

Professional Emotional Support of Soldiers during and after War

By

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Abstract

Today, the problem of preserving the health and performance of those involved in military conflicts is a very topical issue for our country. Participation in hostilities almost always entails a stress reaction of the body, which, without appropriate and timely qualified assistance, may lead to undesirable consequences both for the serviceman himself and for society as a whole. Conducting rehabilitation activities for servicemen has its peculiarities, since after participation in hostilities, which were accompanied by a huge physical and psychological stress, generating powerful combat stress, demobilized soldiers, returning home, note that their psyche is not adapted to peaceful life, standard values of society, assessment by civilians of the military events experienced by the veteran, etc. Unfortunately, the current military medical doctrine does not pay enough attention to the social and medical-psychological rehabilitation of those who have taken part in combat operations. The relevant specialists are working hard to develop an effective model for providing psychological assistance to combatants during all phases of service. Our task was to identify the most effective methods and techniques of providing psychological support to soldiers in wartime, using the relevant experience of other countries and the practical experience of working with Ukrainian soldiers.

Keywords: psychological support; wartime; combatants; combat stress; Post-Traumatic Stress Disorder

Introduction

The war that Ukrainian society has been experiencing since February 24, 2022, disrupts the economic and social development of the state and has a catastrophic negative impact on the lives and health of citizens. The consequences of the war cause long-term physical and psychological damage to adults and children. The statistics of the World Health Organization (WHO) shows that due to armed conflicts in the world, about 10% of people who survived these events will have serious mental health problems in the future, and another 10% of people will have behavioral changes that will interfere with rational and effective functioning in society. Although one of the peculiarities of this war was the dominance of technical factors, the importance of psychological factors not only has not decreased but on the contrary, has significantly increased. First of all, we want to stress that the role of man in a war always, especially in combat conditions, remains largely crucial and decisive. War forms a special type of personality, a special type of psychology, which can be called the psychology of a combatant. The psychology of combatants is the psychology of a person at war, an armed person who is directly involved in hostilities.

The highest manifestations of the human spirit, quite rare under normal circumstances, become a truly mass phenomenon in extraordinary circumstances. And the actions of our defenders are a confirmation of this. The whole world has seen the invincibility of Ukrainian soldiers, volunteers, and the heroism of the population. Ukrainian soldiers are defending not only their people and land. They fight for European values, freedom, justice, and peace. "A soldier, above all, prays for peace because he must suffer and bear the deepest wounds and scars of war" [9]. In the context of measures to ensure national security and defense of Ukraine, repelling and deterring armed aggression by Russia, the problems of ensuring quality psychological training of our soldiers and their further rehabilitation aimed at increasing moral and psychological stability and readiness of soldiers to carry out their tasks in a real threat situation are becoming urgent.

Problem Statement

Our society has faced the reality of war and its terrible consequences. It leaves an imprint on people, first of all, men, and young boys who took part in the hostilities, for all subsequent years. Today, more than 1 million Ukrainians in uniform ensure the activities of the security and defense sector of the country. At the same time, a significant part of these fighters took part in battles, lost their comrades-in-arms and broke through the enemy's encirclement, and therefore received both physical and psychological injuries.

The consequence of hostilities can be a disability, which often leads to unemployment, depression, loss of motivation, post-traumatic stress disorder PTSD, etc. "Hostilities are one of the biggest stressors and often leads to serious mental health problems, including PTSD" [11].

Returning from war, a soldier finds himself in a completely different world, where there are no explosions, shootings, or premature death. One of the most important tasks facing the society that meets its soldiers from the war is the psychological rehabilitation of servicemen. Lack of adequate rehabilitation has a significant impact on the fate of people who faced war. "The most publicized mental health challenges facing veterans service members are PTSD and depression. Some research has suggested that approximately 14% to 16% of U.S. service members deployed to Afghanistan and Iraq have PTSD or depression" [14].

