PECULIARITIES IN PROVIDING PSYCHOTHERAPEUTIC ASSISTANCE TO COMBATANTS WITH ADJUSTMENT DISORDERS

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Abstract: A study was conducted of the dynamics of psychopathological manifestations (expressions) in combatants with adaptation disorders during the time they were supported by professionals Gestalt therapists – that is working with Gestalt approach in the phase of emotional response. The article shows that in the early stages psycho-education and normalization of the condition of the wounded soldiers played an important role, continuos support (based on the Gestalt approach) offered to the combatants gave them the opportunity to explore their feelings and express them in a socially accepted form, which led to improvement of the communication process and made it possible to stabilize their psycho-emotional state.
Key words: gestalt therapy, adjustment disorders, traumatic crisis, phase of emotional response

Ukrainian society is going through difficult times associated with the anti-terrorist operation (ATO) on the territory of Ukraine, which is accompanied by complex and contradictory processes of changing life values and reference points. This is true especially for the combatants.

At the beginning of the war, conscripts and contract soldiers were actually not sufficiently prepared to meet the combat techniques used by the enemy. They faced serious danger. To protect the country, volunteer battalions began to be formed, and later, when the situation became more and more complex, the Ministry of Defense of Ukraine mobilized men of military age to protect territories in the East of Ukraine.

Many soldiers underwent only some sort of rapid training before they were sent to the front. Furthermore, some were sent there before the time foreseen by the actual training program to be completed. Therefore, combatants did not always have time to adapt psychologically and emotionally to the conditions of a war of this hybrid nature. The result of the overwhelming impact of the war on the human psyche has been high number of PTSD among the fighters returning from the ATO zone [1].

Combat mental trauma, which includes experiences of great strength, caused by short-term or prolonged exposure to the psycho-traumatic factors of the combat situation, leads to mental disorders of varying severity [2]. Mental disorders associated with stress during hostilities, later become one of the main internal barriers to the subsequent adjustment to a peaceful life. The combatants often face problems in the field of education, finance, professional life, interpersonal communication, creating or maintaining a family, etc., after returning from war [3]. An important role in maintaining the importance of maladaptive behavior is played by emotional tension, which is growing because of the discrepancy between the pace of the ability of the adaptation and those transformations that occur in all spheres of life [4]. It has been established that about 30% of people are more or less successful in overcoming extreme situations on their own and when medical and psychological help is provided in time it reduces the proportion of adaptation disorders in individuals from 20% to 3-5% [5].

The purpose of our study was to explore the dynamics of psychopathological manifestations (expressions) in combatants with adjustment disorders during the time they were supported by professionals Gestalt therapists – that is working with Gestalt approach in the phase of emotional response.
During the years 2014-2017 58 combatants were under our supervision, all of them were men aged 18 to 43 years. They were all in treatment at the Military Medical Clinical Center of the Western Region of the city of Lviv and in the department for invalids and veterans of the Poltava Regional Clinical Psychiatric Hospital named after AF Maltsev. According to ICD-10, adaptation disorders were diagnosed in all those examined (F43.2).

To assess the condition of the respondents, the method of clinical conversation has been used as well as psycho-diagnostic and statistical methods of research.

The following psycho-diagnostic methods were used in the research:

- PTSS-10 questionnaire (German version of Maercker, 1999), which consists of 10 statements with a symptomatology score for the last seven days. The assessment of the severity of the trait displayed in the statement-point was carried out on the basis of a 4-point scale: never - 0, rarely - 1, sometimes - 2, often - 3 points (with > 12.5 points - posttraumatic status) [6].
- SAN test (State of health, Activity, Mood, 1973) – for definition of the psychoemotional state (the characteristics of the test allow to analyze the subjective sensation of the physiological state - well-being, the potential energy of life activity - activity, emotional state characteristics - mood. When analyzing the results of the test, the health indicators were considered to be lower than 5.4 points. The activity indicators were less than 5.0 points and the mood indicators were below 5.1 points.
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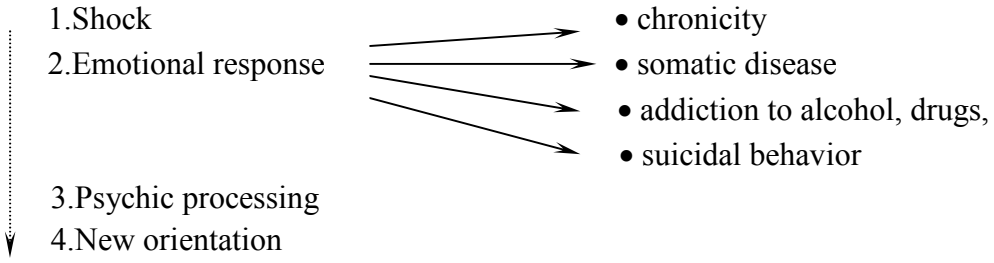
There is a certain pattern in the person's experience of a traumatic crisis with which, undoubtedly, the situation of military operations can be compared. Here J. Kullberg [7] describes four phases:



