

# **REVISTA DE GESTÃO E SECRETARIADO**

MANAGEMENT AND ADMINISTRATIVE PROFESSIONAL REVIEW ISSN: 2178-9010 Revista GeSec São Paulo, SP, Brasil v. 14, n. 10, p. 17050-17070,2023

DOI: http://doi.org/10.7769/gesec.v14i10.2879

# Psychosocial support in the process of social rehabilitation: prospects for recovery and reintegration

Apoio psicossocial no processo de reabilitação social: perspectivas de recuperação e reintegração

Nataliia Onishchenko<sup>1</sup> Lina Perelygina<sup>2</sup> Oleg Nazarov<sup>3</sup> Sergiy Karikov<sup>4</sup> Olena Riabinina<sup>5</sup> Liydmila Gontarenko<sup>6</sup>

## Abstract

The instability of the political situation in the world physically and psychologically affects the population of the planet. Often this impact is negative. Today the problem of post-traumatic syndrome is extremely relevant in Ukraine, where genocide, usual life destruction and family ties rapture take place during the brutal war. Military actions are a psychologically traumatic

E-mail: onishchenko@nuczu.edu.ua Orcid: https://orcid.org/0000-0003-3026-1650.

E-mail: nazarovoleg312@gmail.com Orcid: https://orcid.org/0000-0001-6205-9604

E-mail: karikov.nuczu@gmail.com Orcid: https://orcid.org/0000-0001-5121-4103

<sup>&</sup>lt;sup>1</sup> Doctor of Psychology, Department of Activities in Special Environments, National University of Civil Protection of Ukraine, Chernyshevska St, 94, Kharkiv, Kharkiv Oblast, Ucrânia, 61023.

<sup>&</sup>lt;sup>2</sup> Doctor of Science in Biology, Department of Psychology of Activity in Special Conditions, National University of Civil Defence of Ukraine, Chernyshevska St, 94, Kharkiv, Kharkiv Oblast, Ucrânia, 61023. E-mail: <u>linaperelygina@gmail.com</u> Orcid: <u>https://orcid.org/0000-0003-2594-6321</u>

<sup>&</sup>lt;sup>3</sup> PhD in Psychology, Department of Psychology of Activity in Special Conditions, National University of Civil Defence of Ukraine, Chernyshevska St, 94, Kharkiv, Kharkiv Oblast, Ucrânia, 61023.

<sup>&</sup>lt;sup>4</sup> Doctor of Historical Sciences, Department of Social and Humanitarian Disciplines, National University of Civil Defense of Ukraine, Chernyshevska St, 94, Kharkiv, Kharkiv Oblast, Ucrânia, 61023.

<sup>&</sup>lt;sup>5</sup> Doctor of Philosophical Sciences, Department of Social and Humanitarian Disciplines, National University of Civil Defense of Ukraine, Chernyshevska St, 94, Kharkiv, Kharkiv Oblast, Ucrânia, 61023. E-mail: evryabinina@gmail.com Orcid: https://orcid.org/0000-0003-1870-8261

<sup>&</sup>lt;sup>6</sup> PhD Candidate in Psychological Sciences, Department of Social and Humanitarian Disciplines, National University of Civil Defense of Ukraine, Chernyshevska St, 94, Kharkiv, Kharkiv Oblast, Ucrânia, 61023. E-mail: lgontarenko910@gmail.com Orcid: https://orcid.org/0000-0001-6993-5494



factor for both direct participants in combat events and civilians who are located both in the area of hostilities and outside it. Every emergency caused by military operations changes people's daily lives, destroying their basic needs for security and a stable worldview. Although the human psyche is capable of adapting to any crisis, emotional stress can lead to both overcoming the stressful state and disruption and deterioration of vital functions. Psychological rehabilitation is an integral part of any type of rehabilitation including social. The article aims to define the place and importance of psychosocial rehabilitation in the context of social rehabilitation of people with disabilities and posttraumatic stress disorder and victims of war, captivity and torture and to identify promising ways of social rehabilitation at the present stage. For a complex search, we searched for relevant studies in databases DOAJ and EBSCOhost, for the last decade. The work includes articles devoted to the psychosocial rehabilitation of persons with disabilities, posttraumatic stress disorder, and victims of war, captivity and torture. It is established that psychological rehabilitation is an integral part of social rehabilitation and together they form psychosocial rehabilitation a prolonged process which needs highly qualified personnel. Without the restoration of a person's trust in him/herself, his/her emotional status, possibility to relax, optimism etc., the efficacy of isolated social work will be minimal.

**Keywords:** Disabilities. Posttraumatic Stress Disorder. Psychological Rehabilitation. Social Rehabilitation. Torture. Victims of War.

#### Resumo

A instabilidade da situação política no mundo afeta física e psicologicamente a população do planeta. Muitas vezes esse impacto é negativo. Hoje, o problema da síndrome pós-traumática é extremamente relevante na Ucrânia, onde o genocídio, a destruição habitual de vidas e o arrebatamento dos laços familiares ocorrem durante a guerra brutal. As ações militares são um fator psicologicamente traumático tanto para os participantes diretos em eventos de combate quanto para os civis que estão localizados tanto na área de hostilidades quanto fora dela. Cada emergência causada por operações militares altera a vida quotidiana das pessoas, destruindo as suas necessidades básicas de segurança e de uma visão de mundo estável. Embora a psique humana seja capaz de se adaptar a qualquer crise, o estresse emocional pode levar tanto à superação do estado estressante quanto à interrupção e deterioração das funções vitais. A reabilitação psicológica é parte integrante de qualquer tipo de reabilitação, inclusive social. O artigo visa definir o lugar e a importância da reabilitação psicossocial no contexto da reabilitação social de pessoas com deficiência e transtorno de estresse pós-traumático e

vítimas de guerra, cativeiro e tortura e identificar formas promissoras de reabilitação social na fase atual. Para uma busca complexa, buscamos estudos relevantes nas bases de dados DOAJ e EBSCOhost, da última década. A obra inclui artigos dedicados à reabilitação psicossocial de pessoas com deficiência, transtorno de estresse pós-traumático e vítimas de guerra, cativeiro e tortura. Está estabelecido que a reabilitação psicológica é parte integrante da reabilitação social e juntos constituem a reabilitação psicossocial um processo prolongado que necessita de pessoal altamente qualificado. Sem a restauração da confiança de uma pessoa em si mesma, no seu estado emocional, na possibilidade de relaxar, no otimismo, etc., a eficácia do trabalho social isolado será mínima.

