

Reflex Integration and Post-Traumatic Dysfunctions: A Medico-Political Model of Analysis and Recovery

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Reflex Integration and Post-Traumatic Dysfunctions: A Medico-Political Model of Analysis and Recovery

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This article proposes an interdisciplinary concept of the “social reflex” as a new analytical tool for examining societal dysfunctions in post-conflict environments. Drawing on analogies between physiological reflexes and social reactions, the authors integrate the medical method of Reflex Integration of the Organism (RIO) with the political theory of transitional states. Pathological social reflexes – polarisation, corruptive inertia, radicalisation, institutional distrust – are interpreted as analogues of compensatory mechanisms that have lost their adaptive function. Based on a comparative analysis of post-conflict societies (post-Yugoslav Balkan states, Lebanon, Rwanda, Sierra Leone), the article formulates recommendations for “resetting” social reflexes through institutional reforms, educational programmes, mechanisms of social reintegration, and trust-building. The study demonstrates the potential of an interdisciplinary approach that combines medical, psychological, and socio-political concepts to form a new analytical framework for understanding post-traumatic societies.

Keywords: social reflex, RIO, post-conflict society, political psychology, collective trauma, institutional inertia, corruption, hyper-nationalism, polarization, interdisciplinary analysis

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1. Introduction

Postconflict societies face multidimensional challenges spanning physiological, psychological, social, and political domains. War and mass trauma reshape the structure of social relations, mechanisms of collective behaviour, and institutional dynamics. Traditional approaches in political science – institutionalism, rational choice theory, structural functionalism – often prove insufficient for explaining complex societal reactions to trauma and prolonged stress (Paris, 2004; Call & Wyeth, 2008). The problem of structural instability and the reproduction of dysfunctions in transitional societies was also highlighted in early research emphasising their institutional vulnerability (Yakushik, 1992).

In medical practice, a reflex is defined as an automatic response of the organism to a stimulus, aimed at maintaining homeostasis (Kandel et al., 2021). Under prolonged stress, the organism develops compensatory mechanisms that may eventually lose their adaptive value and become pathological (Kolb & Wishaw, 2020). The Reflex Integration of the Organism (RIO) method, developed by P. Ostrovskyi, aims to identify and deactivate such pathological compensatory reactions (Ostrovskyi, 2024). In this article, RIO is used as an analytical metaphor for interpreting social processes.

Political science observes analogous phenomena: societies that have experienced trauma develop automatic social reactions that may be adaptive (solidarity, mobilisation, self-organisation) or pathological (polarisation, corruptive inertia, institutional distrust, hyper-nationalism). Such reactions often persist independently of rational interests and can shape political behaviour across generations.

The *aims* of this article are to:

- propose a conceptual model of the social reflex;
- demonstrate its analytical value for studying post-conflict societies;
- integrate the medical RIO model into political theory;
- explain the mechanisms of formation, reproduction, and correction of pathological social reflexes;
- formulate recommendations for post-traumatic societies.

Literature Review

Classical Concepts of Society as an Organism

The idea of society as an organism has a long intellectual lineage. Herbert Spencer was among the first to systematically describe society as a “social organism” in which institutions perform functions analogous to bodily organs (Spencer, 1876). Émile Durkheim viewed social norms as mechanisms of equilibrium maintenance, comparable to physiological reflexes, and emphasised the existence of “social pathologies” (Durkheim, 1893). Auguste Comte conceptualised social development as a transition through three stages – the theological, the metaphysical, and the positive (Comte, 1896). In Talcott Parsons’ structural functionalism, biological analogies also play a central role: social systems strive for homeostasis, and their subsystems perform functions necessary for stability (Parsons, 1951).

Contemporary research continues this tradition, highlighting the role of internal mechanisms of selfregulation and structural adaptation as prerequisites for autonomous societal development (Yakushik, 2024). Together, these approaches form the intellectual foundation for the modern concept of the “social reflex”.

