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# **The treatment of veterans suffering the post-traumatic stress disorder with art therapy against the background of other therapeutic techniques.**

## **Case study: the USA and Ukraine**

### **Introduction**

The goal of this article is to illustrate the issue of the Post-Traumatic Stress Disorder (PTSD) amongst the veterans, the soldiers temporarily dismissed from their duties for the time of recovery from their injuries, as well as the civilians affected by the tragedy of war. The elaboration discusses the ways of treatment of the victims, particularly focusing on various kinds of psychotherapy and several therapeutic approaches therein. The particular attention is paid to art therapy, which continuously becomes more and more popular. Moreover, it is mostly assessed, as a very helpful and effective technique, which can *de-facto* supplement any of the major existing types of therapies.

The problem is initially discussed in general terms. Subsequently, two national case studies are analysed: the United States of America and Ukraine. The choice is not accidental. Both countries have participated in the relatively recent conflicts, which had begun quite unexpectedly without the strong historical drivers. The USA, as well as Ukraine are usually considered to be a part of the Western civilisational sphere. Nonetheless, the variety in the socioeconomic background of the two nations is significant.

The United States is the most affluent country on the planet, a superpower, and a pioneer of research and technology. Ukraine, on the other hand, is a fresh democracy with, save the ongoing Russian aggression, multiple internal problems of its own. In comparison to the USA, where the situation is still not in any event perfect, the application of the effective psychological solutions in the latter county is in its infancy. Yet, the very fast pace of the changes continuously forces the Ukrainian authorities to double their efforts and accelerate the already ongoing initiatives, as well as to coin new ones.

Several case reports of integrative treatments including art therapy of the American servicemen are being discussed. This concerns the veterans from Vietnam, Afghanistan, and Iraq. The stories include the development of the trauma, the progress of the therapy, the place of the art therapy in the traditional therapy, and the final feedback. Most of the patients/clients agree on the relatively high effectiveness. The key issue almost always seems to be the improvement of communication skills and the successful return to the civilian life. Despite the existence of a number of state and private support programmes, the patients/clients believe they are insufficient and should develop further on often organised by NGOs (Schnitzer et al. 2013).

In Ukraine, the analogous schemes are only beginning to crawl. Numerous new initiatives concerning, most of all, the use of art therapy but also other non-traditional support technique keep emerging. The government is constantly changing the legislation on the matter. The popularity of art therapy grows without a doubt. However, the undertakings are still spontaneous, not to say chaotic. Contrary to the US, it is still too early (at the time of writing this article) to complete any structured data that would lead to any viable conclusions. The existing programmes will definitely continue to develop, though. Therefore, a new research field is likely to open up in the not-too-distant future.

Regretfully, the army policies frequently cannot keep up pace with the development of science and psychology. A brief history of the rise of psychological awareness and research is also explained. The slightly different attitude could potentially have saved the health of many victims of various armed conflicts across the whole world.

### **Post-traumatic stress disorder. Definition and symptoms**

Post-traumatic stress disorder is a mental outcome that can develop in the aftermath of exposure to different kinds of traumatic experiences including violence, sexual abuse or warfare. The latter type can evolve amongst both:

civilians inhabiting the combat areas, as well as the soldiers actively partaking in military operations. The trigger that directly sets off the disorder is the overwhelming amount of fear or other pernicious emotions that an individual is unable to handle for the long time. The behavioural effects of PTSD come with a notable delay (APA 2013).

Apart from the horror strictly resulting from military operations, the civilians also suffer from indirect factors such as shortage of basic supplies, impossibility of living a stable life, destruction of their belongings, and frequent necessity of displacement. These experiences are often followed with the lack of rational understanding and huge sense of injustice. The most common symptoms that come about in the subsequent part of life are returning memories of the events (also in dreams), social withdrawal, avoidance of conversations related to the experiences, constant attentiveness, explosive reactions, obsessive thoughts, low mood, depression, apathy, dissociation of mental activity, decrease in thinking ability, inability of taking decisions, and tendency to abuse substances (Sas and Yastremska 2015: 38-45). The victims display multiple emotions that they cannot assent to. This often leads to temperamental contradictions. The PTSD sufferers are often ashamed of their own stories and simultaneously they desperately long to be heard.

The civilian war victims, the soldiers partaking in combat, as well as other badly-experienced persons appear to exhibit the very same symptoms. This has constituted a basis for the research on PTSD. Yet, the field is still developing and there are multiple ways of treatment. There is no broad agreement, which methods bring the most positive results. Moreover, there are relatively few government programmes in more affluent states (the poorer ones lack any of such mechanisms) and little information exchange. The most notable support is usually provided by non-governmental organisations.

### **History of PTSD amongst the military**

The awareness of the problem gradually developed. It was strictly connected with the progress in psychological research. Initially, state or military authorities appeared not to notice the existence of the phenomenon or ignore its frequent occurrences. The soldiers were on their own. Any form of incapability was considered the internal weakness of an individual. Moreover, it was widely seen as a reason for shame, as it contradicted the propaganda image of a brave recruit in the army. The servicemen were to symbolise courage, manhood, and virtual invincibility. Hence, the soldiers who could not handle their fear were

(or were encouraged to be) socially excluded (Scott 1990: 294-300). As a result of this approach, many of them would hide their true emotions, so that the latter re-emerged after the end of their service and return to the civilian life. The first step of acknowledging the actual problem was the recognition of the so called 'shell shock' that many servicemen were affected by during the WW1 (Stagner 2014).

