УДК 316.613

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SOCIO-PSYCHOLOGICAL REHABILITATION OF PERSONS WHO SUFFER FROM MILITARY AGGRESSION

Статтю присвячено соціально-психологічній реабілітації особистості, що постраждала від наслідків воєнної травми. Визначено послідовні етапи, з яких складається процес реабілітації: підготовчий, основний і підтримувальний, на кожному з яких запропоновано використовувати відповідні технології та техніки. Запропоновано чотири взаємопов'язані вектори відновлення особистості: персональний, інструментальний, просторовий, часовий. Персональний вектор спрямований на відновлення особистісної цілісності та збалансованості; інструментальний – на відновлення самоефективності, самореалізованості; просторовий – на зростання комунікативної компетентності; часовий – на відновлення цінностей, пошук нових життєвих орієнтирів і сенсів.

Ключові слова: соціально-психологічна реабілітація, особистість, воєнна травма, технології реабілітації, вектори відновлення.

The article deals with the socio-psychological rehabilitation of sufferers from the war trauma consequences. The successive stages from which the rehabilitation process is being developed are determined: preparatory, basic, and supportive; on each one it is suggested to use appropriate technologies and techniques. Four interconnected vectors of personality restoration are considered: personal, instrumental, spatial, and temporal. The personal vector is targeted on the restoring of integrity and individual's balance; instrumental vector aimed at restoring self-efficacy, self-realization; the spatial vector is targeted on the communicative competence increasing; the time vector is targeted on the values re-evaluation, on the new life benchmarks search and on the new senses.

Key words: socio-psychological rehabilitation, personality, war trauma, rehabilitation technologies, recovery vectors.

The relevance of problem. Society has not yet fully understood how much people are already in need and will require a variety of rehabilitation measures and professional psychological support in the future. The combatants who return from war, their parents, wives, children do need rehabilitation. Another category of subjects of rehabilitation are people who live in hot spots for a long time, almost on the front, in the front-line settlements, as well as forced migrants and those who have close relatives in the occupied territory. Physicians, journalists, psychologists, volunteers, policemen, firefighters, builders, electricians and other people who perform their professional duties almost on the line of collision, that is, in extreme and traumatic conditions, can also be among potential patients of rehab centers with their specific problems. Consequently, the need to create multidisciplinary rehabilitation teams and in-patient centers for psychological care will be increased in the nearest future.

Analysis of recent research and publications. Research on psychological factors associated with socio-psychological rehabilitation of people who suffer from military aggression in our country is rather scarce [1; 3; 4; 5]. But there is quite enough such research in other counties.

The war trauma creates potent barriers to veterans' lives and these barriers obstruct recovery and personal growth, as we can see from the investigation of Sri Lanka Eelam war consequences. Combatants experience problems in their living, working, learning and social environments. The traumatic events of the war touch emotionally most of society members. The armed conflict has created a collective trauma. The psychosocial impact was to the families, communities, society in a whole [7].

Nearly two million veterans return home from deployments overseas, the decade-long wars in Iraq and Afghanistan. There are the reviews of barriers and facilitators for treatment seeking and engagement among military personnel after military operations in Afghanistan and Iraq in the investigation of Heidi M. Zinzow, Thomas W. Britt, Anna C. McFadden, Crystal M. Burnette, Skye Gillispie. These include early interventions, brief formats, integrating clinicians into the medical and military context, technology-based interventions, addressing negative treatment perceptions, screening / early identification, and enlisting unit support [12].

There are the alarming data of American colleagues about the state of veterans, which, of course, requires a long-term socio-psychological and medical rehabilitation. The study of M. Rudd, J. Goulding, C. Bryan explored psychological symptoms, symptom severity and suicide risk in a national sample of student veterans. Almost 35% of the sample experienced "severe anxiety," 24% experienced "severe depression," and almost 46% experienced significant symptoms of posttraumatic stress disorder. Of particular concern, there were significant numbers of participants thinking about suicide (46%), with 20% having a plan, 10.4% were

thinking about suicide “often or very often,” 7.7% were making an attempt, and 3.8% were believing that suicide is either “likely” or “very likely.” [11].

Numerous studies of immigrants, the military under stressful circumstances, indicate an inverse correlation between the level of hardiness and post-traumatic disorders. Life-sustainability is connected not only with the development of a new philosophy of life in a difficult life situation. It is connected with various ways of realization in everyday life.

