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Art therapy methods for adjusting veterans to life in peacetime

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✦ **Abstract.** Research relevance is determined by the need to identify effective approaches to providing psychological support for veterans as they adapt to civilian life, in the context of increasing psychotraumatic consequences of war. The study aimed to provide a theoretical justification for the potential application of art therapy methods in the process of veterans' adaptation to civilian life and to examine the interrelationships between the psycho-emotional state, social adaptation and social well-being of individuals with combat experience. The study utilised a range of theoretical, empirical and mathematical-statistical methods. The study analysed and systematised contemporary scientific sources on the psychological consequences of combat experience and the potential for applying art therapy were conducted. The empirical study involved 15 male veterans aged between 23 and 61 and used psychodiagnostic techniques to assess their psycho-emotional state, social adaptation and social well-being. Descriptive statistics, correlation analysis and factor analysis were used to process the results. The findings revealed that most of the respondents exhibited symptoms of anxiety, depression and post-traumatic stress disorder, as well as difficulties with socio-psychological adaptation. This was quantitatively confirmed by the fact that primary symptoms of psycho-emotional disorders were identified in 80.0% of respondents, whilst a low level of social adaptation was found in 53.3% of study participants. A strong positive correlation between indicators of psycho-emotional state and the level of social adaptation has been established. At the same time, no significant correlations were found between most components of social well-being and manifestations of post-traumatic symptoms, which may indicate the relative autonomy of individual components of social functioning. Based on the results of factor analysis, two latent structures associated with social inclusion and the process of readaptation were identified. A theoretical analysis of the scientific literature has demonstrated the potential for applying art therapy methods within the system of psychological support for veterans. The practical significance of the study lies in the possibility of using the findings to improve programmes for psychological support and psychosocial care for veterans, as well as to justify the inclusion of art therapy methods in comprehensive rehabilitation measures

✦ **Keywords:** post-traumatic stress disorder; combat stress; psychological rehabilitation; psychosocial support; resilience; emotional regulation

✦ Introduction

The full-scale war in Ukraine has highlighted the issue of psychological and social readaptation of veterans to civilian life. Prolonged exposure to combat stress, life-threatening situations and loss is accompanied not only by physical injuries, but also by the development of post-traumatic reactions, emotional disturbances, difficulties in interpersonal relationships and a reduced quality of life. In this context, the search for effective approaches to psychological

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support and the restoration of adaptive resources for those with combat experience has become particularly pressing. The World Mental Health Report… (2022) emphasises that the consequences of psychotraumatic events are complex in nature and require the implementation of a biopsychosocial approach that combines psychological medical, and social support. Restoration of individual's functioning and ensuring the conditions for their full integration into society following traumatic events was emphasised. A. Maercker (2022), summarising existing research on the consequences of psychological trauma, noted that the process of recovery following extreme events encompasses the emotional, cognitive and social aspects of an individual's functioning. The author emphasised that the success of readaptation is determined not only by an individual's personal resources, but also by the level of social support, interpersonal relationships and the availability of psychotherapeutic assistance. A study by C. Brewin *et al.* (2017) demonstrated that the psychotraumatic consequences of combat experience are manifested not only by symptoms of post-traumatic stress disorder, but also by impairments in emotional regulation, difficulties with social functioning and interpersonal interaction. This highlights the need for comprehensive psychological support approaches aimed at integrating traumatic experiences and restoring an individual's psychological well-being. Contemporary approaches to interpretation of veterans' readaptation are based on the biopsychosocial model, according to which the return to civilian life is viewed as a complex process of restoring an individual's mental, physical and social functioning. At the same time, the success of readaptation is determined not only by the nature of the psychotraumatic experience, but also by the level of resilience, the presence of a supportive social environment and the possibility of resuming familiar social roles. G. Rakesh *et al.* (2022), in investigating the relationship between traumatic experiences, social support and resilience among veterans, found that social support is one of the key factors in psychological recovery following combat experiences. The authors emphasised that supportive interpersonal relationships help to reduce the severity of post-traumatic symptoms and enhance an individual's ability to cope with stressful situations.

R.D. Gettings *et al.* (2022) highlighted the issue of social isolation among veterans, noting that the difficulties of transitioning from military to civilian life are often accompanied by a loss of familiar social connections, feelings of loneliness and a decline in subjective well-being. According to the researchers, incorporating elements of social interaction and support into psychological support programmes helps to improve social integration and efficiency of adaptation to civilian life. In contemporary psychology, art therapy is regarded as a form of psychotherapeutic support that involves the use of creative activity for the symbolic expression, awareness and integration of emotional experiences. Art-therapeutic methods are of particular importance when working with individuals who have experienced psychotraumatic events, as they can be used to process traumatic experiences indirectly, without the need to re-enact the psychotraumatic events in detail. A systematic review by M. Campbell *et al.* (2016) found that art therapy interventions are associated with a reduction in the severity of post-traumatic stress disorder symptoms, improved emotional regulation and enhanced social interaction among individuals with traumatic experiences. The researchers emphasised that the most promising forms of art therapy are group-based approaches, which combine individual processing of experiences with the restoration of social connections. K. Kudar *et al.* (2025) addressed the role of non-verbal methods in working with veterans, noting that art therapy practices can help reduce feelings of isolation, increase levels of self-reflection and restore a sense of personal integrity. According to the authors, the use of creative methods is a promising approach to providing psychosocial support for individuals with combat experience, though it requires further empirical research. In this regard, the recovery process involves not only alleviating symptoms but also restoring a person's ability to function fully in society and to construct new meanings in life. In contemporary research, readaptation is viewed as a dynamic process of restoring psychological well-being and social functioning following a traumatic experience.

