: https://doi.org/10.1007/s11205-012-0131-8

[37] Kulesha N. Vivsiannyk O., Zhara H., Lekhan V., Onul N., Kriachkova L., Babienko M. (2023) CURRENT ISSUES OF PSYCHOSOCIAL REHABILITATION OF MILITARY SERVICEMEN AND THEIR FAMILIES: Scientific monograph «Public health system in Ukraine and EU countries: realities, transformation, development vectors, perspectives». 1st ed. Riga, Latvia : "Baltija Publishing". P. 363-372.

[38] Ткаченко І. О. Теоретичні аспекти психологічного благополуччя особистості в процесі духовного розвитку : автореф. дис. ... канд. психол. наук: 19.00.01. Запоріжжя, 2018. 20 с

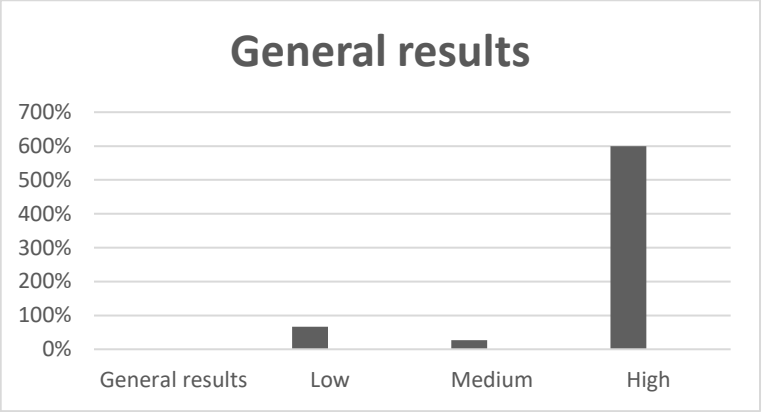

Fig. 1. The level of subjective well-being of mature veterans

Consequently, according to the results of the questionnaire Modified BBC Subjective Wellbeing Scale (adapted by L. Karamushka, K. Tereshchenko, O. Kredenzer), we obtained indicators of a low level of subjective well-being in mature veterans.

The next methodology chosen by us reflects the level of psychological well-being of mature student veterans. K. Riff's Questionnaire Psychological Well-Being Scale describes the psychological component of well-being on six scales that reflect a person's satisfaction with various areas of life.

On the Positive Relationships scale, 57% of respondents have a medium score on this scale, 36% have a low score, and 7% have a high score. High and medium levels indicate intimate, comfortable, and trusting relationships with others, a desire to care for others, and the ability to empathise, love, and rely on others. Low values reflect the lack of a sufficient number of close, trusting relationships; difficulties in showing warmth, openness, and care for others; withdrawal and frustration, and unwillingness to compromise to maintain important relationships with loved ones are some of the problems. The results are shown in Fig. 2.

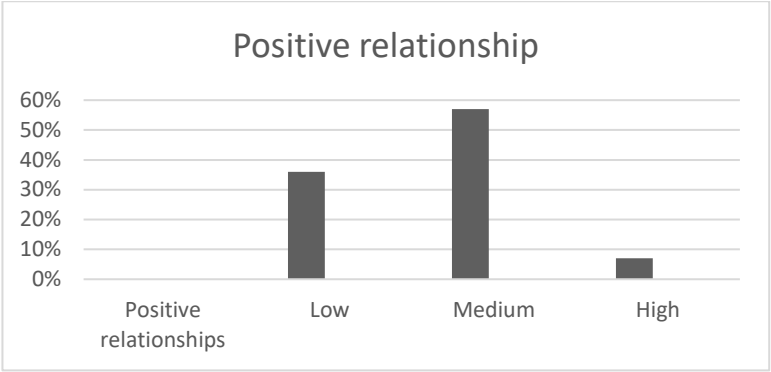

Fig. 2. Positive relationship scale

Autonomy scale. Among the respondents to our survey, 27% have a high level, 53% have a medium level, and 20% have a low level. Autonomy, the ability to resist social pressure in one's thoughts and actions, and the ability to regulate one's behaviour and evaluate oneself by one's standards are inherent in people with high and medium values on the scale. The inability to resist social pressure in thoughts and actions, obsession with the expectations and opinions of others, and a focus on the opinions of others characterise people with low scores on the scale. The results of the scale are shown in Fig. 3.