The resource for hardiness development is social environment, including family of injured person, his friends and relatives. The study of D. Romero, S. Rigs and C. Rugerro examines the contributions of coping style and family social support to reduce symptoms of anxiety, depression and posttraumatic stress in a student veteran sample. The results revealed that avoidant coping and family social support have significantly predicted depressive and anxiety symptoms. Avoidant coping has also significantly predicted posttraumatic stress symptoms. In addition, findings indicated that family social support moderated the relationship between problem-focused coping and depression, as well as between avoidant coping and symptoms of anxiety and depression, but not posttraumatic stress [10].

In response to the needs of military families confronting the challenges of prolonged war, William R. Beardslee, Lee E. Klosinski, William Saltzman, Catherine Mogil, Susan Pangelinan, Carl P. McKnight, and Patricia Lester developed a multi-session intervention for family’s injuries. Given the number of families affected by wartime, it became evidently that adaptations of this approach for families in other contexts were needed [6].

The aim of the work. The primary task in the prevailing conditions is to review the development of technologies for social-psychological rehabilitation by means of which psychological rehabilitation is combined with social rehabilitation.

Results. We agree with Ruwan M. Jayatunge that rehabilitation is an ecological approach that targeted to the long-term recovery and maximum self-sufficiency [7].

Rehabilitation practice helps war veterans' to re-establish normal roles in the community [Jayatunge]. In the management of psychosocial rehabilitation services there are particular interventions that improve skills of everyday life, relationships in the family and with friends; training skills to maintain and improve health; provision of favorable housing conditions, as well as intervention aimed for developing the skills which are necessary to meet the educational and professional needs [2, c.270].

In our opinion, the strategic aim of the socio-psychological rehabilitation of the individual is to increase the ability of life-formation, to achieve a qualitatively new level of psychological health, which provides an increase in the subjective satisfaction with everyday life and the realization of one's own life as a happy one. Speaking of the socio-psychological rehabilitation, we are referring not only to the rehabilitation of veterans, but also to work with other groups of the population affected by the military trauma.

There are many evidences of the need for socio-psychological rehabilitation of different vulnerable groups received by psychologists in such countries participating in military conflicts as Afghanistan, Balkans, Cambodia, Chechya, Iraq, Israel, Lebanon, Palestine, Rwanda, Sri Lanka, Somalia, Uganda. Among the consequences of war, the impact on the civilian population is one of the most significant. Studies of the general population show a definite increase in the incidence and prevalence of mental disorders. Women are more affected than men. Other vulnerable groups are children, the elderly and the disabled ones [9].

The generalization of our experience indicates that the process of socio-psychological personal restoration involves at least three subsequent stages: preparatory, basic and supporting one, which organically combine both procedural and value-semantic moments.

The technology of insufficient motivation overcoming becomes the most important on the first rehabilitation stage – preparatory one – which also includes the technology for finding new effective motivators, and the technology of the blind areas of attention detecting and activating regarding to the possibilities of psychological well-being achieving.

In order to make the leading technology work for overcoming the lack of motivation, it is advisable to use rehabilitation techniques that activate the desire for self-change, stimulate positive memories, and encourage a positive example. The technology of the search for new motivators includes the techniques of dreams about desired future, including art-therapy, the technique of activating the resource to overcome obstacles, the technique of activating environmental support. The technology of blind areas of attention locking includes the technique of one's own day describing and the technique of activating the need to change the life.

On the second stage, the basic stage of rehabilitation, the main technology for personal health improving is the technology of restoring of personal ability to make life, including readiness for self-transformation, the ability to react constructively to unexpected events, the desire to improve methods of self-realization, and openness to new contacts.

The components of this technology are: 1) technology for the restoration of creative designing of one's own future with the help of life choices, 2) the technology of approbation of the updated life project with the help of actual and operational life tasks, 3) the technology of successful implementation of the tasks with the help of increasingly successful adaptation to competent practice.

The technology of returning readiness to responsible, independent life choices involves the technique of pleasures delaying, responsibility for one's own lives increasing, interest in novelty awakening, the focus of autobiography changing. The technology of modeling the future by means of life-aspirations and life-tasks includes techniques for the initial future structuring, a realistic assessment of one's own

constraints, weighing up future efforts, editing one's own biography, the technique of changing the recipients, whom the person is ready to tell his/her traumatic life story.

The next technology on the basic stage of rehabilitation is the technology of the practices of life optimizing in accordance with the life stage. Practices as repetitive behavioral acts promote the accumulation not only of individual experiences, but also the experiences of those people who were close, who have experienced the same traumatic events. The technique of overcoming the memories fragmentation, meeting the needs in chronological sequence, building a holistic life story, also helps the practice. The technique of changing the scale of the experience and the technique of a common vision of a life situation are also helpful.

