PSYCHOLOGICAL SUPPORT FOR THE DEVELOPMENT OF REHABILITATION POTENTIAL OF POWER STRUCTURES SPECIALISTS

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Abstract. *The increasing demands on specialists in power structures, including military, law enforcement, and emergency services, require the development of a robust system of psychological support. These professionals face high-stress environments, which often lead to physical, emotional, and psychological challenges that impair their operational effectiveness. This study focuses on establishing a comprehensive system of psychological support to enhance the rehabilitation potential of these specialists, enabling recovery, adaptability, and sustained professional performance. Rehabilitation potential is conceptualized as an individual's ability to recover and maintain effectiveness amidst adverse circumstances, emphasizing the need for integrated psychological diagnostics, interventions, and support. The study aims to develop a conceptual framework and practical approaches for enhancing the psychological rehabilitation potential of specialists within power structures. The study involved 175 participants, comprising 91 specialists diagnosed with depressive disorders of neurotic origin and 84 individuals without diagnosed mental disorders. A mixed-methods approach was employed, integrating the following: I. Karler Questionnaire; Life Satisfaction Index, adapted by N. Panina; Statistical Analysis Tools. The study identified key areas of dissatisfaction and psychological trauma in both groups, focusing on interpersonal, professional, and social domains. The findings underscore the importance of addressing personal, professional, and social factors in psychological rehabilitation. Normative benchmarks, including high levels of life satisfaction, resilience, and self-confidence, were identified among individuals without mental disorders. These benchmarks serve as goals for rehabilitation interventions.*

Keywords: *psychological rehabilitation; power structures; resilience; life satisfaction; neurotic disorders; social functioning; self-esteem; stress management.*

JEL Classification: H10, IO, Y8

Formulas: 0; fig.2; tabl.: 0; bibl.: 17

Introduction. The increasing demands placed on specialists within power structures, including military, law enforcement, and emergency services, necessitate a robust and adaptive system of psychological support. These professionals often operate in high-stress environments, encountering physical, emotional, and psychological challenges that can significantly impact their well-being and operational effectiveness. To ensure sustained performance and resilience, it is critical to develop a comprehensive approach to rehabilitation that addresses both immediate and long-term psychological needs.

This article explores the framework for a system of psychological support aimed at fostering the rehabilitation potential of specialists in power structures. Rehabilitation potential refers to an individual's capacity to recover, adapt, and maintain their professional and personal effectiveness despite exposure to adverse circumstances. Enhancing this potential requires a multidimensional strategy that integrates

psychological diagnostics, targeted interventions, and continuous support tailored to the unique demands of these professions.

The discussion begins by examining the key stressors and psychological challenges faced by power structure specialists, followed by an analysis of existing psychological support systems. The article then outlines innovative approaches and methodologies for psychological rehabilitation, emphasizing the importance of a proactive and preventive model. By addressing these issues, this study seeks to contribute to the development of a scientifically grounded and practically effective system of psychological support, ensuring that power structures specialists remain resilient, adaptable, and capable of meeting the complexities of their roles.

Literature review. The role of psychological support in enhancing the rehabilitation potential of specialists within power structures has garnered significant attention in recent years. This literature review examines key research and theoretical contributions in the domains of stress management, resilience building, and psychological rehabilitation, particularly as they apply to military, law enforcement, and emergency services personnel.

Studies have consistently highlighted the unique stressors faced by individuals in power structures. For example, McCreary and Thompson (2006) investigated the relationship between occupational stress and mental health outcomes in police officers, emphasizing the importance of tailored stress management interventions. Similarly, Britt et al. (2016) explored resilience as a mediator of stress effects, providing insights into how resilience training can mitigate the psychological burden on military personnel.

Rehabilitation potential is increasingly recognized as a dynamic and multidimensional construct. Hoge et al. (2004) examined post-deployment psychological support systems for soldiers, identifying critical gaps in addressing long-term mental health needs. Meanwhile, Adler et al. (2011) introduced a framework for early psychological intervention, which has informed strategies for enhancing recovery in high-stress professions.