Psychological rehabilitation solves a wide range of tasks for psychological assistance to combatants. First of all, it is

- normalization of mental state;
- restoration of disturbed (lost) mental functions;
- harmonization of the “self-image” of war veterans with the current social and personal situation (injury, disability, etc.)
- assistance in establishing constructive relationships with reference individuals and groups.

Thus, the purpose of psychological rehabilitation is to restore mental health and effective social behavior in the military [26] which forms the purpose of this work.

Research Questions

The purpose of this work is to study and analyze models of medical and psychological care and rehabilitation in different countries and to develop recommendations for improving the model of rehabilitation of servicemen of the Armed Forces of Ukraine with combat mental trauma in war conditions.

The aim is to help soldiers cope with post-traumatic stress disorder, major depression, and other forms of impairment and improve their mental health as a result, as well as the rehabilitation of veterans after the war based on world experience. In this regard, our task is to determine the most effective methods and ways of providing psychological support to soldiers during wartime, as well as the rehabilitation of veterans after the war based on world experience and practical experience of working with the Ukrainian military.

Literature Review

We consider modern ideas about the psychological consequences of military events taking place in Ukraine in two directions. The first of them involves the impact of these consequences on the effectiveness of the military in combat operations [41]. The second is the preservation of mental health and return to the normal life of those who have experienced traumatic stress in the combat zone. These aspects are reflected in several works of such scientists as Kudler, H., Ross, C. A., Raskind, M. A., Peterson, K., Williams, T., Hoff, D. J., Hart, K., Holmes, H., Peskind, E. R., Lorenz, R. C., Butler, O., Willmund, G., Wesemann, U., Zimmermann, P., Gallinat, J., & Kühn, S., Bond, G. R., Al-Abdulmunem, M., Drake, R. E., Davis, L. L., Meyer, T., Gade, D. M., Frueh, B. C., Dickman, R. B., & Ressler, D. R., Inoue, C., Shawler, E., Jordan, C. H., & Jackson, C. A., Liaska, O., Humeniuk, I., Seligowski, A., Schnurr, P., Niles, B., & Mori, D., Tolin, D.F.; Foa, E.B. [25, 26, 27, 38, 40, 44, 48].

Studying the issue of mental health and well-being among military personnel and veterans, we analyzed several papers by Friedman M. J., Murthy, R. S., & Lakshminarayana, R., Kline, A. C., Panza, K. E., Nichter, B., Tsai, J., Harpaz-Rotem, I., Norman, S. B., & Pietrzak, R. H., Xue, C., Ge, Y., Tang, B., Liu, Y., Kang, P., Wang, M., & Zhang, L., Dekel, R., Solomon, Z., & Horesh, D., Bond, G.R., Al-Abdulmunem, M., Drake, R. E., Na, P.J., Tsai, J., Southwick, S.M., McNally, R. J., & Shin, L. M. et al. [1, 2, 3, 4, 7, 12, 21, 29, 32, 33, 49].

A review of works on stress, stress disorder, combat trauma, and post-traumatic stress disorder is of great importance and has particularly attracted our interest. We have focused our attention on the works of Capehart, B., & Bass, D., Friedman, M.J., Jacob Y. Stein, Javidi, H.,

& Yadollahie, M., Hraby, A., Lieberman H.R., J. Smith, T.J., van der Kolk, Jowf, G. I., Ahmed, Z. T., An, N., Reijnders, et al. [3, 12, 13, 15, 16, 17, 22, 23].

Materials and Methods

To achieve the goal and solve the tasks, the following research methods were chosen:

- theoretical (theoretical analysis, classification and systematization of scientific sources, comparison and generalization of data from theoretical and experimental studies);
- empirical (survey methods, testing);
- data processing methods (generalization and systematization of qualitative and quantitative empirical research data).

The first stage involved an analysis of the literature and studies conducted by domestic and foreign researchers who have studied the lifestyles, health, and psychological problems of combatants and their adaptation to civilian life.

At the next stage, we studied the mental state and reactions to stress factors of soldiers through a comparative analysis of the results of psychological testing and questionnaires. The study population consisted of 96 servicepersons, with the distribution of those examined into two groups:

- participants in military hostilities (50);
- military personnel after combat wounds (46).

