

HEALTH, ENVIRONMENT, DEVELOPMENT**PSYCHOTHERAPEUTIC ASSISTANCE TO FAMILIES
OF MILITARY PERSONNEL DURING WAR****Volodymyr Demydiuk**

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Summary

The purpose of the study is to determine the impact of systemic psychotherapy in working with military families. The methodology of studying emotional burnout by V. Boyko and the methodology of diagnosing mental states such as anxiety, frustration, aggression and rigidity by H. Eysenck were used in the empirical research. Pearson correlation coefficient was used for finding correlations between authoritarian hypersocialization and feelings of guilt, negativism, depression, anxiety, irritability among the military families. A comparative analysis of the emotional sphere indicators of military families raising children after psychological training in systemic psychotherapy revealed statistically significant differences in such indicators as guilt, irritability, suspicion, frustration, anxiety, depression, and significantly higher mood indicators. Thus, after undergoing psychological training in systemic psychotherapy, the families of servicemen and women experienced a decrease in guilt, irritability, suspicion, and frustration, and an increase in positive well-being and mood.

It has been discovered that in military families, difficulties in relationships with children are associated with negativism, irritability, increased anxiety, rigidity, and emotional burnout. It has been proven that an increase in anxiety in military families increases the level of irritability, emotional burnout, and guilt.

Key words: systemic psychotherapy, military personnel, military family, psychotherapeutic assistance, emotional sphere.

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1. Introduction

The issue of psychotherapeutic assistance to families of military personnel during combat is due to the fact that in recent years, considerable attention has been paid to the traumatic experience of military families in war, in particular the impact of stress factors on relationships

in the military family and parental attitudes. The transition to family-centered programs was prompted by the growth of emotional and psychological problems in the families of combatants. A trial that causes strong emotional reactions in all its members creates sources of stress and additional tasks for the whole family, changes the relationships between family members and their relations with the social environment. The main problems of military families are psychological trauma, exposure to stressors and emotional burnout. One of the important tasks of stabilizing the emotional state of military families is to choose appropriate psychotherapeutic methods, engage consultants and psychotherapists to work through traumatic experiences.

The issue of emotional difficulties among military personnel is presented in studies of the peculiarities of individual response to stress factors in military activities. Modern practical psychotherapy structurally includes a number of areas and profiles, among which family psychotherapy, in particular, systemic family psychotherapy, occupies a prominent place. In this context, this kind of psychotherapy with families with problematic children is of particular importance.

Certain unfavorable life circumstances can cause destructive psychological consequences for children in military families, which negatively affects their psychophysiological state and the family situation in general. The scientific literature provides a typical symptom complex of these consequences.

Emotional manifestations: aggravation of fears (especially fear of separation); anxiety; increased aggressiveness; tearfulness; tendency to violent emotions; impoverishment of emotional manifestations, etc. *Behavioral manifestations:* sleep disturbances, nightmares; loss of appetite; regressive forms of behavior; hyperactivity; passivity; withdrawal; increased desire for contact with adults; refusal to contact; protest activity, etc. *Cognitive manifestations:* deterioration of memory, thinking, attention; impoverished speech; increased speech activity, etc. *Somatic manifestations:* increased fatigue, drowsiness; exacerbation of chronic diseases; stomach pain; headaches; respiratory disorders; heart disorders; nausea, vomiting; upper respiratory tract diseases, etc. In addition to the components of this symptom complex, children may also manifest various forms of apathy, depression, irritability, etc. (Baimuratov & Al Nsur, 2003).

All such cases and situations require appropriate psychotherapy both with the children themselves, who are characterized by the above signs of personal and psychological destruction, and with the members of their families (Khraban, 2022).

Eight most important concepts and principles of the system approach are used in systemic psychotherapy: 1) integrity; 2) communication; 3) structure and organization; 4) levels of the system and the hierarchy of these levels; 5) management; 6) purpose and expediency of behavior; 7) self-organization of the system; 8) functioning and development of the system (Yurchenko, 2006). The concept of "system" takes central place among all system concepts, which most generally was defined as "a complex of interacting elements" (Capra, 2003).