Emerging methodologies, such as trauma-informed care and evidence-based cognitive-behavioral techniques, have proven effective in improving outcomes for individuals exposed to high levels of occupational stress. Research by Meichenbaum (2007) on stress inoculation training provides a foundation for preventive measures, while van der Kolk (2014) emphasizes the role of somatic therapies in addressing trauma-related symptoms.

The application of these psychological principles to power structures is a growing area of interest. Recent studies (e.g., Kuremyr et al., 2020) have underscored the need for systemic approaches that integrate organizational support, peer networks, and access to professional mental health services. These models aim to enhance the overall resilience and rehabilitation potential of personnel, ensuring sustained effectiveness in demanding roles.

Aims. The primary aim of this study is to develop a conceptual framework and practical approaches for enhancing the psychological rehabilitation potential of specialists within power structures. Specifically, the research seeks to identify key

psychological mechanisms and social factors contributing to rehabilitation, establish diagnostic criteria for assessing rehabilitation potential, and propose interventions to improve well-being, social functioning, and resilience in individuals experiencing neurotic depressive disorders.

The main objectives of the article are:

- to analyze theoretical and methodological approaches to the rehabilitation of individuals in contemporary society;
- to develop a conceptual model of rehabilitation within the context of modern society;
- to design and validate psychological diagnostic tools for assessing the rehabilitation potential of individuals;
- to establish criteria for differentiating various forms of rehabilitation in modern society;
- to examine the psychological mechanisms that promote constructive forms of rehabilitation potential in individuals;
- to propose a socio-psychological program aimed at addressing destructive forms of rehabilitation potential and evaluate its effectiveness.

Methodology. A study involving 175 participants was conducted to examine the peculiarities of social functioning as components of psychological rehabilitation potential. The main group comprised 91 specialists diagnosed with depressive disorders of neurotic origin, while the control group included 84 individuals without any diagnosed mental disorders.

To achieve the objectives, a comprehensive set of research methods was employed, including:

- Questionnaire: The I. Karler questionnaire was used for data collection;
- Life Satisfaction Assessment: The "Life Satisfaction Index," adapted by N. Panina, was applied to measure participants' satisfaction with life;
- Data Analysis Tools: Quantitative data were processed using statistical software, including SPSS version 15.0 and MS Excel version 8.0.3.

The findings of the study contribute to a deeper understanding of the psychological aspects of rehabilitation and offer practical implications for enhancing the rehabilitation potential of individuals within modern society.

Results. To investigate the specific characteristics of social functioning across various domains, law enforcement agency specialists with depressive disorders of neurotic origin were assessed using the I. Karler questionnaire. The results identified the areas of greatest trauma and dissatisfaction (Fig. 1). The findings revealed that specialists with neurotic depression exhibited significant dissatisfaction with marital relationships (55.65 ± 13.47%), relationships with relatives (53.76 ± 11.63%), professional activity (45.68 ± 10.30%), and social interactions (42.60 ± 10.10%).

In contrast, individuals without mental health disorders reported substantially lower levels of dissatisfaction in these domains. Among this group, dissatisfaction with marital relationships was reported at 32.96%, relationships with relatives at 34.75%, professional activity at 32.30%, and the social sphere at 34.09%.

Statistical analysis confirmed that the overall level of dissatisfaction with social functioning was significantly higher in patients with neurotic depression compared to

individuals without mental illness ($p < 0.05$). This disparity was particularly evident in dissatisfaction with relationships with relatives, marital relationships, occupational activity, and the social sphere. Specialists with neurotic disorders showed significantly higher dissatisfaction levels compared to their healthy counterparts ($t = 6.348$, $p < 0.0001$; $t = 6.340$, $p < 0.0001$; $t = 4.761$, $p < 0.0001$; $t = 5.102$, $p < 0.001$, respectively).