The average age of those surveyed is 24 (between 20 and 46 years old).

The following techniques were used to investigate psychological features and the psycho-emotional state of the individual: Well-being, Activity, Mood (WAM) questionnaire, State-Trait Anxiety Inventory [46], Mississippi Scale for Combat-Related PTSD (M-PTSD) [18], and Combat Exposure Scale, which assesses combat stressors experienced by combatants [19].

Data Analysis and Interpretation

The activity of military personnel under combat stress is the norm for their professional activity and a problem for their physiological and mental health.

Sixty-nine percent of servicewomen showed increased situational anxiety, wariness, and suspicion, a reduced ability to control their emotions, and a reduced need for group support. Such reactions are characteristic of an individual's response to an extreme combat situation or an injury. The greatest changes in psychological indicators were observed in those who had been in combat for a longer period. Increased personal anxiety was noted in 45% (43).

Studies of stress conditions have shown that about 82 % (79) of servicemen in combat conditions are in a state of combat stress. 66% (63) of combatants need qualified support and assistance as a result of combat stressors. 70% (67) of combatants hide mental problems and have never received appropriate assistance. 91% (87) of servicemen are ashamed or prevent the detection of mental problems.

Surveys have provided data on the most typical reactions to stress factors. The main most typical reactions to the stress factors of the combat situation observed in servicemen who participated in combat missions:

anxiety – 96% (92); depression – 66% (63); decreased appetite – 34% (33); disorder of motor functions – 7% (7); exhaustion – 70% (67); fear is justified and unreasonable – 68% (65); hysteria – 11% (10); headaches – 32% (31); inability to concentrate – 18% (17); increased aggressive behavior – 56% (54); increased sensitivity to noise – 84% (81); insomnia – 36% (35); memory impairment – 13% (12); social alienation – 8% (7); speech disorders – 2% (2); trembling of limbs – 15% (14). Fig.1.

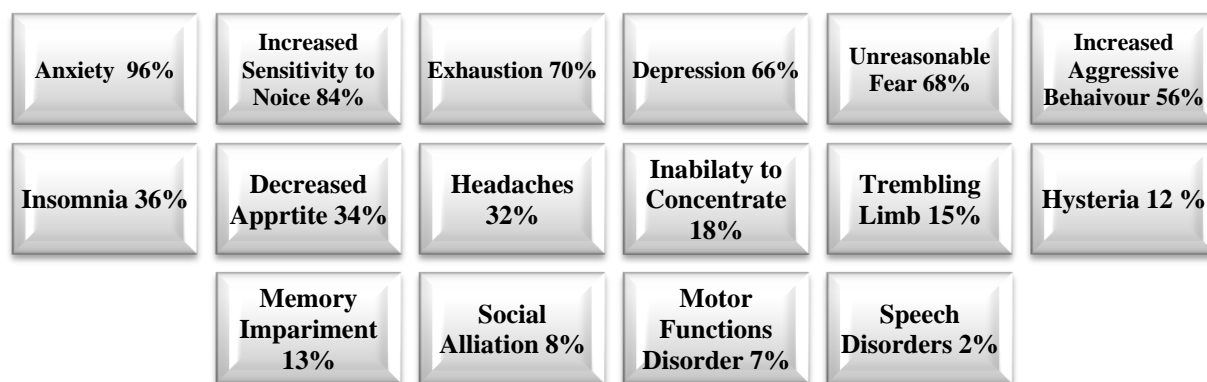


Figure 1. The most Typical reactions to stress factors

Our research shows that 10% (5) of servicemen have incomplete clinical manifestations of PTSD, and the presence of PTSD is established in 22% (11) of soldiers.

Among the wounded military have incomplete clinical manifestations of PTSD 15% (7) of people, and the presence of PTSD is established in 50 (23) % of soldiers.

