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FORMATION OF A PERSISTENT ARCHETYPE OF A ‘WARRIOR’ AMONG VETERAN: PROBLEMS AND PROSPECTS FOR POST-WAR UKRAINE

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Abstract

The article examines the mechanisms through which a persistent “warrior” archetype crystallises among combatants as a set of norms, expectations, and self-descriptions that sustain agency and discipline, yet may transfer wartime patterns of interaction into civilian life, generate tensions in the public sphere, and complicate communication within the family and the workplace. It is shown that, for post-war Ukraine, the purposeful transformation of this archetype has clear governance relevance, as it is linked to the restoration of trust and social cohesion, the prevention of violent practices, the resilience of work collectives, and the stability of family relations, as well as to the overall effectiveness of a policy on veterans. It is argued that the issue is equally salient for European Union countries due to their experience of veterans’ reintegration and the need to align approaches to psychosocial support and anti-stigma measures, while the Ukrainian post-war context will also produce cross-border security implications. The paper outlines state priorities for converting the “warrior” archetype into constructive civic and professional identities through an integrated combination of rehabilitation, education, family counselling, conflict mediation, and the advancement of inclusive practices in communities.

Key words

warrior archetype; veterans; veterans’ reintegration; public sphere; social cohesion; veterans’ policy.

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1. Introduction

The full-scale war ongoing in Ukraine since 2022 has generated not only unprecedented national security challenges but also deep transformations in social structures, collective self-identification and cultural

archetypes. Particularly indicative in this process is the figure of the contemporary Ukrainian warrior – a soldier, volunteer or officer – who for many months, and often years, remains mobilised under sustained stress, bearing responsibility for comrades’ lives and meeting the stringent demands of survival under constant threat.

It is widely recognised that, in order to adapt to war, individuals develop specific behavioural and cognitive patterns that may conflict with the norms and expectations of peaceful coexistence. These patterns are not merely tactical reactions but elements of a deeper archetypal structure that may be described as the 'warrior' archetype – a component of the collective unconscious activated by extreme conditions and consolidated at the level of values, emotional self-regulation and interaction with others. While adaptive in combat, this archetype may become a source of social maladjustment and conflict in civilian contexts.

The relevance of examining a persistent warrior archetype is clear not only for Ukraine, which after the cessation of hostilities will face large-scale demobilisation and the need for long-term social reintegration of veterans, but also for European Union member states, because Europe's contemporary security environment increasingly includes citizens with combat experience as well as practices of receiving and supporting sizeable groups of war-affected people within migration and labour flows. Under such conditions, public policy instruments designed to combine veteran support, the prevention of violent scenarios in public space and the strengthening of social cohesion become a matter of shared interest for Ukraine and the EU, reinforcing the need for comparative reflection on existing models and their adaptation to post-war realities.

2. Literature review

In Ukraine, the formation and consolidation of psychological skills among service members who have been deployed for extended periods has been addressed in a fragmentary manner and mostly within clinical psychology and psychiatry. In the United States, the United Kingdom and Israel, however, a strong interdisciplinary tradition has been established that brings together military psychology, social psychology, organisational behaviour studies and analyses of public policies for veterans' reintegration; its origins lie in the reassessment of the Vietnam War's legacy, and its further development is connected to Iraq and Afghanistan. Within this tradition, combat experience is treated not only as potential trauma but also as a structural transformation of identity that requires new social roles and institutional pathways back into civilian environments.

Jonathan Shay's monograph (1994) is a seminal contribution, in which combat trauma is analysed

through the juxtaposition of contemporary veteran experience with classical heroic narratives, particularly the Iliad. Importantly, Shay argues for collective mechanisms of 'bringing the warrior home', in which society recognises not only merit but also the complexity of adjustment and thereby creates conditions for restoring trust, meaning and reciprocal obligations (Shay, 1994). Within this perspective, the 'warrior' archetype functions as a stabilising matrix for action under extremes, yet, in the absence of social support, it may become a driver of alienation, conflict with everyday norms and family rupture.