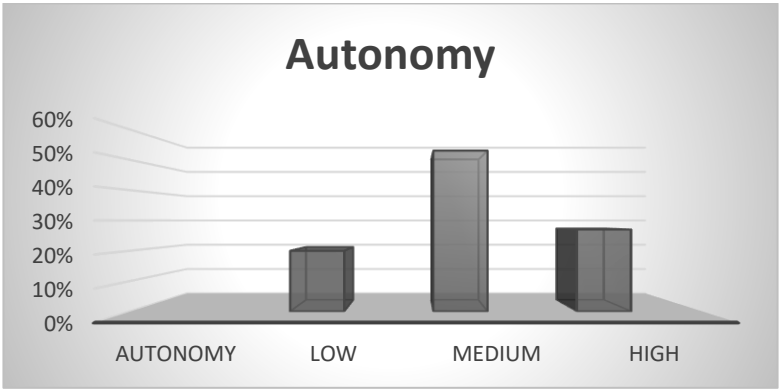

Fig. 3. Autonomy scale

Environmental Management, our respondents showed the following results on this scale: high – 0%, medium – 43%, low – 57%. High and medium values indicate that respondents demonstrate confidence and ability to manage

daily operations, can effectively use different life situations, and can choose and create conditions that meet the needs and values of the individual. A low score indicates an inability to cope with everyday tasks and a sense of inability to change or improve the standard of living. A sense of helplessness due to the inability to control the world around them[39]. The results are shown in Fig. 4.

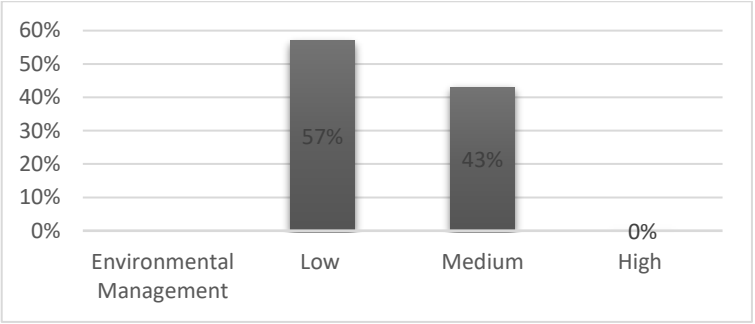

Fig. 4. Environmental management scale

The indicator of Personal Growth exceeds the medium value in 73% of mature veterans, with less manifestation among the high – 17%, and low – 10% levels. High and medium values are indicators of a constant desire for self-development, the ability to track one's development over time, to improve oneself, and to realise one's potential. Low scores indicate the experience of personal stagnation, lack of a sense of personal progress over time, boredom or indifference to life, and a feeling of inability to acquire new skills. The results are shown in Fig. 5.

On the scale of Purpose in life, the medium (57%) and low (43%) scores are more important. Having a purpose in life a sense of meaning, a sense that the past has meaning, and a faith that gives life meaning are signs of high and medium scores. Low values indicate a lack of purpose and a sense of meaninglessness in life, a feeling that the past is meaningless, and a lack of beliefs that give life meaning. The results are presented in Fig. 6.

[39] Карамушка Л. М., Креденцер О. В. та ін. Методики дослідження психічного здоров'я та благополуччя персоналу організації. Київ: Інститут психології імені Г. С. Костюка НАПН України, 2023. 76 с.

