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The Role of Canine-Assisted Therapy in the Psychological Rehabilitation and Resilience of Ukrainian Military Personnel

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Abstract: The prolonged war in Ukraine has created significant challenges for the psychological well-being, resilience, and social reintegration of military personnel. Psychological rehabilitation therefore requires the development of accessible, person-centred, and complementary approaches capable of supporting military personnel during and after exposure to prolonged stress and traumatic experiences. One such approach is canine-assisted therapy, which involves the structured participation of specially trained dogs in psychological, rehabilitation, or supportive interventions. However, its potential integration into psychological rehabilitation programmes for Ukrainian military personnel requires greater understanding of their attitudes, perceived needs, and readiness to participate in such interventions.

The purpose of this study was to examine Ukrainian military personnel's attitudes toward canine-assisted therapy and to identify its potential contribution and challenges in the context of psychological rehabilitation, resilience, and sustainable development. The study employed an anonymous voluntary online survey conducted through Google Forms in March 2026. The sample consisted of 290 Ukrainian military personnel aged 20–55 years, including active-duty personnel and individuals performing tasks in combat zones. Participants had different levels of combat experience, with most having acquired combat experience since 2022 and a smaller group since 2014. The questionnaire included closed-ended and open-ended questions addressing military experience, psychologically traumatic events, sources of emotional support, perceived need for socio-psychological assistance, attitudes toward animals, and willingness to participate in rehabilitation sessions involving specially trained dogs. The quantitative data were analysed primarily using descriptive statistics, while open-ended responses were considered to identify recurring patterns and provide contextual interpretation.

The findings demonstrate a generally favourable attitude toward the potential use of specially trained dogs in the rehabilitation of military personnel. A total of 64.5% of respondents believed that animals could have a positive psychological impact during wartime, while 70.7% expressed a positive attitude toward the use of specially trained dogs in rehabilitation. At the same time, 28.3%

of respondents reported a perceived need for psychological assistance, 39.3% did not identify such a need, and 32.4% found it difficult to assess their need. These findings indicate that acceptance of canine-assisted interventions does not necessarily correspond to an explicit recognition of psychological difficulties. This distinction suggests that canine-assisted therapy may function as a complementary and potentially less stigmatising point of engagement with psychological rehabilitation rather than as a substitute for professional psychological or medical care.

The study concludes that canine-assisted therapy has potential as a complementary component of a multidisciplinary and sustainable rehabilitation system for military personnel. Its contribution may include diversification of psychological support, strengthening of resilience, and creation of more accessible forms of engagement with rehabilitation services. However, sustainable implementation requires appropriately trained specialists and therapy dogs, ethical and safety standards, institutional coordination, and adequate organisational and financial support. As the present study examined attitudes and perceptions rather than therapeutic outcomes, the findings should be regarded as preliminary. Further longitudinal and intervention-based research is needed to assess the effectiveness, accessibility, cost-effectiveness, and long-term sustainability of canine-assisted therapy in military rehabilitation.

Keywords: canine-assisted therapy; military personnel; psychological rehabilitation; resilience; psychological well-being; human-animal interaction; sustainable development; Ukraine.

Introduction

War damages people in ways that outlast the fighting. Servicemen face life-threatening situations, witness the injury and death of those beside them, endure long separation from their families and live with uncertainty about their own safety. The consequences are well catalogued: post-traumatic stress disorder, depression, anxiety disorders, disturbed sleep, emotional burnout, and difficulty returning to ordinary social life.

In Ukraine, these consequences have accumulated on a scale with no recent European parallel. The conflict began in 2014, but the full-scale invasion of 2022 changed its character entirely, drawing millions of civilians into the war and exposing servicemen to physical and psychological pressure sustained over years rather than months.

The rehabilitation system has grown in response, and quickly. Counselling, psychotherapy, pharmacological treatment, social support programmes and physical rehabilitation now form its core. The difficulty is that war trauma rarely presents as a single problem with a single remedy, and a system assembled under pressure tends to reproduce what it already knows how to deliver. Complementary methods are of interest precisely because they reach people whom the standard route does not.