Despite considerable academic interest in the psychological rehabilitation of individuals with combat experience, the use of art therapy methods in the context of the socio-psychological readaptation of veterans remains under-researched. Most contemporary studies focus on examining specific aspects of post-traumatic manifestations or analysing the effectiveness of individual psychotherapeutic approaches, whilst the interrelationship between veterans' psycho-emotional state, social adaptation and social well-being requires further empirical investigation. This highlights the need to investigate the specific characteristics of veterans' adaptation to civilian life and to provide a theoretical basis for the potential application of art-therapeutic methods within their psychological support system. The study aimed to identify the theoretical foundations for the application of art-therapeutic methods to support veterans in the process of readaptation to a peaceful environment and to analyse the links between their psycho-emotional state, social adaptation and sense of social well-being. Based on the stated aim, following research objectives were identified: to analyse current scientific approaches to interpretation the psychological consequences of combat experience and the characteristics of veterans' readaptation to civilian life; to investigate the characteristics of veterans' psycho-emotional state and social adaptation; to identify the interrelationship between indicators of psycho-emotional state, social adaptation and social well-being; to summarise contemporary approaches to the use of art therapy methods within the system of psychological support for veterans.

✦ Literature Review

Thus, research into art-therapeutic methods in the process of veterans' adaptation to civilian life is a relevant and

promising area of contemporary psychology, as it helps improve the effectiveness of rehabilitation programmes and promotes the full social integration of individuals with combat experience. Contemporary interpretation of psychological trauma is based on the view that it is an event or a series of events associated with a threat to life or to a person's physical or psychological integrity, and accompanied by the emergence of intense emotional experiences. B.A. van der Kolk (2014) notes that the consequences of psychotraumatic experiences extend beyond individual psychopathological symptoms and are manifested at the emotional, cognitive, behavioural and social levels of an individual's functioning. A person who has taken part, or is taking part, in combat operations is subject to serious consequences that affect their physiological and psychological state. The main factors in altering the characteristics of military personnel are: stress (combat stress), post-traumatic stress disorder, and acoustic trauma. The first factor, as noted by V.M. Felyk (2025), is participation in combat operations, which is regarded as one of the most potent psychotraumatic factors, associated with a constant threat to life, psycho-emotional strain and the disruption of basic physiological needs. Distress develops when a stressor is of excessive duration or intensity, affecting the mental sphere; and when the central nervous system's adaptive capacity is exceeded, this leads to mental disorders. At the same time, combat stress manifests itself in physical, emotional, cognitive or behavioural reactions. It arises even before a real threat to life arises and persists until the individual leaves the combat zone, mobilising all the body's systems (immune, defence, nervous and psychological) to overcome the danger, accompanied by changes in blood composition and hormonal surges that trigger anxiety, vigilance and aggression. According to the transactional model of stress, a person's psychological response is determined not by the event itself, but by their subjective assessment of it and the coping resources available to them (Kivak, 2024). These processes are also explained as the result of a person's interaction with their environment, where stress arises not from the event, but from their subjective assessment: primary (threat or challenge), secondary (coping resources) and reappraisal, which determines the strategies – problem-oriented (resolving the stressor) or emotion-oriented (reducing distress through distancing, meditation, etc.). In other words, if demands exceed resources, the situation is perceived as threatening, provoking distress; however, effective coping can transform it into a challenge, facilitating post-combat adaptation.

According to V.L. Zlyvkov *et al.* (2016), the risk of developing post-traumatic stress disorder (PTSD) as a result of traumatic events that exceed the bounds of ordinary human experience is associated with an extreme crisis, poses a threat to the life of the individual or their loved ones, and may complicate the course of the disorder. According to the International Classification of Diseases, 11th Revision (n.d.) (6B40), PTSD is characterised by three main groups of symptoms: the re-experiencing of a traumatic event or events in the form of vivid, intrusive memories, flashbacks or nightmares; avoidance of thoughts, memories or external stimuli associated with the traumatic experience; and a persistent sense of imminent danger, which may manifest as excessive vigilance or an exaggerated startle response to sudden stimuli, particularly loud noises. A substantial component of overcoming the effects of a traumatic experience is the presence of an individual's internal resources. Most studies show that art therapy techniques help to activate an individual's internal resources through creative self-expression, the development of reflection and emotional awareness, which in turn reduces intrusive thoughts, flashbacks, aggression and other symptoms of PTSD. Visualisation techniques and music therapy can be used to relax the body and relieve tension and anxiety and other symptoms. The third factor is acoustic barotrauma, which arises as a result of a shock wave and manifests as a kind of molecular concussion. I.D. Spirina *et al.* (2022) emphasised that concussion caused by exposure to a mine blast has different aetiological mechanisms and clinical characteristics compared to concussion caused by a blow, a sports injury or a road traffic accident. Traumatic brain injuries (TBI) associated with combat operations are caused by the effects of explosions. TBI is a common cause of neurological damage and disability among the civilian population and military personnel. According O.A. Nykyforova & M.V. Bidniak (2023), the following processes occur in the human body as a result of acoustic trauma: axonal rupture (headaches, panic attacks, aggression, loss of coordination, hallucinations, déjà vu, loss of touch with reality); circulatory disturbances (affecting the finest capillaries); disturbances in cerebrospinal fluid dynamics (intracranial pressure, headaches, panic attacks, water-electrolyte homeostasis, poor memory and so on); the formation of scars and adhesions in the brain (inhibition of mental activity); auto-neurosensitisation; loss of hearing and coordination, retinal detachment.