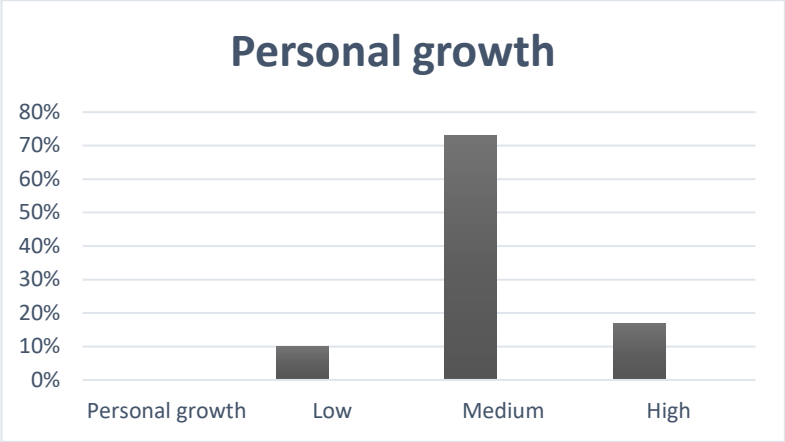

Fig. 5. Personal growth scale

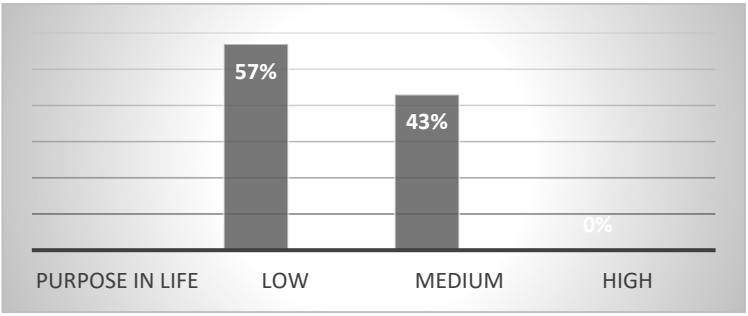

Fig. 6. Purpose in life scale

Self-acceptance scale. The most common levels are low – 50% of respondents and medium – 47%. The least frequently observed is the high level, which is represented by only 3% of the total number of respondents. A positive attitude towards oneself, recognition and acceptance of all one's diversity, and a positive assessment of one's past are all signs of high and medium values. Low values mean dissatisfaction with oneself, disappointment in the past, and concern about certain personality traits, rejection of oneself, and a desire to be different from who one really is. The results of the scale are shown in Fig. 7.

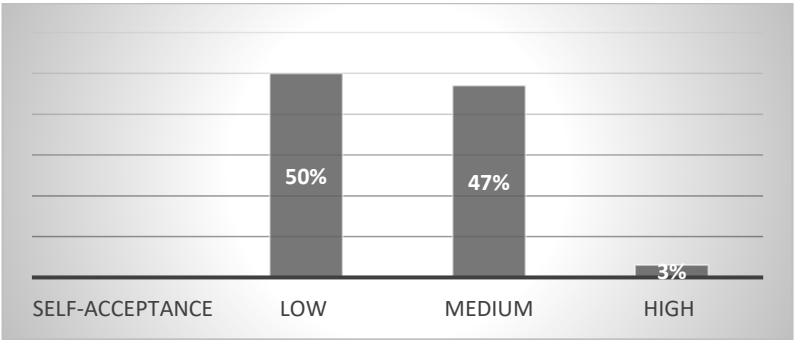

Fig. 7. Self-acceptance scale

Based on the total score, we obtained an indicator of psychological well-being, with the largest number of respondents (60%) having a medium score. A low level was found in 33% of mature veterans, and a high level in 7%. The results of the questionnaire indicating the overall level of psychological well-being are shown in Fig. 8.

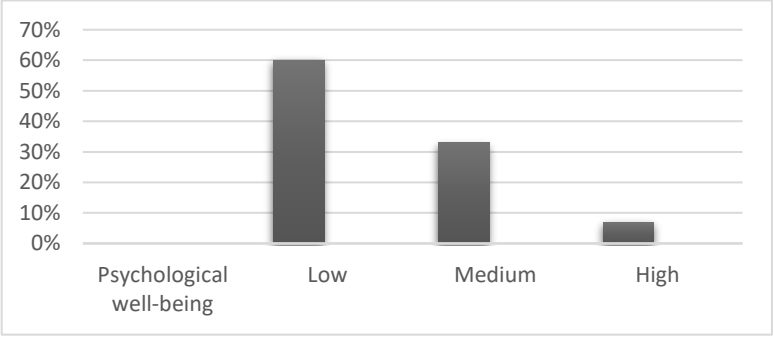

Fig. 8. General assessment of psychological well-being

Thus, according to the results of calculating the results of the K. Riffe Psychological Well-Being Scale, we received a large number of medium and low scores.

The last methodology of our empirical study is The Mental Health Stability Inventory – Short Form (MHSI) (adapted by E. Nosenko, A. Chetveryk-Burchak). The results are shown in Fig. 9. The questionnaire characterises mental health by the criteria of hedonic well-being and positive functioning, which includes social and eudaimonic well-being.

