

Features of Psychosocial Support of Combatants' Wives

(Nataliia Didyk)

Institute for Social and Political Psychology of National Academy of Educational Sciences of Ukraine, Kyiv,
Ukraine

Introduction. In those NATO countries the troops of which take part in foreign military operations the significant attention is paid to the psychological support of both military personnel and their families at all stages of the combat task (before deployment, during deployment, and after deployment) (Moelker et al., 2006). For example, Canadian troops have been supporting families for over 60 years. This program is governed by the Canadian Military Families' Convention, which recognizes the complexity of intercourse between healthy families and effective warriors, and underlines the moral obligation of the Canadian Armed Forces to those who are close to the militaries. The families of the regular army have the right to use all services and programs designed for families (Military Family Services, 2016).

But the circumstances faced by militaries' families abroad differ from the situation in today's Ukraine. First of all, it should be noted that military events occur in the territory of their own state, where families live, and caused by the need to protect their own land. The military aggression of Russia caused the beginning of the anti-terrorist operation in the East of Ukraine (here and after – ATO) in the spring of 2014 and caused the mass mobilization of the military-waged population, some of whom signed a contract after demobilization and remained in service. Since April 2018, after obtaining the status of an international armed conflict, the legal status of the ATO has been changed to the Joint Forces Operation (here and after – JFO) (Zakon Ukrainy, 2018). Secondly, military events on the territory of Ukraine have been going on for the fourth year in a row, and families of militaries who served on a contractual basis have been in a state of war for the fourth time already and have been experiencing constant emotional stress. Thirdly, constant unregulated media and social networks information about the events in hostilities area, about the loss of units, about the actions of the enemy contribute to an additional emotional stress.

All these factors suggest the need for psychosocial support for the families of present militaries. The programs for working with families of military personnel in military formations are only at the initial stage of development in today's Ukraine. Civic organizations and volunteers are those who have accumulated experience in providing such assistance.

As usually, support activities take place in a group format or individual counseling. Psychosocial support before, during, and after deployment includes three types of work: informational, social and psychological (Calvert et al., 2006). We suggest to take a look on the arrangements for psychosocial work with family members that occur after deployment in the form of study case.

Purpose. The study is aimed at highlighting the approbation of the of psychosocial support of militaries' families' method, which take place jointly with the military formations of Ukraine.

Methodology. The study was conducted within the framework of cooperation between the NGO "Public Movement for Empowering Women in Ukraine", the National Guard of Ukraine, and the Armed Forces of Ukraine.

The case consisted of 29 group meetings involving 280 women. Each meeting began from the acquaintance of the participants, the arrangement of the event purpose and structure. Each meeting consisted of three parts:

1. Informational. The representatives of the military unit answered socially concerned questions on women's worries, and also brought the information, currently relevant and useful to the family of a military officer. During this part, women also shared their experience on social issues solving.
2. Psychological. This part was aimed at the psycho-emotional discharge of participants, so psychological work was carried out by means of the body-oriented technique. The principle of organization of group body-oriented therapy was used (Malkina-Pykh, 2007). Only women and psychologists (who were women as well) stayed to complete this part, while all men who were present in the first part have left the group.
3. Individual consultations (conducted by request).

Between the parts of the meeting participants had a possibility to communicate freely while savoring tea and sweets. This opportunity facilitated the exchange of contacts among participants and the identification of active women, who might be involved in the further thematic events.

The psychological part of the psychosocial support was conducted in a group therapy form. This form was taken into account because of the analysis of experience with military families in other countries (Calvert et al., 2006), and because of understanding the value of group work. In a group the participant gets an opportunity not only to successfully interact with others, but also to achieve an internal comfort to use his/her potential to the full (Ormont, 1998).

Such principles of group therapy were taken: the coordination of rules, the explanation and discussion of the results for each technique, the level of trust in the group, and the participants' socio-demographic characteristics consideration (Malkina-Pykh, 2007).