Political Psychology and Collective Trauma

Political psychology offers tools for understanding how individual and collective trauma shape political behaviour. Bessel van der Kolk demonstrates that trauma alters the structure of the nervous system, producing automatic reactions that may persist for years (van der Kolk, 2014). Jonathan Haidt argues that political judgements are often grounded in emotional reflexes (Haidt, 2012). Daniel Kahneman distinguishes between two modes of thinking – fast (intuitive, reflexive) and slow (analytical) (Kahneman, 2011).

These approaches create a conceptual bridge between neurophysiology and political behaviour, which is essential for the model of the social reflex developed in this article.

Post-Conflict Studies

In postconflict research, a central question concerns how trauma and institutional weakness shape longterm social reactions. Johan Galtung distinguishes between “negative peace” and “positive peace”, emphasising the importance of structural transformation (Galtung, 1996). Roland Paris shows that post-conflict societies often fall into a trap of institutional weakness (Paris, 2004). Charles Call and Vanessa Wyeth describe “vicious cycles” of dysfunction in which corruption, distrust, and institutional inertia reinforce one another (Call & Wyeth, 2008).”

In a broader context, these insights align with the concept of global compromise as an alternative to conflict-based models of development (Yakushik, 2025), which stresses the need to overcome structural pathologies and transition towards more sustainable forms of political interaction.

These approaches confirm that post-conflict societies tend to develop automatic social reactions – social reflexes – that may be either adaptive or pathological.

2. From Physiological Reflex to Social Reflex

The Physiological Reflex: Structure, Functions, and Pathologies

In classical neurophysiology, a reflex is defined as an automatic, rapid, and stereotyped reaction of the organism to a stimulus, mediated by the nervous system (Kandel et al., 2021). The reflex arc consists of five key elements: receptor, afferent pathway, central integrative element, efferent pathway, and effector.

The main properties of the reflex – automaticity, efficiency, stereotypy, and adaptability – ensure homeostasis and rapid responses to environmental changes. However, under prolonged stress or trauma, the organism develops compensatory mechanisms that may eventually lose their adaptive function and become pathological.

Examples include chronic muscle spasm, impaired microcirculation, and imbalances between the sympathetic and parasympathetic systems, which may lead to anxiety and somatoform disorders (Kolb & Whishaw, 2020). In such cases, an initially protective reaction becomes a source of dysfunction. This logic of lost adaptability provides the basis for an interdisciplinary analogy with social processes.

The RIO Method as a Model for Correcting Pathological Reflexes

The Reflex Integration of the Organism (RIO) method, developed by P. Ostrovskiy, is grounded in the principles of neuroplasticity and reflex regulation (Ostrovskiy, 2024). Its aim is to identify and deactivate pathological compensatory mechanisms that arise from trauma

or prolonged stress. In clinical practice, RIO has demonstrated effectiveness in addressing chronic pain, functional disorders, post-traumatic conditions, and emotional dysregulation.

The core principles of RIO include:

- identifying paired receptors in the zone of dysfunction and in the compensatory zone;
- stimulating receptors to “reset” the pathological reflex;
- restoring balance between the sympathetic and parasympathetic systems;
- tilising neuroplasticity to form new functional connections.

In this article, RIO is used not as a clinical technique but as an analytical metaphor that enables the interpretation of social dysfunctions through the logic of pathological compensatory reactions. This approach creates a bridge between neurophysiology and political science, allowing social processes to be described as systems of automatic reactions capable of losing adaptability and becoming ‘stuck’ in pathological patterns.

The Social Reflex: Definition, Structure, Mechanisms

A social reflex is an automatic collective reaction of a society to internal or external stimuli, grounded in historical experience, cultural norms, institutional practices, and collective memory. The concept of the social reflex developed in this article mirrors the logic of the physiological reflex arc and adapts it to the analysis of social processes, enabling the description of mechanisms underlying both adaptive and pathological social reactions.