**Palavras-chave:** Deficiência. Transtorno de Estresse Pós-Traumático. Reabilitação Psicológica. Reabilitação Social. Tortura. Vítimas da Guerra.

#### Introduction

Military actions are a psychologically traumatic factor for both direct participants in combat events and civilians who are located both in the area of hostilities and outside it. As of today, many people have lost their homes, jobs, and loved ones, and their lives have been completely or partially destroyed by the hostilities in Ukraine. Such people experience severe psychological distress, which may intensify over time, so it is very important to identify traumatic impact promptly and provide these people with appropriate, including psychological support. Accepting the fact that today people are facing a difficult reality related to the consequences of military actions emphasizes the need to constantly develop and implement special measures to provide effective psychosocial and psychotherapeutic assistance to victims.

Health, both physical and mental, as well as psychosocial well-being affectations, together with the sense of community and prosocial behaviour, reflect impairment due to permanent exposition to violence (Sarmiento-Marulanda, et al., 2021). The main areas of work in the field of psychological support are adaptation to peaceful life, psychological rehabilitation, adaptation of displaced persons to new social conditions, families of the deceased, children and families who were or are in the combat zone or underwent different disasters (Sheikhbardsiri, Yarmohammadian, Rezaei, & Maracy, 2017). Employees of the psychological service are actively involved in psychological assistance, social and psychological adaptation and psychotherapy of conflict participants. The main focus of the



psychologists' work is on children, families and their immediate social environment, as they are a powerful resource for increasing the resilience and recovery of victims in the war and post-war period. One of the main aims is to create rapport building with children in order they will be able to feel themselves in safety (Ovsiannikova, et al., 2021). The key point of rapport building with a child is the diminishing of emotional tension and the creation of emotional trust between a psychotherapist and a child (Ovsiannikova, et al., 2021). It is worth noting that, given the multidimensionality of the issue, this topic requires in-depth study and ongoing research to develop and continuously adapt the most effective types of psychological assistance to the needs of society.

#### **Literature Review**

War is one of the most destructive forces that causes the most dangerous social crises, which inflict the greatest physical and psychological damage on a large number of people, both military and civilian (Timchenko, et al., 2022; Tedla, & Kahsay, 2023). Every emergency caused by military operations changes people's daily lives, destroying their basic needs for security and a stable worldview (Timchenko, et al., 2021). Although the human psyche is capable of adapting to any crisis, emotional stress can lead to both overcoming the stressful state and disruption and deterioration of vital functions. Among several possible negative consequences of psychological shock are neuroticism, depression, loss of self-confidence, and various kinds of physical and mental overload (Tedla, & Kahsay, 2023). All of this further negatively affects the fate of not only individuals but also entire social groups. The hostilities in Ukraine have led to a deterioration in the psychological state of the country's population (Timchenko, et al., 2021). They have caused particular damage to families who have found themselves in a difficult financial and social situation as a result of the hostilities. Forced displaced persons inside and outside Ukraine have also undergone a variety of psychological and health disorders which lead to posttraumatic stress disorder development (Timchenko, et al., 2020).

Developing the stress resistance of the population is an important and urgent task for both psychological service workers and residents of the territories where hostilities are taking place (Timchenko, et al., 2020). While studying the nature of traumatic circumstances in wartime, it is important to note that external stress and trauma can be extreme situations for those who experience it. The stressor in such cases is a traumatic stress event characterized by suddenness and destructive force. Acute stressful events do not go unnoticed by the human



psyche. A person who finds himself or herself in a situation that threatens his or her life or the lives of loved ones, who has seen other people injured or killed, mutilated corpses and suffering, may develop several painful symptoms: sleep disturbances and disorders, intrusive memories, spontaneous reactions, a desire to exercise increased control over events in the surrounding space, body stretching, muscle clenching, feelings of guilt, etc. Unsuccessful attempts to cope with these symptoms often lead to separation and isolation of a person, aggravation of conflicts with others, emergence and exacerbation of psychosomatic diseases, alcoholism, and, in extreme cases, suicide attempts. All of this negatively affects the psychological climate in the team, exacerbates interpersonal relationships, and leads to conflict situations.

Social rehabilitation is understood as a type of social work aimed at restoring basic social functions, psychological, physical, moral health, and social status of families, children and youth. Social rehabilitation is aimed at optimizing and adjusting the attitude of people in difficult life circumstances to the family and society, developing their skills for self-care and independent living. For the second and last time, social rehabilitation in Ukrainian legislation is interpreted in the Law of Ukraine "On Rehabilitation of Disabled Persons in Ukraine" as a system of measures aimed at creating and ensuring conditions for a person to return to active participation in life, restoring his/her social status and ability to perform independent social and family activities through social and environmental orientation and social adaptation, social services to meet the need for technical and other means of rehabilitation. Other laws with the concept of social rehabilitation use the concept of rehabilitation, which is not identical to social rehabilitation, but has several common characteristics with it and often substitutes its content. In the Law of Ukraine "On Social Services", rehabilitation was included in the list of social services, where it was defined as "a system of medical, professional, social measures aimed at providing persons in difficult life circumstances with assistance in restoring their impaired body functions, compensating for disabilities and maintaining optimal physical, intellectual, mental, social levels and quality to achieve social and material independence, socio-professional adaptation and integration into society. In a period of political transformation, social change, and economic crisis, it is extremely important, yet difficult, for Ukraine to build its mechanism for providing social services and social security for people with disabilities and victims of war, captivity and torture.