Save the traumatic experiences *per se*, the soldiers coming back from the front line may face similar obstacles to those of the prisoners after their release from jail. Since they have been used to a totally different way of living for a significant amount of time, they often find it impossible to fully adapt to the new circumstances – living an ordinary life. The difficulties may come up while attempting to take up employment, as well as maintaining social and family interactions (Czubak 2012). The prior exposure to the disturbing combat experiences can only intensify the hindrance, and consequently amplify the trauma. This provokes a vicious circle, which cannot be stopped by an individual himself. The solution can only be provided with the proper psychological help and support.

The soldiers in the armed conflicts are by definition expected to function in the fatalist time perspective. After all, they may perish at any time. Moreover, they should be ready to fully accept it. Otherwise, the military efficiency of the army would significantly drop. The army cannot afford the staff focused on anything else than an actual mission. Such an attitude is being shaped during the training. If a person is sufficiently strong and resistant, he or she may perform their job very cogently, however, the delayed effects of their experiences come out after fighting is ended. They have to relearn their basic behaviours, in which they have not indulged for a notable amount of time. During the military training and the subsequent combat situations, they were reprogrammed to outbalance their sense of values (from the long-term to short-term orientation). In these circumstances, their reassimilation appears to be particularly harsh. The only solution they usually face, save pharmacotherapy, is some form of a psychological therapy, during which they have to perform the enormous amount of work, so that they could fully integrate with the society and live a professional, social, and family life in the peacetime (Zimbardo 2013: 75). The alternative is deepening the symptoms described before.

Since the beginning of the 20<sup>th</sup> century, the ever-growing scale of armed conflicts, as well as the rapid development of the warfare technology, including the increased lethality of the modern weapons made the further *de-facto* ignorance of 'the shell shock' impossible to continue. The commanding bodies could no longer pretend that there was no problem or that the problem was of

little significance. They were forced to undertake some serious measures. Apart from the moral concerns, the extension of occurrence of the phenomenon led to weakening the military effectiveness even more noticeably.

The Vietnam War was a breaking point. Not until then were the symptoms classified as a separate disorder. The extent of the conflict, as well as the public discourse directly pushed the United States Army to develop the research programme. The condition of veterans turned out to resemble the one of patients who had experienced a great trauma. The conclusions led to defining PTSD by The Diagnostic and Statistical Manual of Mental Disorders in 1980 (Huemer et al. 2012).

### **Applied therapies**

The early treatment of wounded soldiers included prescribing drugs (pain killers) such as morphine, which eventually led to addictions. The drug abuse among servicemen was widely present during both World Wars. Eventually, not only did it serve the physical pain relief, but also encouragement and fighting stress. The dependence of the survivors usually continued after the end of military service (Onceva and Donev 2007).

There are several ways to treat veterans who show PTSD symptoms. The decision on the sort of treatment always depends on severity of the trauma. As stated before, numerous servicemen try to hide the first symptoms of the upcoming stress, even at the time, when they are still deployed. Later, their experiences impact their relatives when they return home. Hence, multiple psychologists suggest therapies for the entire families (Puetz et al. 2015). The medication is only recommended in the harshest cases of trauma. Then, the recommended treatment comprises antidepressants and benzodiazepines (Monson et al. 2006: 900).

In many cases, the most optimal solution appears to be a psychological therapy. The conventional psychotherapy became soon the second most common method of treatment of veterans with PTSD in multiple countries, only behind the still most popular pharmacotherapy. The American Psychological Association (APA) distinguishes five traditional types of therapy (five mainstream approaches to therapy) (APA 2009).

1. Insight-oriented therapy (psychodynamic therapy or psychoanalysis) focuses on discovering the hidden meaning of thought processes, fantasies and even dreams and their verbalising in order to be aware of one's true intentions. Only having understood them, is the patient/client

able to change the problematic issues that disturb them in their life. The process of building a relation with a therapist is a key feature of this approach (De Jong et al. 2016: 713-716).

2. Behavioural therapy focuses on showing how the particular behaviours are being shaped, i.e. a patient/client may be accustomed to a certain kind of reactions (behaviours) in the given circumstances. The therapy shows that the circumstances always vary. In fact, they do not necessarily condition the behaviour. The patient/client may opt to react differently.
3. Cognitive therapy focuses on how a patient/client is thinking. The change of thoughts may alter how one feels, and, eventually, how they behave.
4. Humanistic therapy concentrates on the fact the humans are likely to make rational choices. The patient/client is to realise that they may use their maximum potential in making choices if they do wish so. The role of the therapist is to show them how to do this. The humanistic approach includes the following subvariants: client-centred, gestalt, and existential therapy.
5. Integrative / eclectic / holistic therapy takes elements of all the remaining approaches in order to apply them to the particular needs of a patient / client.

Apart from the approaches listed by the APA, the systemic therapy is also recognised as one of the main types of psychotherapy. It focuses on the integration of people within groups and the interactions therein (Arrington 1991). There are also some other therapeutic approaches of lesser significance (e.g., postmodernist therapy, and a few others). Due to the low extent of prevalence, they will not be discussed in this analysis.

The cognitive-behavioural therapy (CBT) is a combination of the cognitive approach and behavioural one. It copes with both behaviours and thoughts. The CBT depends on conversation between the patient and the therapist. It aims to resolve the effects of the malfunctioning emotions and wrong patterns of behaviour. Its main focus is the present time and the objective that has to be achieved eventually. It is probably the most popular kind of therapy. Most of the PTSD sufferers are also treated in this way. Even though the results are satisfactory (67% of patients show no symptoms at the end of the therapy), Professor Philip Zimbardo of the Sandford University believes that this measurement cannot be thoroughly objective as it indicates short-term therapy effects only. He stresses that there is hardly any research data regarding the long-term effects and the potential return of the symptoms in the future (no matter if a person experiences another traumatic situation in their life or not). Two

subvariants of CBT are considered particularly useful in treating the PTSD veterans, respectively: the prolonged exposure therapy (PET) (Foa et al. 2014) and the time perspective therapy (TPT).