The structure of the social reflex includes:

- social receptor – groups or institutions that first respond to a stimulus (media, activists, local communities);
- afferent pathway – channels of information transmission (media, social networks, rumours, horizontal communication);
- social centre – political institutions, collective consciousness, dominant narratives;
- efferent pathway – decisions, political actions, mass behaviour, elite responses;
- effector – the outcome of the social reaction: protest, voting, mobilisation, boycott, polarisation, self-organisation.

As in physiology, a social reflex may be adaptive (solidarity, self-organisation, volunteering, horizontal trust) or pathological (radicalisation, corruption inertia, institutional distrust, polarisation). Adaptive reflexes stabilise the system, whereas pathological ones reproduce dysfunction and reduce a society’s capacity for recovery.

Pathological Social Reflexes

Pathological social reflexes are automatic collective reactions that emerge in response to prolonged stress, trauma, or institutional weakness and gradually lose their adaptive function. In post-conflict societies, such reactions may become entrenched as persistent dysfunctions that reproduce themselves regardless of changes in the political environment.

Corruption may function as a compensatory mechanism arising in conditions of low trust, weak institutions, and unstable rules. In post-conflict countries, it often becomes part of a “vicious cycle” of institutional weakness (Call & Wyeth, 2008). Within the proposed model of the social reflex, corruption appears as a pathological automatic reaction that gradually transforms into a chronic behavioural pattern.

Hyper-nationalism may serve a mobilising function during wartime, yet after the conflict it can become a source of internal tensions, polarisation, and identity-based competition (Paris, 2004).

Polarisation often emerges as a reaction to uncertainty and threat. It activates intuitive, emotional modes of thinking that lead to “blackandwhite” perceptions of reality (Haidt, 2012). In this form, polarisation becomes a pathological social reflex that obstructs rational dialogue.

Institutional inertia manifests as a “systemic spasm”, in which institutions lose flexibility and the capacity for adaptation. In terms of peace theory, this corresponds to a situation in which a society fails to transition from “negative peace” to “positive peace” (Galtung, 1996).

Taken together, corruption, hyper-nationalism, polarisation, and institutional inertia can be understood as pathological social reflexes that reproduce themselves automatically and sustain dysfunction even after the original triggers have disappeared.

Adaptive Social Reflexes

Alongside pathological reactions, adaptive social reflexes strengthen societal resilience and support recovery after traumatic events. Within the proposed model, adaptive reactions function as the social analogue of the parasympathetic system, reducing stress, stabilising collective states, and maintaining self-regulation.

Key adaptive social reflexes include:

- solidarity and volunteering;
- community self-organisation;
- flexibility and creativity in crisis conditions;
- rapid mobilisation of resources.

These reactions form an adaptive regulatory circuit that mitigates stress, reduces tension, and supports the restoration of functional equilibrium within society.

Interaction Between Medical and Political Models

Within the proposed model of the social reflex, the medical logic of RIO is used as a tool for analysing social pathologies, while the political theory of transitional states explains the macro-dynamics of systemic change.

The medical RIO model enables:

- the identification of pathological social reflexes;
- an understanding of their structure;
- the detection of compensatory mechanisms;
- the formulation of potential methods of correction.

The political theory of transitional states (Paris, 2004; Call & Wyeth, 2008) enables:

- the description of phases of instability;
- the identification of bifurcation points;
- the explanation of how societies transition to new equilibria.

The combination of these models forms a new interdisciplinary framework in which post-conflict societies are viewed as complex systems capable of self-regulation yet vulnerable to pathological reactions. This approach integrates the micro-level (automatic social reflexes) and the macro-level (political transformation dynamics), creating a holistic analytical perspective.

