

Ukrainian Psychotherapeutic Experience in Overcoming Post-Traumatic Stress Disorder in Military Men

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Abstract

The article aims to present Ukrainian psychotherapeutic experience of overcoming post-traumatic stress disorder in military men, analyzes the dynamics of traumatic situations, considers some theoretical issues regarding provision of psychological assistance for persons with post-traumatic stress disorder, who were affected by the hostilities, and considers methods and stages of psychologists' work with participants during psychological rehabilitation. Comparative analysis of Ukrainian servicemen was based on Scheffe's t-test. Psychological assessment was performed at all three stages. Results of the study can be used for practical implementation by psychologists.

Keywords: post-traumatic stress, Ukraine, servicemen, psychological counseling, positive psychotherapy, family therapy, art therapy, dialogic interaction therapy, behavior therapy.

Introduction

The problem of post-traumatic stress disorder (PTSD) and the need for its treatment became even more urgent due to the general exacerbation of the social crisis, which is especially obvious among servicemen who are exposed to numerous stress factors of both social and personal nature.

Studies of PTSD are mostly carried out within the framework of medical and medical-psychological work. Researchers point to the need for a holistic and integrated approach to the study of somatic and mental health (Z. Lipovski, B. Lomov); comprehensive consideration of the influence of individual psychological features on the occurrence and development of psychosomatic disorders (Yu. Hubachov, B. Karvasarskyi, V. Miasyshchev), on the role of mechanisms of the general adaptation syndrome in the development of neurotic disorders (R. Lazarus, H. Selye), on the integration parameters of an individual (G. Ammon, J. McDougall) and deep intra-psychic conflicts (F. Aleksander, Yu. Vashchenko, Ye. Ryss) as general and specific psychological factors of PTSD.

According to clinical typology and classification of PTSD, this group of disorders includes long-term pathological conditions in servicemen, war veterans, former deportees, and ex-prisoners of war after short-term or long-term extreme actions (Nayenko, 2013).

PTSD manifests itself in the following *spheres*:

- emotional (fear, sadness, anxiety, anger);
- cognitive (difficulty in remembering information, impaired concentration, decrease in intellectual activity);
- physical (stomach aches, chest pain, headaches, trembling, tics, sleep disorders);
- behavioral (difficulties with communication, concentration on oneself, isolation, increase in the consumption of cigarettes, drugs, alcohol abuse).

Clinical symptoms of post-traumatic stress:

- *Unmotivated vigilance* — a person takes closely everything that is happening around, has a constant feeling of being under threat, shows explosive behavior. In any unexpected situation, a person makes quick movements (falls to the ground when they hear the sound of a low-flying helicopter).
- *Emotional dullness* — a person completely or partially loses the ability to show emotions. It is difficult for them to establish close and friendly relationships with others, impossible to feel joy, love, surge of creativity, playfulness, and spontaneity. People who were under study say that after extreme events they went through in the past, it is much more difficult for them to feel these emotions.
- *Aggressiveness* — the desire to solve their problems by brute force. As a rule, this applies to physical force, but there are also cases of mental, verbal, and emotional aggression;
- *Impaired concentration and memory* — in some circumstances, a person may have difficulty concentrating or remembering something. Sometimes there can be intense concentration, but if there is any stress factor, a person is no longer able to focus.
- *Depression* — in this state of post-traumatic stress, depression reaches the farthest corners of human despair, when a person feels that everything in their life is meaningless. Therefore, depression is characterized by nervous exhaustion, apathy, and a negative attitude to life.
- *Generalized anxiety disorder* — is manifested at the physiological level (back pains, stomach cramps, headaches); in the psychic sphere — constant anxiety, “paranoid” phenomena (for example, unfounded fear of persecution), emotional disturbances (constant feeling of horror, uncertainty, guilt complex).
- *Drug and substance abuse* — in order to reduce the intensity of post-traumatic syndrome people who were under study — especially

veterans — abuse drugs, alcohol, and other toxic substances, but it should be noted that veterans were mistakenly classified as alcoholics, drug addicts;