The goal of the PET is to allow the patient to emotionally live through the traumatic event, so that he or she could face the very cause of the trauma, rather than keep shunning it (Foa et al. 2014: 41-50). According to Zimbardo, this therapy is even less successful than the classical CBT in the PTSD treatment. The main obstacle is the shortage of elimination of the original trauma. Consequently, there are fewer positive results (Zimbardo 2013: 200). However, the exposure therapy has several proponents. For instance, the World Health Organisation keeps recommending this method in PTSD treatment (WHO 2024).

The time perspective therapy seems to be short of disadvantages of the classic CPT and PET. In this case, the horror of the past trauma is not as important as the current reality. The aim is to allow the patient to emotionally understand their true way of perception through time experiences and differentiate their hitherto negative-past-oriented-life from the other possible scenarios. Therefore, the assumption is that since the past cannot be erased, it ought to be left behind. On the other hand, the patient's concern should be shaping his or her future, more harmonious, path of life. According to several researchers, it is the most efficient way of treating the veterans. Its proponents include Professor Philip Zimbardo (Zimbardo 2013: 50-71) or Doctor Phillip McGraw.

Most of all the traditional approaches to psychotherapy described above may be supplemented by the non-traditional therapeutic elements, e.g., the *so-called* expressive therapies (Malchiodi 2003) and/or animal-assisted therapy (Beck 2003). The former include art, music, dance, poetry, and drama therapies, as well as psychodrama (also classified as a form of humanistic therapy) (Saliminia 2016). They are not only applied to soldiers suffering the PTSD but they are generally used within psychotherapy.

Amongst the non-traditional therapeutic techniques of treating the veterans, the art therapy is of particular significance. Its popularity is constantly growing. It brings attention of many therapists and psychologists, and it is subject to constant research and development. Likewise, it has scored numerous clinical successes (Lobban 2014). The art therapy may constitute an efficient supplement to other traditional therapeutic approaches. It is generally assessed as very valuable, though its effectiveness may vary depending on a type of the pivotal therapy. Several researchers analysed the use of art therapy within various approaches. (Thyme et al. 2007) presented the use of art therapy in the psychodynamic therapy in the treatment of depression. The researchers conducted a comparative

quantitative investigation of a group of depression sufferers, some of whom were additionally treated by art therapy, while the others solely by verbal therapy. Although the research arguably demonstrated the efficiency of both methods, it could not prove any additional benefits of art therapy itself. Perhaps, its use in the psychodynamic approach is not as effective as in the others.

The Cognitive-Behavioural Therapy (including its subvariants) is the most frequent contemporary therapeutic approach to the PTSD sufferers. Lisa Y. Zaidi presented an eclectic therapeutic framework for a group therapy session that mostly consisted of the CBT elements supplemented by art therapy techniques. She observed that this valuable addition helped the patients/clients to involve in group discussions with relative easiness (Zaidi 1994).

On the other hand (Potocky 1993), described the use of gestalt approach (the humanistic stream) in the group session of art therapy. The therapist was an integral part of the process. Likewise, the patients/clients. The latter were to become integral parts of art they were creating. This contrivance helped the participants to improve the communication skills during the meetings.

More examples of combining the humanistic approach with the therapy were provided by Wedding and Corsini (2014: 117-143). The authors noted the inclusion of the art therapy in respectively: client-oriented therapy, gestalt, and existential therapy. In addition, the authors also presented how the art therapy could be applied within the cognitive-behavioural and psychodynamic approaches (Wedding and Corsini 2014: 19-40).

Finally (Arrington 1991: 210), investigates the systematically oriented art therapy. She aims to provide a theoretical rationale for integrating a family system orientation and the art therapy. The integration exists amidst the family members, i.e., the participants of the therapeutic environment, their integration within the art project, and, symbolically, in the final art product. The art becomes the second medium of communication and the participants are able to transmit some information to one another from their very own internal world, which could never be expressed verbally or be comprehensive to one another even if attempted.

Almost all the cases described above demonstrate that the addition of art therapy to conventional streams allows to improve the communication skills of the patient/client. PTSD is the most often treated by the CBT and its subvariants. These therapies can be supplemented, and quite frequently are, by art therapy. However, even if the CBT is considered the most effective approach, the door to other possibilities should never be closed. The therapies should be tailor-made to the individual needs of the patient/client, so as to be as effective as possible. The art therapy can also be applied together with other therapeutic



approaches if only such solutions remain advantageous. In some cases, the use of integrative approach (combining elements of several therapies) is recommended, too.

### **The particularity of art therapy**

The concept of art therapy is not entirely new, as it was used by a British artist Adrian Hill in the United Kingdom in 1940 for the first time. It was the time when the country was in war with Nazi Germany. Approximately at the same time, an American psychologist Margaret Naumburg used her fine arts practice, in particular drawing, for psychotherapy within the psychodynamic approach (the only known at that time). She called it 'a dynamic art therapy' (Edwards 2014: 1). Art therapy referred to all activities related to the patient/client's spontaneous artistic expressions, which were carried out under the supervision of an art therapist. Such a form of interaction can also be considered a way of communication amidst the therapist and the patient/client. It is important to notice the difference between Hill's and Naumburg's approach to the therapeutic process, for instance to the role of the therapist.

Hill pointed out that the process of creation itself was therapeutic. In his view, the essence of the therapy concerned the very connection between the patient/client and the materials used by them in the process. The patient/client was to enter into their own work by themselves. On the other hand, Naumburg underscored the role of involvement through art in forming the relationship amidst the patient/client and the therapist.