3. Social Dysfunctions as Reflex Pathologies

Social “Vicious Cycles” as Analogues of Pathological Reflexes

In political science, the concept of a “vicious cycle” is used to describe situations in which dysfunctions reproduce themselves regardless of reforms or changes in the political context (Call & Wyeth, 2008). This phenomenon structurally resembles pathological reflexes in medicine, where the organism continues to react to a stimulus that is no longer present. Within the proposed model of the social reflex, such cycles are interpreted as pathological automatic reactions that arise in response to trauma or institutional weakness and continue to reproduce themselves even after the original stimulus has disappeared.

Pathological social reflexes operate according to the logic of the reflex arc but lose their adaptive function and become sources of chronic dysfunction.

Example 1: distrust → avoidance of institutions → institutional weakness → renewed distrust. Distrust in the state leads citizens to avoid institutional interaction, reducing institutional effectiveness. Weak institutions reinforce initial distrust, forming an automatic pathological social reflex.

Example 2: corruption → informal practices → institutional weakness → corruption. Corruption, initially emerging as a compensatory mechanism in response to resource scarcity and excessive bureaucratisation, gradually becomes a chronic reaction to institutional uncertainty and reproduces itself independently of formal reforms (Call & Wyeth, 2008).

Both examples illustrate how mechanisms that once served adaptive purposes lose their function over time. In such cases, social reactions cease to be rational and become automatic behavioural patterns – pathological social reflexes that sustain and deepen dysfunction.

Corruption as a Pathological Social Reflex

Corruption in post-conflict and transitional societies often emerges as a compensatory mechanism triggered by resource scarcity, excessive bureaucratisation, and unstable rules. Under such conditions, informal practices may initially serve an adaptive function – facilitating access to services or accelerating institutional interaction. Over time, however, these practices lose their adaptive value and begin to reproduce themselves automatically, becoming a pathological social reflex.

Within the proposed model, the structure of the corruption reflex can be described through analogy with the physiological reflex arc:

- receptor: resource scarcity, complex or opaque procedures;
- afferent pathway: informal networks, personal agreements, “telephone justice”;
- centre: collective beliefs that normalise corruption as a “practical” problem-solving tool;
- efferent pathway: decision-making outside formal procedures;
- effector: the reproduction of corrupt practices in everyday interactions.

This reflex sustains institutional weakness, which in turn encourages further reliance on informal practices, forming a self-reinforcing pathological cycle (Call & Wyeth, 2008). Corruption thus appears as an automatic reaction that persists even after the conditions that produced it have disappeared.

Hyper-Nationalism as Post-Traumatic Compensation

National mobilisation during wartime is an adaptive reaction: it strengthens cohesion, enhances readiness for defence, and increases intra-group trust. However, once the active

phase of conflict ends, this reaction may lose its adaptive function and transform into a pathological social reflex that:

- exacerbates internal divisions;
- complicates political dialogue;
- increases the risks of radicalization;
- obstructs inclusive reforms.

Within the proposed model of the social reflex, hyper-nationalism appears as a reaction that maintains a mobilisation regime even after the immediate threat has subsided. In medical terms, this corresponds to excessive sympathetic activation, whereby the organism remains in a state of constant alert despite the absence of an active stimulus (Paris, 2004).

Institutional Dysfunction as a “Systemic Spasm”

Institutions that have experienced prolonged political pressure, corruption, or external interference may lose their capacity for flexible adaptation. This resembles a muscular spasm, in which a structure retains tension even after the stimulus has disappeared. Within the proposed model, institutional dysfunction appears as a reaction that becomes fixed in a state of chronic tension and ceases to perform its adaptive function.

Examples of institutional spasms include:

- excessive over-regulation;
- bureaucratic inertia;
- aversion to innovation;
- fear of responsibility;
- formalism instead of substantive work.

In such a state, institutions lose their ability to adapt and renew themselves. They cease to respond to societal needs and instead reproduce entrenched patterns (Galtung, 1996). As a result, they become a source of chronic dysfunction rather than a mechanism for overcoming it.