- *Unwanted memories.* This is considered to be the most important symptom which allows one to conclude that a person has PTSD (Tarabrina, 2003, p. 13).
- *Feeling of guilt.* There can be doubts that a person could have done more to help their loved ones. A person may constantly ask oneself what he or she did to deserve to be alive, why other people were not as lucky. There are self-destructive thoughts and behavior, even suicidal ones.
- *Increased personal problems.* Stresses and tension that occur in everyday life can become unbearable for those who have experienced a traumatic event. They try to avoid close contact with family, friends, and colleagues, which often leads to increased personal problems. Problems in relationships get worse over time, accompanied by the feeling that “no one can understand what I went through.” They manifest themselves in sleep problems (insomnia), increased irritability, impaired concentration, outbreaks of anger and explosive behavior, unmotivated excessive suspicion. Mental trauma is the result of traumatic stress; it presupposes an extreme degree of stress that destroys the system of individual personal defenses, which leads to in-depth changes (from psychological to biological ones) in an integral system of functioning of almost any person (Kondriukova & Sliusar, 2013, p. 35). Dziuba argues that psycho-traumatic events can take the form of unusual events, significantly violate person's sense of security, their belief that life is organized in accordance with a certain order and can be controlled. These situations can cause the development of certain conditions — traumatic and post-traumatic stress, as well as other neurotic and psychotic disorders (Dziuba, 2012, p. 113). The development of psychological tension is also facilitated by the specificity of activities performed, the nature of which, in combination with personal qualities, determines peculiarities of experiencing critical situations (Cangemi, 2014).

According to Lewis, Arseneault, Caspi, Fisher, Matthews and others (2019), participants with lifetime PTSD (out of 159 examined) had higher rates of psychopathology (87 for major depressive episode, 43 — for conduct disorder, 41 — for alcohol dependence, 78 — for risk events, and 19 — for violent offence), and functional impairment.

Kocharan, Barinova, and Kharchenko (2018) study of members of the combat zone for the ATO in Ukraine showed that soldiers with PTSD had also such symptoms as abandonment, humiliation and injustice that potentiate one another, and a phenomenon of semantic adhesion among soldiers.

Methodology

Mail goal of the study is to highlight the Ukrainian psychotherapeutic experience in overcoming post-traumatic stress disorder of the military men.

Diagnostics of stress disorder in servicemen by means of comparative analysis was based on Scheffe's t-test.

Ukrainian bio-psycho-social **model** of aiding the wounded is presented and most promising PTSD treatment methods discussed, and stages of work of psychologists with participants during psychological rehabilitation were given.

In this study, PTSD is **defined** as a characteristic symptom complex that develops as a result of a psycho-trauma caused by an event that goes beyond ordinary human experience, for example: a threat to life, damage to an individual or their family. The following four characteristics of a trauma that can cause traumatic stress are identified: the event is conscious, that is, a person knows what happened and what exactly caused deterioration of their mental condition; this condition is the result of external causes; this experience ruins the usual way of life; this event causes terror and a sense of helplessness, lack of the ability to do or change something.

Results

Diagnostics of PTSD in Ukrainian servicemen comparative analysis results

Psychological research was carried out at the National Academy of Land Forces. Hetman Peter Sahaidachny in Lviv, namely the all-military faculty, the faculty of combat use of troops, and the faculty of rocket troops and artillery. The study involved 80 servicemen (men) aged 19 to 28 years. In the study, all military personnel were directly involved in the fighting.

Diagnostics of stress disorder in servicemen comparative analysis found:

1. The difference between the compared subgroups by the level of neuroticism ($t = 2.577$; at $M = 0.0131$). There is a higher level of manifestation of this feature in servicemen. This can be explained by the fact that servicemen are prone to neurotic reactions, since they have been traumatized by the war. The study held by Ogle, Rubin and Siegler (2015) on 670 male Caucasian participants in the age of 42-60 years also proves that traumatic experiences may affect the developmental course of neuroticism, though individuals exposed to life-threatening traumas in childhood or adolescence reported higher midlife neuroticism than individuals who experienced severe traumas in adulthood.
2. The difference between the compared subgroups by the level of stress resistance ($t = 2.348$; at $M = 0.0276$). There is a lower level of manifestation of this feature in servicemen. This can be explained by the fact that the level of stress resistance in servicemen was reduced under the influence of traumatic events at the war.
3. The difference in the level of frustration ($t = 2.367$; $M=0.0234$). There is a higher level of manifestation of this feature in servicemen. This can be explained by the fact that servicemen experienced stressful events, and this led to increased frustration and dismay.
4. The difference in the level of self-control ($t = 2.067$; $M=0.0264$). There is a higher level of manifestation of this feature in servicemen. This can be explained by the fact that servicemen experienced stressful events at the war, and this led to an increase in their level of self-control – formation of arbitrary control of emotional reactions and states.
5. The difference in the level of adaptability ($t = -2.169$; at $M = 0.0367$). There is a higher level of manifestation of this feature in servicemen. This can be explained by the fact that in a situation of war servicemen feel responsible for the result of the hostilities.
6. The difference in the level of masculinity ($t = -2.118$; at $M=0.0376$). There is a higher level of manifestation of this feature in servicemen. This can be explained by the fact that masculine traits prevail in servicemen, since they strive to dominate.

Thus, it can be concluded that there is a higher level of neuroticism, frustration, self-control, adaptability, and masculinity in servicemen, whereas the level of stress resistance is lower (Figure 1).