A complementary angle is offered by Dave Grossman, who shows that military socialisation forms a specific ethical and behavioural ethos that sustains functionality under threat while increasing the psychological cost of returning to peaceful coexistence (Grossman, 2009). This suggests that the analysis of the archetype must extend beyond an individual therapeutic perspective and include the environments where veterans restore sociality – from family and community to public services.

Empirical evidence on the family dimension is provided by a nationally representative study of problems in families of Vietnam veterans conducted by B. Jordan and C. Marmar and colleagues, which identified statistically significant links between PTSD and poorer marital and family adjustment, parenting difficulties and increased risk of violent reactions (Jordan et al., 1992[KP1.1]). For Ukraine, this line of research is methodologically valuable because it frames reintegration as a process that requires support not only for the veteran but also for the closest social networks.

A distinct cluster of contemporary scholarship concerns 'transition stress' and the strains associated with moving from military service to civilian life. Mobbs and Bonanno argue that post-service difficulties cannot be explained solely by PTSD because the radical change in social roles and communication regimes makes an independent contribution (Mobbs & Bonanno, 2018). In this domain, McCaslin and colleagues' conceptualisation of military acculturation and readjustment to the civilian context is useful, as it emphasises the relationship between military norms, cognitive styles and subsequent capacity to integrate into civilian institutions (McCaslin et al., 2021).

Applied studies specify recurrent patterns of risky behaviours and social tensions during transition. Markowitz, Kintzle and Castro show that military-to-civilian transition strains correlate with increased risky practices and heightened reactivity (Markowitz et al., 2023), whereas Kimble and colleagues,

analysing hypervigilance, underline its role as a mechanism that in civilian life can produce exhaustion and difficulties in social interactions (Kimble et al., 2013).

Israeli evidence synthesised by Ben-Shalom and colleagues stresses that effective post-service adaptation depends on combining therapeutic tools with career counselling, coaching and engagement with employers, while accounting for political views as a mediating factor of adaptation (Ben-Shalom et al., 2023). Misca and Augustus further reveal the plurality of transition meanings at the intersection with mental health (Misca & Augustus, 2023).

Broader descriptions of social representations of veterans and their implications are offered by Kirchner, who demonstrates how competing public 'portrayals' can either reduce stigma and strengthen agency or confine individuals to a victim role (Kirchner, 2024). Pedersen and Wieser propose a sociocultural framework for support by treating transition as a process of reconstructing belonging and building new support networks (Pedersen & Wieser, 2021). Taylor and Miller draw attention to knowledge gaps during separation from the military, where a lack of navigational information amplifies stress (Taylor & Miller, 2020).

In contemporary Ukraine, international institutional documents add to this corpus by documenting the scale of need for mental health and rehabilitation services and emphasising integrated care pathways as a component of systemic resilience (United Nations Development Programme, 2024; World Health Organization, 2025). Taken together, these sources allow the 'warrior' archetype to be viewed simultaneously as a psychological resource and a governance challenge.

3. Methodology

The methodological basis of the study is an interdisciplinary approach combining labour, social and military psychology, organisational behaviour and public administration perspectives on social risk. The theoretical foundation draws on C. G. Jung's concept of archetypes and contemporary interpretations of warrior identity, in which an archetype is treated as a stable complex of meanings, norms and behavioural scripts reinforced by group solidarity and symbolic status.

The empirical material has the character of secondary data and consists of an analysis of academic publications and reports describing veterans' transitions to civilian life in the United

States, the United Kingdom and Israel, as well as current assessments of reintegration needs in Ukraine. For comparability, recurring skills and patterns were identified, typical contexts of their manifestation were described (public space, family life, workplaces and interactions with public services), and potential social risks and points of public policy were outlined.

The study employed system-structural and comparative analysis of sources, thematic synthesis across adjacent disciplines and a problem-oriented forecasting method to model post-war reintegration scenarios in Ukraine. The 'warrior' archetype was operationalised through twelve skills and dispositions repeatedly described in the literature and associated with readjustment difficulties, each treated as both a potential resource and a risk depending on the context.