Polarisation as “Neural Over-Excitation”

Polarisation is a social condition in which society reacts to political stimuli with excessive emotional intensity, losing the capacity for rational analysis. Within the proposed model, polarisation appears as a form of social “neural over-excitation”, analogous to the heightened arousal characteristic of post-traumatic states (van der Kolk, 2014).

Signs of social polarisation include:

- black-and-white thinking;
- demonisation of opponents;
- distrust of alternative information sources;
- emotional reactions instead of arguments;
- growth of radical groups (Haidt, 2012).

Together, these features create a condition in which rational dialogue becomes nearly impossible. Polarisation reduces a society’s capacity for compromise – critical in post-conflict contexts – and may become a pathological social reflex that blocks the restoration of political equilibrium.

Adaptive Social Reflexes as the Basis of Resilience

Alongside pathological reactions, adaptive social reflexes strengthen societal resilience and enable recovery after major shocks. Within the proposed model, these reactions function

as the social analogue of the parasympathetic system, reducing stress, stabilising collective states, and supporting self-regulation.

Key adaptive social reflexes include:

- solidarity and volunteering;
- community self-organisation;
- creativity and flexibility in crisis conditions;
- rapid mobilisation of resources;
- horizontal trust.

Unlike pathological reflexes, which reproduce dysfunction, adaptive social reactions form the foundation of social resilience, enabling societies not only to withstand largescale shocks but also to recover while preserving functional integrity and developmental potential.

4. International Experience in Overcoming Social Pathologies

Comparative analysis of post-conflict societies reveals common patterns and adaptive mechanisms that may be relevant for countries experiencing large-scale trauma. The experiences of the Balkans, Lebanon, Rwanda, and Sierra Leone demonstrate that pathological social reflexes can be corrected through a combination of institutional reforms, social integration, work with collective memory, and psychological rehabilitation (Paris, 2004; Galtung, 1996).

The Balkans: Between Ethnic Trauma and Institutional Recovery

Following the wars in Bosnia and Kosovo, societies faced deep polarisation, loss of trust in institutions, and fragmentation of the social space. International programmes (UNDP, OSCE) focused on:

- restoring basic institutions;
- creating mechanisms for inter-ethnic dialogue;
- reforming police and judicial systems;
- supporting local communities.

These measures can be viewed as a form of “social physiotherapy” aimed at restoring functional connections within society. They correspond to the logic of transitioning from pathological to adaptive social reflexes, as described by Paris (2004).

The Balkan experience demonstrates that institutional reforms must be combined with community-level engagement; otherwise, pathological social reactions continue to reproduce themselves regardless of political change.

Lebanon and Iraq: The Role of Religious Structures in Reducing Radicalisation

In Lebanon and Iraq, religious leaders played a key role in reducing radicalisation and restoring social trust. This demonstrates that social reflexes can be recalibrated through institutions with high moral authority.

Key lessons from these cases include:

- religious institutions can serve as partners in rebuilding trust;
- interfaith dialogue reduces the risks of radicalisation;
- moral authority can partially compensate for institutional weakness (Galtung, 1996).

These examples show that in deeply traumatised societies, moral and cultural institutions may become crucial agents of stabilisation.

Rwanda: Overcoming Collective Trauma Through Institutional Innovation

After the genocide, Rwanda implemented extensive reconciliation programmes, including traditional *gacaca* courts. This illustrates how a society can “reset” pathological social reflexes through institutional innovation.

Key elements of the Rwandan approach include:

- combining traditional and modern mechanisms of justice;
- emphasis on accountability and restoration;
- systematic work with collective memory;
- long-term programmes of social reintegration.

Rwanda demonstrates that even after extreme violence, a society can transition to a new equilibrium if institutional mechanisms are oriented towards restoring trust and responsibility (Paris, 2004).