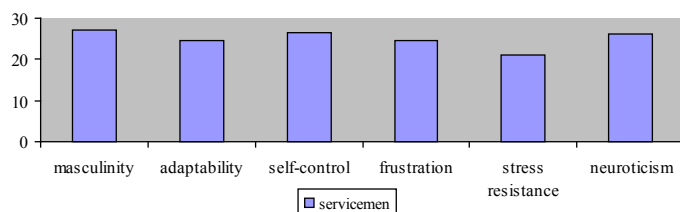


Figure 1. Diagnostics of stress disorder in servicemen comparative analysis

PTSD treatment methods

Thanks to psychotherapy an optimal way out of a psycho-traumatic situation is determined. Rational psychotherapy, autogenic training, suggestion in the state of waking, hypno-psychotherapy and narcotherapy, group and family psychotherapy are mainly used in these cases (Tytarenko, 2009). Depending on the form of mental disorder, its course, and stage, as well as patient's personal traits, adequate methods of psychotherapy are selected.

Ukrainian bio-psycho-socio-ontological model of war veterans' rehabilitation

In Ukraine, the bio-psycho-social model of aiding the wounded, which is recognized in the world, is being replaced by the bio-psycho-socio-ontological model. Consideration of the ontological dimension of a person, the sphere of functioning of their spirituality and realization of their potential in the process of rehabilitation (and in preventive work) of war veterans significantly increases efficiency and effectiveness of work.

The tasks of psychological counseling:

1. Awareness and understanding of the spiritual authenticity of an individual – in order to mobilize internal reserves to overcome the effects of psycho-trauma.
2. Restoration of the natural dialogical orientation in the vertical plane, restructuring of experiences by means of prayers;
3. Orientation of a person towards the future (Kisarchuk, 2015, p. 7). Specificity of counseling work in the paradigm of spiritual and psychological rehabilitation is determined by the accentuation of the process in the vertical plane of human life.

As for the work of psychologists who consider the spiritual aspect, they are facing the following main tasks:

- 1) determination of the degree and nature of psychological disorders;
- 2) study of individual peculiarities of participants who are war veterans and assessment of their spiritual, cognitive, emotional, and volitional abilities;
- 3) identification of necessary measures of individual and group psychological rehabilitation;
- 4) normalization of mental state, reduction of mental tension and restoration of mental balance; formation of optimal psychological response to the effects of mental trauma;
- 5) enhancement of psychological capabilities of war veterans in their personal and social life through the comprehensive use of

psycho-counseling measures, psychotherapeutic measures, and psychological education;

- 6) evaluation of the effectiveness of measures aimed at the rehabilitation of war veterans.

Three stages of psychological assessment:

- primary psychological assessment is performed to determine the degree of psychological trauma, identification of individual personality traits and the level of actualization of spiritual potential, spiritual development;
- intermediate stage presupposes determination of the dynamics of changes in personality in the conditions of spiritual and psychological rehabilitation and clarification of the need for taking additional rehabilitation measures;
- the final stage presupposes assessment of the effectiveness of psychological assistance provided.

Developmental work

Developmental work is aimed at intellectual, emotional, and volitional spheres of war veterans. PTSD in military personnel can be overcome both during group and individual counseling. The choice of a particular form of counseling depends on the nature of the problem and preferences of a serviceman. Training is one of the types of group work with military personnel. This is a form of active learning that allows a person to develop skills and abilities necessary to build productive social interpersonal relationships, productive educational and other activities, to analyze emerging situations from own point of view and partner's point of view, to develop the ability to understand themselves and others in the process of communication and activities.

Dialogic interaction therapy

Interpersonal dialog aimed at restoring personality of addictive people includes three stages of dialogic interaction which presupposes diagnostic, correction, and developmental measures.

1. At the first stage of dialogic interaction, interpersonal dialog, while acquiring pronounced asymmetry (psychotherapist → patient), is cognitive and informative. The problem – the so-called subject of therapy session – is clearly formulated for participants, and information about the problem to be discussed is provided. For example, harmful effects of alcohol to the human body, the problem of transformation of personality under the influence of alcohol, family conflicts as a result of alcohol abuse, the place of spirituality in the fight against alcohol addiction, etc.
2. At the second stage, dialog participants are offered a number of problematic situations (in particular, ethical tasks), all of which require that every dialog participant displays an active attitude and expresses own position. The content of problematic situations shall correspond to the theme of the lesson. It is at this stage when interpersonal dialog has the highest functional importance in the reanimation of participants' spirituality. Every participant shall express their ideas and position, after which everyone shall discuss common and different aspects of personal experiences and identify those things that occur during an inner dialog and arise interest and the need for interpretation and understanding.
3. At the third – final – stage, dialog participants are invited to formulate a joint judgment (from the "We" position) about the problem suggested at the beginning of a session, which should have the form of a resolution to solve it.

