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*Psychological Rehabilitation (Including Emotional
Readaptation) of Servicemen after Returning
from the Combat Zone*

Rehabilitacja psychologiczna (i emocjonalna readaptacja) żołnierzy powracających
ze strefy walki

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ABSTRACT

The current article presents the essence of theoretical provisions related to professional, psychological, and social rehabilitation of those servicemen who returned from the combat zone in eastern Ukraine. It is noted that psychological rehabilitation is considered as a kind of psychological assistance in that part, which aims to restore the lost (impaired) mental capabilities, emotional functioning, and health. It is emphasized that the object of psychological rehabilitation are people who have received combat mental trauma, which is manifested acutely or delayed in time. The principles of psychological rehabilitation are highlighted: the principle of prevention, the principle of urgency, the principle of the proximity of rehabilitation institutions to the line of combat, the principle of simplicity of measures, the principle of continuity and individualization of measures. The experience of direct rehabilitation work with the military is described; recommendations for optimization of the rehabilitation process are given. It is emphasized that in the process of rehabilitation there is a place for both, unlocking the system of psychological protection of servicemen, and creating an emotionally supportive atmosphere in the group, and for implementing individual and group psycho-correction, training the effective communication skills.

Keywords: psychological rehabilitation; emotional functioning; trauma; post-traumatic stress disorder; military servicemen

INTRODUCTION

Psychological rehabilitation of military personnel is an activity carried out by the subjects of psychological work (psychologists, volunteers, etc.), aimed at restoring the mental functions, personal qualities and system of relations of the serviceman's personality, which allows him to successfully solve life problems and function in a peaceful society. Directly, psychological rehabilitation solves a wide range of tasks of psychological assistance to participants in hostilities. These include firstly: the normalization of mental state (including emotional functioning); restoration of disturbed (lost) mental functions; harmonization of the "self-image" of participants in hostilities with the current socio-personal situation (injury, disability, etc.); assisting in establishing constructive relationships with reference persons (Reisman, 2016; Tsyhanenko, Piasta, 2016).

Psychologists who work in the field of mental health and recovery pay much attention to the forms of social support for people affected by trauma, ways to work with post-traumatic stress disorder (PTSD), overcoming the stigma of the sick in society (Klymchuk, 2018), the role of culture in shaping health recovery practices (Beidel, Frueh, Uhde, Wong, Mentrikoski, 2011; Bisson, Ehlers, Matthews, Pilling, Richards, Turner, 2007; Fossey, 2010; Prigerson, Maciejewski, Rosenheck, 2001).

Our goal was to clearly define the theoretical provisions related to the process of rehabilitation of servicemen who were in combat, in particular psychological, medical, professional, and socio-psychological rehabilitation. Having experience working with servicemen of the 51st OMBR in Volodymyr-Volynskiy, who returned to rotation with the ATO during 2014–2015, recommendations were developed to optimize such work with servicemen of this category.

We used the following research methods in order to solve given tasks: the method of phenomenological analysis of individual and group counseling interventions, survey methods, in-depth and contextual interviews and case studies. The procedures of content and narrative analysis, as well as qualitative analysis of creative products were used for interpreting the results.

PSYCHOLOGICAL REHABILITATION: CHARACTERISTICS

We consider psychological rehabilitation as a kind of psychological assistance in that part which aims to restore lost (disturbed) mental (including emotional) capacity and health. That is, its object is the people who have received combat mental trauma, which is manifested acutely or delayed in time (Fossey, 2010; Teng, Bailey, Chaison, Petersen, Hamilton, Dunn, 2008; Vermetten, Greenberg, Boeschoten, Delahaije, Jetly, 2014; Xue, Ge, Tang, Liu, Kang, Wang, Zhang, 2015). Medical and psychological rehabilitation involves the mobilization of psy-

chological capabilities of servicemen in overcoming the consequences of injuries, traumas, disability, relief of pain, psychological preparation of victims for surgery and in the postoperative period (Reisman, 2016).