The main limitation is the absence of original fieldwork in Ukraine; therefore, the conclusions are conceptual and applied generalisations that require further validation. Ethically, the analysis avoids stigmatising interpretations because the patterns discussed are treated as survival mechanisms rather than 'character defects.'

4. Results

First, it should be noted that the warrior archetype, deeply rooted in the collective unconscious, functions as a basic psychological structure activated under extreme threat, instability and the need for protection. In Jungian analytical psychology, archetypes are universal psychic forms that set primary behavioural models irrespective of specific cultural or historical settings. The warrior archetype is not only a symbol of strength, discipline and responsibility but also a psychological matrix that supports survival under combat stress, uncertainty and existential threat.

In contemporary psychotraumatology, warrior identity is often described as a result of prolonged high stress, emotional load, strict hierarchy, ritualised control practices and a rigid code of conduct. Grossman emphasises that, during military socialisation, service members internalise a distinct ethos that alters personality structures and shapes the psychological cost of combat training (Grossman, 2009, p. 48).

A central feature of the warrior archetype is its dichotomous nature: it mobilises internal resources, increases psychophysiological endurance and stabilises emotions under stress, yet it also fosters emotional suppression, polarised 'friend-enemy'

thinking, hyper-control and high reactivity to stimuli. This constellation facilitates adaptation to combat, while simultaneously complicating the mechanisms of adjustment to civilian life after service.

The persistence of the archetype is strengthened not only by emotionally reinforced survival experience but also by collective ideology and the symbolic status of the warrior as a hero and marker of national identity. As a result, a form of 'archetypal fixation' may emerge, whereby post-demobilisation scenarios automatically reactivate in civilian life, especially in situations of conflict, criticism, competition or authoritative evaluation.

Shay argues that modern warriors undergo a deep transformation in which obedience to orders, mobilisation for the mission and habituation to emotional detachment become stable psychological norms rather than mere techniques (Shay, 1994, p. 67), and this conclusion has been supported by multiple studies in the United States following Vietnam, Iraq and Afghanistan.

Here, a fundamental collision arises: an archetype functional in the combat zone may become maladaptive in peacetime, especially in contexts that value cognitive flexibility, empathy, cooperation, horizontal communication and tolerance of ambiguity. Because civilian institutions and communities operate by different norms than the military, transferring combat scripts into everyday interactions can generate misunderstandings, escalation and feelings of alienation both for the veteran and for others.

A key consequence of prolonged exposure to war is the formation of a system of stable cognitive, emotional and behavioural skills that support survival in combat but often complicate reintegration into peaceful life. Evidence from the United States, Israel, the United Kingdom and Canada indicates that, without preparing civilian environments and institutions for these transformations, the effects of mass demobilisation may generate considerable socio-psychological risks (Shay, 1994, p. 67; Grossman, 2009, p. 23). Below we describe common skills and dispositions manifested in public space, workplaces, families and interactions with institutions.

4.1. Hypervigilance

During combat operations, even the slightest sound, movement or shadow may signal a life-threatening danger, and thus soldiers develop constant environmental scanning, rapid risk appraisal and immediate reaction. Over time, this survival strategy

becomes automatised and may persist after returning to peace. In civilian life—particularly in public space, workplaces and family settings—hypervigilance often appears as an inability to relax, heightened reactivity to sudden noises or movements, persistent anticipation of intrusion or criticism, and a felt sense of danger even where there is no objective threat. In contexts such as public safety, volunteering and crisis response, the protection of critical infrastructure, or structured risk management, this quality may serve as a resource for noticing deviations and sustaining responsibility. At the same time, in everyday interaction it can generate chronic tension: a veteran may interpret minor changes (a plan adjustment, a relative's delay, corridor noise, an unexpected touch in a crowd) as signals of threat, and respond with distrust or attempts to control the environment. In settings with high footfall, they may instinctively choose positions that allow visibility of entrances and exits, avoid unpredictable situations, and limit participation in mass events, which others can read as detachment or suspicion. Within a work team this may produce friction through repeated safety-related demands, while within the family it can take the form of sensitivity to domestic triggers that amplifies conflict and exhaustion. As a result, productivity may decline because substantial energy is spent on internal monitoring; the risk of burnout increases; and it becomes difficult to switch from a readiness mode to cooperation and rest. Kimble and colleagues report that veterans with elevated hypervigilance face a higher risk of difficulties in adapting to civilian life (Kimble & all, 2013, 939).