Frequent signs of stress disorder in servicemen after injury were feelings of depression – 47% (22), pessimism – 40% (18), decreased activity – 36% (17), apathy – 33% (15), ability to cry easily – 18% (8), recurrent suicidal thoughts 11% – (5), lack of interest – 25% (12).

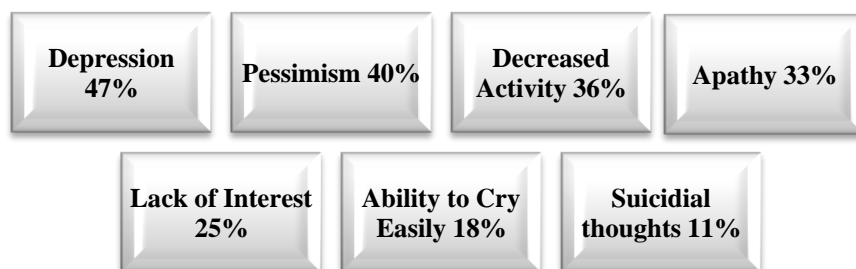


Figure 2. Frequent signs of stress disorder

Discussion

All the basic, basic elements of human psychology are formed in the peaceful period, and the war only reveals them with the greatest certainty, accentuating certain qualities associated with wartime conditions. At the same time, the specificity of these conditions brings

to life new qualities that cannot arise in a peaceful situation, and in wartime are formed in the shortest possible time in all the spheres [41, 42, 43].

However, these traits and properties are very difficult to separate by time and conditions of formation, and it is most likely, we can talk about the transformation of qualities, rare in their manifestations in peaceful life, into mass ones, which are most widespread in war, because only in battle all human qualities are tested. If in peacetime certain human traits are not revealed, then in battle they are revealed.

First of all, it is necessary to clarify the very concept of combatant, which in translation from French means a warrior, a fighter who fights. Thus, the psychology of combatants is the psychology of a person at war, an armed person who is directly involved in hostilities. The highest manifestations of the human spirit, quite rare under normal circumstances, become a truly mass phenomenon in extraordinary circumstances. And the actions of our defenders are a confirmation of this. The whole world has seen the invincibility of Ukrainian servicemen, volunteers, and the heroism of the population. In the context of measures to ensure the national security and defense of Ukraine, repulsion, and deterrence of the armed aggression of Russia, the relevance of the problems of providing quality psychological training of our fighters and their further rehabilitation, aimed at increasing the moral and psychological stability and readiness of servicemen to perform assigned tasks in a real threat to life, is significantly increasing.

In the face of war and the constant threat of terrorism, the Ukrainian military experiences extremely intense emotions. Intense feelings of anxiety, anger, and despondency, common to most people, are healthy and normal reactions to combat events. But some military personnel may have more profound reactions to hostilities that disrupt their psychological health.

Combat Stress

It is known that psychophysiological disorders in armed conflicts are largely caused by combat stress, which is a destabilizing and pre-pathological condition that limits the functional reserves of the body and increases the risk of disintegration of mental activity, therefore it can lead to combat stress disorders.

Servicemen who have been under the influence of combat stress factors for a certain period develop elementary fatigue, which reduces the effectiveness of their combat activities. Fatigue is a feeling of weakness, powerlessness, lethargy, and discomfort, accompanied by negative emotional states, and loss of interest and motivation for combat activities. Fatigue negatively affects all mental and psychophysiological processes of a warrior, for example, attention decreases, memory, and thinking are disturbed, illusions, conflict situations with colleagues, etc. may arise. When this fatigue is not compensated by rest, it tends to accumulate and reach critical levels.

Servicemen may also experience combat psychiatric trauma, which is understood as mental disorders and diseases. They lead to a partial or complete loss of combat capability of servicemen as a result of the impact of factors of the combat situation that traumatize the psyche of the serviceman and the conditions of military service. This impact is felt during combat operations, as well as after their completion. The emergence of combat mental trauma is facilitated by:

Psychological overload in a combat situation:

- a constant real threat to life;
- strict responsibility for the performance of a combat task;
- insufficiency and uncertainty of incoming information;
- lack of time when making a decision;
- inconsistency of the level of military and professional preparedness of the serviceman's personality to the real conditions of combat activity;
- mental unpreparedness for actions in combat conditions;
- cumulative, induced version of the course of reactions in groups of people, for example, the instant spread of panic among servicemen;
- full or partial isolation of servicemen from the main forces, etc.