Professional-psychological rehabilitation is aimed at the rapid recovery of professionally important qualities of wounded, traumatized servicemen and invalids of hostilities, their professional reorientation and retraining, employment and professional adaptation, fatigue relief and recovery of physical fitness (Fossey, 2010). Socio-psychological rehabilitation focuses on creating around the veterans of hostilities the favorable rehabilitation conditions of the social environment. In parallel with the implementation of the principle of “barrier-free” architecture in urban planning and transport (curbs, railings, elevators, etc.), the principle of “barrier-free” relations for people with disabilities in society should be similarly implemented. In the public consciousness it is necessary to form the image of a disabled person with real career prospects, in the dynamics of social status.

In fact, as already mentioned, psychological rehabilitation solves an extremely wide range of tasks of psychological assistance to combatants. And first of all, these are normalization of mental state, restoration of disturbed (lost) mental functions, harmonization of “I-image” of a war veteran with the current socio-personal issue (injury, disability, etc.), assistance in establishing constructive relationships with reference individuals and groups. In other words, the goal of psychological rehabilitation is to restore mental health, improve emotional control and regulation, and effective social behavior, interpersonal relationships (Reisman, 2016).

However, as the experience of other states shows, psycho-rehabilitation measures must begin to be carried out already in the course of hostilities (with servicemen entering medical and psychological care and rehabilitation points) and continue for some time in the process of peaceful life (according to existing notions and a range of rehabilitation measures, including psychological rehabilitation carried out at the hospital, sanatorium and outpatient stages). The content of these stages is described in detail in the relevant documents, recommendations, or guidelines.

An important methodological point is the establishment of species-genus relations of the concept of “psychological rehabilitation” with other related categories, especially such as “psychological assistance” and “socio-psychological re-adaptation”. In our opinion, psychological help should be understood as any purposeful human activity aimed at expanding the psychological capabilities of another person in his personal and social functioning. The range of forms of psychological assistance is extremely wide and includes: simple complicity, which creates the effect of facilitation; notification of useful information; mental infection; demonstration of effective behavior patterns; teaching; stimulation; consultancy; psychotherapy, etc. That is why socio-psychological re-adaptation is understood as the process of organized, gradual psychological return of participants in

hostilities from the war and conflict-free, non-traumatic “embedding” them in the system of social ties and relations in peacetime.

Socio-psychological re-adaptation is carried out with all participants in hostilities in order to prevent the development of PTSDs, maladaptation and conflicts with others. In the process of socio-psychological re-adaptation, psychological rehabilitation is included as an integral part of helping people with symptoms of mental disharmony. However, psychological rehabilitation can also act as an independent activity aimed at restoring the mental functions, combat capabilities and personal qualities of combatants who have received combat psychological trauma, in the interests of their rapid return to combat.

An important point in understanding the essence of psychological rehabilitation is to identify its relationship with related activities. At the same time, on the border of interaction with these types of rehabilitation there are areas of their intertwining, mutual penetration, which allows us to argue about “medical-psychological”, “professional-psychological”, “social-psychological rehabilitation”.

1. Medical-psychological rehabilitation involves the mobilization of psychological capabilities of servicemen in overcoming the consequences of injuries, trauma, disability, relief of pain, psychological preparation of victims for surgery and in the postoperative period.
2. Professional and psychological rehabilitation is aimed at the rapid restoration of professionally important qualities of wounded, traumatized servicemen and invalids of hostilities; their professional reorientation and retraining, employment and professional adaptation; relieving fatigue and restoring physical performance.
3. Socio-psychological rehabilitation is focused on creating around the participants in hostilities the rehabilitation conditions of the social environment. Along with the implementation of the principle of barrier-free architecture in urban planning and transport (curbs, ramps, elevators, etc.), the principle of “barrier-free” relations for people with disabilities in society should be implemented.

In the public consciousness it is necessary to form the image of a disabled person with real career prospects, in the dynamics of social status.