Sierra Leone: Reintegration of Former Combatants

DDR (Disarmament, Demobilisation and Reintegration) programmes in Sierra Leone showed that reintegration is possible only through a comprehensive approach. It included:

- psychological support (addressing trauma and post-stress disorders);
- physiological rehabilitation;
- creation of economic opportunities (employment, vocational training);
- social acceptance through reconciliation and community integration.

This experience is particularly relevant for countries where hundreds of thousands of veterans require comprehensive support. It demonstrates that pathological social reflexes – aggression, distrust, social isolation – can be corrected through a combination of psychological, social, and economic tools (Paris, 2004).

Correcting Pathological Social Reflexes: Comparative Lessons

Comparative analysis shows that:

- pathological social reflexes emerge in response to trauma but can be transformed;
- institutional innovation is key to “resetting” social reactions;
- work with collective memory reduces the risks of radicalisation;
- social integration and rehabilitation are critical for long-term stability;
- adaptive social reflexes (solidarity, self-organisation) can be strengthened through community-support policies.

These insights form the basis for analysing Ukraine as a post-traumatic society and demonstrate that even deeply traumatised social systems can recover through a comprehensive, multi-level approach.

5. Ukraine as a Post-Traumatic Society

Ukraine today represents one of the most illustrative examples of a post-traumatic society. The full-scale war has overlapped with decades of historical traumas that have shaped collective memory, political behaviour, and institutional patterns. These processes are compounded by systemic institutional dysfunction, uneven regional development, social polarisation, and mass migration. Together, they create conditions for the formation of both adaptive and pathological social reflexes.

The Scale of Trauma and Its Social Consequences

According to international organisations, Ukraine is experiencing an unprecedented wave of psychological, physiological, and social trauma.

A WHO report (WHO Europe, 2025) documents a sharp increase in the need for mental-health services, rehabilitation, and long-term support for veterans, children, and civilians. UNICEF analyses (UNICEF, 2025a; UNICEF, 2025b) highlight profound consequences for children and adolescents, including developmental disruptions, emotional dysregulation, and social maladaptation. The Child Protection Area of Responsibility – Ukraine (2025) further emphasises systemic risks for children, including overstretched protection services, insufficient psychosocial support, and high levels of secondary traumatisation.

Research by Osokina et al. (2025) shows that the war significantly affects the neuropsychological development of Ukrainian adolescents, producing automatic reactions of fear, hyper-arousal, and avoidance – i.e., post-traumatic social reflexes.

Thus, the scale of trauma in Ukraine is systemic and affects all levels of social life – from individual behaviour to institutional dynamics.

Pathological Social Reflexes in the Ukrainian Context

Ukrainian society exhibits several reactions that can be interpreted as pathological social reflexes (Haidt, 2012; Kahneman, 2011; Galtung, 1996; Paris, 2004). Within the proposed model, these phenomena are understood as automatic reactions formed under the influence of trauma and prolonged stress that have gradually lost their adaptive function.

Such reactions include:

- polarisation between social groups;
- hyper-nationalism as a compensatory response to existential threat;
- institutional inertia;
- corruptive inertia;
- depletion of trust in state institutions.

These behavioural patterns reproduce themselves independently of political change, making them structurally analogous to pathological reflexes in neurophysiology.

Adaptive Social Reflexes: Ukrainian Resilience

Alongside pathological reactions, Ukraine demonstrates uniquely strong adaptive social reflexes that have become key drivers of resilience:

- large-scale community self-organisation;
- a globally recognised volunteer movement;
- high levels of horizontal trust;
- creativity and innovation under crisis conditions;
- flexible social support networks.

These reactions correspond to adaptive mechanisms described in political psychology and trauma theory (van der Kolk, 2014). They function as the “parasympathetic system” of society, reducing stress and supporting recovery.

Institutional “Spasms” and the Challenges of Reform

Ukrainian institutions often display signs of a “systemic spasm”, manifested in:

- excessive regulation;
- bureaucratic inertia;
- low accountability among officials;

- formalism instead of substantive work.