These systemic concepts and principles form a systemic vision of family organization in family psychotherapy. That is, researchers began to systemically understand a concept of family from the position of an observer, taking into account not so much the mechanisms of the intrapsychic nature of the symptomatic behavior of a certain client, but rather their involvement through symptomatic behavior in certain relationships with other family members (subsystems) and the level of organization of the family as a system.

System analysts imagined very clearly that there were different levels of system complexity and that different types of laws are applied at each level (Hryshchuk, 2011). The concept of organized complexity has become truly the most important topic of the systemic approach in modern family psychotherapy. At each level of complexity, phenomena differ in properties.

In the same way, the functioning of the system is complicated at later stages of its development (Witty, 2007).

Having formulated the theory of autopoietic systems, some researchers made an important contribution to the understanding of the psychology of the functioning of the family system and, in particular, the peculiarities of family psychotherapy. From their point of view, any changes are possible only when they meet the needs of the family structure. Therefore, psychotherapeutic interventions carried out without taking into account the psychological characteristics of the client as a system, his potential, necessary for solving a personal problem. They can be ineffective and disorganize the working relationship of “specialist-client” (Capra, 2003).

Von Schlippe and Schweitzer (2004) stated that there was no single systematic psychotherapy. In their opinion, a significant contribution to the development of the paradigm of the systemic approach in psychotherapy was made by all known areas of family psychotherapy. These areas were included in the classic systemic therapeutic models of group I – structural family therapy of S. Minuchin (1974); transgenerational model of family therapy of I. Boszormenyi-Nagy (1986); experience-oriented family therapy (Whitaker & Keith, 1980), strategic family psychotherapy (Rosen et al., 2015). The narrative approach is included in the II and III groups of systemic therapeutic models (Von Schlippe & Schweitzer, 2004).

The narrative model of family psychotherapy is based on the principles of social constructivism. The White and Epston’s concept of narrative therapy presented a relatively novel approach to therapy, which seeks to have an empowering effect and offer therapy, which is non-blaming and non-pathological in nature (Guy-Evans, 2020). The approach involved the theses that:

- the identity of the story becomes part of own story about themselves and contains different versions about instead of the individual;
- the narrative of the problem/identity is created and sustained by its connection with significant others;
- the impact of the problem is “schematized” in such a way that the narrative includes its connection with significant others;
- the psychotherapist reveals “special consequences”, which are the positive sides of the description of the problem – strengthens the changes, using the potential and enthusiasm of the client himself, those persons who strengthen the person’s desire to cope with the “symptom”.

Systemic psychotherapy covers all forms of psychotherapy, which, based on a general theory, shifts its focus from the observation of pathological personality phenomena to interpersonal processes and applies relevant methods (circularity, neutrality, hypothetical, active position of the therapist, resource model, communication techniques, etc. The structure of psychotherapy is represented to a lesser extent by the initial, middle and final stages – creating a space for establishing a certain type of conversation between its participants (Hryshchuk, 2011).

Systemic family psychotherapy is one of the areas of family psychotherapy based theoretically on a systemic approach, the general meaning of which is the impossibility of reducing the whole to the sum of its parts. The systemic approach takes a broader approach to the concept of family psychotherapy and allows for the possibility of working with an individual; the therapist works in terms of the integral family structure. Therefore, person-oriented systemic family psychotherapy has offered an integrative version of psychotherapeutic techniques, in which the decisive factor is whether the intervention is able to change the pattern of communication of the individual with other people. Each of the mentioned models has made its specific contribution to the development of modern foreign systemic psychotherapy and counseling, as any systemic family psychotherapy correlates with the named concepts (Hapon, 2021).

The position of the psychotherapist in this direction is directed to the need to become part of the system, i.e., to “join” the family, while maintaining a position of neutrality towards the ideas, rules and laws that exist in the family, both as a whole and among its individual members. The therapist comes as an uninformed communication partner in this system, and the client, in turn, is perceived as a competent person, even an expert (*Von Schlippe, 1996*).