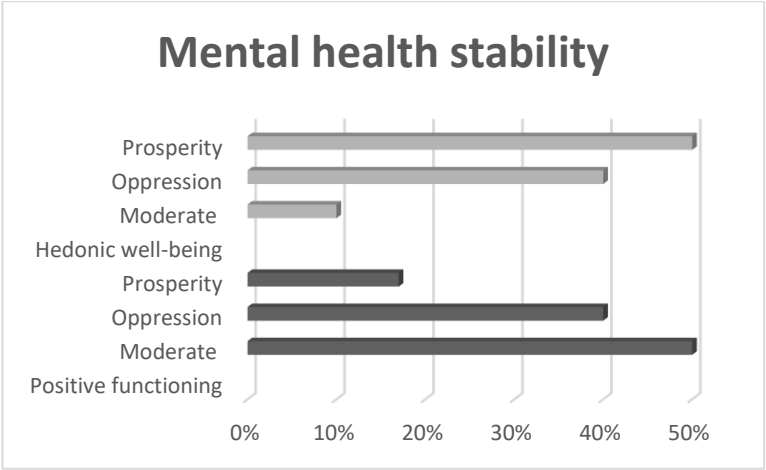

Fig. 9. Trends in mental health stability

According to hedonistic concepts, a well-off, prosperous person is satisfied with life (an indicator of the cognitive component), and has a high level of positive emotions and a low level of negative emotions (two independent aspects of affective evaluation) .

The cognitive aspect is based on a subjective comparison of the current life with the desired ideal. A person with high gratitude believes that his or her goals and desires will be realised in the first place. The degree of effect of mood and priming (activation of one thought in the consumer of information by the media can trigger related thoughts) on life satisfaction is relatively insignificant. The evaluation is formed primarily from global information about how successful a person is in an important area of life, as opposed to the emotional component of subjective well-being, and his or her importance is reflected in the results. The parameter that reflects the peculiarities of experiencing pleasant and unpleasant feelings is an affective component that is more variable than the cognitive one. A high score on the affective dimension means that a person experiences a positive balance of emotions in their life.

Thus, flourishing on the hedonic dimension means that a person believes that his or her goals and desires are largely realised and achieved and that he or she feels successful and emotionally balanced. Depression means that there is no sense of progress and emotional stability in life.

According to the survey results, 50% of respondents feel flourishing hedonic well-being, 40% feel depressed, and 10% have a moderate level of well-being.

The next component is Positive Functioning. The concept of eudemonism emphasises the idea that "we thrive when we fully realise our human capacities". Social well-being refers to a person's feeling of comfort in a circle of people, confidence in their abilities to self-actualise; perception of society as orderly, and feeling part of it.

All in all, prosperity on the Positive Functioning scale means that a person has a good assessment of his or her fulfilment and has positive relationships with society, has an adequate perception of reality, feels comfortable with others, and is confident in the importance of his or her activities. Depression means that a person has a low assessment of his/her fulfilment and may feel uncomfortable and rejected in society, have an inadequate perception of reality, and consider their activities unimportant to society.

According to the survey, the predominant level is moderate, with 50% of mature veterans having positive functioning, 33% having flourishing positive functioning and 17% experiencing depression according to the above criteria.

Thus, according to The Mental Health Stability – Short Form (MHS) (adapted by E. Nosenko, A. Chetverik-Burchak) technique, we found a slight prevalence of positive trends in the Hedonic Well-Being scale and high results in The Positive Functioning scale.

To recap, summarising the results of the survey using the Modified BBC Subjective Wellbeing Scale (adapted by L. Karamushka, K. Tereshchenko, O. Kredenzer), the K. Riffe Psychological Wellbeing Scale and the Mental Health Stability Short Form (K. KIZ) (adapted by E. Nosenko, A. Chetveryk-Burchak), it can be concluded that the mental health of mature veterans is at a low level, with a high percentage of medium and low indicators.

5. Providing psychological counselling in the rehabilitation of adult veterans affected by military operations

During the war, destructive emotional states are exacerbated. When something terrible and unexpected happens, people first experience shock and direct all their resources to maintain their vital functions. After this stage, which varies from person to person in terms of time, the basic emotions return. Shock, according to Elisabeth Kübler-Ross's model, is followed by despair, horror, denial, etc. Distress, tension, and other external factors shake the stability of mental health. This, in turn, can manifest itself in somatic symptoms such as stress diarrhoea, hand tremors, changes or loss of voice, and face skin paleness (pallor). Under normal circumstances, society should create conditions that help people cope with life's challenges and reduce the risk of these challenges developing into complex forms of mental disorders. According to the recommendations of O. Kushnir and D. Protsenko, to maintain productivity and efficiency at a sufficient level, one should follow a few simple rules: healthy sleep, balanced diet, daily physical activity,

communication, and positive emotions. This is also stated by E. Mykulenko in her work Formation of Psychological Health of Mature Veterans, referring to the research conducted to determine the current mental state of mature veterans during the war.