In fact, art therapy can be considered from both: the therapeutic and artistic point of view. David Edwards in his *Art Therapy. Creative Therapies in Practice Series* attempts to contrast the two early approaches of art therapy, so as to betoken its most efficient cotemporary application. He tries to answer the question whether art should be an element of the therapy or constitute the therapy *per se* (Edwards 2004: 1-17). However, the conclusion turns out to be analogous in either case. The objective of both is to enable changes that ought to occur in the patient during the process of therapeutic creation.

It is worth to add that the process of healing with art is not always limited to art therapy. The role of an art therapist is one of the key issues. Sometimes training may have therapeutic effect but it cannot be qualified as art therapy. Instead of a therapist, a session is supervised by an instructor. His or her role is closer to that of a teacher. Moreover, the course is more oriented on the final product (Pamelia 2015: 14).

The American Art Therapy Association (AATA) defines the art therapy process as a way of gaining self-awareness in the process of healing and self-discovery through activities related to creativity in the field of art. This aims to bring the feeling of pleasure in the process of creation (Edwards 2014: 3). Its Ukrainian equivalent, the Ukrainian Association of Art Therapists (YAAT or UAAT) mostly adheres to the same definition.

Art therapy is usually only a supportive or supplementary part of the ongoing mainstream therapy of the defined approach. It is primarily associated with activities in the field of visual arts in relation to painting, drawing and sculpture (Edwards 2014: 4). The art therapy, depending on the use of techniques and tools, involves a patient/client who creates a work of art using physical instruments, such as paints, pastels, crayons, brushes, chisels and a medium in the form of paper, canvas, wood or other types of material. All these elements are used to make the relief. The choice of the type of art therapy and relevant tools may be tailor-made depending on the needs of the particular patient/client, which may be an effect of the prior arrangements amidst the art therapist and the patient/client. Likewise, art therapy may be conducted individually or in groups.

Basing on the statements of patients/clients, it can be concluded that the sense of the therapeutic process through art therapy (within the whole of the applied therapy) depends on returning to contact with one's own body. One patient was even quoted 'I want to get back into my body'. It is often emphasised, though, that in the case of the art therapy treatment 'finding one's own body' is not as important as helping patients/clients to feel and to notice where their attention is being concentrated. The implementation of therapy in a place, in which the patient/client feels safe, is always prioritised.

Art therapy activities focus on drawing out the patient/client's energy and reactivating their strengths to help them overcome trauma through a creative process of purification. In this process, the patient/client, under the guidance of an experienced therapist, begins to tolerate, understand and accept their psychological state (Rappaport 2014). The latter is an example how art therapy may complement the psychodynamic approach.

Through the use of artistic skills, a patient / client becomes familiar with methods that give them the opportunity to use forms that trigger deep transformations in the psyche. The goal of the art therapist is, thus, to guide them towards the ability to work through the trauma by plasticising their actions in the therapeutic process, which in turn is supposed to influence the discharge of inner tensions and inner conflicts. Though the precise role of the therapist in course of the therapy may depend on the choice of the general therapeutic approach.

Therefore, the principal aim of art therapy is to activate the natural creative processes that are ingrained in every human being, as a result of the natural creative drive present in all of us. The use of art therapy in the treatment of soldiers with PTSD is intended to help them to find the ability to return to the positive experiencing of life. Hence, the art therapy ought to undermine the manifested anxiety, depression, and other symptoms when the mental illness is developing amongst those who have experienced severe war trauma.

Save the proper art therapy, PTSD is also treated with several other forms of art added to the mainstream therapies, e.g., music therapy (Wigram et al. 2002: 157), dance therapy (Rosen 1974: 43), or drama therapy. The further alternatives include various non-traditional, non-art-related supportive techniques, such as animal-assisted therapy (Beck 2003). In addition, it cannot be ruled out that, in particular circumstances, the mainstream therapy and art therapy could simultaneously be supplemented with some of the forms mentioned above. In such a case, we would be coping with the multimodal therapy.

### **United States servicemen**

Over the course of the 20<sup>th</sup> century, the United States of America became the most powerful country on Earth. This entailed spending significant funds on arms, as well as on science and technology. The US considered itself a superpower and the main player in global politics. Hence, the American soldiers participated actively in multiple armed conflicts and interventions after the end of the WW2, including Korea (1950-1953), Vietnam (1962-1975), Iraq, Gulf War (1990-1991), Afghanistan (2001-2021), and Iraq (2003-2011 and 2014-2021), as well as a few smaller-scale ones. This signified the actual deployment of the US troops to the numerous war-zones, which created the necessity of implementation of the effective methods of treatment for veterans. The occurrence of the post-traumatic stress disorder was notable.

According to the report of the Naval Health Research Center No. 07-09, during the first years of the US missions in Afghanistan and Iraq, respectively 7.6% of the servicemen directly participating in the combat and 1.4% of the remaining deployed personnel revealed some PTSD symptoms, even though none had been diagnosed at the baseline. In the case of the personnel who had revealed some symptoms before, the rate was respectively: 43.5% and 26.2%. The servicemen with the prior PTSD experiences constituted 2.1% of all the deployed recruits (Smith et al. 2008). Hence, the probability of appearance of the trauma is significantly high. This particularly concerns the soldiers with

previous traumatic experiences, who, due to their experience, are potentially the most valuable fighters in the battlefield at the same time.

Similarly to other fields, the United States pioneered new solutions in the psychological research. As mentioned before, it was an American psychologist – Margaret Naumburg who applied her art therapy for the first time (Rubin 2001). It is worth to notice that she developed the theory at the time when the United States was engaged in the Second World War. The fast progress in the research of mental health was crucial from the point of view of the interest of the US military.