Social rehabilitation has to provide social services to persons in difficult life circumstances. It helps to develop and support social and everyday skills (self-care, communication, positive behaviour, cooking, money management, orientation, etc.), gives



psychological support, and organizes leisure, sports and recreation activities. Rehabilitation services are aimed at restoring the optimal physical, intellectual, mental and social level of a person's life to facilitate his or her integration into society. It is aimed at restoring social experience and establishing social ties, norms of behaviour, communication, emotional stability, active social life, restoring social status, integration into open society, expanding and deepening social contacts, entering the culture, restoring professional qualities and skills, social experience and social functions, mental, physical and spiritual health of maladjusted persons; it is a process of restoring the social and physical health of maladjusted persons. Thus, rehabilitation is seen as a process aimed at reducing the severity and significance for a person of the violations that caused a difficult life circumstance, as well as at assisting a person in realizing his or her intentions and life goals, i.e. aimed at restoring his or her ability to realize himself or herself as a person. Social rehabilitation is focused on restoring a person's social significance in society, family environment, and especially at the personal level. This is facilitated by active social ties, social communication, the possibility of active cognition of the environment, and social integration as an alternative to getting rid of the feeling of social isolation. The essence of the concept of "social rehabilitation" implies the realization that people with disabilities are the same as everyone else, but they need additional conditions satisfactory provision of basic needs, comfortable living, and decent care. It is not a possibility of coexistence in society, but an attempt to become a full-fledged part of society, not to appear in society but to live in it, to allow them to develop their potential, to develop physically, to participate in activities on the same level, to have self-service skills not only to make life easier for such people but to be independent and communicate with everyone on an equal footing. Inclusive tourism is one of the types of social rehabilitation that incorporates all of these features.

Social integration is a process that includes certain efforts to achieve equal opportunities for all, regardless of gender, age, social status, education, ethnicity, etc. to ensure full and active participation in all spheres of life, including civil, social, economic and political activity and participation in the process of decision-making. Therefore, society faces the task of creating an inclusive, barrier-free environment for people with different characteristics. Psychological rehabilitation is an integral part of any type of rehabilitation including social. Nowadays there is a direction called psychosocial rehabilitation, which is aimed at recovering psychological health and social adaptation of persons with disabilities or posttraumatic stress disorder.

The article aims to determine the place of psychological rehabilitation in the context of social rehabilitation of people with disabilities and posttraumatic stress disorder and victims of war, captivity and torture and to identify promising ways of social rehabilitation at the present stage.

### Methodology

For a complex search, we searched for relevant studies in databases DOAJ and EBSCOhost, for the last decade. To eliminate a large number of irrelevant works during the manual search, the terms: "psychosocial rehabilitation/victims of war", " psychosocial rehabilitation/victims of a torturer", " psychosocial rehabilitation/captivity", or "psychosocial rehabilitation/disability", or "psychosocial rehabilitation / social rehabilitation", or "psychosocial rehabilitation / psychological rehabilitation". The same search terms were used in the research database (EBSCOhost). The work includes articles devoted to psychosocial rehabilitation of persons with disabilities, posttraumatic stress disorder, victims of war, captivity and torture.

#### **Results and Discussion**

Researchers studying the psychosocial consequences of military conflicts in different countries have identified a common trend regarding the strong negative impact of the consequences of psychological trauma on the lives and mental health of society members in many parts of the world (Charlson, van Ommeren, Flaxman, Cornett, Whiteford, & Saxena, 2019). War, even after its end, continues to have catastrophic consequences for the psychosocial health and well-being of nations in the long term (Timchenko, et al., 2020). Recent studies in various countries affected by military conflicts show that the vast majority of combatants are vulnerable to post-traumatic stress disorder and other types of psychological trauma (Zerach, Shevlin, Cloitre, & Solomon, 2019; Charlson, van Ommeren, Flaxman, Cornett, Whiteford, & Saxena, 2019). At the same time, it has been found that trauma can occur not only at the individual level - large groups and communities are also susceptible to traumatic effects, and as a result, not only individuals but also entire social groups and communities become victims of violence, destruction and displacement in war (Hirschberger G. (2018). After traumatic events, a person may experience hopelessness, low levels of socialization, anger, guilt, emptiness, lack of social support, alienation, and several negative



emotions that lead to several serious mental disorders (Shyrobokov, 2017). Modern warfare is a severe test of the physical and mental strength of both military and civilians, their ability to actively resist the impact of extreme, extremely unfavourable factors. To recover from stress and return to a productive life, a person must cope with emotional experiences (Wang, et al., 2016). Today, there is a need for timely and qualified psychological rehabilitation of victims at the national level (Timchenko, et al., 2021). Effective rehabilitation interventions should be aimed not only at bringing a person out of an internal crisis but also at developing new vital skills. Under such conditions, all subjects of social relations, without exception, lose their usual living conditions, such as lifestyle, place of residence, habitual social relations, social status, etc (Park, 2013). The consequence of the impact of this set of factors at the level of society as a whole is the phenomenon of "collective trauma", defined as a phenomenon that leads to a break in the social set of individuals, to the lack of social cohesion in society, collective distrust, hopelessness, dependence, collective helplessness and sadness (Hirschberger, 2018; Matoba, 2023; Li, Leidner, Hirschberger, & Park, 2023). The consequences of collective trauma are being actively studied in countries that have suffered from various kinds of military conflicts (Silver, Holman, & Garfin, 2021). One of the established models of collective trauma today is its transgenerational nature (the ability to be transmitted from generation to generation) (Hirschberger, 2018). For this reason, most longterm psychosocial rehabilitation programs prepared by international organizations for countries affected by natural disasters and military conflicts around the world have begun to include a separate block of psychosocial rehabilitation based on the concept of restoring comprehensive psychosocial health (Rasmus, et al., 2021). Currently, the relevant programs include a set of large-scale efforts aimed at socio-economic assistance and psychological rehabilitation of all social groups, communities and society as a whole. It is extremely important to provide timely assistance to victims so that they can resume normal life and activities (Wang, et al., 2016; Rasmus, et al., 2021). In such circumstances, psychological protection of the population in crises is as valuable as medical, legal and social protection. The elderly, as well as women and children, need psychological assistance (Sarmiento-Marulanda, et al., 2021). Equally important is the prevention of mental disorders and preventive preparation of people for crises, i.e. avoiding possible negative psychological trauma.