On the third stage – the supporting one – the most important are the technology of traumatic memories reinterpretation and the technology of developing of the new attitude to injury as a resource. The technology of self-healing involves the life story reinterpretation and consists on the continuous updating of the auto-narrative as the life-formation compositional-semantic core. In this case, the technique of angle change is an effective one. Due to its use, once the significant events lose not only their significance, but also their status by becoming secondary, the new, recently experienced life episodes come to the fore, pushing people to build new priorities. It is appropriate to use consistently the technique of awareness of the sensitive-I and the technique of stimulating reflexive-I, since our life experience is completely differently processed by these different parts of the person, as it was shown in the experiments of D. Kaneman [8].

The technological approach to socio-psychological rehabilitation involves the simultaneous or sequential deployment of each technology in the four-vector path-ways. Within the personal vector, the psychologist, together with the client, is directing joint efforts to restore injured parts to the integrity of the individual's balance and self-regulation. The instrumental vector involves work targeted on the restoring of lost self-efficacy and personal ability to self-realization in various

activities. Spatial vector focuses primarily on personal communicative competence increasing, establishing relationships, overcoming the feeling of alienation from the environment, constructive conflict resolution. The psychologist and the client cooperation in the temporal vector involves the concentration of attention on the value-semantic sphere of personality, re-evaluation of values, activating the search for new life benchmarks, new senses.

The quality of life of an injured individual and his/her subjective satisfaction increases when a person learns to pay attention to all four vectors of self-preservation and self-recovery, since each of them meets a certain key criterion for the psychological health restoration. The personal vector creates the opportunity to achieve personal integrity and continuity, self-confidence and self-help. The instrumental vector promotes self-efficacy of the individual, his ability to self-fulfillment. The spatial vector activates the restoration of the ability to maintain constructive relationships with the environment. Time vector stimulates demand-motivational, value-semantic resources of the individual as a source of self-change. Accordingly, all four rehabilitation vectors are interconnected and have a mutually reinforcing effect.

Conclusion.

The ultimate goal of socio-psychological rehabilitation should be not the passive reapplication which is re-adaptation to the former life that was before traumatization, but the achievement of a qualitatively new level of psychological health of the individual, which provides an increase in subjective satisfaction with one's own life.

The process of socio-psychological restoration of the individual can be divided into the following stages: preparatory, basic, and supporting ones, on each of which it is expedient to use certain rehabilitation technologies, consisting on the appropriate techniques.

On the preparatory stage of rehabilitation it is advisable to use the technology to overcome the lack of motivation regarding one's own psychological health, the technology of joint search for effective motivators and the technology of identifying and activating the blind areas of attention regarding to the possibilities for psychological well-being achieving.

On the basic stage of rehabilitation the most effective are the recovery technology of creative design one's own future with balanced and responsible life choices, technology of renewed life project approval using relevant and operational life tasks, and technology of successful implementation of tasks with increasingly successful re-adaptation to civil life and competent practice.

On the supporting stage the technology of traumatic memories reinterpretation and the technology of developing a new attitude to injury as a resource have shown their effectiveness.

Each technology unfolds at the same time in 4 directions (personal-instrumental-space-time):

- the personal vector is targeted on the restoring of the integrity and balance of the individual;
- the instrumental vector is targeted on the self-efficacy and self-realization restoring;
- the spatial vector is targeted on the communicative competence increasing, establishing relations, overcoming alienation from the environment, and constructive conflict resolution;
- the time vector is targeted on the re-evaluation of values, the search for new life benchmarks, the construction of new senses.

Prospects for further research. This issue results should provide a useful foundation for future research and help to guide psychological service delivery in Ukraine. Further research should seek answers to questions about how to make

psychological rehabilitation services qualitative and accessible to victims of traumatism regarding to their solvency and place of residence (big city, regional centre or village area); how to ensure the participation in socio-psychological rehabilitation of specialists of different fields, which state structures should provide the joint efforts of professionally trained social workers, psychologists, doctors, volunteers and public activists.

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The article deals with the ecological approach to socio-psychological rehabilitation of sufferers from the war trauma consequences that targeted to the long-term personal recovery and maximum self-sufficiency.

The ultimate goal of socio-psychological rehabilitation is indicated as achievement of a qualitatively new level of psychological health of the individual, which provides an increase in subjective satisfaction with one's own life.

The process of socio-psychological restoration of the individual is divided into the following stages: preparatory, basic, and supporting ones. On each one it is suggested to use appropriate rehabilitation technologies and certain techniques.

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