Emotional distress, an anxious perception of the world and a constant sense of impending danger pose a major obstacle for service personnel returning to civilian life after combat operations (discharge from service, rehabilitation, continued service in the rear). Experiencing a traumatic event has a negative impact on mental health; when a person is confronted with immoral acts that contradict personal moral values, they become disillusioned with society and their trust in those around them diminishes, whilst their emotional resources become depleted to the point where they can no longer cope with everyday life (Muller, 2014). In the context of psychotherapeutic support for individuals with traumatic experiences, it is necessary to address psychological trauma in stages. This involves recognising that it is impossible to continue avoiding traumatic experiences, mobilising the individual's internal and external resources, and restoring the integrity of their psycho-emotional experience. A significant role in this process is the development of a resourceful state, which encompasses the physical, emotional, cognitive and social resources necessary for

the safe processing of traumatic events. Psychotherapeutic treatment of trauma also involves a gradual engagement with the traumatic experience, with an emphasis on stabilising the emotional state, and on recognising and differentiating between strong emotional experiences, such as fear, shame, anger or helplessness. A significant component is restoring the connection with the personal body, reducing levels of psychophysiological tension and developing new adaptive behavioural patterns. As a result of re-examining traumatic events, there is a gradual acceptance of new life experiences, a transformation of one's self-perception and the development of new ways of psychological functioning. In this context, art therapy takes on particular significance as one of the effective methods of psychological support for individuals experiencing post-traumatic distress. Art therapy methods provide safe, non-verbal processing of traumatic experiences through visual arts, metaphorical imagery, body-oriented and creative techniques. Art therapy promotes emotional release, the development of self-regulation skills, a reduction in anxiety levels and the restoration of an individual's inner resources. At the same time, in the contemporary Ukrainian psychological landscape, there is a tendency to view art therapy simplistically as merely an entertainment-based practice. Such an approach may diminish the scientific and psychotherapeutic value of the method. It is therefore necessary to interpret art therapy specifically as a systemic psychocorrectional approach aimed at the in-depth processing of psychotraumatic experiences and the restoration of an individual's adaptive potential. N. Volotovska (2023) highlighted art therapy as a means of addressing PTSD. Author noted that art therapy is increasingly being used in the treatment of various psychological problems, in particular PTSD, and is a form of psychotherapy that utilises art as a means of promoting a person's physical and mental health. Furthermore, the results of its application demonstrate that it is a means of enhancing stress tolerance, resilience and post-traumatic growth. It is a form of therapeutic process in which a work of art is used to promote the patient's physical and emotional well-being. Art therapy may include drawing, sculpture and other artistic processes that help to express feelings and emotions. Bibliotherapy, music therapy and colour therapy are also noted for their positive effects.

It is also worth noting the role of bibliotherapy, which involves altering the reactivity of the peripheral division of the central nervous system as a result of the perception of the text in a book. In particular, in 2019, D. Cruse initiated a series of studies on people and identified marked changes in autonomic responses during electroencephalography and electrocardiography recordings, which also included pupil size and respiratory rate (Volotovska, 2023). As for stories that a person perceives aurally, the words heard activate the corresponding part of the listener's cerebral cortex (visual, auditory, motor, somatosensory). In the context of mental practices involving the use of another person's lived experience, storytelling takes on additional significance. For example, students listening to advice from a professional athlete may help to form electroencephalographic patterns similar to those observed in the athlete whilst recalling personal experiences. The most significant indicator of a loss of internal resources is one's state of health and sense of psychological well-being. It is precisely resilience, along with volitional, emotional and energetic characteristics, that are necessary (directly or indirectly) to overcome post-traumatic symptoms. A person exhibiting characteristic signs of PTSD feels as though the disorder is controlling their life, causing a sense of frustration that leads to anger towards oneself and others. This can be explained by the fact that when a person faces a problem and is under "pressure", the accumulated psychological and emotional tension can be expressed in the form of increased irritability and aggressive reactions. According to M.S. Lisnyak (2024), in this context, art therapy serves as an effective means of emotional release and the safe expression of repressed emotions. The extreme nature of combat conditions is characterised by the intensity of the stressor, its suddenness, the danger involved, its sweeping impact on large groups of people, as well as the prolonged and severe course of post-traumatic mental disorders. Extreme conditions may be: intense and one-off (the use of weapons); or intense and repeated, requiring a period of adaptation to ongoing sources of stress (participation in combat operations); in combat situations, a critical incident may occur – a situation that triggers exceptionally strong emotional reactions in an individual, which negatively affect the performance of duties at the scene or subsequently (Babayan & Grishman, 2014).

According to the theory of "learned helplessness" by M. Seligman, as explained by O.A. Dudnyk (2021), fear of a traumatic situation is, for a certain period of time, adaptive, motivating the body to seek an escape. If a way to escape is found, the fear subsides, and the body proceeds quite calmly to flee or avoid the situation. However, if the threat is uncontrollable – in the context of the present study, military events – fear becomes maladaptive. This leads to the fruitless expenditure of a great deal of energy. M. Seligman argued that when the body realises the situation is beyond its control, it ceases its search for an escape (Dudnyk, 2021). This theory explains the mechanism behind the difficulties in the reintegration of military personnel, where fear is lost whilst still at the front, but in a peaceful environment a "learned" pattern of helplessness is established, which reduces motivation (low initiative and perseverance), cognitive (inability to recognise favourable opportunities for controlling outcomes) and emotional (despair, reduced self-esteem, a depressed and despondent state, anxiety due to a lack of results) processes in the ability to employ adaptive strategies. Through the process of adaptation, the functioning of the body's systems is optimised, and a balance is achieved within the "human-environment" system. Adaptation is both a balance between the environment and the organism, and a process of adjusting to changing environmental conditions. An individual's adaptability is determined by the degree to which