The World Health Organization defines mental health as a state of well-being in which a person can develop his or her abilities, cope with normal stressful situations, work productively, and contribute to the development of society. The most common methods of



psychological assistance for maintaining and restoring mental health in case of its violation are psychotherapy, counselling, behavioural and cognitive therapy, which can be used in the process of individual rehabilitation, and psychological support (Rasmus, et al., 2021). An important type of psychological assistance is comprehensive psychosocial rehabilitation, which involves group work. This type of assistance includes family and special group therapeutic and rehabilitation work, and retraining as a means of restoring the victims' ability to work. Comprehensive psychosocial rehabilitation involves work at several levels, the first of which is micro group work, which primarily involves working with the family and members of the immediate environment of the participant or witness of hostilities. In the process of individual rehabilitation of combatants or witnesses, participation in group work is an important part of their social adaptation, reintegration into society and, in general, restoration of their social activity in all spheres of public life (Bitter, Roeg, van Assen, van Nieuwenhuizen, & van Weeghel, 2017).

A great number of people need psycho-social rehabilitation (Rasmus, et al., 2021). It is possible to define several groups of needy persons: persons with innate or acquired physical disability; victims of war; victims of violence, tortures or captivity; victims of sexual violence, etc. The majority of them have posttraumatic stress disorder, which requires a thorough deep professional approach of psychotherapists, and medical and social workers (Timchenko, et al., 2020).

Psycho-social rehabilitation aims to socialise a person, adapt him/her to the environment, develop self-confidence, etc. (Rasmus, et al., 2021). There are peculiarities of psychosocial rehabilitation work with different groups of needy persons. People who have survived the brutal experience of torture and captivity continue to suffer from numerous devastating consequences (Timchenko, et al., 2021; Shyrobokov, 2017). If left unchecked, the experience can remind of itself throughout a person's life and even then - passed down through generations and have a destructive impact on society as a whole. In the context of the armed conflict, prisoners of war have become one of the largest victims of this category (Timchenko, et al., 2021; Shyrobokov, 2017; Zerach, Shevlin, Cloitre, & Solomon, 2019). The rehabilitation of torture victims is an important component of compensation and a right approved by international human rights instruments (Wang, et al., 2016). Rehabilitation services and programs should be accessible to all victims without discrimination, regardless of the victim's identity or status. Legislation should provide for the establishment of specific mechanisms and programs to provide rehabilitation services to victims of torture or ill-treatment. Access to rehabilitation programs should be granted to victims of torture as soon

as their condition is assessed by qualified independent medical professionals and should not be contingent on the victim's use of judicial remedies.

There is a variety of health interventions aimed at improving the wealth of victims of torture or war trauma (Patel, Kellezi, & Williams, 2014; Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015). Since torture is always aimed at destroying a person, depriving him or her of a sense of security, stability, and a sense of trust in oneself and the world (Kovacic, 2022), the main tasks of rehabilitation of victims are:

• Providing basic needs and stabilizing the situation (food, housing, medical care, restoration of documents, etc.). This process can be complicated and time-consuming, especially for people who have been forced to move to another place of residence. However, high-quality implementation of such measures leads to the restoration of trust and, the reduction of fears and anxiety of the victim.

• Restoration of family and community ties. Torture destroys a person's ties with other people. Torture survivors often seek self-isolation because they feel so shocked that they do not have the strength to restore close relationships with others. In addition, torture is always a situation of intentional infliction of suffering by one person on another, which destroys trust in other people and society. In the process of restoring trust in society, an important role is played by obtaining satisfaction, for which it is necessary to help a person gain access to justice and inform him or her of his or her rights (Kovacic, 2022).

• Restoration of self-identity and meaning in life. Traumatic experiences often draw a line between the past and the future. Life is divided into two stages - before and after captivity. The destruction of the connection with the past life often leads to the loss of previous meanings and resources. A person finds himself or herself in a vacuum, without any support from the past.

• Active social activity can help to cope with these experiences, but it often turns out that a person's former professional activity becomes inaccessible to them for several objective and subjective reasons. In this case, it is useful to help the victim develop new skills, acquire a new speciality, and find new hobbies (Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015).

• Restoration of human dignity. One of the most important human values is human life. War, with its inherent terrible attributes such as torture and captivity, is aimed at devaluing human life. Honour and dignity, justice and fairness are what torture and ill-treatment are primarily aimed at destroying. For some time, victims are in a situation of impossibility and complete lack of control. Captivity survivors may suffer from a sense of shame for the abuse they have endured or guilt for surviving. Principles of rehabilitation of war and torture survivors:

• Victims of torture have psychological, social, medical and legal problems, so in international practice, psychological assistance programs use an interdisciplinary approach. The rehabilitation system may include several interdisciplinary measures, such as medical, physical and psychological rehabilitation services; reintegration and social services; assistance and services focused on adaptation to society and family; vocational training; education, etc.

• The rehabilitation of torture victims is organized by the bio-psycho-social principle, namely: first of all, assistance is aimed at maintaining and expanding the functionality of the torture survivor, and only then at reducing symptoms and processing traumatic material.

• The principle of taking into account the strength and resilience of the victim is of utmost importance, but it should be remembered that victims may be prone to secondary traumatization and have a reasonable fear of actions that remind them of their torture or ill-treatment. Accordingly, careful attention should be paid to creating an atmosphere of trust and support for victims. Where appropriate, services provided may be confidential.

• The system of rehabilitation of victims of war and torture is organized based on the principle of comprehensiveness. This is because the consequences of torture are manifested at different levels of personality functioning. The consequences of torture can be divided into physical, mental/psychological and social. The goal of comprehensive rehabilitation is to help torture survivors rebuild their lives, to feel healthy, protected and whole again. Comprehensive rehabilitation is aimed not only at strengthening mental health and stabilizing the condition, but also at improving the quality of life, restoring a sense of self-sufficiency in the person who was subjected to violence, and, as a result, normal functioning in society and healthy relationships in the family (Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015; Kovacic, 2022). The rehabilitation of war and torture victims is organized by the bio-psychosocial principle, namely: first of all, assistance is aimed at maintaining and expanding the functionality of the war and torture survivor, and only then at reducing symptoms and processing traumatic material (Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015; Kovacic, 2022). Social assistance is one of the components of comprehensive rehabilitation (Rasmus, et al., 2021). Survivors may need help and support in solving several practical issues. In addition, there are situations when people move to a new place after suffering torture, which increases their general state of anxiety. Social assistance in such cases may include assistance in obtaining housing, pensions, benefits or allowances, assistance in finding a job, emergency financial support for food and clothing, and protection of children's interests in schools. Social rehabilitation of torture victims also needs psychological assistance (Womersley, et al., 2018). For psychological rehabilitation of war and torture victims, psychological assistance (both individual and group psychotherapy are possible), pharmacotherapy and psychosocial support are combined (Almoshmosh, 2016; Mughal, Carrasco, Brown, and Ayers, 2015). It should be remembered that the experience of each torture survivor is unique. The mental and psychological state after the stress depends on the nature of the torture and the duration of its use; the gender and age of the torture survivor; personality traits; previous life experience; support from family members and friends after the person's return from captivity and several other factors (Womersley, et al., 2018).