4. Actually, psychological rehabilitation solves a wide range of tasks of psychological assistance to participants in hostilities.

And above all, these are normalization of mental state, restoration of disturbed (lost) mental functions, harmonization of self-esteem of war veterans with the current socio-personal issue (injury, disability, etc.), assistance in establishing constructive relationships with reference individuals and groups, etc. (Lazorenko, Kalnytska, 2018). Thus, in essence, the goal of psychological rehabilitation is to restore mental health and effective social behavior. However, it should be kept in mind that psycho-rehabilitation measures can be carried out already during hostil-

ities (with servicemen entering medical and psychological care and rehabilitation centers) and continue for a long time in the process of peaceful life (with persons suffering from PTSD) (Settersten, Spiro, 2012).

In our opinion, the specific tasks of psychological rehabilitation carried out in the combat zone should be: diagnosis of the presence, type and level of mental disorder; evacuation of servicemen who need hospitalization to restore mental health; restoration of disturbed (lost) mental functions to a level that allows you to perform combat missions; correction of self-awareness, self-esteem, well-being and combat motivation in servicemen who have received mental disorders, physical injuries; providing assistance to servicemen in their preparation for surgical operations, in relieving pain in the wounded, rapid return of psycho-traumatized servicemen to the combat units, etc. (Albertson, Taylor, Murray, 2019; Gordon, 2014).

PSYCHOLOGICAL REHABILITATION: DETERMINANTS

An important provision that determines the effectiveness of psychological rehabilitation is related to the definition and statement of the basic principles of its implementation. Psychologists identify a number of such principles (Larina, Sydorenko, 2018).

The principle of prevention plays a huge role in the list of principles. Its implementation involves a priori “laying”, “embedding” in the system of military activities of such elements, which would, if necessary, automatically work, preventing the development of trauma. In an attempt to implement this principle, the US military leadership in the 1980s introduced a system of the so-called “friendly mutual assistance” in military units (Klymchuk, 2018). Its essence is that all servicemen, from privates to generals, are trained in the methods of emergency visual diagnosis of military emotional distress and providing psychological support (Bormann, Thorp, Wetherell, Golshan, 2008).

In general, today there are several independent models of classification of combat psycho-trauma: informational, cognitive, psychophysiological, biochemical, behavioral. Recently, the socio-psychological model has become increasingly popular, according to which it is assumed that essentially any combat stress factor can be successfully overcome by a person if he receives effective social support. In other words, the most effective anti-traumatic drug and the best psychotherapist are a colleague and military personnel (Bormann et al., 2008). The experience of the Soviet Army, which during the Second World War was dominated by relations of friendship and military society, convincingly confirms the veracity of this position.

Other well-known principles of psychological rehabilitation of combatants are:

- the principle of urgency (“minutes save the year”),
- the principle of the proximity of rehabilitation institutions to the line of combat (for persons returning to combat duty),

- the principle of simplicity of measures (accessibility for servicemen, commanders, officers of the armed forces),
- the principle of continuity and individualization of measures, etc.

Psychological rehabilitation in the system of medical measures in accordance with existing ideas, a set of rehabilitation measures, including psychological rehabilitation, is carried out at the hospital, sanatorium and outpatient stages. The content of these stages, at present, is described in detail in the relevant documents, recommendations, guidelines. The logic of the rehabilitation approach is to first prepare combat veterans, disabled people for active psychotherapeutic cooperation by removing irrelevant stress, aggression, mistrust, to study their psychological characteristics and the specifics of psychological problems (Demers, 2011; Gordon, Burnell, Wilson, 2020).

This work involves a number of stages, where the first stage is the training of disabled people in the methods of mental self-regulation, psychophysical training to remove muscle clamps, non-specific mental stress. Of great importance is the occupational therapy, which is recommended from the moment of immobilization of damaged limbs, which must be expanded and complicated over time, giving the work process a professional focus (Demers, 2011; Fossey, 2010; Reisman, 2016).