To complete the psychoemotional discharge task the body-oriented techniques were used, as emotionally significant experiences "grow into the memory of the body" and tend to stay in it. In body-oriented therapy it is believed that accumulated traumas and disappointments cause a disorder between feelings, mind, and body. A person begins to feel non-holistic, loses contact with the self, or becomes unsatisfied with the quality of this contact. Psychologically, the loss of contact with the self is the same as the loss of contact with the body, and by means of the body-oriented therapy technique a person develops the ability to restore own sensual nature. Body therapy forms "the bridge" between thoughts, actions, and emotions, and thus makes it possible to understand and change them. This, in turn, allows to find internal resources for the necessary changes (Malkina-Pykh, 2007).

Taking into account the features of the group, the techniques were applied in the following sequence (duration 1-1.5 hours):

- The method of controlled psychophysiological self-regulation, synchronic gymnastics "The Key" by Khasay Aliyev. This technique represents the way of human motor activity synchronizing with her/his actual psycho-emotional state (Kisarchuk et al., 2015). The body therapy part began precisely with the exercise "Carousel" or "Whirlwind" (turning rhythmically to the right-left, around the vertical axis at the lumbar level, both hands "fly" freely in one direction, then in another);

- Techniques by A. Lowen. According to Lowen, a sensitive attitude to the needs of their own bodies brings people closer to their "original essence" and reduces the alienation from themselves and others. The cause of neuroses, depression and psychosomatic disorders is the suppression of feelings, which manifests itself in the form of chronic muscular tensions that block the free flow of energy in the body. Patients with neuroses, according to Lowen (2000), spend most of their energy to keep up the work of psychological defensive mechanisms through muscular tension to protect personality from the impact of both real internal feelings and external influences, and mental fears.

If this is the first meeting of the group, it is recommended to use only a few techniques: the technique "Lowen Arch" (Malkina-Pykh, 2007) and the modified technique "Scream" (the modified version is conducted by the leader to let each participant scream individually, without sound and with eyes closed).

- Progressive muscle relaxation (by Jacobson). The method was proposed in 1922 by Chicago physiologist and psychiatrist Edmund Jacobson. He proceeded from the well-known fact that emotional stress is accompanied by the strain of transversely striped muscles, and calming down – by their relaxation. It was natural to assume that muscles relaxation should be accompanied by a decrease in neuromuscular tension. By relaxation Jacobson understood not only the muscles relaxation, but also the state opposite to mental activity (Lazurenko, 2011).

The complex of techniques had been changing depending on the group features, but all the techniques were simple, so participants could carry them out by their own. All of the above techniques have warnings related to health, which should be taken into account while using certain techniques with a particular group.

Results. The visible results after the psychological part of psychosocial support of the group are manifested as: elevated mood; increased level of trust to one another and to psychologists; readiness to share own experiences with other participants, and ask psychologist for an individual consultation; readiness to hear useful additional information from a psychologist; desire to attend the next meeting.

After meetings in this format the 100% of participants gave positive feedback (they mentioned it in the final discussion and in the feedback questionnaires).

Limitations and strengths of the study. The techniques provided in the process of group work are designed to get the immediate results during the meeting and for self-usage at home. The survey of participants after 30-days methods usage has shown that their psycho-emotional state has improved, and communication with her husband and children has become better. However, a quantitative analysis of the systematic individual usage of the technique was not carried out.

Since the specifics of military actions don't have a clear distinction between the deployment stages, women who were at different stages of the combat task (before deployment, during deployment, before coming back home and 1-3 months after deployment) were involved in the meeting, so each meeting needed modification of the format depending on the group.

Social value. The organization of psychosocial support for members of the families of military personnel is an important factor to the whole military system, since military's presence at home during the restoration period will affect his psychological state before returning to the military service.

Originality. The case presented in this paper is a description of the first time tested in Ukraine methodology for working with military families on the basis of military units.

Conclusions. Wives, just like their husbands, are in stressful conditions for a long time, so first of all it is necessary to help them to relieve emotional tension. And only after this it is advisable to explain the possible

psycho-emotional states of the serviceman who are about to return home. Methods of body-oriented therapy are those psychotherapeutic tools which in this particular case confirmed their effectiveness by providing emotional discharge in both group work and exercises at home. The system of support for military wives needs further improvement and specialization.

Keywords: mental health, social integration, armed forces, military family, women's military service, violence, trauma, relationship, case study.

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