Combat physiological overload:

- physical exhaustion as a result of overstrain and violation of the feeding regime;
- violation of the sleep regime;

Conditions of combat activity:

- implementation of daily routine and disciplinary requirements;
- organization of everyday life, meeting the needs and requests of servicemen;
- unusual conditions of service and combat operations (climate, weather, terrain, etc.)
- personal experiences (illness and death of relatives, service troubles, financial problems, etc.)

War is one of the most intense stressors known to man [16]. Stressors in a combat environment are divided into specific and non-specific stressors. Specific stressors are situations that threaten life and health. These include wounds, contusions, injuries, deaths of relatives, fellow servicemen, and civilians for which the soldier attributes responsibility; events that resulted in damage to the honor and dignity of the serviceman. Nonspecific stressors are inherent in both combat situations and other types of stressors. These may include a high level of potential threat to life and health; prolonged strenuous activity and failure to meet certain biological and social needs; prolonged absence of contact with loved ones; intense and prolonged interpersonal conflicts; an increased degree of responsibility for one's actions, etc. [30]

The most intense combat stress was manifested in forms that prevented the implementation of combat activities for a relatively long time. The extreme forms of its manifestation are neurotic and psychotic disorders. At the same time, the more servicemen experienced the most intense forms of combat stress, the more psychological losses in the unit, and formation. A disorder is a clinically defined group of symptoms or behavioral features that in most cases lead to suffering and impede personal functioning. Obviously, the more intensively a serviceman has experienced combat stress in a combat situation, the greater the likelihood of negative consequences after the cessation of exposure to combat stressors, including acute psychogenic reactions (acute stress reaction, acute stress disorders), and disorders of adaptation. Previous research on traumatic events experienced by veterans has identified stressors grouped into four aspects: combat, near death and serious injury, moral trauma, and adverse conditions [20].

According to the analysis, the main factor that hurt the soldiers was the death and wounding of servicemen, which caused a lack of confidence in their strength, preparedness of commanders, fear for their own lives, overestimation of the enemy's combat capabilities, and uncertainty in the expediency of further actions.

In addition to the danger to life, and the possibility of injury, contusion, and mutilation, servicemen are negatively affected by several other stress factors. During the performance of combat missions, the rhythm of nutrition, sleep, rest, and physical and neuro-psychoic loads were often disturbed. All this worsened the course of mental processes and psychophysiological characteristics of the personality of servicemen.

The activities of servicemen in the performance of military tasks were carried out continuously, in any weather conditions. At night, the operational situation caused several additional difficulties, negatively affecting their psyche. The rhythms of life activity during this period were disturbed, they were determined not by natural needs, but by the needs of the service.

Combat mental trauma

Mental disorders in combat conditions are a common phenomenon, they are an inevitable result of the very nature of combat and almost everyone who is in the combat zone suffers from mental incapacity to some extent. Being under the influence of psycho-traumatic factors, a serviceman can get mental disorders of varying severity. This usually leads to partial or complete loss of combat capability. Moreover, the number of victims in this way is quite large. With prolonged exposure to stress factors, it can be up to 60% of all personnel. This figure may vary depending on the time of exposure to stress factors and their intensity.

The stress disorder initially manifests itself as an individual's inability to perform his or her job duties. These manifestations occur very early and are associated with an increase in the intensity of combat and the impact of stressors. Among the most typical signs, there is an abandonment of the battlefield, unexplained absences, etc. Those combatants who experience combat fatigue are more likely to experience a recurrence of the symptoms. Psychological factors (personality traits) can delay or complicate rehabilitation from such conditions.