It is important that the work performed is meaningful and useful. Occupational therapy is especially effective for injuries of the upper extremities. Art therapy (drawing, modeling, handcrafting) can also give a good effect here. The main attention in this situation should be paid to the fact that the process of involving damaged limbs in the labor process is gradual. For people with disabilities with injuries of the lower extremities, an important rehabilitation act is dosed therapeutic walking (on a wheelchair, with crutches, with a stick, etc.). At the second stage, the solution of psychological problems of the rehabilitated is carried out (Gordon, Burnell, Wilson, 2020). The third stage, as a rule, is aimed at personal growth, development of communicative competence and activity, the formation of “taste” for social contacts (Horbunova, 2016).

PSYCHOLOGICAL REHABILITATION: AN EXAMPLE

The experience of psycho-rehabilitation work gained in the Volyn region of Ukraine, in particular in the project “Providing psychological assistance to ATO participants and their families” shows that almost the entire range of psycho-rehabilitation activities with combatants can be successfully carried out against the background of socio-psychological training aimed at personal growth and development of communicative competence (Miuller, 2014). These trainings were focused on solving a wide range of psycho-rehabilitation tasks. Among them, the most important are the following:

1. Recognition by the participants of their psychological and personal characteristics, evaluation of the effectiveness of the desired communication strategies, harmonization of personality.
2. Creating a new cognitive model of life, restoring a sense of self-worth and ability to exist effectively in the world, strengthening self-confidence.
3. Decrease in participants of hostilities the feeling of isolation, development of feeling of belonging to a group and human community, psychological comfort.
4. Formation of training participants' skills and abilities to build an accurate image of communication partners, "calibration" of their communication strategies; improving the tactics of communicative joining a communication partner.
5. Development of skills to manage the process of interaction in ordinary and conflict situations and assess the effectiveness of communication.
6. Teaching participants the techniques of mental self-regulation and expanding their psychological capabilities in the interest of gaining power over their own emotional reactions, reducing anxiety, restoring a sense of personal integrity and control over events, as well as effective communication.

CONCLUSIONS

All this leads to the solution of a number of personal problems of the participants, which manifested in the way they communicated with others. Thus, in the process of the above-mentioned measure, the potential resource was renewed for both, unlocking the system of psychological protection of servicemen, and creating an emotionally supportive atmosphere in the group. Individual as well as group psycho-correction was implemented together with the training of effective communication skills.

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STRESZCZENIE

W artykule przedstawiono istotę zasad teoretycznych związanych z rehabilitacją zawodową, psychologiczną i społeczną żołnierzy, którzy powrócili ze strefy walki we wschodniej Ukrainie. Należy podkreślić, że rehabilitacja psychologiczna jest uważana za rodzaj pomocy psychologicznej, która ma na celu przywrócenie utraconych (lub dysfunkcyjnych) zdolności poznawczych, funkcjonowania emocjonalnego i zdrowia. Przedmiotem rehabilitacji psychologicznej są osoby, które podejmują pokonanie traumy psychicznej, występującej w formie ostrej lub przewlekłej. Opisano następujące zasady rehabilitacji psychologicznej: zasadę zapobiegania, zasadę pilności, zasadę bliskości instytucji rehabilitacyjnych w stosunku do linii walki, zasadę prostoty środków, zasadę ciągłości i indywidualizacji środków. Ponadto wskazano na doświadczenie bezpośredniej rehabilitacji w wojsku; podano zalecenia dotyczące optymalizacji procesu rehabilitacji. Zaakcentowano, że w procesie rehabilitacji jest miejsce zarówno na odblokowanie zasobów osobistych psychologicznych żołnierzy, jak i stworzenie emocjonalnie wspierającej atmosfery grupowej. Proces rehabilitacji może też obejmować wdrożenie psychoterapii indywidualnej i grupowej oraz szkolenie skutecznych umiejętności komunikacyjnych.

Słowa kluczowe: rehabilitacja psychiczna; funkcjonowanie emocjonalne; trauma; zespół stresu pourazowego; żołnierze