Family psychotherapy is based on the following principles (*Raskin & Rogers, 2000*).

Circularity. Usually, when considering problems, people use linear logic, but everything in the family happens according to circular logic. It is not easy to learn to see cause-and-effect events, but as soon as a psychotherapist focuses on these tasks, the effectiveness of his or her therapeutic methods increases.

Neutrality. For effective influence, the psychotherapist must take a neutral position and sympathize equally with all family members, give everyone the opportunity to be understood and listened to.

Hypotheticality. The purpose of a specialist's communication with a family is to test his or her hypothesis about the meaning of family difficulties. According to the philosophy of the method, the psychotherapist's communication strategy is formed.

Family psychotherapy can take a variety of forms and directions. One of the effective formats for the implementation of correctional and supportive psychotherapy for families with children is psychotherapy focused on the actualization of the personal and psychological resources of family members themselves, especially children with psychological difficulties (*Bondarenko, 2001*).

In this sense, it is worth briefly noting the specifics of child psychotherapy. The methods and approaches of child psychotherapy were improved in parallel with similar developments for adults, but almost from the very beginning, the emergence of child psychotherapy had its own specifics.

The researchers proposed methods aimed at awareness – structured play psychotherapy for children who are experiencing or have already experienced some kind of psychotraumatic event. The researchers argued that in a playful situation it is possible to realize aggressive tendencies of one's behavior. At the same time, another area of play-based child psychotherapy was developing. Some researchers studied individualized and narrative play therapy for specific childhood problems (*Kaduson et al., 2019*).

The philosophical and methodological basis of this direction was the work of O. Rank (2009), who shifted the focus from the study of the child's life and his unconscious to development, putting in the center of attention what is happening “here and now” in the emotional relationship between the child and the psychotherapist.

Non-directive play psychotherapy was developed on the principles of client-centered psychotherapy. The goal of this psychotherapy is self-knowledge and the development of the child's independence. In communication with a psychotherapist, a child gains the ability to play as he or she wants to at the moment or to do nothing at all (*Rogers & Freiaiberg, 1994*). The psychotherapist does not interfere and does not direct the child, but only contributes to a fuller disclosure of the child in various manifestations at the time of the meeting. In particular, researchers distinguish two fundamental guidelines in child psychotherapy: working directly with the child and working with his or her social environment (primarily with the family and children's society).

Analysis of the relevant practice shows that the second of these guidelines is more promising in this sense. However, the practice of systemic family psychotherapy in general and child psychotherapy in particular confirms the format of “inspirational-supportive” psychotherapy,

or psychotherapy of opportunities, in the context of which C. Rogers' client-centered psychotherapy stands out. C. Rogers notes that the individual's desire to achieve an appropriate level of competence and self-development is not always conscious, and this level can be significantly different due to the presence of biologically inherent tendencies (Rogers, 2018).

It is the achievement of one's level of competence or at least movement in this direction that forms a sense of integrity, a certain degree of self-sufficiency in the client's personality, in particular, in the families of military personnel, and relieves them of many psychological problems, anxiety, dissatisfaction, and neuroses.

C. Rogers attributes a significant role in the life and development of the individual to the self-concept, i.e., his or her ideas about oneself. The self-concept (the idea of oneself) determines the behavior of an individual in certain situations. Initially, an individual's consciousness does not contain an objective assessment of his or her own self. However, this bias is largely compensated for by life experience, which constantly makes adjustments to the individual's self-esteem, allowing him or her to better understand his or her capabilities, resources, and the perception of others. An important leading mechanism in the objectification of self-esteem and behavior is the feeling of easing internal conflict, which is replaced by internal satisfaction that arises (or increases) as self-realization progresses.