The needs of survivors of war, captivity and torture may be different, but it is important to adhere to the principle of comprehensiveness when assisting. Initially, a social worker needs to assess the situation in which a person is living and identify their needs. The needs should be assessed together with the victim, who should be involved in choosing the form of assistance. If the victim has a family, it is also necessary to clarify the needs of family members (they are also psychologically traumatized and need support). For a survivor of torture and captivity, the family can be not only supportive but also an irritant that connects them to the past, to what they are trying to forget. Very often, after captivity, problems and misunderstandings arise in family relationships. Family members are traumatized by their experiences and do not always know how to support each other. At the same time, each of them needs help but is afraid to ask for it from others. As a result, loved ones may become emotionally detached from each other (Almoshmosh, 2016; Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015; Kovacic, 2022).

When a social worker analyses the needs of the whole family, he or she must be prepared to face completely different ideas of family members about who needs what. The social worker's task is to identify a list of needs for each family member, and assess and rank them. If the identified needs of the family members cannot be brought to a common denominator, but they all correspond to logic and common sense, then it is necessary to work with several lists.

Social and psychological assistance to people who have survived torture requires a comprehensive approach (Almoshmosh, 2016; Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015; Kovacic, 2022). This is a long process, and its implementation requires a multidisciplinary team of specialists. The work carried out with the participation of war, captivity and torture survivors is based on respect for the victim, compassion and respect for the client's choice (Khurtenko, et al., 2020; Timchenko, et al., 2022). Torture involves depriving a person of the ability to control and be responsible for his or her life. Therefore, the joint work of specialists with the client on the rehabilitation plan and the speed of the processes helps to regain control and confidence in their own decisions, and faith in their abilities to overcome obstacles. The task of the support person is to inform the person about their rights and opportunities, to be there for them, but not to make decisions for them. Mental health, experiential avoidance and cognitive reappraisal of war survivors were found to be predictors of veteran adjustment difficulty, and experiential avoidance and cognitive reappraisal partially mediated the relationship between mental health and veteran adjustment, with experiential avoidance being the stronger mediator. Early assessment of experiential avoidance and cognitive reappraisal and the provision of relevant emotion regulation skills training could potentially reduce the veteran's need for more complex psychological interventions in the future (Bowes, Ferreira, & Henderson, 2018).

Psychosocial rehabilitation plays an important role in the process of recovery after injuries or surgical interventions, including amputations, and reconstructive operations after burns, fractures or gunshot wounds. Fatigue is one of the main symptoms in cancer patients, which impairs the quality of life. Psychosocial rehabilitation turns out to be promising for dealing with fatigue among cancer patients with incurable cancer who get palliative treatment (Poort, et al., 2017; Cedenilla Ramón, et al., 2023). Psychosocial rehabilitation provides small, short-term beneficial effects on the quality of life of patients with cancer in comparison with common care (Parahoo, et al., 2015). It was settled that psychosocial rehabilitation can diminish the psychosocial burden of Active Surveillance and increase adherence (Donachie, et al., 2022). A comprehensive psychosocial rehabilitation, combining interventions with extra points has to lead to a wider and lengthier sustainable effect (Donachie, et al., 2022).

Community-based rehabilitation is aimed at improving the function of a mentally ill person and improving his/her quality of life. It is a feasible option for countries with low and middle-income (Asher, Patel, & De Silva, 2017). The World Health Organization recommends community-based psychiatric rehabilitation to improve the quality of life and ensure inclusion and participation of persons with mental illnesses (WHO. Global disability

action plan 2014-2021. cited 2019). Psychosocial rehabilitation enhances persons with chronic mental illness opportunities in reaching their optimal level of independent being and improves their quality of life (Llewellyn-Beardsley, et al., 2019). The model of combined pharmacological and psychosocial interventions has the potential for scale-up of patients with mental illness (Saha, et al., 2020). Amputation of damaged extremities causes a higher prevalence of anxiety and depression among amputees compared to the general population and can result in multiple physical, psychological and socio-economic problems (Mckechnie, & John, 2014).

Extreme job holders including Health Care and Emergency Response workers usually and continuously undergo work-related stress influence, on the background of which posttraumatic stress disorder develops. Avoidance, emotional exhaustion, depression, depersonalization, and excitability are typical for them. Their exhaustion and burnout need professional psychosocial rehabilitation (Mukhina, Yakymchuk, Oliinyk, Elvizou, & Shvalb, 2023; Vagni, Maiorano, Giostra, Pajardi, & Bartone, 2022; Soravia, Schwab, Walther, & Müller, 2021; Chen, et al., 2021; Chatzea, Sifaki-Pistolla, Vlachaki, Melidoniotis, & Georgia, 2017). To enhance their quality of life it is necessary to develop profession-specific training aimed at the improvement of self-efficacy and coping with work-related stressors to diminish the development of PTSD in this category of high-risk professions (Soravia, Schwab, Walther, & Müller, 2021; Yaremko, Vavryniv, Tsiupryk, Perelygina, & Koval, 2022).

Psychological support aims to provide emotional, semantic and existential assistance to a person or community in difficult life circumstances that arise in the course of personal or social life (Saha, et al., 2020; Almoshmosh, 2016). The researchers have carried out a comprehensive consideration of the concept of "social and psychological support", which most researchers and practitioners interpret as a type of professional activity based on a system of subject-subject relations, namely the relations between a person who finds himself in a difficult life situation and a specialist who works with him (Tonheim, Derluyn, Rosnes, & Zito, 2015; Saha, et al., 2020; Almoshmosh, 2016).