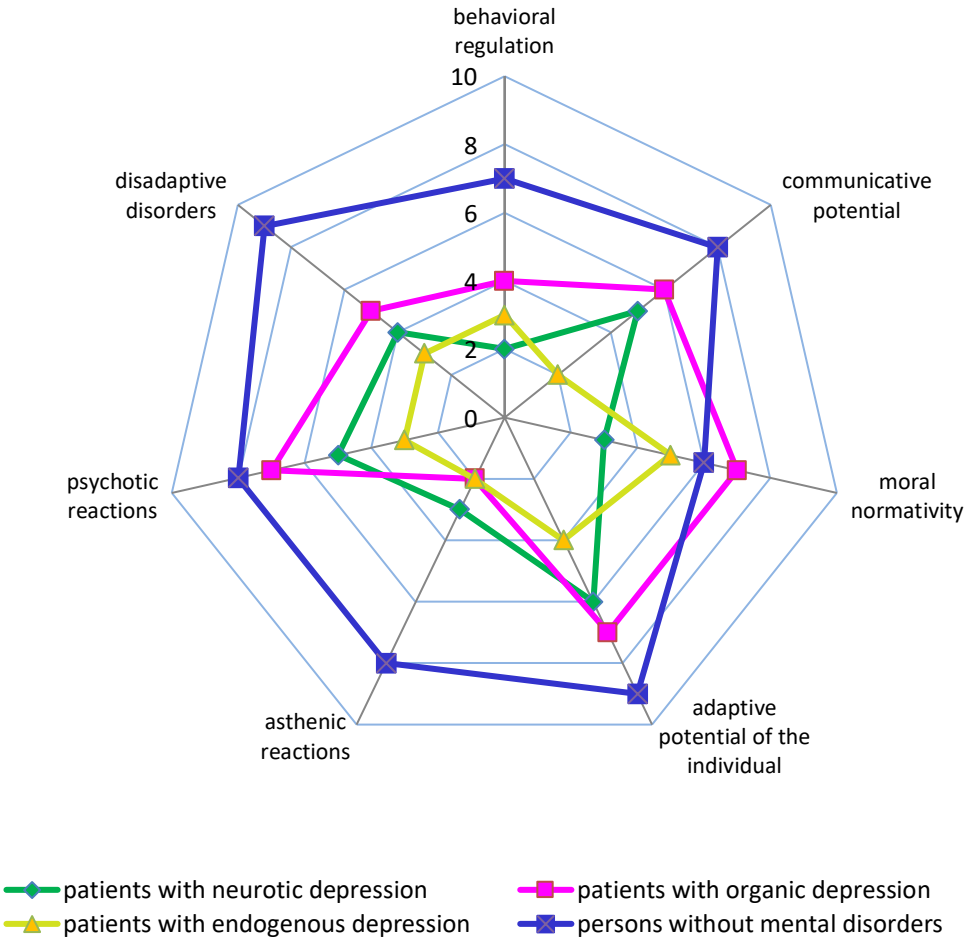

Figure 1. Characteristics of Social Functioning in Law Enforcement Specialists with Depressive Disorders of Neurotic Etiology

For a comprehensive analysis of the key areas of mental trauma among specialists with depressive disorders of neurotic origin, several data scales were examined to delineate specific domains of psychological impact. In the realm of marital relations, specialists with neurotic depression exhibited pronounced mental trauma in areas such as extramarital relationships (3.65 ± 1.20 points), misunderstandings related to the division of family responsibilities (3.65 ± 1.17 points), lack of emotional intimacy between spouses (3.25 ± 1.45 points), differing attitudes toward financial matters (3.10 ± 1.29 points), and a lack of mutual understanding with spouses (3.00 ± 1.01 points). In contrast, individuals without mental pathology reported only minor challenges, such as difficulties in understanding the division of family responsibilities (2.35 ± 1.44 points) and dissatisfaction arising from excessive work-related obligations of one partner (2.32 ± 0.92 points).

An analysis of relational dynamics with extended family members revealed that specialists with neurotic depression experienced significant difficulties with relatives living in close proximity (4.25 ± 1.15 points), dissatisfaction with the overall family and domestic environment (4.11 ± 1.22 points), misunderstandings with mothers or mothers-in-law (3.97 ± 1.10 and 3.45 ± 0.92 points, respectively), the presence of a family member's illness or caregiving responsibilities (2.69 ± 0.96 points), and issues related to children (2.38 ± 0.64 points). In comparison, individuals without mental disorders reported less severe challenges, including difficulties communicating with their spouse's mother (2.13 ± 0.67 points) or with children (2.08 ± 0.71 points), particularly when living in the same area (2.13 ± 0.84 points).