A traumatic event that reduces the meaning of existence causes shock at first. This concept describes the body's reaction to a strong irritant. In shock, the body's ability to respond is reduced to a minimum, resulting harmful, sometimes threatening reactions of the body. Consciousness reacts in the same way when penetrating overly threatening information. This leads to a narrowing of consciousness, under certain circumstances, also to a split, the victim reacts as in a trance, under certain circumstances, doing things right, but automatically, the emotions can be turned off. The condition lasts for a few seconds or minutes, but may last for several hours. As a rule, after the shock follows a response phase. All the emotions caused by shock come. The palette covers from pain, sadness, despair to rage, accusation and self-accusation. Emotional reactions can find the full

expression or can be suppressed, because the victim does not allow this himself, or the environment "comforts" in a false way and calls for the suppression of affects. After this state, in a favorable case, the processing phase came, when emotions recede into the background and the client begins really deal with the new situation. However, as a rule, this tendency does not proceed continuously, and again and again the client may fall into the emotions of the response phase. If the processing succeeds, then a new orientation may occur, which should manifest itself in real life. The dangers of a crisis are in the response phase. Already during the transition from shock to the reaction phase, disruptions are possible, as well as suicides (if not often). They often get stuck in the response phase, while the client, to a certain extent, gets used to a bad state and stays in it, realizing that they are powerless, often due to social detachment and depletion of the individual. With the other unfavorable opportunities mentioned in the scheme, we are talking about destructive attempts of a solution, to which the client resorts in cases where he does not find a positive solution.

Psychotherapeutic help in the phase of emotional response was aimed at supporting combatants and strengthening their adaptation mechanisms. At this stage, the therapeutic sessions lasting from 30 to 60 minutes were carried out 2 times a week for a period of 3-4 weeks. The goal of this stage was also to create motivation for the wounded fighters to participate in psychotherapy and reduce their anxiety associated with the need for self-disclosure as well as the development of the ability to better control emotions.

The main task was to diagnose specific violations of the client's contact with his feelings and the external environment, supporting him in understanding the process of his own experiences with his presence and providing feedback. From the point of view of Gestalt therapy, the above effects may be due to the lack of relevant resources to overcome the traumatic experience. Based on this position, during the psychotherapeutic conversation we used such questions: What helps you in life to withstand difficult situations? How and in what way does it manifest itself? What happens right now when you talk about it? What are the sensations in the body? Is there something right here that can be experienced regarding this?

A traumatic experience as a figure occupies almost the entire field of perception, preventing other aspects of life from manifesting sufficiently, and is considered in the Gestalt approach as an unfinished business [8]. In addition, the Gestalt approach is based on the "here and now" principle, which helped us to "see" the state of wounded soldiers and orient ourselves towards the choice of subsequent interventions (the phenomenology "here and now" in the context of memories "there and then"). We could observe both - emotionally excited and fully detached combatants, which brought us back to the main questions of the therapeutic relationship highlighted by I. Vidakovich: stability / instability, trust / distrust, energy / helplessness [9].

The following psychotherapeutic methods were used:
1 - establishing a therapeutic relationship [10], psycho-education for explaining the cause and mechanisms of symptoms of traumatic stress,
2 - working with resources and mental self-regulation (Mindfulness, gestalt approach to working with the body, active visualization of positive images) for relieving anxiety and internal tension symptoms,
3 - gestalt and art therapy techniques (working with an empty chair, metaphorical maps, drawing) to respond to negative emotions and stabilize emotional condition.

Conducting a clinical interview allowed to generalize some observations, based on the nature of the experiences of the wounded soldiers. So, on July 11, 2014, near Zelenopol (Lugansk region), shelling by “hail” occurred, which were unexpected and unpredictable - something sudden and terrible occurred (shock). The first seriously injured men were in our hospitals after Zelenopol [11].