Research by many modern scholars proves that during wartime, the human psyche is seriously traumatized, which can lead to undesirable consequences: from sleep disturbances and increased irritability to serious mental problems (Almoshmosh, 2016; Bowes, Ferreira, & Henderson, 2018; Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015; Kovacic, 2022). Providing adequate psychological support to persons affected by military operations is possible only with the participation of highly professional, trained psychologists (Mughal, Carrasco, Brown, and Ayers, 2015). The professional activity of a psychologist is diverse and



multifunctional by type and content. In performing their functional tasks, psychologists use a variety of methods, techniques and technologies, which are by their nature combined into separate types of activities (Saha, et al., 2020; Almoshmosh, 2016). The main goal of psychological work to help a person who has found himself in difficult life circumstances as a result of military operations is to maintain his status as a productive subject of activity, personality and individuality, which leads to positive interaction with the world, people and himself (Kovacic, 2022; Eger, Weigand, & Zimbardo, 2018). To achieve this goal, it is necessary to solve the following tasks: to promote stabilization of the emotional state and rational perception of one's life situation; to form constructive ways to solve difficult life situations; to activate the processes of self-knowledge, self-acceptance, self-regulation and self-control; to form a positive image of the future; to promote responsibility for one's future; to develop social competence and social activity, to master strategies of successful behaviour; to form an orientation towards the development of personality and social skills (Eger, Weigand, & Zimbardo, 2018).

The main areas of work on psychological support for persons affected by military operations are identification and diagnosis of causes and problems of social and psychological security and maladjustment of affected persons in a new social environment; monitoring and analysis of statistical information to determine the real state of affairs in the environment where military operations are taking place or have taken place; development of methodological recommendations for heads of state bodies, institutions and enterprises on the organization of psychological assistance to victims (Kovacic, 2022; Bonfiglioli Stagni, Tomba, Viganò, Zati, & Benedetti, 2015).

Today, comprehensive psychosocial rehabilitation is recognized as the most effective means of restoring the psychosocial health of society in the context of military conflict (Rasmus, et al., 2021). The analysis of the experience of organizing support for victims and the problems that arose in this process allows to formulate several proposals in the field of protection of victims of military conflicts: to involve representatives of nongovernmental organisations in the development of manuals, textbooks and programs on psychological safety; to significantly update the practice of educational work on psychological safety in educational institutions; to promote the operation of national hotlines to respond promptly to the need for psychological support; promote the provision of all types of organizations and educational institutions with positions of practical psychologists as a resource for human rights issues.

Military events affect each participant to a greater or lesser extent, but the range of possible reactions and emotions of people with different mental characteristics is very wide (Timchenko, et al., 2021; Shyrobokov, 2017; Zerach, Shevlin, Cloitre, & Solomon, 2019; Charlson, van Ommeren, Flaxman, Cornett, Whiteford, & Saxena, 2019). Many people experience shock, do not know what is happening, feel fear or anxiety, and may become numb or apathetic. Some people have mild reactions, others have more severe ones. However, the possibilities of adaptation (psychological, physiological, social) to such conditions sooner or later run out, which contributes to the growth of post-traumatic stress disorder (Timchenko, et al., 2021; Shyrobokov, 2017; Zerach, Shevlin, Cloitre, & Solomon, 2019; Charlson, van Ommeren, Flaxman, Cornett, Whiteford, & Saxena, 2019). The way a person reacts to a traumatic event is influenced by many factors, including the nature and severity of the event, the impact of past traumatic events, the availability of outside support, physical health, whether the person or their family has mental disorders (including past ones), cultural roots and traditions. Each person has their own strengths and skills that help them overcome life's challenges. There are also social traumas that can last for decades, as it is a matter of restoring not only health but also social well-being, which was also lost as a result of hostilities. At the same time, experience shows that people who feel socially supported are better able to cope with difficulties after a crisis than people who feel they have not been helped enough. That is why it is so important to provide the right psychological assistance in emergencies. In connection with the extraordinary events that have taken place in Ukraine in recent years, which have involved threats to life, violent death, unforeseen displacement, and physical and psychological trauma, there is an urgent need for social and psychological support for the whole society and psychological and legal support for individuals - children, adults, families - to restore their mental health and social well-being.

#### Conclusion

It is possible to underline that psychological rehabilitation is an integral part of social rehabilitation and together they form psychosocial rehabilitation. Social rehabilitation itself is aimed at the renovation and restoration of the social status of persons with disabilities, victims of war, captivity and torture, etc. However, without the restoration of a person's trust in him/herself, his/her emotional status, possibility to relax, optimism etc., the efficacy of isolated social work will be minimal. On the background of a holistic approach to the understanding of the meaning of "health," it is necessary to influence all components of



personality including body, psyche and well-being. Only in this case, the result will be positive. It is also necessary to mention that the process of psychosocial rehabilitation is a prolonged one and needs highly qualified personnel.