As already stated, it is worth to notice that the policies of the armed forces favoured the use of various types of a psychological therapy rather than pharmacotherapy. First, it was less costly. Second, it was assumed and later confirmed that the development in this field would lead to the decrease of addictions. A 2010 study demonstrates that the highly addictive morphine treatment of the injured during the War in Iraq caused the shrinkage of the PTSD occurrence afterwards. Yet, it was crucial to seek the alternative treatments with fewer side-effects (Holbrook 2010).

The development of art therapy, as a supporting healing method, among several other therapeutic solutions, was one of the ways aiming to achieve this goal. The AATA was founded as early as 1969. The first notable challenge for the organisation was the Vietnam War, which forced the American authorities to mobilise many citizens. Although the majority of recruits were volunteers, some were drafted to the army against their will. This only enlarged the probability of the PTSD occurrence (it is worth to notice that at the time the disorder had not been officially recognised yet), as some of the personnel were not prepared to fight even at the beginning of their service.

The AATA provided testimonies of soldiers who were deployed in Vietnam and later underwent the art therapy. They were regular patients of respectively: the CBT and the Humanistic Therapy, which were later supplemented by art therapy. One soldier claimed that it was the latter that helped him to achieve ‘a non-threatening place for social integration’, as well as it allowed him to express his feelings through his work during the sessions. The inability of showing emotions is very characteristic to the PTSD sufferers. Finally, the art therapy helped the veteran to come back to life outside the combat zone. After the return from deployment, the veterans are often incapable to regain the skills of living everyday life by themselves. Enabling it is one of the main focuses of any applied therapy.

Another soldier recalled the lack of effectiveness of a conventional therapy where a psychologist tried to work with him on childhood memories, largely ignoring the combat experience accomplished in the adulthood. The soldier

believed that it was solely the art therapy that helped him to survive his traumas. He also claimed that a daily life would be impossible without the tailor-made therapy, properly chosen to his very needs (AATA 2008).

‘A creative art therapist / recreational therapist’ was registered on the official list of jobs in the United States of America only in 1980 (AATA 2008).

The wars of the 21<sup>st</sup> century, namely in Afghanistan in Iraq, brought along the new needs of developing programmes of art therapy (and other solutions) basing on modern psychological knowledge. Multiple new initiatives have come across ever since.

The official sessions of art therapy have mostly been performed by the National Intrepid Center of Excellence. The institution, located in the United States mainland, assisted the soldiers who were incapable of further military service after their return (Health.mil 2023). Dismally, the sessions of art therapy therein are still considered to be experimental and, thus, their use is limited. Nonetheless, the situation seems to have been improving since the beginning of its operations.

Approximately a decade after the outbreak of both conflicts, the US Department of Defense initiated a cooperation with the National Endowment for the Arts, which aimed at conducting art therapy to the active personnel, as well as those who were discharged following the injuries on the battlefield. The program was to be conducted at Intrepid Spirit One, the National Intrepid Center of Excellence satellite site at Fort Belvoir Community Hospital. The art therapy was to be applied to soldiers suffering from the PTSD, as well as those showing symptoms of the traumatic brain injury.

Jones (Jones et al. 2019: 19) present three case studies of soldiers participating in the project being simultaneously treated with the standard CPT or PET. The three servicemen had been of different background. One of them was serving in the marines, the other one in the air force, finally, the last one in the US army. The first soldier was taking part in operations in Afghanistan, the second one was serving in both: Iraq and Afghanistan, the third, having been a psychological operation soldier, did not disclose the location of his service.

The art therapy included drawing, painting, and sculpturing. Optionally, the combatants could also take part in the pottery sessions. The whole undertaking consisted of three phases. The first one was explanatory aiming to create the sense of security for the patients/clients. The second phase was a group work whose objective was to enhance self-awareness and build the coping skills. The final part was an individual therapy tailored to individual needs. All the participants developed similar symptoms. They had all been exposed to blasts from rockets or bombs. Save the PTSD, they were diagnosed with mild

TBI. They all developed anxiety, problems with verbal communication, loss of memory of certain events, poor compliance with every day duties, worsening relations within their families, emotional block, and chronic pain. In addition, two of the soldiers reported sleeping disorder. The veteran, who served in the air force, would additionally demonstrate symptoms of depression, as well as the rise of anger in case of a wrong preconception of himself. He was reacting apprehensively when he was accused of 'not taking part in a real fight, as he was only serving in the air-force'. He explained such comments were very common and they usually resulted from their authors' lack of expertise regarding his duties on the battlefield.

The art therapy lasted from one to four years. In all the described cases, it was assessed as successful. All of the patients/clients managed to come back to the civilian life. They improved their family relations. One of the soldiers did not quit painting after the end of the therapy, hoping to bring more awareness about the combat reality by exhibiting his works in a national museum showing them to ordinary people. All of the patients / clients reported the raise of consciousness and understanding the process. Their memories gained significance. The servicemen's verbal skills returned to the pre-combat level. They began to recognise the previously hidden emotions. They opened up to discuss the past with their family and friends. Summing up, they made achievements in the following fields: perception of self-awareness, ability to express emotions, interpersonal relations, and sense of control (Jones et al. 2019).

Another soldier who had witnessed a bomb explosion following the 18-month deployment in Iraq also developed a brain injury and PTSD. He was treated in the Veteran Administration Medical Center in Richmond, Virginia with pharmacotherapy and CBT. He struggled with serious difficulties while performing every day activities. Having heard of the potential advantages, his family organised a series of art therapy sessions in a private rehabilitation centre in Chicago, Illinois. Although at the time of reporting, the therapy was still ongoing, yet, the results were already promising. The wounded veteran began to display emotions (AATA 2008).

As demonstrated above, one of the biggest accomplishments of art therapy appears to be the fact that the patients/clients learn how to communicate. This therapeutic form seems to have restored the ability of communication not only about the bad experiences dating back the deployment time but also about good things, which had been dammed up by the traumas.