C. Rogers believes that a prerequisite for more authentic and easier acceptance of others is the acceptance of the personal self, i.e. the objectification of self-esteem. In turn, the acceptance of a person by others contributes to the process of accepting oneself in this. In Rogerian psychotherapy, as in other types of humanistic psychotherapy, the main role is shifted from the therapist to the client. C. Rogers believes that it is the client himself who holds the keys to solving his problems. The therapist can only help him find these keys and show him how to use them better. At the same time, the main task of the therapist is to establish friendly creative cooperation with the client and create an atmosphere of psychological comfort and security in which the client will begin to «release» and realize the potential of his or her true self. It is very important for the client to feel not only simple companionship, but also full acceptance of the interlocutor as he or she is.

A necessary quality of a psychotherapist should be the ability to maintain a constant positive attitude towards the client, or rather, faith in the positive foundation of his or her essence, which must be freed from the rubble of life and false defenses of the personality. Only in this case will the therapist be able to maintain both the openness of natural communication and at the same time not react with negative emotions to negative manifestations of the client's personality.

The main sequential steps of psychotherapeutic assistance in the context of client-centered psychotherapy of opportunities according to Rogers:

- 1) the client turns to the psychotherapist for help;
- 2) the psychotherapist clarifies the reason for the treatment, i.e., «determines the situation»
- 3) the psychotherapist creates an atmosphere conducive to the client's free expression;
- 4) the psychotherapist accepts the client as he or she is and helps the client to better understand himself or herself.
- 5) gradually, the expression of positive feelings becomes more frequent and stable;
- 6) the psychotherapist identifies the driving forces (true causes, impulses) of the client's positive reactions;
- 7) the client, as a result of creating a favorable atmosphere of sincere communication, is brought to an insight (insight, guess about the true causes of his/her problem);

- 8) the client consciously chooses the right behavioral strategy (the psychotherapist only helps to understand this choice more accurately);
- 9) the client begins to take real actions aimed at implementing the chosen strategy;
- 10) as the client is convinced of the success of the actions taken, the ability to insight (insights, discoveries of their reserve capabilities and ways of their realization) increases (*Rogers & Freiberg, 1994*).

This sequence embodies the practical implementation of Carl Rogers' psychotherapeutic concept, which consists in the consistent actualization of the client's capabilities, in activating his or her self-confidence, self-reliance, etc. This is extremely important for any psychotherapeutic client, and especially for child and adolescent clients (*Rogers, 1959*).

Psychotechnologically, the system of verbal reactions of the psychotherapist to the client's manifestations in the course of the psychotherapeutic process is important. There are six categories of verbal reactions in the therapeutic practice of a humanistic psychotherapist. These categories are: 1) empathic support; 2) answers to client's questions; 3) leading questions; 4) therapeutic comments; 5) therapeutic assessment (interpretation); 6) therapeutic agreement with the client. The most common category is "empathic support". Group psychotherapeutic work, like individual work, goes through several stages, but has its own more complex specificity, which is that the group, with its atmosphere and support, enhances (or at least can enhance) all processes of solving personal problems (*Eidemiller et al., 2003*).

At the same time, at the first stage of the functioning of such groups, there is an initial resistance to personal expression of oneself or study of others. At this stage, the group leader (psychotherapist) only keeps the activities of the group members in line with self-study and study of each other. At the same time, he or she tries to correct the course of the discussion of problems with a focus on current relevant experiences and events on the principle of "here and now".

The psychotherapist should try not to bring emotional clashes to the point where it leads to active rejection of the other and to the breakup of the group. However, such preservation of the group should not be done due to insufficient self-disclosure of its members. In fact, this is the second critical period, during which some groups often disintegrate completely, and some members leave the group.

Those groups that do not disintegrate after passing the test of collision find a certain unity, they form a personally significant unity, and a so-called climate of trust is established. Systemic psychotherapists believe that only after all these trials, after disclosing their true feelings and thoughts, does the group become capable of "self-healing," i.e., the mere presence in the group, its atmosphere, begins to have a psychologically optimizing effect on the individual.