Combat mental trauma is a pathological state of the central nervous system resulting from exposure to combat stress factors. Such state of the central nervous system causes regulation of the victim's behavior using pathophysiological mechanisms. As a result of trauma, there is an accumulation of changes in CNS structures, the growth of specific personal disharmony, and readiness for psychopathological syndrome formation. The criterion for the transition of a psychological reaction to stress into a psychopathological one, which requires psychiatric intervention, in the case of a hyperkinetic variant of an acute reaction to stress, is the disorganization of behavior with inappropriate and life-threatening actions, delusions of perception, and sharp psychomotor excitement. The clinical picture is described in these cases as "reactive psychosis".

Many servicemen after their first experience in the combat zone may experience the following symptoms of combat trauma:

- depression and depressive reactions;
- anxiety or acute reactions to combat stress and trauma;
- generalized anxiety disorder.

The above symptoms require the help of specialists – psychologists, psychiatrists, and psychotherapists, as they can lead to the development of post-traumatic stress disorder – PTSD.

Some important typical symptoms of PTSD development are excessive control:

- compulsive checking of doors, windows, and vehicles to make sure they are safe. This symptom may be associated with a greater risk of developing PTSD;
- excessive and dominant worries of servicemen for their loved ones – parents or children, spouses [16, 17, 22].

Post-Traumatic Stress Disorder

Expert assessments show that on the first line of defense all 100% of soldiers are under combat stress, on the second line of defense up to 47%, and the third one up to 14% of soldiers. The Public Health Centre of the Ministry of Health of Ukraine reports that PTSD symptoms develop in about 12-20% of servicemen who suffered psychological trauma and did not seek help.

Prolonged deployment to a combat zone is associated with a high risk of developing post-traumatic stress disorder (hereinafter PTSD), the development of which is influenced by:

- the use of lethal weapons by a member of the armed forces, even to the enemy;
- witnessing the deaths of fellow soldiers and civilians.

Importantly, the lack of post-deployment support in the post-traumatic period also increases the risk of developing PTSD [50].

The most characteristic psychological feature of a combat situation is a constant threat to the life of a serviceman. In the conditions of this threat, he is forced to act and, quite naturally, constantly reacts to it. This reaction is manifested through a recurring feeling of fear. All this, under certain conditions, can break the mental resistance of the body, and lead to an emotional breakdown.

PTSD following combat trauma is found to be closely related to the extent of trauma and the occurrence and seriousness of traumatic brain injury. PTSD is closely connected with generalized physical and cognitive health symptoms associated with mild traumatic brain injury [39].

Many members of the armed forces may show symptoms of depression, anxiety, or acute reactions to combat stress or combat trauma, depressive reactions, and generalized anxiety disorder after their first deployment to a war zone [13].

Many of them need help from specialists – psychologists, psychiatrists, psychotherapists – as they have a higher risk of developing PTSD.

Symptoms of acute trauma are identified in 60-80% of soldiers who have witnessed the deaths of fellow soldiers or civilians or have seen the bodies of the deceased. The risk of experiencing symptoms of mental distress concerns younger members of the armed forces, aged 19-24, who have been diagnosed with symptoms of depression or who have had problems with alcohol. A common problem after returning from the combat zone is that the soldiers feel that they are not understood, not perceived, and the state ignores their interests [10].

Symptoms of PTSD develop in about 12-20% of servicewomen who have suffered combat trauma but do not seek psychological help for fear of being neglected for showing weakness, cowardice, or threatening their military career. About 16 percent of theater veterans experienced an increase in PTSD symptoms over the past 25 years. Only half as many—7.6

percent—reported a decrease in symptoms [51]. Post-traumatic syndrome, as the experience of soldiers' participation in military conflicts in Afghanistan, Iraq, Chechnya, and Israel shows, has negative manifestations in the psyche of a warrior throughout his life, many years after the end of the war [7, 15, 25, 35, 45]. It is also called the Afghan, Vietnamese or Chechen syndrome, depending on the name of the war the servicemen took part [6, 28]. Now we are talking about the Ukrainian military. The war in Ukraine gives another name to the Afghan syndrome – the Ukrainian syndrome.