Animal-assisted therapy (AAT) is among the better documented of these methods. It denotes structured interaction between humans and animals directed at defined therapeutic goals, and has been practised with horses, dolphins, cats and dogs. Dogs occupy a particular place in this work: they read human emotional signals with unusual accuracy and form attachments quickly, which makes them suited to settings where a person is not yet ready to speak.

Canine-assisted therapy, or canistherapy, involves specially trained dogs working with people under the supervision of a qualified specialist. Contact with dogs has been shown to lower stress levels and blood pressure, improve emotional state and ease social interaction. For people who have experienced trauma, and for servicemen in particular, the last of these effects may matter more than the others.

Veteran rehabilitation programmes in the United States, Canada, the United Kingdom and Israel have used therapy dogs for some years, with reported reductions in PTSD symptoms and improvements in emotional regulation and return to civilian life.

Ukrainian research on the subject remains thin by comparison, and it has a specific blind spot. The method has been described, its legal status analysed and the qualifications of its practitioners compared with foreign requirements, but the servicemen for whom it is intended have not been asked what they think of it. Since participation in any animal-assisted programme is voluntary, that omission is not a detail.

Therefore, the main aim of this study is to investigate the attitudes of Ukrainian military personnel toward the use of canine-assisted therapy in psychological rehabilitation. The study also seeks to identify key sources of emotional support for servicemen during military service and explore their perceptions of psychological assistance.

Literature Review

The therapeutic use of animals rests on a body of work that has grown considerably over the past three decades. Fine (2019), whose handbook remains the reference point for the field, groups animal-assisted interventions into three distinct categories – animal-assisted activities, animal-assisted therapy, and animal-assisted education – and insists that only the second involves formally documented goals, a trained specialist, and measurable outcomes [4]. This distinction matters for rehabilitation planning, because programmes that are described as therapy but organised as recreational visits produce results that cannot be evaluated. Canine-assisted therapy belongs to the second category, and it is in this narrow sense that the term is used throughout the present article.

The physiological argument for such interventions has been tested directly. Allen et al. (2002) measured cardiovascular reactivity in 240 married couples, half of whom owned pets, during mental arithmetic and cold-pressor tasks. Pet owners showed lower resting heart rate and blood pressure, smaller increases under stress, and faster recovery afterwards; among the owners themselves, reactivity was lowest when the animal was present in the room [1]. Beetz et al. (2012) later synthesised 69 original studies and concluded that human-animal interaction produces documented benefits for "social attention, social behavior, interpersonal interactions, and mood" as well as for cortisol, heart rate, and blood pressure [3]. Their explanation is worth noting for rehabilitation practice: rather than treating each effect separately, they propose activation of the oxytocin system as the common mechanism underlying most of them. If this is correct, the calming effect of a therapy dog is not merely a pleasant distraction but a physiological process that can be deliberately elicited.

Whether these effects hold for trauma populations is a separate question. O'Haire (2013) reviewed ten studies of animal-assisted intervention for trauma survivors and found reduced depression, PTSD symptoms, and anxiety to be the most frequently reported outcomes, with dogs and horses the most common species. Her assessment was nonetheless cautious: methodological rigour was low across most of the sample, which she read as evidence that the field was still at a preliminary stage [16]. Tedeschi and Jenkins (2015) approached the same material from the standpoint of practice, arguing that the value of animals in trauma work lies in their capacity to restore a sense of safety before verbal processing becomes possible at all [19]. Focusing specifically on the veteran population, Fonseka et al. (2022) screened the literature against inclusion criteria and retained thirteen articles, concluding that animal-assisted therapy "does appear to show promise, particularly for the short term treatment of psychosocial problems of veterans," while stressing that cost-effectiveness and manualised protocols remain unestablished [5].