4.2. Black-and-white thinking / dichotomous thinking

In combat conditions the world is quickly divided into 'ours' (safe) and 'theirs' (dangerous), leaving little time for recognising grey zones, which reinforces a drive for certainty and fast decisions. As a result, a cognitive strategy develops in which complex situations are reduced to two categories and any deviation from a clear line is perceived as a threat. When transferred to civilian environments, this strategy may manifest as intolerance of ambiguity and reluctance to consider alternative perspectives (McCaslin & all, 2021). In professional life, in work collectives, as well as in public debates and family communication, this frequently turns into difficulty accepting compromises, a tendency toward sharp moral judgements and refusal to acknowledge partial validity in another position. Disagreement may be

experienced as personal threat or betrayal and elicit defensive reactions in an 'either you are with us or against us' logic, which fuels polarisation in public space and escalates everyday conflict at home. In teams that rely on open dialogue, learning from mistakes and living with uncertainty, such rigidity produces isolation, undermines motivation, and generates 'them/us' dynamics rather than 'we', weakening the quality of joint decisions. Over time it also complicates delegation and slows the veteran's professional and social development, as interactions that require flexibility and empathy are increasingly avoided.

4.3. Emotional detachment/suppression (emotional detachment/numbing)

To survive amid death and violence, soldiers learn to 'switch off' or suppress emotions in order to remain functional, calm and task-focused. This strategy supports survival but may consolidate into a personal style: 'I do not feel' or 'I do not allow myself'. Nicholson argues that veterans who endured intense combat often develop a skill of emotional numbness which, in peaceful settings, may be interpreted as coldness, unwillingness to cooperate, or a lack of empathy (Nicholson, 2020, 47). In the workplace this appears as low engagement in team activity, rare initiative, and avoidance of social components of work (networking meetings, informal lunches, team-building). Colleagues may notice that the veteran does not 'join in', does not respond to emotional cues, and avoids group tasks that require emotional interaction. When such an employee holds a leadership role, trust can deteriorate because the team experiences a lack of emotional connection, support or understanding, which reduces engagement and can become a source of 'quiet demotivation'. In public and community life, emotional detachment may lead to withdrawal from dialogue and avoidance of situations that require shared empathy, narrowing social ties and increasing isolation. Within the family, the effects can be especially tangible because close relatives expect emotional presence and support, whereas the veteran may treat intense feelings as dangerous vulnerability and therefore distance themselves, complicating partnership and parenting.

4.4. Increased aggression when feeling unfairly treated

At the front, an aggressive and fast reaction to threat or betrayal can save lives. Markowitz, Kintzle and Castro note that anger outbursts, emotional numbing

and risky behaviour are more characteristic of combat-related PTSD because they are adaptive and perceived as useful for maintaining effectiveness in combat conditions. However, in civilian environments these patterns may transform into sudden anger and unpredictable harsh reactions to criticism or disagreement (Markowitz & all, 2023, 41). In public space and everyday encounters, a veteran may perceive refusal, bureaucratic delay, minor injustice or a sarcastic remark as personal insult and respond by raising their voice, abruptly cutting off dialogue or demonstrating forceful self-protection, which is often labelled by others as 'excessive aggression'. In a work collective this reactivity complicates feedback and cooperation, creates fear of triggering an outburst, and increases the likelihood of conflict; in the family it can appear as disproportionate responses to remarks by a partner or children, undermining a sense of safety. Without social understanding and accessible support services, such behaviour is quickly stigmatised, deepening self-isolation and raising the risk of escalation in the wider community.