Those soldiers mentioned reactive impulsive needs (and in some cases, “military” actions). They hid under the bed of the ward when there heard the sounds of fireworks at the street (not banned at the time), they experienced nightmares, intended to break the contract with the army- escape from the armed forces. One of the officers spoke of the desire to "escape and no longer return to the battlefield." Some young fighters did not understand their own behavior while facing a deadly danger. They were hiding and freezing for a while, while their military colleagues were killed. This evoked a strong sense of shame and guilt in them. A case of an absolutely "frozen" in his reactions man was also reported. He was an 18-year-old soldier. A significant role in supporting these fighters was played by psycho-education and "normalization" of their mental state.

Within the following two- three months, an "epidemic" of alcohol abuse began in the hospitals, indicating a peculiar correspondence to the second phase, which is associated with emotional reaction. In those cases the reaction did not occur and people made a big effort trying to “hide themselves” from strong experiences (for example, shame, guilt, fear). At this stage, both psychoeducation, and workarounds for responding to experiences - through drawing, modeling, movement, and metaphorical maps helped. These methods led to the response of strong emotions, followed by stabilization. In turn, the awareness of the need to avoid the recognition and expression of certain feelings led to the destruction of the significance of the figure of alcohol.

Andsince 2015, the nature of the behavior of newly arrived wounded fighters was different: they consciously treated their experience, it was easier to cooperate with a psychotherapist, they were ready to pronounce difficult experiences, talked about waras some thing that had be comepart of life. And here, relatively speaking, it is possible to diagnose a kind of adaptation to new conditions, which corresponds to phase 4.

An analysis of the results of assessing the mental state of the examinees using the PTSS-10 questionnaire found that at the beginning of gestalt therapy, 4-7 points were observed in 19 (32.7%) people, 8-12 in 29 (50.0%), 17 points - in 10 people (17.2%). At the same time, 47 (81.0%) of respondents indicated sleep disorders, scary dreams. 34 (58.6%), depressed mood - 18 respondents (31.0%), showed fearfulness with sharp sounds and movements - 24 (41 , 4%), the need to avoid other people - 27 (46.6%), irritability - 37 (63.8%), mood swings - 35 (60.3%), guilt - 25 (43.1%), fear when approaching a certain scene of the incident or when something reminded him of this - 16 (27.6%), physical strain - 36 (62.1%).

The effectiveness of psychotherapeutic care was confirmed by the dynamics of the quantitative indicators of the PTSS-10 questionnaire; before the beginning of psychotherapy, the average symptom of "mood swings" was 1.97 ± 0.12 points, after completion of psychotherapy 1.23 ± 0.11 ($p < 0.001$), "irritability »- 2,03 ± 0,12 and 1,46 ± 0,08 points respectively ($p < 0,001$),« physical stress »- 2,25 ± 0,11 and 1,42 ± 0,1 points ($p < 0,001$), "Fear of approaching the scene of the accident or sometime similar to that - 1.56 ± 0.16 and 1.06 ± 0.15 points ($p = 0.03$). Other indicators also significantly decreased, although they did not reach statistical significance.

After the gestalt therapy according to the questionnaire PTSS-10, it was found that 0-3 points were in 11 (18.9%) people, 4-7 points - in 31 (53.5%), 8-12 - in 16 27.6%). The analysis of the quantitative characteristics of the SUN psychometric test before and after psychotherapy showed significant differences ($p < 0.001$) in terms of mood indicators (3.67 ± 0.13 and 4.17 ± 0.09, respectively) and well-being (4.02 ± 0, 11 and 4.48 ± 0.12). The activity also increased significantly (3.98 ± 0.12 to 4.34 ± 0.14).

Conclusion.

The study of the dynamics of psychopathological manifestations in combatants with adaptation disorders, who were treated using the Gestalt approach (in the emotional response phase) showed that psycho-education and normalization of the condition of the wounded soldiers played an important role.

Continuos support (based on the Gestalt approach) offered to the combatants gave them the opportunity to explore their feelings and express them in a socially accepted form, which led to improvement of the communication process and made it possible to stabilize their psycho-emotional state.

Techniques of self-regulation and art therapy have proven to be very effective means of reducing emotional discomfort and acquiring better tolerance to stress.

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