Looking at oneself through the eyes of others, a person begins to objectify his or her own self-perception and self-acceptance. This mechanism is called feedback, which allows both consciously and unconsciously correcting self-esteem; in fact, this process can be called finding your way to yourself through others. Proponents of this area of psychotherapy believe that even identifying significant shortcomings and mistakes in oneself is a means of self-disclosure necessary for positive changes in personality and its manifestations in the form of internal mental states and external behavioral reactions.

The founder of logotherapy, Viktor Frankl, argued that a person's desire to find and realize the meaning of life is an innate motivational trait characteristic of all people and is the main motivator of behavior and personality development. However, the human desire to find the meaning of life can be frustrated, and this existential frustration leads to neurosis. The goal of yoga therapy is to help the individual find the meaning of life. A unique meaning of life (or generalized values that perform the same function) can be found by a person in one of three areas:

creativity, emotional experiences, and conscious acceptance of circumstances that a person cannot change (Frankl, 1988).

At the same time, the main task of a psychotherapist in systemic psychotherapy is to establish constructive, creative cooperation in choosing a method of working with a particular client, a family of military personnel, and to create an atmosphere of psychological comfort and security in which the families with whom the psychotherapist works will begin to realize the potential of their own self, find constructive strategies for coping with stress and be able to find emotional balance. The systematic repetition of such experience increasingly strengthens the participants of such psychotherapy groups' sense of security, safety, and self-confidence and leads to a decrease in anxiety, instills faith in their own ability to overcome life's difficulties.

2. Research method and participants

The study was conducted at the Hetman Petro Sahaidachnyi National Army Academy, namely the Faculty of Combined Arms and the Faculty of Combat Use of Forces. The psychological study involved 30 families of military personnel aged 20 to 50, raising children aged three to fifteen, 57% of whom were women and 43% were men. Among them, 60% have a university degree, 22% have a special education, and 18% have a secondary education.

The methodology of studying emotional burnout by V. Boyko and the methodology of diagnosing mental states such as anxiety, frustration, aggression and rigidity by H. Eysenck were used in the empirical research. Pearson correlation coefficient was used for finding correlations between authoritarian hypersocialization and feelings of guilt, negativism, depression, anxiety, irritability among the military families.

3. Results of the study

According to the results of the V. Boyko emotional burnout research methodology, it was found out that 51.3% of military families have a high level of emotional burnout, 37.9% have an average level, and 10.8% have a low level of emotional burnout. This indicates that military families are more susceptible to emotional burnout due to the impact of stressful factors. See Figure 1.

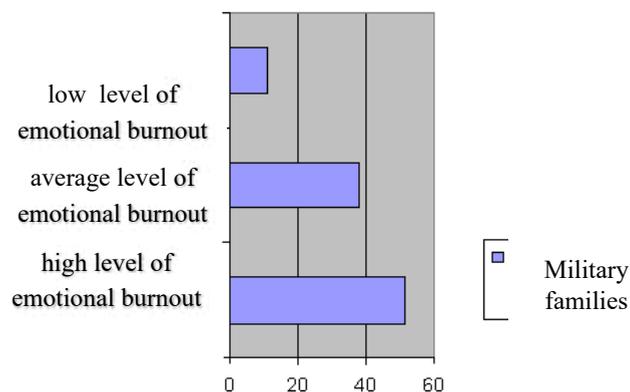


Fig. 1. Results of emotional burnout of military families according to V. Boyko's methodology

According to the results of the H. Eysenck’s methodology for diagnosing mental states, it was found that 47.8% of military families have a high level of anxiety, 34.6% have an average level, and 17.6% have a low level of this trait. In addition, 45.9% have a high level of frustration, 37.3% have an average level, and 16.8% have a low level of this trait. A high level of rigidity was observed in 43.4%, an average level in 40.2%, and a low level in 16.4%. This indicates that high levels of anxiety, frustration, and moderate levels of rigidity prevail in military families.