The empirical study revealed the prevalence of low and medium levels of quality of life assessment, which negatively affects the health of mature veterans. To improve the indicators, our study has collected recommendations that will be useful for improving the assessment of various areas of life.

In her study of the relationship between emotional intelligence and psychosocial well-being, I. Tkachenko proved the existence of a relationship between the two variables. Subjects with a high level of emotional intelligence simultaneously showed a high level of psychosocial well-being[40].

The concept of emotional intelligence is considered the ability to recognise, understand and manage emotions; it refers to both the subject's own emotions and the emotions of other people.

To improve emotional intelligence, I. Tkachenko gives the following recommendations: learn to track your emotional state. Try keeping a diary of emotions: every day, note and describe in detail the emotions you experienced during the day and what caused them; communicate more with people, pay attention to their verbal and non-verbal signals; take care of yourself in difficult moments and empathise with yourself and your inner world; when you experience destructive or negative emotions, learn to live with them, transform them, and channel them into useful ways, but do not deny negative emotions – we all have the right to them; pay attention to the positive moments of life, record them; when you feel negative attitudes, try to reverse them as much as possible: add the phrase but to something negative in your life, attributing possible positive aspects or outcomes of such an experience.

Kh. Lazorczyk in her study of axiological factors of psychological well-being describes psycho-hygienic recommendations for maintaining a favourable psycho-emotional state and full mental functioning[41].

To reduce the impact of stress, tension, and anxiety, physical activity acts as an antidepressant and improves brain function, increases confidence and positive perception, provides resources, and stimulates vitality. Healthy sleep is an important aspect of positive functioning, as it relaxes the body, replenishes energy and resources for the next day, and boosts immunity. For a good rest, it is necessary to improve the quality of sleep; the regime creates a sense of stability, and regularity, balancing the situation of uncertainty.

[40] Ткаченко І. О. Теоретичні аспекти психологічного благополуччя особистості в процесі духовного розвитку: автореф. дис. ... канд. психол. наук: 19.00.01. Запоріжжя, 2018. 20 с

[41] Лазорчик Х. Чинники психологічного благополуччя студентської молоді. Рекомендації щодо оптимізації рівня психологічного благополуччя: метод. рек. Харків, 2020. 65 с.

Relaxation exercises can help us concentrate on bodily sensations and control our mental state. Grounding allows you to feel contact with the environment; for this, if you are sitting, you need to press yourself tightly to the chair, if you are standing, press your feet firmly to the floor.

The use of breathing exercises is effective: square breathing – inhale very slowly, hold your breath at the same rate, exhale, and do not inhale. At the end of the exercise, you need to relax and smile. The technique of affirmation consists of self-hypnosis of positive thoughts verbally, which will help to improve mood, change the style of thinking, and get rid of negative thoughts.

D. Vlasova in her scientific work, the purpose of which is to characterise the psychological well-being of an individual as a set of three main markers, namely, sense-life orientations, which means a combination of past, present and future assessment of what a person has achieved according to personal criteria; a sense of happiness, which is a subjective feeling, so to be happy, you need to listen to your feelings, not to adapt to standards; the last component is personal characteristics, signs of psychological well-being in respondents may be different

D. Vlasova in her practical recommendations raises the issue of self-esteem and meaningful life orientations. Self-esteem has two levels: high and low, and both of them are inadequate. You can achieve adequate self-esteem through balancing. Do not compare yourself to others, stop feeling sorry for yourself and remembering bad things, realise that people have positive and negative traits and this is completely fine, be objectively aware of your physical shape, and work on your appearance and inner world.

The meaning of life can change depending on the fullness of life, and its direction changes with it. The search for meaning makes a person learn about the surrounding reality and leave their comfort zone. In the search for meaning, the perception of the world changes, and so does the person, their inner reality, their personality, and their unique personal meaning of life also changes[42].

Any search for the meaning of life should include: having a purpose in life; a positive attitude to life; a positive assessment of your life; faith in your strength; and the ability to instantly change your life for the better. Practical recommendations for optimising quality of life are summarised in Table 3.