#### References

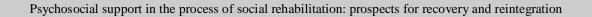
- Parahoo, K., McDonough, S., McCaughan, E., Noyes, J., Semple, C., Halstead, E. J., Neuberger, M. M., & Dahm, P. (2015). Psychosocial interventions for men with prostate cancer: a Cochrane systematic review. *BJU international*, 116(2), 174-183. https://doi.org/10.1111/bju.12989
- Mckechnie, P. S., & John, A. (2014). Anxiety and depression following traumatic limb amputation: a systematic review. *Injury*, 45(12), 1859-1866. https://doi.org/10.1016/j.injury.2014.09.015
- Asher, L., Patel, V., & De Silva, M. J. (2017). Community-based psychosocial interventions for people with schizophrenia in low and middle-income countries: systematic review and meta-analysis. *BMC psychiatry*, 17(1), 355. <u>https://doi.org/10.1186/s12888-017-1516-7</u>
- Llewellyn-Beardsley, J., Rennick-Egglestone, S., Callard, F., Crawford, P., Farkas, M., Hui, A., Manley, D., McGranahan, R., Pollock, K., Ramsay, A., Sælør, K. T., Wright, N., & Slade, M. (2019). Characteristics of mental health recovery narratives: Systematic review and narrative synthesis. *PloS one*, *14*(3), e0214678. https://doi.org/10.1371/journal.pone.0214678
- Donachie, K., Cornel, E., Pelgrim, T., Michielsen, L., Langenveld, B., Adriaansen, M., Bakker, E., & Lechner, L. (2022). What interventions affect the psychosocial burden experienced by prostate cancer patients undergoing active surveillance? A scoping review. Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer, 30(6), 4699-4709. <u>https://doi.org/10.1007/s00520-022-06830-z</u>
- Poort, H., Peters, M., Bleijenberg, G., Gielissen, M. F., Goedendorp, M. M., Jacobsen, P., Verhagen, S., & Knoop, H. (2017). Psychosocial interventions for fatigue during cancer treatment with palliative intent. *The Cochrane database of systematic reviews*, 7(7), CD012030. <u>https://doi.org/10.1002/14651858.CD012030.pub2</u>
- Cedenilla Ramón, N., Calvo Arenillas, J. I., Aranda Valero, S., Sánchez Guzmán, A., & Moruno Miralles, P. (2023). Psychosocial Interventions for the Treatment of Cancer-Related Fatigue: An Umbrella Review. *Current oncology*, 30(3), 2954-2977. https://doi.org/10.3390/curroncol30030226
- Saha, S., Chauhan, A., Buch, B., Makwana, S., Vikar, S., Kotwani, P., & Pandya, A. (2020).
  Psychosocial rehabilitation of people living with mental illness: Lessons learned from community-based psychiatric rehabilitation centres in Gujarat. *Journal of family medicine* and primary care, 9(2), 892–897.
  https://doi.org/10.4103/jfmpc.jfmpc\_991\_19



- WHO. Global disability action plan 2014-2021. cited 2019 Aug 16. <u>https://www.who.int/disabilities/actionplan/en/</u>
- Khurtenko, O., Bereziak, K., Khavula, R., Vdovichenko, O., Onishchenko, N., & Liebiedieva, S. (2020). Psychological Analysis of Occupational Conditions in Extreme Environments and the Structure of Non-Standard Situations. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 11(4), 132-148. https://doi.org/10.18662/brain/11.4/145
- Timchenko, O., Onishchenko, N., Perelygina, L., Prykhodko, I., Lefterov, V., & Ivanchenko, A. (2022). Ukrainian rescuers in local armed conflict conditions: how does it affect the psyche? Minerva Psychiatry, 63(2), 159-170. <u>https://doi.org/10.23736/S2724-6612.21.02242-9</u>
- Ovsiannikova, Y., Liebiedieva, S., Pokhilko, D., Onishchenko, N., Gontarenko, L., & Shyrobokov, Y. (2021). The Modern Approach to Rapport Building with Children Affected by Crisis Events. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 12(4), 532-542. <u>https://doi.org/10.18662/brain/12.4/263</u>
- Timchenko,, O., Prykhodko, I., Shyrobokov, Y., Onishchenko, N., & Lefterov (2021). V. Psychological Aspects of Captivity in the War in the East of Ukraine. *Polish Psychological Bulletin*. 52(1), 97-106. <u>https://doi.org/</u>10.24425/ppb.2021.136820
- Timchenko, O., Khrystenko, V., Lefterov, V., Ivanchenko, A., Lunov, V., & Pavelkiv, V. (2020). Is there a "victim syndrome" among internally displaced persons in Ukraine? *International Journal of Psychosocial Rehabilitation*, 24(6). 13092-13110. <u>https://doi.org/10.37200/IJPR/V24I6/PR261275</u>
- Yaremko, R., Vavryniv, O., Tsiupryk, A., Perelygina, L., & Koval, I. (2022). Research of content parameters of the professional self-realization of future fire safety specialists. *Amazonia Investiga*, 11(53), 288-297. <u>https://doi.org/10.34069/AI/2022.53.05.28</u>
- Mukhina, H., Yakymchuk, I., Oliinyk, Y., Elvizou, M., & Shvalb, A. (2023). The relationship between coping strategies of extreme job holders and post-traumatic stress disorders. *Amazonia Investiga*, *12*(63), 299-309. <u>https://doi.org/10.34069/AI/2023.63.03.28</u>
- Chatzea, V., Sifaki-Pistolla, D., Vlachaki, S.-A., Melidoniotis, E., & Georgia, P. (2017). PTSD, burnout and well-being among rescue workers: Seeking to understand the impact of the European refugee crisis on rescuers. *Psychiatry Research*, 262, 71-74. <u>https://doi.org/10.1016/j.psychres.2017.09.022</u>
- Chen, Y., Li, X., Chen, C., An, Y., Shi, J., Huang, J., & Zhao, Y. (2021). Influence of avoidant coping on posttraumatic stress symptoms and job burnout among firefighters: The mediating role of perceived social support. *Disaster Medicine and Public Health Preparedness*, 16, 1-6. <u>https://doi.org/10.1017/dmp.2021.155</u>
- Soravia, L. M., Schwab, S., Walther, S., & Müller, T. (2021). Rescuers at risk: Posttraumatic stress symptoms among police officers, fire fighters, ambulance personnel, and emergency and psychiatric nurses. *Frontiers in Psychiatry*, 11. <u>https://doi.org/10.3389/fpsyt.2020.602064</u>