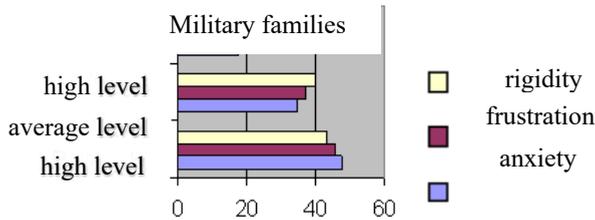


Fig. 2. Results of diagnosing mental states according to H. Eysenck’s methodology

According to the results of the correlation analysis, it was found out that emotional disorders in military families are associated with the following indicators: authoritarian hypersocialization and negativism ($r=0.34$), depression ($r=0.37$), anxiety ($r=0.33$), irritability ($r=0.41$), and guilt ($r=0.43$). This indicates that authoritarian hypersocialization of parents in their relationships with children is interrelated with negativism, depression, anxiety, irritability, negativism, suspicion, and increases the level of guilt. See Figure 3.

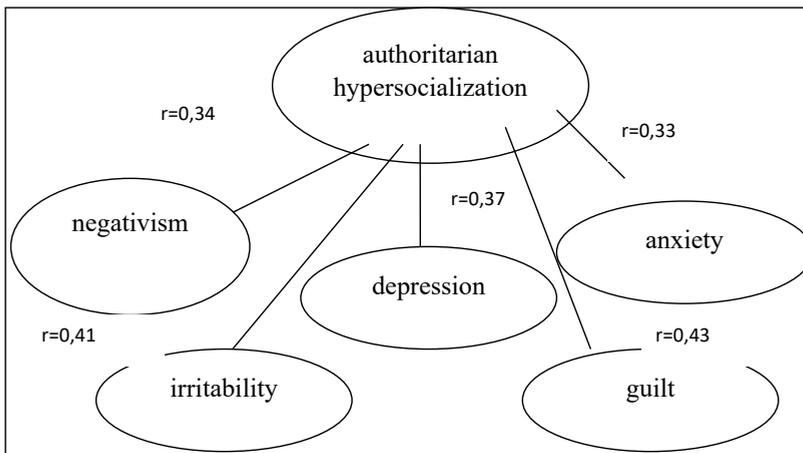


Fig. 3. Correlations between authoritarian hypersocialization and feelings of guilt, negativism, depression, anxiety, irritability among the military families

According to the results of the comparative analysis, after the introduction of psychotherapeutic assistance in systemic psychotherapy, statistically significant differences were found among military families in the following indicators “well-being” ($M1=24.96$, $M2=50.08$, $p=0.0000$), which indicates that the families of servicemen improved their well-being and family relationships after the training.

Also, the manifestation of “feelings of guilt” decreased in the participants of the training – families of servicemen ($M1=6.90$, $M2=7.67$, $p=0.0000$), which indicates that the participants of the training were able to work through their emotional experiences, stabilize them, including feelings of guilt.

After the psychotherapy, the training participants’ anxiety scores decreased ($M1=42.93$, $M2=49.78$, $p=0.0008$), and the use of systemic psychotherapy techniques helped to process negative emotions in the training participants, including anxiety.

After completing the psychological training, the families of servicemen decreased the manifestation of “frustration” ($M1=9.38$, $M2=8.01$, $p=0.0046$), which indicates that the methods of systemic therapy effectively work with emotional experiences, in particular, the participants of the training decreased their frustration.

In addition, the families of servicemen increased the manifestation of “acceptance” ($M1=14.48$, $M2=18.55$, $p=0.0009$), which indicates that after the training, the families increased the rate of acceptance in parent-child relationships, improved the psychological climate and understanding in relationships. Parents are more empathetic and open in their relationships with their children.

The manifestation of “symbiosis” in military families has decreased ($M1=5.05$, $M2=7.38$, $p=0.0259$), which indicates that military families have improved relationships with children, managed to reduce the level of trauma, and formed the independence of children in military families. Children’s emotional experiences have stabilized and anxiety has decreased.