In the professional domain, specialists with neurotic depression reported heightened mental trauma due to strained relationships with management (3.25 ± 1.21 points) and colleagues (2.83 ± 1.12 points), work overload (3.89 ± 0.90 points), insufficient professional recognition (3.26 ± 0.71 points), and dissatisfaction stemming from a mismatch between their work and professional interests (3.45 ± 1.27 points). Conversely, individuals without mental disorders reported fewer conflicts, primarily related to insufficient recognition (2.13 ± 1.26 points) and overwork (2.68 ± 1.07 points).

In the social sphere, specialists with neurotic depression expressed higher levels of frustration with politicians (4.78 ± 0.51 points), discrepancies between socio-political expectations and realities (3.77 ± 1.23 points), and differences in worldviews and political positions (2.67 ± 0.74 and 2.65 ± 0.87 points, respectively). Healthy individuals also reported frustration with politicians, though to a lesser degree (3.89 ± 1.15 points).

Statistical analysis highlighted the primary domains of mental trauma among specialists with neurotic depression. In marital relationships, these specialists were significantly more affected by extramarital affairs ($t = 3.242$, $p < 0.001$), division of responsibilities ($t = 2.461$, $p < 0.025$), and misunderstandings regarding decisions on children ($t = 2.253$, $p < 0.025$) and financial matters ($t = 2.914$, $p < 0.005$) compared to their healthy counterparts. Additional difficulties included a lack of emotional intimacy ($t = 2.712$, $p < 0.025$), mutual understanding with spouses ($t = 2.162$, $p < 0.05$), sexual dysfunction ($p < 0.001$), and disagreements over leisure activities ($p < 0.01$).

In the familial domain, specialists with neurotic depression were more likely to report dissatisfaction with the family situation ($p < 0.0001$), strained relations with their spouse's mother ($p < 0.025$), and conflicts with relatives living nearby ($p < 0.001$). They also experienced greater challenges in understanding parents ($t = 4.122$, $p < 0.001$) and in-laws ($t = 2.489$, $p < 0.025$) compared to individuals without mental disorders.

In the professional sphere, specialists with neurotic depression reported higher levels of tension in relationships with management ($p < 0.0001$) and colleagues ($p < 0.05$), as well as greater dissatisfaction with work not aligned with their professional interests ($p < 0.001$).

An analysis of life satisfaction among specialists with neurotic depression, using the "Life Satisfaction Index" adapted by N. Panina, revealed that 49.45% demonstrated

a moderate level of interest in life, while 29.67% reported low and 20.88% high levels of interest. On the "consistency in achieving goals" scale, the majority showed low levels (41.76 ± 3.54%), followed by moderate (34.07%) and high levels (24.18%), reflecting a tendency toward passivity in addressing challenges. Furthermore, 51.65% reported low coordination of goals and achievements, indicative of intrapersonal conflict, while self-esteem levels were predominantly moderate (51.65%), with smaller proportions exhibiting high (25.27%) or low self-esteem (23.08%).

Overall, the mood among these specialists was primarily satisfactory (47.25 ± 3.81%) or reduced (31.87 ± 2.92%), with the life satisfaction index revealing moderate psychological comfort in 43.96% of cases, low satisfaction in 35.16%, and high satisfaction in only 20.88%.