The subparagraph considers several recommendations aimed at improving the mental health, quality of life, and psychological well-being of mature veterans. The key aspects include the development of emotional intelligence, maintaining a favourable psycho-emotional state, establishing a sleeping pattern, applying relaxation and breathing exercises, as well as self-esteem, meaningful life orientations, and the search for meaning in life. These

[42] Власова Д. В., Петренко І. В., Рогоза Л. Г. Характеристика психологічного благополуччя особистості: монографія. Дніпро: Видавництво ДНУ, 2022. 220 с.

recommendations cover various aspects of mental health and can serve as a practical tool for increasing life satisfaction among mature veterans.

Table 3

Recommendations for improving the quality of life assessment

Aspect	Recommendations
Developing emotional intelligence	– Monitor your emotional state (keep a diary of emotions) – communicate more with people, pay attention to non-verbal signals – live with and direct negative emotions in a positive way – take care of yourself – record the positive moments of life – change negative attitudes to positive ones
Maintaining a favourable psycho-emotional state	– Physical activity – sticking to a healthy sleep regime – relaxation and grounding practices – breathing techniques (for example, square breathing) – affirmation techniques (self-hypnosis of positive thoughts)
Self-esteem	– Achieving adequate self-esteem by balancing – not comparing yourself to others, stop feeling sorry for yourself – be aware of your positive and negative traits – work on your appearance and inner world
Purpose of life orientations	– Searching for the meaning of life: having a goal, a positive attitude, evaluating the part of life you have already lived through – believe in your ability to change your life for the better – the ability to instantly change your life for the better

Conclusions

In the course of writing the paper, the following sub-items were considered:

The components of the concept of rehabilitation were theoretically characterised and the term was defined. We present a vision of the term rehabilitation of servicemen, which is a holistic set of medical, physical, psychological, social, and pedagogical measures aimed at restoring the health, psycho-emotional state, and performance of servicemen participating in combat operations. This goal is achieved by identifying reserve hidden capabilities of the body and stimulating physical, psychological, and professional abilities.

The article theoretically analyses the regulatory framework and basic concepts of rehabilitation activities in Ukraine. The analysis of the regulatory framework, approaches and principles of rehabilitation activities in Ukraine has made it possible to generalise that a serious problem of the comprehensive system of rehabilitation of servicemen participating in hostilities, in our opinion, is the contradiction between the existing legal framework on social protection and rehabilitation of combatants in the legislation of Ukraine and the lack of material, financial, scientific, methodological and human resources for its practical implementation.

A theoretical and methodological analysis of the foundations and approaches of rehabilitation abroad from a historical perspective is carried out.

The mental health of mature veterans and the impact of quality of life assessment on the state of veterans' health are empirically studied. The results showed the prevalence of low and medium levels of subjective, psychological well-being and stability of mental health among respondents.

Psychological recommendations for rehabilitation aimed at improving mental health and subjective well-being, preserving the health of mature veterans affected by military operations are proposed. The key ideas of the recommendations are to maintain a favourable psycho-emotional state by establishing a sleep regime and applying relaxation techniques as well as breathing exercises. Considerable attention is also paid to the formation of adequate self-esteem, the development of meaningful life orientations, and the search for the meaning of life.

Summary

The topic of psychological rehabilitation of veterans and adult victims of military operations is analyzed in the scientific work. The components of the concept of rehabilitation were theoretically characterised and the term was defined. We present a vision of the term rehabilitation of servicemen, which is a holistic set of medical, physical, psychological, social, and pedagogical measures aimed at restoring the health, psycho-emotional state, and performance of servicemen participating in combat operations. The article theoretically analyses the regulatory framework and basic concepts of rehabilitation activities in Ukraine. The analysis of the regulatory framework, approaches and principles of rehabilitation activities in Ukraine. The mental health of mature veterans and the impact of quality of life assessment on the state of veterans' health are empirically studied. Psychological recommendations for rehabilitation aimed at improving mental health and subjective well-being, preserving the health of mature veterans affected by military operations are proposed.

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Information abount the author:
Kulesha Nataliia Petrivna,
https://orcid.org/0000-0001-9486-1669
Doctor of Philosophy in Psychology,
Associate Professor at the Department of Public Health
and Physical Education,
Associate Professor at the Department of Psychology
The National University of Ostroh Academy
2, Seminarska str., Ostroh, Rivne region, 35800, Ukraine