4.5. Need for total control

In combat situations, control over processes, environment and people is directly linked to survival, so the need to keep everything 'under watch' becomes a basic skill. Kimble and colleagues note that, after the war, veterans often still need to sit with their backs to a wall and to see the doors, and they avoid crowded places such as shops, social gatherings or sporting events. They may not consciously recognise the anxiety triggered by hypervigilant cognitions and behaviours such as suspiciousness and constant scanning for danger (Kimble & all, 2013, 940). In civilian life this can extend into attempts to control daily routines, routes, spending, relatives' behaviour, and communication with others. In work collectives, the pattern may appear as micromanagement and reluctance to delegate: detailed regulation of task execution, insistence on strict instructions, avoidance of unstructured tasks, and repeated re-planning of what has already been agreed, creating additional burden and mutual claims. In public space, the need for control can manifest as heightened wariness, avoidance of unpredictability and rigid demands for 'order', while in the family it can become increased regulatory pressure on partners and children, generating a sense of constrained autonomy and conflict. As a consequence, frustration and exhaustion grow because full control is unattainable

in peaceful society, and the social environment may begin to avoid interaction or label the behaviour as authoritarian.

4.6. Commitment to the mission and hyper-responsibility

In combat conditions, one's actions may determine comrades' lives, and the order is treated as an unquestionable mission, which strengthens a sense of excessive responsibility and consolidates a habit of taking responsibility for the situation upon oneself. In civilian life, veterans may assume too much responsibility—for family, for 'brothers-in-arms' within a work collective, for friends and neighbours—attempting to control matters beyond their influence (e.g., others' emotions or institutional decisions) (McCaslin & all, 2021). This hyper-responsibility in professional and civic activity can drive overwork, refusal to delegate, and avoidance of asking for help under an 'I must solve it myself' mindset, increasing the risk of exhaustion and somatic stress. In a team it can create a paradox: the veteran does more than others but does not allow others to contribute, criticises 'insufficient discipline' and thereby undermines trust and cooperation. In the family, the same mindset may become excessive care or control experienced as pressure, while in public space it can take the form of assuming a self-appointed 'supervisory' role and intervening in conflicts even when it is not appropriate or safe. Ultimately, hyper-responsibility hinders long-term self-development because attention is concentrated on immediate 'problem closing' rather than sustainable recovery and balance.

4.7. Constant combat readiness

In wartime, readiness for emergency action is vital in response to any threat, and 'standing guard' becomes the daily norm. In civilian life, a former soldier may still remain in a heightened state of readiness to respond at any moment to real or phantom danger with decisive action, potentially including violence (Morgan, 2014, 151). In peaceful social settings, this means the veteran does not transition into an ordinary recovery mode: they may stay 'on call' 24/7, interrupt rest because of an alert or news trigger, treat delay or error as a critical threat, and demand immediate decisions from others. In a workplace this produces chronic overload, fatigue-related mistakes and conflict with colleagues who operate within standard schedules, while at home it can appear as inability to 'switch

off', irritability, sleep disruption and reduced emotional presence. In public space, constant readiness may be expressed through excessive vigilance, impulsive intervention in disputes, or perceiving noise and crowds as threats, which heightens social tension. In a genuine crisis this readiness can be a resource, but in routine life it fuels stress, reduces creativity and cooperation, and complicates the formation of stable peaceful interaction.

4.8. Unpredictability and secrecy

To survive in a combat zone, a 'need-to-know' logic is often used: information is compartmentalised, decisions are made behind closed doors and behaviour remains unpredictable. For former military personnel it is normal that information may be limited and decisions made quickly without explanation. In civilian life this can manifest as low openness, reluctance to share plans and a 'I know best' principle, creating an atmosphere of distrust, persistent tension and relational conflict (Mobbs, Bonanno, 2018). In public space it may take the form of suspicion toward institutions and people, reluctance to disclose intentions or routes, and avoidance of transparent procedures; in work collectives it may appear as withholding information, not responding to requests, or acting outside agreed channels on the assumption that this is faster and safer. As a result, others lack a full picture and cannot plan or coordinate actions, leading to misunderstandings, delays and mutual accusations, while also reinforcing a general sense of unpredictability. Within the family, similar secrecy can involve refusal to discuss key decisions or emotional states, hiding financial or domestic plans and avoiding explanations, which undermines trust and creates 'silent conflicts'. Over time the veteran may become increasingly isolated from joint decision-making in community, workplace and family, and the environment may perceive them as an 'opaque' partner, reducing the resource for cooperation and reintegration.