Nevertheless, the British research of 2020 on the art therapy treatment (CPT was the main therapeutic trend) for the British and American combatants from Afghanistan and Iraq showed less optimistic results. Although it confirmed

numerous benefits of art therapy already mentioned before, the participants also univocally admitted that it could not be considered a miraculous cure and they also had to seek help elsewhere. Thus, no technique is probably short of caveats. The constant improvement of the existing methods is always needed (Schnitzer et al. 2002).

The most recent challenge for the US military was the withdrawal of the troops from Afghanistan in 2021. Further initiatives regarding art therapy and other non-traditional therapeutic factors became available for veterans and civilian contractors, including the Afghani nationals, who were evacuated together with the American contingent. These included the suicide prevention emergency line, 'Headstrong', a free of charge confidential mental health treatment for the veterans and their families regardless of the time of discharge, veteran response teams capable of supporting returned soldiers at their place of residence, respective support telephone applications, as well as the help for Afghani contractors, i.e. the mental health support particularly oriented on helping the Muslim people available, save English, in the official languages of Afghanistan: Pashto and Dari, as well as in Arabic and Urdu (AATA 2021). The art therapy was one of the offered solutions to the victims. Subsequently, several other programmes of support also emerged.

Despite so many successful initiatives and the rapid development of the field, the use of art therapy and other non-traditional therapeutic measures does not still correspond the needs. Save the actions of the AATA and the National Intrepid Center of Excellence, many more programmes have recently come up in the USA. Alas, they are still too to fulfil the needs of such a populous nation and so many veterans. Even though the United States excels in this field, the co-ordination of the veterans' treatment can still be assessed as weak. Regretfully, the organisations conducting research on art therapy and other psychological techniques of methods of psychological support do not co-operate amply, which impacts negatively on the overall efficiency of the original assumptions. Likewise, the opinions in the medical world in regards to priorities vary. Eventually, too many mentally harmed servicemen are still left without any kind of support (AATA: 2008).

### **Ukrainian servicemen**

The case of Ukraine is very different. As opposed to the United States, the war has been waged on the territory of the concerned state. It broke out in 2014. For the initial eight years, it was only fought in a very small portion of

the territory, namely in the Donetsk and Luhansk oblasts (regions). However, it was relevant enough to boost the development of various programmes of psychological treatment for the veterans, wounded soldiers, as well as the civilian population inhabiting the affected areas. Even though, for the majority of the citizens, the plight was still far away, the problem was very serious.

As a superpower, the United States has actively participated in shaping the global policies for decades. Its troops have been involved in numerous international crises. In contrast, the Ukrainian Armed Forces have hardly encountered any combat experience alike. The sole exception was the Soviet-Afghan War (1979-1989), in which the Ukrainian soldiers also fought. Besides, the Americans, as a wealthier nation, could afford huge funds on veterans' treatment, including the psychological support and research, even though the existing programmes are still short of perfection.

On the other hand, due to the shortage of sufficient funds, Ukraine was not able to conduct such studies at even remotely comparable level at the time (Colborne and Edmonton 2015: 1275). Yet, the continuing conflict forced the authorities to act. The demand for psychological services grew immensely. The solutions had to be designed almost instantly (Sas and Yatremska 2015: 45). Apart from providing the basic medical help, the hospital staff were trained how to approach the military personnel and civilians psychologically, in particular the PTSD sufferers. The facilities were supposed to provide both: traditional (verbal) therapies of any major approach, and non-traditional ones (e.g., art therapy).

Although a few small institutes coping with non-traditional therapeutic services and research had existed before, many of them opened up in the aftermath of the war. For instance, the UAAT, the Ukrainian equivalent of the American ATA, also dealing with art therapy became functional only in 2018. Such institutions were usually founded privately by the NGOs operating in the country.

The first attempts of introducing some non-traditional therapeutic approaches in the aftermath of the outbreak of the Russo-Ukrainian War met several obstacles. The shortage of any effective legislation enhanced various civic organisations (frequently those located abroad linked to the Ukrainian diasporas) to take over the initiative. Apart from art therapy, the early programmes included canine therapy, fishing, horse-back riding, and other forms of amusement (Stern 2015). Amongst the first organisations were 'the Palm of an Angel' ('Рука Ангела') dealing with the general support to the veterans and 'Hero's Companion' ('Друг Героя') focusing on animal-assisted therapy. Both of them exist until the present day and continue their work.



The situation changed dramatically after the full-scale Russian invasion on the country, which began on the 24<sup>th</sup> of February 2022. The entire state entered into a big armed conflict. Unlike the United States, which had had a well-trained professional army, Ukraine had to mobilise the civilians, some of whom were totally unprepared for such an amount of pressure. Many inexperienced volunteers joined the army, as well. The war also wielded enormous influence on the entire population throughout the country. There were high numbers of civilian casualties (Bruszewski et al. 2023).

The new realities, though, have completely surpassed the citizens' imagination. The Ukrainians appeared to follow the erroneous stereotype that armed conflicts were just an artefact of the past, at least in the world region where their country was located (Yeklechyk 2015: 10-31). Now, they had to adapt to the new circumstances. Not only the physical and mental health was at stake. The civilians were trained in basic military skills, first-aid, organising shelters, and providing emergency chains of goods deliveries (Syvak et al 2022). These events resulted in the huge country-wide demand for the rapid development of institutions able to provide the then-fledgeling psychological and other mental health-related support (Volkov and Abaturova 2022). In this respect, the Ukrainian society was facing a much bigger crisis than any time before. The actual needs contrasting with shortage of the relevant programmes illuminated the extent of how far Ukraine literally was behind the United States in this field. The development of any non-traditional supplementary therapeutic approaches was still at the very early stage.