The strongest quantitative evidence to date concerns assistance dogs rather than therapy dogs. Leighton et al. (2022) screened 432 records, retained 41 articles, and reported that partnership with an assistance dog had a large and statistically significant effect on PTSD severity scores ($g = -1.129$; $p < 0.0001$); they also note that psychiatric assistance dogs placed with veterans account for more than 19% of assistance dog partnerships worldwide [14]. Their qualitative synthesis identified two levels of effect – on the individual's mental and physical health, and beyond the individual, in the rebuilding of relationships. Yarborough et al. (2017), working with 41 veterans and 8 caregivers, confirmed the reported reduction in symptoms but also documented difficulties that participants had not anticipated: the length and intensity of the training required to obtain a dog, and a marked increase in unwanted public attention [21]. This second finding is a useful corrective. It indicates that the burdens of an animal-assisted programme are real and should be disclosed to participants in advance rather than discovered by them mid-course.

Ukrainian research on the subject has developed rapidly since 2022, largely in response to demand from the rehabilitation system itself. One line of enquiry has examined how post-traumatic stress disorder came to be constituted as an object of scholarly attention, tracing a shift away from a narrowly clinical framing toward a socio-psychological one in which the veteran's social environment forms part of the therapeutic picture [7]. Building on that premise, canine-assisted therapy has been analysed specifically as a method of socio-psychological rehabilitation for combat veterans, with the conclusion that its principal contribution lies less in symptom reduction as such than in restoring a person's willingness to enter a therapeutic relationship at all [8].

Two further studies address the institutional conditions without which such work cannot be scaled. A review of the legislative foundations for implementing canistherapy in Ukraine identifies the absence of any regulatory definition of the therapy dog and its handler as the central obstacle: without such a definition, sessions cannot be funded from rehabilitation budgets or entered in patient documentation [9]. Comparative analysis of professional requirements abroad shows that certification there typically combines training in the handler's own discipline with separately assessed competence in animal handling [12]. Read together, these findings locate the barrier in Ukraine on the administrative rather than the evidentiary side.

Adjacent work has tested the applicability of these approaches to other vulnerable groups. Studies of psychological and pedagogical support for students with special educational needs in higher education found structured support to be more effective than assistance offered ad hoc [10], while parallel research on the mental health of inclusive-resource centre specialists showed that those who deliver rehabilitation are themselves exposed to considerable occupational strain [11]. Most directly relevant here, an account of Ukraine's accumulated experience in implementing canistherapy for the resilience of vulnerable populations reports that programmes designed for civilians under wartime conditions transfer to military settings only where the voluntary character of participation is preserved [13].

The literature therefore supports canine-assisted therapy as a complementary rather than a substitutive method: the physiological mechanisms are reasonably well described, the effects on trauma populations are consistent in direction if uneven in methodological quality, and the practical obstacles are known. What remains largely unexamined is the attitude of the intended recipients. Ukrainian studies have addressed the method, its legal status, and the qualifications of those who deliver it, but not the readiness of servicemen themselves to take part. Since participation in animal-assisted programmes is voluntary by definition, this omission is not a minor one – a rehabilitation method that its intended users decline will not produce results regardless of its demonstrated efficacy. The present study addresses this gap.

Before turning to the survey data, it is useful to set the present study against the international evidence base it draws on. Table 1 summarises the principal empirical studies discussed above, indicating sample size, population, and reported outcome. The comparison brings out two features of the field that shape how the present results should be read.