Psychological support for the military

We have examined two aspects. Namely psychological support for military personnel during war and support for combat veterans. Participation in military events is a powerful stress that leads to functional disorders of the body, the development of somatic diseases, and the emergence of pathological reactions. Today, there are no unified methodological approaches to the organization of medical, psychological, professional, and social rehabilitation of combatants. And only certain areas of theory and practice on this issue. There is a need to develop an optimal variant of medical and psychological preventive, supporting, and rehabilitation measures.

Of particular importance is the ability of armed forces personnel and their immediate environment to adequately assess a person's condition and to identify those symptoms that are indicative of the development of stress. To do so, it is necessary to know and take into account several signs: sleep disturbance, anxiety, depression, fear, irritability, tension, and tremor. Those combatants who experience combat fatigue are more likely to experience a recurrence of symptoms. Psychological factors or personality traits can delay or complicate rehabilitation from such conditions. The opportunity for the patient to receive friendly support from their service members greatly enhances the overall effectiveness of rehabilitation interventions. It is also much easier to treat the signs of the disorder and get the combatant back on track in the initial stages. It is also important to have confidence that the victim will get back on track. This should be demonstrated at every stage of the rehabilitation organization. The main means of rehabilitation are rest, rebuilding relationships within the military team, and helping them adapt to the combat environment. Providing showers, food, warm dry clothing, and sleep are simple and very effective means of rehabilitation. The rehabilitation period must be short (2–3 days) and simple. Individual and group psycho-correctional sessions are used to enable survivors to express and share their anger, grief, and fear, both with supervisors and fellow survivors. This process aims to defuse and cathartic (catharsis) the negative emotional reactions to combat stress.

Psychological rehabilitation of soldiers with PTSD is an important component of psychological work in modern conditions of military service. Since in situations of combat interaction it is impossible to completely avoid psychological trauma among servicemen. However, with the help of preventive measures, timely provision of psychological assistance, and the use of rehabilitation measures, the percentage of psychological combat losses is significantly reduced. The peculiarity of PTSD manifestations is that quite often people suffering from its consequences try not to talk about their experiences. They want to forget what happened, hoping that everything will pass with time. A soldier returns home but does not return from the war. The imprint of war memories remains in the memory. We should be prepared for the fact that we may encounter distrust, skepticism, devaluation, alienation, and even aggression from the victim. Sometimes it takes time for a person to trust a specialist, for a relationship to emerge that will help them to talk, to approach the zone of hidden experiences.

Such a relationship will allow the affected person to feel safe, help reduce the need to use defense mechanisms, allow access to negative emotional states and work through them, which will improve self-help skills.

The emotional support of soldiers must be properly organized. A soldier who feels like a hero is more likely to overcome the adverse psychological effects of going to war when he returns home.

Rehabilitation of soldiers after the war

American authors, who conducted research at different periods after the end of the Vietnam War, pointed to a significant number of veterans who needed specialized medical care and socio-medical rehabilitation [10]. Thus, 5 years after the end of the war, their number was 250 thousand people. 7 years after the war, there were reports in the literature about serious problems associated with disruption of adaptation to peaceful life in 500 thousand of veterans. These problems were defined as delayed reactions to the stress experienced during the war [29].

If we recall the American experience, many people know that 58 thousand of American soldiers died during the Vietnam War. But every year nearly 47,000 people die by suicide and more than half of them by firearms. But the fact that 62,000 US soldiers committed suicide in peacetime over ten years is little known. Nor is the fact that 50% of veterans have gone to prison for excessive aggression. The main challenge is to give all those returning from the war a chance and an opportunity to become much better people [1, 2, 40]. As well as the fact that 50% of veterans were jailed for excessive aggression. The main challenge is to give all those returning from war a chance and an opportunity to become a much better person.