4.9. Diminished concern for personal safety

In combat, risk-taking is normal: habituation to extreme conditions reduces fear and increases acceptance of risk, and a sense of constant danger can produce contempt for death as a defensive mechanism that lowers psychological load. In civilian life this habit may manifest as risky behaviour (traffic violations, impulsive acts, dangerous confrontations),

indifference to one's health and disregard for exhaustion, which often alarms relatives and colleagues (Markowitz & all, 2023, 46). In public space, this can mean underestimating everyday risks, ignoring safety rules and escalating disputes rather than avoiding them. In work collectives, the same mindset may appear as refusal of rest, working under chronic overload, ignoring occupational safety procedures and neglecting risk regulations, especially in operational or industrial contexts, creating dangers for self and others. In physically hazardous work this increases the likelihood of incidents and additional costs, while in administrative or service roles it can appear as 'I do not need help' and rejection of support, worsening teamwork. In the family, diminished concern for safety often becomes refusal of treatment and consultations, risky driving or heightened conflict in everyday situations, increasing anxiety among loved ones and reducing overall family resilience.

4.10. Conclusions

Military life is strict and highly structured, with clear role distribution and a rigid regime—deadlines, order of execution and procedural predictability. After returning from the front, the 'chaos' of civilian life can be frightening, and a freer regime may be disorienting, so veterans often seek environments with understandable rules, a stable schedule and predictable expectations. In work collectives this need can be constructive in organisations and institutions with strong planning, clear regulations and defined responsibility lines, where a person who needs procedures can restore a sense of control and safety.

When work (and many public services) operate in a fast-changing mode with flexible teams, horizontal communication and multiple roles, adaptation may be difficult: the veteran may feel that there is 'no order', no 'clear commands' and no clarity about what is expected. This reduces engagement, strengthens preference for narrowly defined tasks within established processes, and increases irritation when rules are not articulated. In public space, it may be expressed as rejection of informal norms and sharp reactions to perceived 'disorder', while in the family it can become insistence on a rigid routine that does not always fit partners' and children's needs. Collectives that expect multifunctionality and flexibility may label the veteran as 'not ready for change', which contributes to marginalisation or movement into less responsible roles (Misca, Augustus, 2023).

4.11. Conclusions

Combatants confront bloodshed and difficult moral decisions. Memories can be traumatic, and guilt for surviving when others died is common among war veterans, potentially provoking negative emotions and aggressive reactions. The loss of community, identity and belonging provided by the military, together with the inability to find new social attachment, can create significant difficulties in civilian life (Jordan, Marmar, 1992, 922). In public space, in work collectives and within family life, this often appears as difficulty conveying emotions, explaining motivation and sustaining open dialogue without feeling threatened. A veteran may avoid discussing feelings for fear that it will be interpreted as weakness, refrain from feedback, avoid group meetings, and at home may 'close off' from conversations about the past, deepening partners' sense of distance. When constructive critique or reflection is needed, the person may either refuse discussion or react defensively, creating barriers to team development, flexible learning from mistakes and joint problem-solving in the community. In the workplace this can lead to conflict with managers who expect openness, while in public settings it may reduce engagement with institutions and weaken civic participation. As a result, society loses part of the potential to integrate veterans' experience into peaceful social practices, while the veteran loses opportunities for safe articulation and the rebuilding of social ties.

4.12. Conclusions

A masculinised military culture that promotes emotional stoicism may hinder people from sharing emotional distress, and this can become even more pronounced in civilian life, where veterans may feel alone with their experience. Emotional distance and communication difficulties can isolate a combatant from necessary social contact in the workplace, in the community and within family relationships. In public space this is visible when a veteran avoids mentioning their experience, declines participation in discussions related to war and veteran needs, and avoids topics that might evoke strong emotion, which simultaneously reduces support and narrows interaction. In work collectives such distancing makes it harder to recognise needs and to refer a person to support services in time, while colleagues may interpret the distance as 'closedness' or 'indifference', undermining teamwork. Within the

family, tabooing war-related topics can create a sense of 'double life', where relatives perceive trauma but have no safe way to speak about it, increasing anxiety, misunderstanding and conflict. Overall, the risks of social isolation rise, participation in supportive collective practices decreases, vulnerability to burnout grows, and reintegration becomes less stable (Taylor, Miller, 2020).