In such circumstances, children are always a particularly vulnerable group. Therefore, the local libraries in many parts of Ukraine (due to security reasons, usually those located in the regions where bombings and shellings were less severe) organised events where children and their parents could meet together in order to receive the necessary support. The meetings aimed at cultural adaptation and integration. They included the application of the creative Montessori education method, interactive playing, and board games. They also provided an option of psychological assistance with various forms of therapeutic activities on site, designed particularly to children of different ages who suffered war-related traumas. The art therapy classes were also on schedule, together with music and drama therapy (Hordiyenko 2023: 71-74). Considering the fact that several projects alike are continuously being held across the country, the idea turned out to be successful.

In addition, multiple other art-related initiatives are constantly organised in Ukraine. They hold numbers of events, which aim to bolster the morale of the Ukrainian society. 'The New Faces of Ukraine' was an exhibition of authentic

footage of the rebuilding of the previously destroyed pieces of infrastructure. ‘Instead of War’ was an exhibition displaying the peace-oriented works of arts. ‘The Voice of Youth’ was a project aiming to stimulate the young generation to rebuild Ukraine, also by the means of arts. Finally, ‘The Art Therapy for Defenders’ project was to apply the art therapy to the victims of the war (Babichenko 2023: 6-9). As mentioned before, not all therapeutic art-making is art-therapy. Nonetheless, the results of other initiatives are very often beneficial, as well (Pamelia 2015).

Other than that, the stories of individual soldiers have often been shown in the media. They usually present their family life, background of enlistment, injuries incurred in the front line, and the eventually applied therapy. Apart from the strictly propaganda objectives, these undertakings also hope to bring attention of various charity organisations, as well as to increase the public awareness. A huge amount of population, which was not directly involved in the military action, was still unable to respond properly to veterans’ needs in everyday life interactions. Because of such a fast and unexpected course of action in the country’s recent history, the Ukrainian soldiers will particularly be jeopardised by social exclusion after their military service. As a result, the whole of the society appears to be in need of the continuous education.

Unfortunately, no comparative elaborations displaying the results of treatment of veterans suffering from the PTSD in the current conflict by various psychological methods (with or without the use of art therapy) are available at the moment. Hopefully, such publications will appear in the years to come.

However, there are already some authors who strongly advocate the use of art therapy in the war-torn Ukraine. Amongst them is Tetyana Rozumovska who considers it as one of the most effective tools in healing the PTSD symptoms (Rozumovska 2023: 63-64). She stresses the advantages of art therapy (preferably supportive to the traditional CBT), such as influence on the symptomatic level, as well as simultaneous development of the ability to solve the short-term tactical tasks, which, in turn, leads to the patient/client’s general internal stabilisation, increasement of their willingness of participation in the therapy, and personal reconstruction on a gradual basis. The multi-factor (non-verbal and verbal) approach can help to diagnose the causes of the specific disorder and discover its true essence. Moreover, the author also emphasises that this field requires further study. In her opinion, the fast pace of the research and dissemination of the technique throughout the country, as a fully-recognised treatment method is crucial in the war-time conditions (Rozumovska 2023: 58).

Approximately one month after the full-scale Russian invasion (i.e. in early April 2022), the Ukrainian Minister of Veterans Affairs Yulia Laputina announced a resolution on a new approach to the psychological rehabilitation of

soldiers. It was supposed to be in line with the similar legislations existing in the leading countries. The first legislation was passed in the Verkhovna Rada (the Ukrainian Parliament) on 29<sup>th</sup> November 2022. The new act replacing the old legislation was passed on 26<sup>th</sup> June 2024.

Numerous new initiatives began to emerge across the country. For instance, the art therapy sessions for military personnel began being conducted on a regular basis by the Kyiv City Centre for Social, Psychological, Professional and Labor Rehabilitation 'Askold' within the framework of the pilot project of social and psychological rehabilitation of the Defenders of Ukraine, initiated by the Deputy Head of the Kyiv City State Administration for Self-Governance, Marina Honda (City of Kyiv 2023).

The special art therapy classes for soldiers undergoing rehabilitation were also organised by the National Union of Artists of Ukraine and the Military Hospital in October 2023. The goal of the undertaking was to help the wounded soldiers to build the supportive relations amongst fellow fighters, as well as to readapt to life outside the combat zone.

The supervising psychiatrist, Inna Chernenko, MD, put her hope in this project, and the others alike, suggesting that they allowed the servicemen to express emotions without the use of words, which would impact their well-being, and let them open the new horizons of self-discovery, which constitutes the very essence of the art therapy. The participants themselves also praised the event claiming it allowed them somehow to restore the internal harmony. The common opinion was that the therapy session shifted the negative emotions into positive ones. It also brought back good memories from the past. The soldiers agreed that the therapeutic process worked, indeed. Some of them admitted that the event was not their first contact with art therapy (Holovatyuk 2023). Hence, even though such undertakings are of unofficial character, they keep gaining popularity in Ukraine.

The similar initiative also took place in the Zhytomyr Region. The museum 'Pulinki Barvy' organised a series of art therapy classes under the supervision of an art lecturer for the soldiers returning from the combat zone. The servicemen could participate in the event in the company of their families. The feedback of the event was equally positive (Zhytomyr OSA 2024). Again, it is still too early to draw any evidence-based conclusions for the three cases described above. The process of introduction of art therapy is still ongoing. The hitherto prospects appear to be promising, though.