their capacity for psychological regulation has developed. Every person has a unique adaptation threshold, that is, the maximum degree of extreme stress to which a person is capable of adapting through psychophysiological compensatory mechanisms without damaging the integrity of their personality. The higher the level of functioning of psychological regulatory mechanisms, the lower the probability of the adaptation process failing in extreme conditions, and, consequently, the higher the adaptation threshold (Sipko, 2015). Successful social adaptation is characterised by a well-balanced relationship between an individual's needs and the demands of the social environment. An individual with good social adaptability is characterised by equanimity, harmony, and a balance between self-actualisation and self-control, which ensures compliance with the generally accepted normative requirements of the environment. Deviant behaviour is an indicator of low social adaptability. As noted by V. Aleshchenko (2022), when the adaptation process is disrupted, such maladaptive reactions as anxiety, depression or even more serious manifestations – neurotic disorders, alcoholism and drug addiction – may be observed. These are possible reactions to psychosocial stress. The military environment is characterised by clearly structured social roles and behavioural norms. In civilian life, everything is chaotic; events are constantly changing; often something fails; people disappoint; state bodies do not function properly; for the most part, everything is "grey". As K.O. Zelenska (2023) emphasised, this irritates someone who has returned from war, throws them off balance and affects their heightened sense of justice.

Stigmatisation of people with mental health conditions can be defined as a sense of shame, disapproval or embarrassment, leading to self-avoidance or rejection by others. Stigma is associated with all forms of mental health conditions. The level of stigma increases in direct proportion to the extent to which a person's behaviour differs from what is generally accepted in society. The level of stigmatisation of people with mental health conditions remains high worldwide. In many cases, this is related to a lack of knowledge regarding mental disorders. The widespread social myth that people with mental disorders are dangerous to others and commit more crimes than healthy people is deeply ingrained in society. In addition to societal stigma, individual stigma also has a significant negative impact, particularly when self-stigma occurs among patients, which deepens their social isolation and contributes to a loss of working capacity. I.D. Spirina *et al.* (2022) noted that readaptation – readjustment to a peaceful life – becomes a substantial component of socio-psychological rehabilitation. Readaptation involves certain sequential stages, and the initial shock and confusion about what is happening around cause denial of reality, anger, irritation and a desire for solitude. Only later, with the support of their family and old friends, do people whose minds are overwhelmed with memories of the frontline learn to perceive a different, peaceful reality – one where weddings are held, children are born, plots of land are allocated, houses are built, and start-ups are launched. T.M. Tytarenko (2018) noted that the initial impressions upon returning from one world to another do not help demobilised soldiers to recover their strength; on the contrary, they exacerbate their trauma, pushing service personnel either towards voluntary isolation, a reluctance to socialise with former friends who were not at the front, or even a persistent desire to return to the front quickly, enlist on a contract basis, and find themselves once again where everyone understands them and they know exactly why they wake up in the morning and perform their dangerous duties. Full recovery from trauma involves building a new way of life that incorporates the experience of the trauma and reintroduces full control of life. The recovery process involves a certain period of shock, disorientation (a mental state in which a person loses the ability to adequately perceive their surroundings, time, space, and their relationship with themselves and others) and anxiety. As noted by V.I. Rozov (2024), the duration and intensity of the adjustment period vary from person to person, yet many aspects of this process are well-known and common to many people who have experienced trauma.

In the academic literature, three areas of positive change resulting from life crises can be identified: the mobilisation of a person's latent potential, which alters their sense of self and helps them feel resilient when faced with current and future life challenges; the strengthening of meaningful, genuine interpersonal relationships as a result of traumatic events; and the acquisition of existential experience linked to changes in a person's philosophy of life, and a transformation of priorities and values regarding the present and the future. It is worth adding that, after overcoming psychological trauma, a person realises the value of life and interpersonal relationships, feels a sense of personal empowerment, and experiences an enrichment of the spiritual and existential aspects of life. R.G. Tedeschi & L.G. Calhoun (2004) viewed post-traumatic growth as a continuous process, rather than a static outcome of trauma, which enriches an individual's life story – their narrative. R.G. Tedeschi & L.G. Calhoun also emphasised that successful readaptation is linked not only to a reduction in the severity of psychotraumatic symptoms, but also to the formation of new adaptive strategies, the restoration of interpersonal relationships and the development of post-traumatic growth. At the same time, this process is individual in nature and is determined by a combination of psychological and social factors. Post-traumatic growth is not a return to a previous level of functioning after overcoming psychological trauma, but rather an experience of profound self-improvement, qualitative changes and personal transformation, the discovery of new meanings, and a sense of optimism. As a result of post-traumatic growth, significant changes occur in a person's behavioural patterns. Post-traumatic growth occurs through a person's overcoming of a traumatic event and adaptation to a new post-traumatic reality, and is determined by the effort expended in this process (Voznesenska, 2015). A theoretical

analysis of the issue suggests that art therapy can be regarded as a promising approach to providing psychological support for veterans as they readjust to civilian life. In this context, research into the psycho-emotional characteristics of veterans and the factors influencing their adaptation takes on particular significance.