This corresponds to the model of institutional dysfunction described by Galtung (1996) and helps explain why even successful reforms may lose effectiveness during implementation. Institutional change in Ukraine frequently encounters deep structural barriers that slow transformation.

The Role of Rehabilitation and Neurophysiological Approaches

In conditions of mass trauma, methods addressing the physiological foundations of stress and post-traumatic reactions become particularly important.

Studies by Rey-Mota et al. (2025), Sharma & Saxena (2024), and Blanche et al. (2025) demonstrate that the integration of primitive and sensory reflexes can improve cognitive, emotional, and behavioural functioning.

In Ukraine, this is supported by:

- Lawry et al. (2025), who identify critical gaps in the rehabilitation system;
- WHO Europe (2025), which emphasises the need for innovative approaches;
- UNICEF (2025b), highlighting the importance of work with children and adolescents;
- Child Protection AoR – Ukraine (2025), documenting systemic challenges in child protection, including shortages of specialised services, coordination difficulties, and high levels of secondary traumatisation.

The RIO method (Ostrovskyi, 2024) can be used as an analytical model for explaining how societies may “reset” pathological social reflexes through:

- institutional reforms;
- socialintegration programmes;
- work with collective memory;
- psychological and physiological rehabilitation.

Ukraine in a Transitional Phase

Ukraine is undergoing a profound transitional process that includes:

- transformation of the political system;
- rethinking national identity;
- formation of new social norms;
- restoration of institutional trust;
- integration of veterans and internally displaced persons.

This condition corresponds to the transitionalphase models described by Paris (2004) and Call (2008) and requires a comprehensive approach combining political, social, psychological, and neurophysiological tools.

6. Conclusions

This article proposes an interdisciplinary model for analysing post-conflict societies that integrates the medical concept of reflex integration (RIO) (Ostrovskyi, 2024) with the political theory of transitional states (Yakushik, 1992). This approach enables social dysfunctions to be interpreted as pathological social reflexes – automatic reactions that emerge in response to trauma and prolonged stress but gradually lose their adaptive function and begin to reproduce dysfunction (van der Kolk, 2014; Haidt, 2012; Paris, 2004).

Comparative analysis of international cases (post-Yugoslav Balkan states, Lebanon, Rwanda, Sierra Leone) demonstrates that overcoming such pathological reactions is possible

through institutional innovation, work with collective memory, social integration, psychological and physiological rehabilitation, and the strengthening of adaptive social reflexes – solidarity, self-organisation, and horizontal trust. These mechanisms confirm that even deeply traumatised societies can recover through a comprehensive approach combining structural, psychological, and cultural tools.

Ukraine is currently in a deep transitional phase in which both pathological and adaptive social reflexes are simultaneously present. The scale of trauma documented by WHO (2025), UNICEF (2025a; 2025b), and recent research (Osokina et al., 2025; Lawry et al., 2025) requires a comprehensive rehabilitation strategy that includes neurophysiological methods, mental-health interventions, institutional reforms, and social integration.

The proposed model of the social reflex offers a new analytical framework for studying post-traumatic societies. It explains the mechanisms through which social dysfunctions are reproduced, identifies intervention points for “resetting” pathological reactions, and integrates medical, psychological, and political approaches into a unified conceptual system. This interdisciplinary approach opens new possibilities for understanding transformational processes in societies that have experienced large-scale trauma, including Ukraine.

Thus, the combination of neurophysiology, political psychology, and peacebuilding theory creates new opportunities for analysing and transforming societies that have undergone profound trauma. Ukraine may become one of the key examples of the practical application of this model, combining institutional reforms, social mobilisation, and innovative approaches to rehabilitation.

Ukraine, situated at the epicentre of this process, has the potential to move beyond the role of mere object and emerge as an active actor in validating the social reflex model — contingent upon the effective integration of clinical practice, political will, and interdisciplinary approaches to recovery.

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