- Vagni, M., Maiorano, T., Giostra, V., Pajardi, D., & Bartone, P. (2022). Emergency stress, hardiness, coping strategies and burnout in health care and emergency response workers during the COVID-19 pandemic. *Frontiers in Psychology*, 13. https://doi.org/10.3389/fpsyg.2022.918788
- Shyrobokov, Y. M. (2017). POWs' Worries in the Psychological Choice Environment. Visnik HNPU imeni G.S. Skovorodi Psihologija, 55, 307-314. <u>https://doi.org/</u>10.5281/ZENODO.400693
- Zerach, G., Shevlin, M., Cloitre, M., & Solomon, Z. (2019). Complex posttraumatic stress disorder (CPTSD) following captivity: a 24-year longitudinal study. *European Journal of Psychotraumatology, 10*(1), 1616488. <u>https://doi.org/</u>10.1080/20008198.2019.1616488
- Womersley, G., Kloetzer, L., Bergh, R., Venables, E., Severy, N., Gkionakis, N., Popontopoulou, C., & Kokkiniotis, M., & Zamatto, F. (2018). "My mind is not like before": Psychosocial rehabilitation of victims of torture in Athens. *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, 28(2), 72.
   <u>https://doi.org/</u> "http://dx.doi.org/10.7146/torture.v28i2.106825"10.7146/torture.v28i2.106825
- Sheikhbardsiri, H., Yarmohammadian, M. H., Rezaei, F., & Maracy, M. R. (2017). Rehabilitation of vulnerable groups in emergencies and disasters: A systematic review. World journal of emergency medicine, 8(4), 253-263. https://doi.org/10.5847/wjem.j.1920-8642.2017.04.002
- Sarmiento-Marulanda, L.C., Aguilera-Char, A.A., González-Gil, and Wilson López-López, C. (2021). Psychosocial rehabilitation experiences of women victims of armed conflict in Montes de María, Colombia. Arch Public Health. 79, 31. <u>https://doi.org/10.1186/s13690-021-00548-w</u>
- Wang, S.J., Bytyçi, A., Izeti, S., Kallaba, M., Rushiti, F., Montgomery E., & Modvig, J. (2016). A novel bio-psycho-social approach for rehabilitation of traumatized victims of torture and war in the post-conflict context: a pilot randomized controlled trial in Kosovo. *Confl Health*, 10, 34. <u>https://doi.org/10.1186/s13031-016-0100-y</u>
- Patel, N., Kellezi, B., & Williams, A.C. (2014). Psychological, social and welfare interventions for psychological health and well-being of torture survivors. *Cochrane Database Syst Rev, 11*, CD009317
- Mughal, U., Carrasco, D., Brown, R. and Ayers, S. (2015). Rehabilitating civilian victims of war through psychosocial intervention in Sierra Leone. J Appl Soc Psychol, 45: 593-601. <u>https://doi.org/10.1111/jasp.12322</u>
- Bowes, M.A., Ferreira, N., Henderson, M. (2018). The influence of psychosocial factors in veteran adjustment to civilian life. *Clin Psychol Psychother*. 25, 583-600. <u>https://doi.org/10.1002/cpp.2182</u>
- Tedla, M. G., & Kahsay M. M. (2023). Mental health rehabilitation and support for victims of the Tigray war. *The Lancet Psychiatr*, 10(6). <u>https://doi.org/10.1016/S2215-0366(23)00150-5</u>





- WHO. Global disability action plan 2014-2021. cited 2019 Aug 16. <u>https://www.who.int/disabilities/actionplan/en/</u>
- Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*, 394, 240-248
- Hirschberger G. (2018). Collective Trauma and the Social Construction of Meaning. *Frontiers in psychology*, 9, 1441. <u>https://doi.org/10.3389/fpsyg.2018.01441</u>
- Park C. L. (2013). Trauma and meaning making: Converging conceptualizations and emerging evidence, *The Experience of Meaning in Life*, eds Hicks J. A., Routledge C. (New York, NY: Springer; ), 61-76.
- Silver, R.C., Holman, E.A. & Garfin, D.R. (2021).Coping with cascading collective traumas in the United States. *Nat Hum Behav*, 5, 4-6. <u>https://doi.org/10.1038/s41562-020-00981-x</u>
- Matoba, K. (2023). Measuring Collective Trauma: a Quantum Social Science Approach. Integr. psych. behav, 57, 412-431. <u>https://doi.org/10.1007/s12124-022-09696-2</u>
- Li, M., Leidner, B., Hirschberger, G., & Park, J. (2023). From Threat to Challenge: Understanding the Impact of Historical Collective Trauma on Contemporary Intergroup Conflict. *Perspectives on Psychological Science*, 18(1), 190-209. <u>https://doi.org/10.1177/17456916221094540</u>
- Rasmus, P., Lipert, A., Pękala, K., Timler, M., Kozłowska, E., Robaczyńska, K., Sobów, T., Kozłowski, R., Marczak, M., & Timler, D. (2021). The Influence of a Psychosocial Rehabilitation Program in a Community Health Setting for Patients with Chronic Mental Disorders. *International journal of environmental research and public health*, 18(8), 4319. https://doi.org/10.3390/ijerph18084319
- Bitter, N., Roeg, D., van Assen, M., van Nieuwenhuizen, C. & van Weeghel, J. (2017). How effective is the comprehensive approach to rehabilitation (CARe) methodology? A cluster randomized controlled trial. *BMC Psychiatry*, *17*, 396. https://doi.org/10.1186/s12888-017-1565-y
- Kovacic, V. (2022). Reconstructing Lives: Victims of war in the Middle East and Médecins Sans Frontières. Manchester University Press, 176.
- Bonfiglioli Stagni, S., Tomba, P., Viganò, A., Zati, A., & Benedetti, M. G. (2015). The first world war drives rehabilitation toward the modern concepts of disability and participation. *European journal of physical and rehabilitation medicine*, 51(3), 331-336.
- Almoshmosh N. (2016). The role of war trauma survivors in managing their own mental conditions, Syria civil war as an example. *Avicenna journal of medicine*, 6(2), 54-59. https://doi.org/10.4103/2231-0770.179554
- Saha, S., Chauhan, A., Buch, B., Makwana, S., Vikar, S., Kotwani, P., & Pandya, A. (2020). Psychosocial rehabilitation of people living with mental illness: Lessons learned from



community-basedpsychiatricrehabilitationcentresinGujarat.Journaloffamilymedicineandprimarycare, 9(2),892-897.https://doi.org/10.4103/jfmpc.jfmpc\_991\_1919

- Tonheim, M., Derluyn, I., Rosnes, E., & Zito, D. (2015). Rehabilitation and social reintegration of asylum-seeking children affected by war and armed conflict. Misjonshøgskolens forlag.
- Eger, E. E., Weigand, E. S., & Zimbardo, P. G. (2018). The choice: embrace the possible. First Scribner trade paperback edition. New York, Scribner.

Submetido em: 01.09.2023 Aceito em: 04.10.2023 © 2023. This work is licensed under (the "License"). Notwithstanding the ProQuest Terms and Conditions, you may use this content in accordance with the terms of the License.