✦ Materials and Methods

This study examines the characteristics of the psycho-emotional state and socio-psychological adaptation of veterans to civilian life, as well as identifying the potential for applying art therapy methods in their psychological recovery. The methodological basis of the study was a comprehensive approach, which involved a combination of theoretical, empirical and mathematical-statistical methods. The methodological basis of the study comprises general scientific methods of analysis, synthesis, comparison and generalisation of scientific sources; a systems approach; the biopsychosocial paradigm; and content analysis of recent scientific publications (2021-2025) devoted to the issues of post-traumatic conditions and the application of art-therapeutic methods in trauma treatment. The theoretical analysis covered scientific articles, monographs and official documents from international organisations, the content of which was directly related to the issues of psychological trauma, the adaptation of veterans and psychological support for individuals with combat experience. Modern studies released between 2021 and 2025 were preferred, whilst journalistic materials and sources whose content did not correspond to the research objectives were excluded from the analysis. The analysis of the potential applications of art therapy methods was conducted based on a synthesis of contemporary scientific works devoted to the use of art therapy in addressing psychotraumatic conditions and the psychological rehabilitation of veterans. In the first stage of the study, existing scientific approaches to interpretation of psychological consequences of combat experience were summarised; the main factors influencing veterans' reintegration into civilian life were identified; and scientific insights into the potential application of art therapy methods within the system of psychological support for individuals with combat experience were systematised.

The empirical study was conducted in March 2025 online using the Google Forms platform. Fifteen male veterans aged between 23 and 61 participated in the study. The sample was selected based on the principles of voluntary participation and anonymity; furthermore, all data were treated confidentially. The inclusion criteria included the following conditions: the respondent's gender and age, official veteran status (combatant – UBD), status (rehabilitation, demobilisation, service in the rear), and consent to participate in the study. Exclusion criteria were the absence of UBD status, non-participation in combat operations, and refusal to consent to the processing of anonymous data. Among the respondents, 11 were demobilised and living in civilian settlements, 3 were continuing their service in support units, and 1 was in a medical rehabilitation facility. All respondents had combat veteran status, regardless of their location following their participation in combat operations. To assess the psycho-emotional state of the study participants, the "Brief Scale of Anxiety, Depression and Post-Traumatic Stress Disorder" was used, translated and adapted into Ukrainian as presented in the methodological guide by N.A. Ahaiev *et al.* (2016). This methodology identified primary symptoms of anxiety, depression and post-traumatic stress disorder in individuals who had experienced psychological trauma. The questionnaire comprises 10 statements to which the respondent answers "yes" or "no". The results are analysed by counting the number of positive responses: the more "yes" responses there are, the higher the probability of negative psychological consequences of the trauma. A "threshold" value indicating possible mental health issues is more than 4 positive responses.

To determine the level of socio-psychological adaptation, a methodology for assessing social adaptation was employed, which can be used for an evaluation of the extent to which an individual has adapted to the conditions of their social environment, the nature of their interaction with those around them, and their level of integration into society. The methodology was presented in the handbook by M.V. Lemak & V.Yu. Petryshche (2016) and comprises 25 statements; it assesses adaptability based on the total score: 1-3 points indicate a high level of adaptability, 4-10 points – a moderate level, 11-20 points – a low level, and 21-25 points – a very low level of social adaptability. To assess the social well-being of the study participants, the questionnaire "Social Well-Being Scale" by K. Kiz, adapted for Ukraine by A.H. Chetveryk-Burchak (2014), was used. The questionnaire is based on a five-factor model of social well-being, which encompasses social acceptance, social actualisation, social harmony, social contribution and social integration. The methodology reflects the social dimension of an individual's psychological well-being and can be used for an assessment of a person's ability to maintain a balance between personal autonomy and sensitivity to the influence of the social environment. It was used for a comprehensive investigation of an individual's subjective perception of functioning within society, their level of engagement in social life, and their assessment of personal social significance. The questionnaire contains 15 statements, which are rated on a seven-point scale ranging from 1 ("strongly disagree") to 7 ("strongly agree"). The results were analysed by calculating the scores for each of the five sub-scales and determining the overall social well-being score. Higher scores indicate a higher level of social well-being and a more positive perception of personal social functioning. In this study, the method of V. Stern was implemented by constructing individual psychological profiles of respondents based on an integrated analysis of indicators of psycho-emotional state and social functioning. In particular, the results on the brief scale for anxiety, depression and PTSD were compared with data from the social adaptability assessment method. Based on the

approach, the levels of severity of PTSD, anxiety and depression symptoms were determined in relation to indicators of social well-being: social integration, social contribution, social actualisation, social harmony and social acceptance. The obtained data were interpreted in correlation, which was used to assess the characteristics of an individual's adaptive functioning as a holistic system.

Statistical analysis of the results was conducted using Jamovi and Microsoft Excel. Before the analysis, the normality of the data distribution was tested using the Shapiro-Wilk test. Subsequently, Pearson's correlation analysis was used to determine the relationships between variables, with a level of statistical significance set at $p < 0.05$. Correlations were analysed between indicators of PTSD symptoms, anxiety and depression (as measured by the Brief Scale of Anxiety, Depression and PTSD) and indicators of socio-psychological adaptation (social integration, social contribution, social actualisation, harmony with society, social acceptance). The study was conducted online. Participants were informed in advance of the study's aims, objectives and procedure, and were also provided with instructions on how to complete the psychodiagnostic assessments. Participation in the study was voluntary and anonymous; respondents had the right to withdraw from the study at any stage without any negative consequences. The confidentiality of the data obtained was ensured by coding it and subsequently using it exclusively in aggregated form. The ethical principles of the study complied with the provisions of the "Code of Ethics for Psychologists" of the Society of Psychologists of Ukraine (1990) and the Declaration of Helsinki of the World Medical Association (2025). Notably, the sample is limited; therefore, the results are of a pilot nature and require cautious interpretation without extrapolation to a wider population.