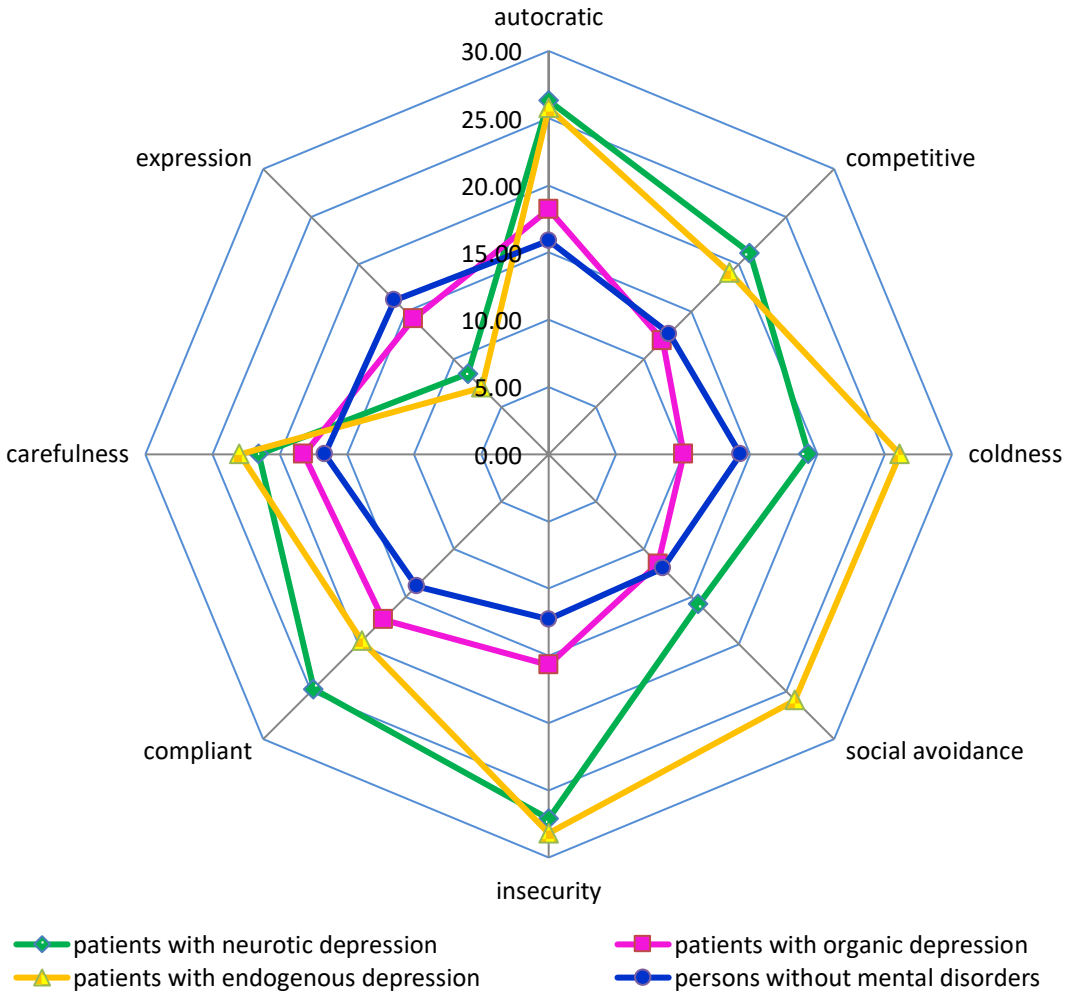

Figure 2. Severity of Personality Issues in Individuals Diagnosed with Depression

Individuals without mental disorders exhibited predominantly high and medium levels of life interest, accounting for 38.10% (±3.61) and 45.24% (±4.03), respectively. This reflected their active engagement with daily activities and a general enthusiasm

for life. Furthermore, among individuals without mental disorders, the indicators for "consistency in achieving goals" and "alignment between goals and their achievement" were predominantly within the medium range (46.43% ± 4.09 and 40.48% ± 3.76, respectively). These results indicate an adequate assessment and utilization of personal efforts toward goal attainment.

Additionally, the vast majority of individuals without mental disorders demonstrated an average level of positive self-esteem (61.90% ± 4.60), indicative of an appropriate and balanced self-perception. Regarding general mood, 36.90% of individuals reported high levels, 45.24% demonstrated moderate levels, and only 17.86% experienced a reduced mood. A similar distribution was observed for overall life satisfaction and psychological comfort, with 32.14% of participants reporting high satisfaction levels, 47.62% moderate satisfaction, and 20.24% low satisfaction.

A comparative analysis of psychological well-being between professionals with depressive disorders and those without mental disorders revealed significant differences. Statistical analysis indicated that individuals with high levels of life satisfaction were more prevalent among those without mental disorders, whereas individuals with low levels of satisfaction were more common among specialists with neurotic depression ($p < 0.01$, DC = 2.40, MI = 0.18). Interest in life was significantly higher among healthy individuals, with more participants demonstrating high levels of interest compared to specialists with neurotic and endogenous depression ($p < 0.005$, DC = 2.61, MI = 0.22). Conversely, individuals with low life interest were predominantly found among those with neurotic depression ($p < 0.01$, DC = 2.50, MI = 0.16).