Medical and psychological rehabilitation is aimed at the personality of the serviceman, his self-esteem, communication skills, needs, and psychological mechanisms of compensation and protection. It is also focused on the ways of behavior in the family, and in the professional team, and its task is to eliminate painful symptoms (neurotic, neurosis-like), overcome hypochondriacal fixations, etc. as soon as possible. Psycho-correctional and psychotherapeutic methods increase resistance to adverse psychogenic influences, correct the system of relationships of the individual, mitigate somatic and vegetative disorders, form an active position of the person to overcome the disease, and increase his role in the process of receiving help [33].

Medical and psychological rehabilitation of combatants should be based on the main provisions of the integrative coping concept, according to which overcoming stress is a process in which an individual attempts to:

- change or eliminate the problem;
- reduce its intensity by changing their point of view on it;
- alleviate its impact by distracting oneself with something or using other various other ways of coping.

The peculiarity of the system of psychological rehabilitation of combatants, along with the detection and treatment of mental disorders, is the focus on restoring combat capability during combat operations and the ability to work when returning to a peaceful life. The consequences of a person's orientation to the spiritual will be the reorganization of his life

world, reassessment of values, change of orientation, reorganization of experience, attitudes towards the world, other people, the Eternal and transient, life and death.

The implementation of therapeutic, diagnostic, psychological, and rehabilitation measures for this contingent goes beyond the competence of psychiatrists alone and can be effective if the efforts of different specialists are combined. Local mental health authorities, human rights, and especially non-governmental organizations should implement targeted and scalable culturally sensitive interventions to address negative outcomes and improve overall well-being and functioning [7, 10, 14, 25, 31, 33, 47].

“There are several treatment guidelines for patients with PTSD produced by different organizations, including the American Psychiatric Association (APA), the United Kingdom’s National Institute for Health and Clinical Excellence (NICE), the International Society for Traumatic Stress Studies (ISTSS), the Institute of Medicine (IOM), the Australian National Health and Medical Research Council, and the Department of Veterans Affairs and Department of Defense (VA, DoD)” [30]. In Ukraine, there is an Expert Group on Psychological Assistance and Rehabilitation of the Directorate of Rehabilitation and Medical Support of the Ministry of Veterans Affairs of Ukraine. The free hotline for crisis assistance and support from the Ukrainian Veterans Fund of the Ministry of Veterans is functioning. There is a selection of contacts of Ukrainian psychologists and platforms on the site viyna.net. The platform Tell me started working around the clock and provides free psychological assistance.

Conclusion

Combat stress provokes emotional burnout, leads to mental breakdowns, unsuitability of servicemen to defend our Earth in the future. Soldiers who have received combat stress have difficulty adapting to life in society, they are emotionally unstable, their negative psychological states affect the cognitive, motivational, and behavioral spheres, destruction in social contacts, and professional activities, and therefore they cannot lead a fully successful life, so they need the help of specialists such as psychologists, psychotherapists, doctors, social workers, and others. The organization of psychiatric care during war needs to be improved and brought in line with the magnitude and structure of combat mental trauma among different categories of casualties, including the wounded and the somatically ill. The results of the entire study show that any military action has a huge impact on the psyche and health of military personnel. War leaves its imprint on the hearts and souls of soldiers and the entire population of Ukraine. The soldiers are constantly exposed to the negative impact of stress and crises in their lives and need not only material but also moral and psychological support. Not only doctors but also volunteers, psychologists, and civilians need to think seriously about this.

The whole complex of measures of psychological and psychiatric help to the soldiers should be designed not only for its rendering during their stay in combat conditions. It should also include an equally challenging period of re-adaptation to civilian life. Participants in armed conflicts are a specific contingent that requires multidisciplinary rehabilitation. One of the key issues, in our opinion, in solving the adaptation difficulties of former servicemen is the creation of a special social and psychological environment. It should provide an opportunity for each demobilized combatant to express their own experiences, to be heard by the immediate environment and society as a whole, to accept a new social role of a veteran, and to integrate the experience gained. To achieve this goal, it is important to overcome existing stereotypes (e.g. seeking psychological help as a sign of weakness, stigmatization of former servicemen or

excessive sympathy for them) through the implementation of social projects involving former servicemen, and educational activities among the population.

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