✦ Results and Discussion

The analysis of the first questionnaire yielded the following results: 12 individuals exhibited mental health issues – primary symptoms of anxiety, depression and post-traumatic stress disorder (four or more "yes" answers) – whilst three individuals were found to be in a stable condition. The data indicate that most of respondents exhibit symptoms characteristic of post-traumatic stress disorder. The results of the second questionnaire revealed that 1 person had a high level of social adaptation (1-3 points – high level of adaptation), indicating successful adjustment to a peaceful environment and that the person is not experiencing any difficulties; six people had an average level of social adaptation (4-10 points – average level), suggesting possible difficulties in adapting; though to a minor extent; and 8 individuals had low levels of social adaptation (11-20 points – low level); the data indicate difficulties in adapting to a peaceful environment due to traumatic events that affect both their mental and physical well-being. A correlation analysis between indicators of mental health and social adaptation (Pearson's $r = 0.922$; $p < 0.001$) revealed a strong positive statistical correlation within the sample. However, given the limited size of the sample, this result should be regarded as an empirical trend requiring further verification using larger samples. It is therefore possible to assume that veterans exhibiting initial symptoms experience difficulties in readapting, and that trauma sustained whilst performing military duties acts as a negative factor, reducing their quality of life. Further analysis revealed negative correlations between generalised indicators of psychological and emotional state and the overall level of social well-being (according to K. Kiz's scale). At the same time, the links between individual social well-being scales and PTSD symptoms are predominantly weak or absent, which may indicate that these processes are multifactorial within this sample. The data suggest that social well-being possesses a certain degree of autonomy rather than dependence on these factors, or that there may be a third factor influencing individuals' life satisfaction within society. Therefore, to examine this in greater detail, a statistical analysis was conducted to investigate the relationship between levels of anxiety, depression and PTSD, levels of social adaptation, and five scales of social well-being: "Social Acceptance", "Social Actualisation", "Harmony with Society", "Social Contribution" and "Social Integration" (Table 1).

Table 1. *Values of Pearson's r correlation coefficients between the summary measures and the subscales of social well-being*

Methods for assessing parallel forms	Social acceptance	Social actualisation	Alignment with society	Social contribution	Social integration	Overall indicator of social well-being
Levels of anxiety, depression and PTSD	-0.039	-0.108	-0.092	-0.061	-0.128	-0.118
Level of social adaptability	-0.045	-0.050	-0.051	0.035	-0.035	-0.034

Source*: compiled by the authors*

The empirically obtained data facilitate the prediction of a negative correlation between the five scales of social well-being (according to K. Kiz's methodology) and levels of anxiety, depression and PTSD; in other words, primary symptoms do not affect individuals' sense of harmony and satisfaction in their relationships with others. It is possible to hypothesise that the level of social well-being in this study may either decrease or increase under the influence of a person's psycho-emotional state, whilst simultaneously acting as a protective factor against negative symptoms. In addition to the above, there is no correlation between the overall indicator of social adaptability and the four scales: "Social Acceptance", "Social Actualisation", "Harmony with Society" and "Social Integration". However, the "Social Contribution" indicator shows a weak statistical correlation, with Pearson's $r = 0.035$ at $p < 0.001$. In this

case, a slight tendency for respondents with a high level of adaptation to rate their "social value" and their life activities more highly is notable. Consequently, the study's results indicate not only the absence of a correlation with the components of social well-being, but also that respondents possess a certain degree of autonomy in their ability to adapt, rather than a systematic interplay between the data.

The results obtained indicate the appropriateness of using art therapy methods when working with veterans, as the identified levels of anxiety, psycho-emotional stress and difficulties with social adaptation require the application of methods aimed at emotionally processing traumatic experiences and stabilising mental health. Factor analysis identified two structures: "Social Inclusion" and "Readaptation". The interpretation of these factors should be regarded as preliminary, as it is based on pilot data. The first factor reflects a generalised trend towards social integration and subjective social functioning within the sample. The second factor combines indicators of psycho-emotional state and adaptation, which may reflect the general structure of readaptation processes, but requires further confirmation (Table 2).

Table 2. *Factor structure of indicators of social adaptation and mental health among veterans*

Provisional factor name	Variables that determine the factor	Load factors	Sum of quadratic loads	Variance deviation	Sum, %
Factor 1: "Social inclusion"	Social acceptance	0.475	3.78	47.2	47.2
	Social actualisation	0.881			
	Social contribution	0.763			
	Social integration	0.833			
	Social welfare	1.015			
Factor 2: "Re-adaptation"	Alignment with society	-0.934	2.44	30.5	77.7
	Social acceptance	0.764			
	Social adaptability	0.608			
	Anxiety/depression/PTSD	0.751			

Source: *compiled by the authors*

Factor 1, "Social Inclusion" (contribution to total variance – 47.2%) is represented by a series of descriptors with statistically significant loadings: social acceptance (0.475), social actualisation (0.881), social contribution (0.763), social integration (0.763), social well-being (1.015). The results for Factor 1 indicate that, for some respondents, a sense of belonging to society, the ability to interact with others, to assume social roles and to feel useful in a peaceful environment are substantial; this represents one of the key stages towards the social inclusion of veterans. The relevance of this issue stems from the complexity of the transformation of military personnel's social roles and the uncertainty surrounding their future professional development in civilian life. Trust in one's social environment and a positive self-image as a member of society increase the probability of successful integration into civilian life and foster an inner readiness to expand social contact. Factor 2, "Readaptation" (contribution to total variance – 77.7%), is represented by a series of descriptors with statistically significant loadings: harmony with society (-0.934), social acceptance (0.764), social adaptability (0.608), anxiety/depression/PTSD (0.751). The results of the second factor integrate indicators of veterans' psycho-emotional state and their propensity for readaptation, reflecting the intensity of the process of psychological adjustment to civilian life following the end of their participation in combat operations. The extent to which maladaptive difficulties – the root cause of which is traumatic experience – are overcome is emphasised. The intensity and frequency of trauma correlate with the complexity of subsequent social adaptation in a peaceful environment, enabling a direct relationship to be established. An analysis of individual psychological profiles (using V. Stern's method) was conducted for illustrative purposes, with the aim of clarifying the variability of indicators within a small sample. The profiles obtained demonstrate the heterogeneity of the relationships between PTSD symptoms, social adaptation and social well-being; however, they cannot be used to draw generalised conclusions regarding cause-and-effect patterns (Fig. 1).