Healthy individuals also displayed greater determination and resilience in achieving goals, with more participants achieving medium levels compared to those with neurotic depression ($p < 0.05$, DC = 1.34, MI = 0.08). Conversely, specialists with neurotic depression exhibited greater passivity toward achieving personal goals ($p < 0.005$, DC = 2.44, MI = 0.22). Confidence in overcoming failures was significantly higher among individuals without mental disorders, who showed more participants with high confidence compared to those with neurotic depression ($p < 0.001$, DC = 3.51, MI = 0.34). Among the latter, individuals with low confidence levels predominated ($p < 0.0001$, DC = 3.15, MI = 0.42). Furthermore, adequate self-esteem was more prevalent among healthy individuals than among those with neurotic depression ($p < 0.048$, DC = 0.79, MI = 0.04).

General mood was significantly higher among individuals without mental disorders ($p < 0.01$, DC = 2.47, MI = 0.20), whereas patients with neurotic depression were predominantly characterized by low mood levels ($p < 0.01$, DC = 2.52, MI = 0.18).

These findings underscore the critical components of psychological well-being that influence the rehabilitation potential of law enforcement personnel with neurotic depressive disorders. Social functioning, psychological well-being, and interpersonal and family communication emerged as essential determinants of successful psychological rehabilitation.

Normative components of psychological rehabilitation potential among individuals without mental disorders were also identified. These components, which reflect psychological well-being, may serve as benchmarks or objectives for rehabilitation interventions. Key indicators included overall life satisfaction (47.62%), life interest (45.24%), determination and resilience in achieving goals (46.43% and 40.48%, respectively), and a high level of self-confidence (61.90%). These normative indicators can inform targeted strategies for psychological rehabilitation and serve as a foundation for improving the well-being of individuals with mental health challenges.

Discussion. The findings of this study emphasize the critical role of psychological well-being and social functioning in determining the rehabilitation potential of specialists within power structures. The results highlight significant disparities between individuals with neurotic depressive disorders and those without mental health issues, particularly in areas such as marital relationships, professional activity, and interpersonal communication.

Law enforcement specialists with neurotic depressive disorders reported higher levels of dissatisfaction in both personal and professional domains. For instance, unresolved conflicts, inadequate emotional intimacy, and strained relationships with colleagues and superiors were predominant stressors. These findings align with existing literature, which identifies occupational stress, interpersonal conflicts, and unaddressed psychological trauma as major contributors to reduced rehabilitation potential.

In contrast, individuals without mental health disorders exhibited greater resilience, determination, and life satisfaction. This group also reported adequate self-esteem and more balanced goal achievement, indicating their ability to effectively manage stress and maintain psychological stability. These normative psychological components can serve as benchmarks for designing targeted interventions aimed at improving rehabilitation outcomes in vulnerable populations.

The analysis further underscores the necessity of a systemic approach to psychological rehabilitation. Interventions should address the psychological, social, and professional dimensions of individuals' lives, integrating diagnostic tools, preventive measures, and therapeutic strategies. By fostering resilience, promoting positive interpersonal dynamics, and reducing occupational stress, these interventions can enhance overall rehabilitation potential.

Conclusion. This study demonstrates that psychological well-being, social functioning, and resilience are fundamental to the rehabilitation potential of specialists within power structures. Individuals with neurotic depressive disorders face significant challenges in achieving psychological stability, primarily due to unresolved personal and professional conflicts. These findings highlight the importance of a comprehensive psychological support system that incorporates diagnostic assessments, tailored interventions, and preventive strategies.

By establishing normative benchmarks of psychological well-being and rehabilitation potential, this research provides a foundation for developing effective rehabilitation programs. Such programs should focus on promoting life satisfaction,

enhancing self-esteem, and fostering determination and resilience in goal achievement. Ultimately, these interventions aim to restore the psychological health of specialists, ensuring their sustained effectiveness in demanding professional environments.

Author contributions. The authors contributed equally.

Disclosure statement. The authors do not have any conflict of interest.

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Received: February 03, 2022
Approved: March 15, 2022