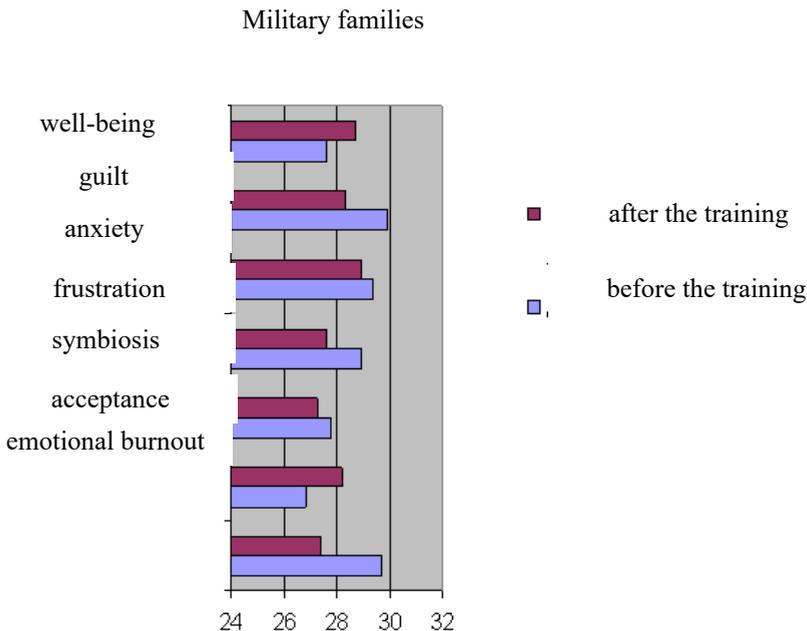


Fig. 4. The results of the comparative analysis by the indicators of “emotional burnout”, “acceptance”, “symbiosis”, “frustration”, “anxiety”, “guilt”, “well-being”

Also, the manifestation of “emotional burnout” in the families of servicemen decreased ($M1=6.38$, $M2=3.19$, $p=0.0046$), which indicates that psychotherapeutic methods reduced the

manifestation of emotional burnout in participants, in particular, it was possible to increase the level of motivation to work among the participants and reduce the manifestation of destructive emotions. A visual analysis of certain indicators of the emotional sphere of military families is presented in Fig. 4.

The results confirm the effectiveness of systemic psychotherapy and the need to create psychotherapeutic support groups among military families. The psychotherapeutic experience emphasizes that looking at oneself through the eyes of others, the client in opportunity psychotherapy begins to objectify his or her own self-perception and self-acceptance.

Psychotherapeutic methods of processing traumatic experience are a means of self-disclosure necessary for positive changes in personality and its manifestations in the form of internal mental states and external behavioral reactions (*Muzychko et al., 2020*). Psychotherapeutic processing of behavioral models of relationships with children in military families helps parents better understand their children through their behavioral and emotional states, reduces anxiety, emotional burnout, improves well-being, gives self-confidence and inspires faith in their own ability to overcome life's difficulties.

4. Conclusions

Systemic psychotherapy promotes self-knowledge and self-development of the individual. At the same time, the main task of a psychotherapist in systemic psychotherapy is to establish constructive cooperation with the client and create an atmosphere of psychological comfort and acceptance in which the client will begin to "release" and realize the possibilities of his or her "I". It is this atmosphere that accelerates the process of objectification and acceptance of the real image of oneself and others.

The statistical analysis of the research results revealed positive changes that occurred after the application of systemic psychotherapy. After the psychotherapeutic work, the mood of the families of servicemen significantly improved, the level of anxiety and emotional burnout decreased, and the indicators of emotional state significantly improved.

Conducting systemic psychotherapy in military families helps to restore their strength, discover new resources and opportunities, and thus helps to optimize emotional states and relationships in the family, and contributes to the establishment of a successful emotional climate in families. The results confirm the effectiveness of our psycho-correctional and psychotherapeutic work and the need to create such groups for military families at the centers of support and assistance, where children of combatants and their families are provided with assistance.

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