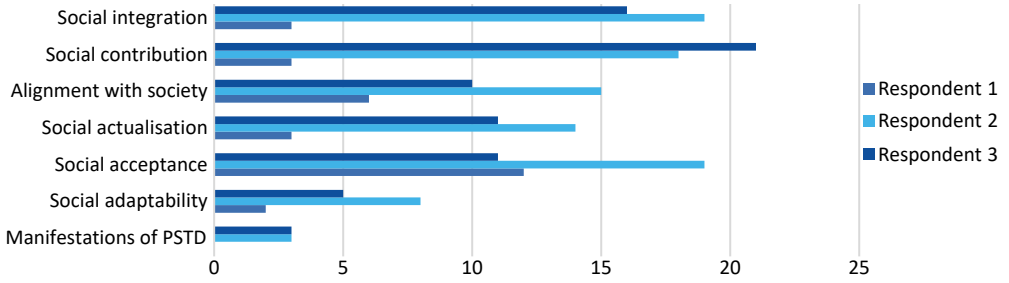

Figure 1. *Psychological profile according to the method by V. Stern*

Source: *compiled by the authors*

Psychological Profile 1. According to the results of the first questionnaire (Brief Scale of Anxiety, Depression and PTSD), the first respondent showed no signs of PTSD symptoms (0), indicating the absence of this emotional distress. According to the results of the second questionnaire (Social Adaptability Assessment Methodology), the individual exhibits a high capacity for social adaptability (2), indicating that the first factor does not influence the second. The respondent's psychological profile is characterised by a predominance of low scores across most indicators of social well-being. In particular, low levels are evident in: social integration (3), social contribution (3) and social actualisation (3), as well as harmony with society (6), which indicates detachment and difficulties in interacting with the surrounding environment. The "Social Acceptance" scale score (12) is at an average level, which may indicate a neutral attitude towards others, without any pronounced tendency. Consequently, symptoms of post-traumatic stress disorder are not the primary factor determining the characteristics of social adaptation and the level of social well-being of the first respondent. Thus, the results indicate that the individual demonstrates an ability to adapt effectively to the demands of their environment and to adhere to social norms; however, a sense of involvement and significance within social interactions is absent.

Psychological Profile 2. The results of the first questionnaire indicate that the second respondent shows a predisposition to PTSD symptoms (3), although these are not pronounced. According to the results of the second questionnaire, the individual exhibits average capacity for social adaptation (2), which may indicate generally effective functioning despite some adaptive stress, suggesting a moderate influence of emotional state on social adaptation. The respondent's profile demonstrates consistently high scores across all scales of social well-being: social acceptance (19), social actualisation (14), harmony with society (15), social contribution (18) and social integration (16). In summary, the results obtained indicate a high level of social inclusion, a positive perception of the social environment and a pronounced sense of personal significance within the system of social interactions; furthermore, the respondent's psycho-emotional state does not act as a determining factor, meaning that the level of social adaptation and social well-being is acceptable.

Psychological Profile 3. The data from the first questionnaire indicate that the third respondent has a moderately pronounced tendency towards PTSD symptoms (3 points), without signs of the condition being fully established. The results of the second questionnaire show that the respondent has a moderate level of social adaptability (5), indicating generally effective functioning. The obtained data may also indicate a moderate influence of emotional state on the process of social adaptation. The respondent's psychological profile is heterogeneous. High scores were identified for: social contribution (21) and social integration (16), indicating active participation in social life. Average scores were recorded for: social acceptance (11), social actualisation (11), and harmony with society (10). These data characterise the individual as socially active; however, their interest in interacting with those around them is reduced. Thus, PTSD symptoms moderately affect the shaping of the respondent's level of social adaptation and social well-being. A promising direction for further psychotherapeutic work with veterans is the introduction of art therapy programmes aimed at reducing the level of psycho-emotional stress, developing emotional self-regulation and improving social adaptation. Further analysis revealed a negative correlation between indicators of psycho-emotional state, social adaptation and the overall level of social well-being (according to K. Kiz's scale). At the same time, a weak or absent statistical correlation was found between individual social well-being scales and PTSD symptoms, which may indicate the presence of mediating factors. A similar view was expressed by C.L.M. Keyes (2013), who noted that social well-being has relative autonomy and is determined not only by mental state but also by the quality of social connections and a sense of social significance.

A comparison with the study by T.M. Tytarenko (2018) revealed common ground in the conclusions regarding the role of traumatic experiences as a factor disrupting life stability and an individual's adaptive resources. At the same time, T.M. Tytarenko emphasised the significance of personal meaning-making and resilience, whereas in the current study, the statistically significant association between PTSD symptoms and social adaptation is more pronounced. Furthermore, a weak correlation was found between the "social contribution" indicator and the level of adaptability ($r = 0.035$), which partially supports the hypothesis regarding the autonomy of individual components of social functioning. According to R.G. Tedeschi & L.G. Calhoun (2004), this may indicate that veterans, even when facing psychological difficulties, can maintain a subjective sense of personal social worth, which is consistent with the concept of post-traumatic growth. Factor analysis identified two key structures. The first factor – "Social Inclusion" – combines indicators of social acceptance, self-actualisation, integration and subjective well-being. Its interpretation is consistent with the findings of the study by S.E. Hobfoll *et al.* (2019), who emphasised the importance of social support as a fundamental resource for recovery from trauma. The second factor – "Re-adaptation" – integrates indicators of psycho-emotional state and social adaptability, reflecting the complex nature of the return to peaceful life. Similar ideas are present in the study by J.L. Herman (1997), which described recovery from trauma as a step-by-step process involving safety, processing the traumatic experience, and "reconnection" – the reintegration of the individual into interpersonal and social relationships. This approach is consistent with the view that traumatic experiences affect not only emotional well-being but also the ability to function socially and resume everyday roles. The findings also support the use of art therapy methods in working with veterans. High levels of anxiety,