Even if the field is rapidly developing in Ukraine, it is not sufficiently popularised, yet. Despite the ever-growing number of attempts of introducing the art therapy treatment, as well as the other non-traditional therapies, they are usu-

ally limited to single initiatives. These undertakings are no longer carried out exclusively by the private organisations as before but by the state institutions. In particular, the local governance units take part in their inception. Without a doubt, it is a big step forward. However, the scale of their development differs from region to region. It is rarely based on the actual regional needs. The number of undertakings solely depends on the funds and the willingness of the local politicians to proceed in a given area. Hence, it is even impossible to observe how effective these practices are. Amongst the difficulties, the irregularity of the initiatives makes any assessment virtually impossible, as well.

Considering the high numbers of casualties in Ukraine, one can venture to say that the application of psychological support in the country is still probably far behind the actual needs. Yet, the continuous improvement is notable. This particularly concerns the non-traditional therapies, such as art therapy (but also music therapy, dance therapy, animal-assisted therapy, etc.), which are conducted more and more frequently, either separately, or supportive to CBT. Priority should be given to investigate how effectively the traditional therapeutic approaches work with the non-traditional ones.

Therefore, a new field of research definitely opens up. Alas, the issue cannot be examined thoroughly at the moment, due to the insufficient data on the subject. However, looking at the hitherto progress in Ukraine, as well as the analogous history of the development of the abovementioned techniques in the USA, and simultaneously assuming that the former will follow the latter's footsteps, the art therapy (as well as other techniques) may shortly become a routine. This will make feasible to conduct the full investigation on how the art therapy is useful in the treatment of the Ukrainian veterans and civilians.

Similarly to the United States, it is crucial to popularise the research and implementation of new psychological solutions in Ukraine, so as to reduce the suffering of multiple PTSD victims. Currently, Ukraine needs much faster actions than America. Apart from helping the Ukrainians and Americans, the relevant campaigns may promote the accomplished successes in this field in other world regions where military conflicts and other disastrous events take place. The authors would like to enhance all the interested researchers to the further study on this still uncharted subject, as soon as more data becomes available.

## **Conclusion**

The proper treatment of the Post Traumatic Stress Disorder sufferers requires clear legal regulations, which do not only concern the therapeutic approach but also the rules of granting potential compensation. The procedures

have to be transparent. The special centres of treatment have to be created and co-operate with each other. They should include institutions, which deal with the preventive healthcare, as well as those, whose main focus is the proper treatment. There has to be a defined way of international information exchange amid such centres. The funding should be provided by the state. The non-governmental organisations should only supplement the existing state programmes. The media should pay more attention to the popularisation of the issue, as well as rise pressure on the decisive bodies to implement the efficient solutions in healing the PTSD patients (including the veterans).

The analysis of the use of art therapy in the treatment of post-traumatic stress disorder is vital, nowadays. The new solutions, sometimes consisting of several psychological approaches, should be ameliorated in the therapeutic processes. They are multi-phase and multifaceted *per se*. They refer to the deep-rooted creative potential that reside in the personality of every human being, regardless of their cultural background. In the art-therapeutic process on the level of visual arts in the broadest sense, a kind of micro-evolution of the personality of the patient/client who is subjected to the processes of healing through art takes place. Inner and forgotten images, related to the perception of war experiences, are activated, which, having been worked through in the art therapy process, make suffering visible and clarify it. Moreover, they give a meaning to the tragic experience and weaken the illness in the process of creative communication that takes place between the patient/client and the art therapist.

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**Słowa kluczowe:** wojna, zespół stresu pourazowego, weterani, zdrowie psychiczne, leczenie, psychologia, arteterapia, USA, Ukraina

**Keywords:** war, PTSD, veterans, mental health, treatment, psychology, art-therapy, the USA, Ukraine

#### ABSTRACT

*The article aims to present the application of various therapeutic approaches to the treatment of PTSD sufferers, in particular the servicemen who return from active combat duty. The authors hope to demonstrate how the traditional psychotherapy within a certain stream can be supplemented by new elements.*

*Special emphasis is placed on art-therapy, which appears to be one of the most successful techniques. Sadly, the development of art-therapy, as well as other non-traditional psychological treatments is often impeded by insufficient funding and inadequate collaboration among institutions studying the use of this particular approach.*

*The article also discusses the growing awareness of the problem of PTSD in military conflicts in the 20th and 21st centuries. The United States and Ukraine were chosen as the case studies in order to observe how new therapeutic elements are implemented in these two nations, which have recently participated in significant armed conflicts. The USA is a pioneer of new scientific solutions, while Ukraine has always had a limited budget for such initiatives. Nonetheless, progress has been observed in both countries though there is still a lot to be done.*



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Bogumił Rudawski (red.)

### **Zbrodnie niemieckie na inteligencji polskiej w pierwszym okresie okupacji (1939-1940). Geneza – tło – przebieg**

Seria: Prace Instytutu Zachodniego nr 100  
Poznań 2023, 174 ss.

Prezentowana książka, będąca zbiorem siedmiu artykułów naukowych, jest pokłosiem konferencji popularnonaukowej zorganizowanej w Berlinie w 2021 r., poświęconej zbrodniom niemieckim na polskiej inteligencji w początkowym okresie po wybuchu II wojny światowej.

W dwóch pierwszych tekstach przedstawiona została geneza niemieckiej polityki okupacyjnej na przykładzie kolonialnych i imperialnych tradycji polityki niemieckiej oraz ewolucji stanowiska Hitlera w odniesieniu do Polski. Kolejne pięć omawia przebieg eksterminacji inteligencji polskiej w poszczególnych regionach okupowanego państwa – od Pomorza Gdańskiego, poprzez Wielkopolskę i Łódzkie oraz Górny Śląsk, po ziemię wchodzące w skład Generalnego Gubernatorstwa. Artykuły te opisują politykę eksterminacyjną skierowaną wobec elit polskich w pierwszych miesiącach okupacji.