It is important to recognise that these characteristics are not signs of 'bad character' but deeply rooted survival mechanisms. Reducing their negative impact requires awareness, patience and often professional support from the veteran, close relatives, colleagues and the community. Accordingly, the transformations described should become an object of systematic work by public authorities responsible for social policy, mental health, veteran rehabilitation and public order. Ignoring combat-derived patterns that migrate into public space, workplaces and family life can produce latent conflict, aggressive reactions to socio-economic and everyday problems and increase psychosomatic risks (Pedersen & Wieser, 2021).

5. Discussion

Exposure to combat survival conditions both consolidates a persistent 'warrior' archetype and increases the likelihood of stress disorders, including PTSD. Experience from the United States and Israel indicates that, in post-war periods, this becomes a challenge not only for healthcare but also for the state and society, because psychosocial rehabilitation constitutes a public obligation towards those who defended the country.

In practical terms, the problem manifests as a complex trajectory of returning from an extreme war environment to everyday sociality, economic activity and interaction with the state, and therefore requires comprehensive cross-sector governance. Clinical, social, educational and labour instruments must be aligned, ensuring legitimacy, accessibility and predictability across levels, from community to central government, because without such coordination even effective therapeutic practices yield weaker outcomes.

Current Ukrainian evidence shows that veterans' mental health is a central node of reintegration policy, with a substantial share of veterans self-reporting PTSD symptoms, and more severe manifestations associated with injuries and witnessing death (United Nations Development Programme, 2024). The same materials also highlight an administrative 'cost' of demobilisation, as

veterans encounter poor coordination between providers and complex procedures that erode trust in institutions and increase the risk of discontinuing rehabilitation trajectories.

Synthesis of the reviewed approaches suggests that a persistent warrior archetype forms among combatants under prolonged war stress and, combined with varying degrees of post-traumatic manifestations, becomes a key governance challenge for post-war social reintegration. Symptom descriptions emphasise that arousal and reactivity include vigilance, startle response, concentration and sleep problems, irritability with angry outbursts and a tendency towards risky behaviour (National Institute of Mental Health, 2023; Health.mil, 2025; U.S. Department of Veterans Affairs, 2024).

These observations imply typical governance risks for wartime and post-war periods. Shortages of trained personnel in mental health and social work, fragmentation of services across state, communities and project-based sectors, and administrative barriers such as queues and complex procedures can create an effect of secondary traumatising during encounters with bureaucracy (United Nations Development Programme, 2024). Hence, the state's role is to turn disparate initiatives into a sustainable system supported by standards, data, pathways and stable financing, while service design and digital tools reduce unnecessary stressors for people in vulnerable states.

6. Conclusions

In a broader international context, even where substantial external assistance exists, the state remains responsible for integrating mental health, psychosocial support and rehabilitation services into the 'ordinary' health and social protection systems. This is reflected in leading international documents that call for integrated approaches treating mental health and rehabilitation as essential components of system recovery (World Health Organization, 2025). External programmes are most effective when embedded in a governance framework capable of sustaining protocols, data, pathways and standards beyond project funding.

Therefore, the rehabilitation of combatants and the prevention of negative consequences associated with a persistent warrior archetype should be framed as a comprehensive public administration problem, where success is measured not by the number of discrete services but by the quality of an integrated pathway back to civilian life. For the state, this implies an integrated veteran policy combining

medical and psychological care with social case management, family support, community mutual-aid networks and local conflict mediation instruments. Interagency coordination and case management, training for primary care, social workers and frontline service staff, as well as standardised service

pathways that reduce administrative barriers and secondary traumatisation, are particularly important. Ultimately, successful reintegration is not only a humanitarian obligation but also a condition of demographic, economic and institutional resilience in post-war Ukraine.

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