Family therapy

In the system of psychological assistance to war veterans, Ukrainian psychologists give an important role to family therapy and believe that family therapy can play a key role in the provision of psychological assistance to veterans (Hrydkovets, 2016; Knaster, Karlsson, Estlander & Kalso, 2012).

Main principles of psychotherapy assistance for veterans' families

- 1) respect for the intimate aspects of family's life, their dedication during the war, and experiences related to stressful life circumstances they have gone through;
- 2) informing the family about the possible psychological consequences of the war;
- 3) combination of psychological assistance with social support for the family, in particular, families of other war veterans;
- 4) psychotherapeutic intervention in the life of a family should be based on:
 - a) a careful study of the sources of stress in a family;
 - b) informing a family about different ways of dealing with the consequences of traumatic stress;
 - c) assistance in the creation of a mutual support systems in a family;
 - d) assistance in mobilizing those aspects of family relationship that can strengthen it and help solve psychological problems.

Multimodal family therapy form

The most effective form of family therapy is a multimodal therapy, which includes:

- 1) individual and family counseling;
- 2) group therapy sessions which are held separately with war veterans and their wives;
- 3) group classes in which several couples participate, and which are aimed at improving their communication skills;
- 4) creation of a system of mutual social support.

Positive psychotherapy

PTSD can be overcome in the context of a person's activity. Positive psychotherapy is the most developed within this area. In this case positivity is regarded as integrity, unity in diversity, overcoming of one-sidedness in the person's inner world and in their social life. According to N. Pezeshkian (2001, p. 143), this is "psychotherapy of an integral person, subject, creator of own history, rather than passive existence, where a person is responsive to external influences, a "cog" in the social mechanism". Self-help takes the form of the ability to cope with psychological and social difficulties without the assistance of others; this is a form of the ability to resolve conflicts and support yourself.

Rational emotive behavior therapy

Rational emotive behavior therapy is focused primarily on cognitive processes, since the critical focus of psychotherapeutic interventions is the transformation of patient's thinking, their way of self-perception and perception of own life. Person's release from the tendency to negative perception of reality and the flow of negative thoughts, which leads to affective symptoms and behavioral changes, is a critical place of a "breakthrough" aimed at "escaping" from a vicious maze of depressive thoughts. This is done in conjunction with the work

with patients' patterns and beliefs, as well as interventions aimed at behavioral changes.

Art therapy for psychosocial recovery of war veterans and public activists

Art therapy is based on the mobilization of human creative potential, internal mechanisms of self-development and healing and meets person's need for self-actualization and development of new skills. Own creativity helps clients to gain independence, determination, and confidence in themselves. For working with a person who has suffered a psychological trauma, Voznesens'ka (2015) determined the following benefits of using art therapy for psychosocial recovery (for war veterans and public activists in a state of emotional exhaustion):

1. Art therapy always provides a resource that appeals to the creative component of the psyche: self-healing and involvement of internal human resources.
2. The possibility of "bypassing censorship of consciousness" through creativity gives the opportunity to examine and explore own subconscious processes, hidden ideas and states, desirable social roles and behavior, which are "displaced" or little manifested in life. Symbolic language allows to express feelings, to explore own patterns of communication and behavior, which are reflected in the created images.
3. As a means of non-verbal communication, art therapy is valuable for those who find it difficult to describe their experiences (trauma is known to be ingrained at the level of physical and emotional experiences and images), create conditions for empathy.
4. Drawings are a kind of a material field for metaphorical interaction, allowing to look at a situation at a new angle and find a way to solve it. Awareness of own destructive patterns of interaction and possibility of their transformation in this field create the conditions for internalization of the experience gained and construction of new behavior strategies.

Though being useful, drawing-based art therapy is potentially triggering treatment dropout. It may show potential for alleviating PTSD symptoms because communicating and repackaging traumatic memories through this route may be less threatening than classic approaches (Hunter, 2019).

Summary

According to the study, a higher level of neuroticism, frustration, self-control, adaptability, masculinity and a lower level of stress resistance prevail in the group of servicemen.

Comprehensive study of personality considering individual and typological features is one of the general conditions for building a system for overcoming PTSD. Specific psychological and pedagogical conditions for overcoming PTSD in our study include: the desire for moral and spiritual growth that affects the development of spirituality; acquirement of the ability to find ways to overcome obstacles, which increases efficiency and self-acceptance.

The most effective in Ukraine is a multimodal form of family therapy, which includes: individual and family counseling; group psychotherapy separately with combatants and their wives; training in groups to create a system of mutual social support, as it helps servicemen who have experienced post-traumatic stress disorder to restore a sense of security, to find internal resources, to master the skills of emotional self-control and the desire for self-development.

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