depressive symptoms and difficulties with social adaptation indicate the need for interventions aimed at non-verbal processing of traumatic experiences. According to studies by N. Hass-Cohen & R. Carr (2008) and C.A. Malchiodi (2020), art therapy is an effective method for reducing PTSD symptoms, as it provides a safe channel for emotional expression and facilitates the integration of traumatic experiences. Thus, the study's findings are consistent with both domestic and international scientific data, confirming the key role of psychological and emotional well-being in the process of veterans' social adaptation. At the same time, the identified characteristics of social well-being indicate the multi-level nature of readaptation, which requires further study, covering individual and contextual factors.

✦ Conclusions

The study showed that indicators of psychological and emotional well-being (in particular, levels of anxiety, depressive symptoms and manifestations of PTSD) are strongly associated with veterans' reintegration into civilian life. At the same time, no statistically significant correlation was found between individual social well-being scales and PTSD symptoms. The results of the correlation analysis suggest that emotional state is a more sensitive indicator of adaptation processes in the study sample compared with measures of social well-being. Factor analysis revealed a structure in which readiness to interact with the social environment is a significant component, which may reflect the importance of socio-behavioural aspects of adaptation. The quantitative data obtained confirm that initial symptoms of anxiety, depression and PTSD were identified in 12 out of 15 respondents, whilst a low level of social adaptation was recorded in 8 individuals. The strongest correlation was found between psycho-emotional state and social adaptation (Pearson's $r = 0.922$; $p < 0.001$), indicating the importance of taking veterans' emotional state into account during their readaptation to civilian life. Interpreting the results within the framework of a holistic approach to the individual (V. Stern) suggests that veterans' adaptation can be viewed as a multi-component process, involving individual differences in how traumatic experiences are processed and in the use of various coping strategies. An analysis of individual psychological profiles also revealed heterogeneity in the relationships between PTSD symptoms, social adaptation and social well-being, which means that the process of readaptation cannot be reduced solely to the presence or absence of traumatic symptoms. The use of art therapy methods in this context was considered a potential avenue for providing psychological support to veterans. In theoretical terms, art therapy is described as an approach that can facilitate the non-verbal processing of emotional experiences and reduce psychological and emotional stress; however, its effectiveness was not empirically tested within the scope of this study. Prospects for further research include expanding the sample size, involving veterans from different age groups, and conducting separate empirical studies on the effectiveness of psychocorrectional and art therapy programmes. A comparative analysis of various methods of psychological support and their combined application would also be beneficial.

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✦ Conflict of Interest

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Арт-терапевтичні методи в адаптації ветеранів до мирного життя

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✦ **Анотація.** Актуальність дослідження зумовлена необхідністю пошуку ефективних підходів психологічної підтримки ветеранів у процесі їхньої адаптації до мирного життя в умовах зростання психотравматичних наслідків війни. Метою дослідження було теоретичне обґрунтування можливостей застосування арттерапевтичних методів у процесі адаптації ветеранів до мирного життя та вивчення взаємозв'язку психоемоційного стану, соціальної адаптованості й соціального благополуччя осіб із бойовим досвідом. У дослідженні використано комплекс теоретичних, емпіричних та математико-статистичних методів. Здійснено аналіз і систематизацію сучасних наукових джерел щодо психологічних наслідків бойового досвіду та можливостей застосування арттерапії. Емпіричне дослідження проведено за участю 15 ветеранів чоловічої статі віком від 23 до 61 року із використанням психодіагностичних методик оцінювання психоемоційного стану, соціальної адаптованості та соціального благополуччя. Для обробки результатів застосовано описову статистику, кореляційний та факторний аналіз. Результати дослідження засвідчили наявність у більшості респондентів симптоматики тривоги, депресії та посттравматичного стресового розладу, а також труднощів соціально-психологічної адаптації. Кількісно це підтверджується тим, що первинну симптоматику психоемоційних порушень виявлено у 80,0 % респондентів, а низький рівень соціальної адаптованості – у 53,3 % учасників дослідження. Встановлено сильний прямий кореляційний зв'язок між показниками психоемоційного стану та рівнем соціальної адаптованості. Водночас не виявлено виражених взаємозв'язків між більшістю компонентів соціального благополуччя та проявами посттравматичної симптоматики, що може свідчити про відносну автономність окремих складових соціального функціонування. За результатами факторного аналізу виділено дві латентні структури, пов'язані із соціальною включеністю та процесом реадаптації. Теоретичний аналіз наукових джерел засвідчив перспективність застосування арт-терапевтичних методів у системі психологічної підтримки ветеранів. Практичне значення дослідження полягає у можливості використання отриманих результатів для вдосконалення програм психологічного супроводу та психосоціальної підтримки ветеранів, а також обґрунтування доцільності включення арт-терапевтичних методів до комплексних реабілітаційних заходів

✦ **Ключові слова:** посттравматичний стресовий розлад; бойовий стрес; психологічна реабілітація; психосоціальна підтримка; резильєнтність; емоційна регуляція