Table 1: Principal empirical studies of animal-assisted interventions cited in this review

Study	Sample	Population	Principal reported outcome
Allen et al. (2002) [1]	240 couples	General adult population, pet owners and non-owners	Lower resting heart rate and blood pressure; reduced reactivity and faster recovery under stress
Beetz et al. (2012) [3]	69 studies	Mixed ages and conditions	Benefits for mood, social interaction, cortisol, heart rate; oxytocin proposed as common mechanism
O'Haire (2013) [16]	10 studies	Trauma survivors, including veterans	Reduced depression, PTSD symptoms, anxiety; low methodological rigour noted
Fonseka et al. (2022) [5]	13 articles	Military veterans	Promise for short-term psychosocial problems; protocols and cost-effectiveness unestablished
Leighton et al. (2022) [14]	41 articles (9 in meta-analysis)	Veterans with PTSD	Large effect on PTSD severity ($g = -1.129$; $p < 0.0001$)
Yarborough et al. (2017) [21]	41 veterans, 8 caregivers	Veterans with service dogs	Symptom reduction reported; unanticipated training burden and unwanted public attention
Present study (2026)	290 respondents	Ukrainian military personnel	70.7% positive toward therapy dogs; 64.5% recognise psychological benefit of animals

Source: Compiled by the authors on the basis of [1; 3; 5; 14; 16; 21] and the present survey.

The first feature is a marked asymmetry of scale. The quantitative evidence rests on syntheses of a modest number of primary studies – ten in O'Haire's review, thirteen in Fonseka's, nine in the meta-analytic component of Leighton's – whereas the physiological literature summarised by Beetz draws on 69 original investigations. The mechanism, in other words, is better established than the clinical application. This is why the international literature so consistently describes animal-assisted therapy as complementary: the effect is real and reasonably well understood, but the protocols through which it should be delivered in a rehabilitation setting are not yet standardised.

The second feature concerns population. Every study in the table that addresses veterans directly was conducted in states where the veteran rehabilitation system was already established before the intervention was introduced. Ukraine is building both simultaneously, and under conditions of active hostilities. The sample of the present study, at 290 respondents, is larger than that of any single primary study listed, which reflects a straightforward difference of circumstance rather than any methodological advantage: the population concerned is, unfortunately, very large. What the present study contributes is therefore not additional evidence of efficacy, which the international literature already supplies, but evidence of acceptability within a population that has not previously been asked.

Materials and Methods

Research Design

The study is quantitative in design and based on a structured questionnaire. A survey was chosen because the object of enquiry is attitude rather than outcome: what was needed was a picture of how servicemen regard a method most of them have not experienced.

Ethical considerations.

The study was conducted in accordance with the institutional principles of academic integrity and responsible research established by Uman National University. The University's internal regulations governing academic integrity establish principles including legality, impartiality, transparency of procedures, and confidentiality; however, they do not require separate institutional ethical approval for anonymous survey-based research of this type. Therefore, no formal ethical approval was required under the applicable institutional procedures. Nevertheless, the researchers followed established ethical principles for research involving human participants. Participation was voluntary and anonymous, no personally identifying information was collected, and respondents were informed about the purpose of the survey and the use of the collected data for research purposes. The study also took into account the Minimum Standards for Research in the Fields of Animal-Assisted Services (AAS), Human-Animal Interaction (HAI), and Human-Animal Bond (HAB) developed by the International Association of Human-Animal Interaction Organizations (IAHAIO). Particular attention was paid to voluntary participation, respect for participants, confidentiality, and responsible treatment of information concerning potentially sensitive personal experiences.

Participants

The study involved 290 respondents, all of whom were Ukrainian military personnel. The sample included active-duty servicemen and military personnel performing tasks in combat zones. Participants had different levels of combat experience, primarily acquired during the Russian-Ukrainian war. For most respondents, combat experience began in 2022 following the full-scale invasion, while a smaller group had military experience dating back to 2014. The respondents' ages ranged from 20 to 55 years. The survey was conducted in March 2026 using an anonymous online questionnaire distributed through Google Forms. Participation was voluntary, and no personally identifying information was collected. The sample characteristics and source of the data are summarised in Table 2.

Table 2: Characteristics and source of the study sample

Characteristic	Description
Sample size (n)	290
Target population	Ukrainian military personnel
Participants	Active-duty servicemen and military personnel performing tasks in combat zones
Age range	20–55 years
Combat experience	Varying levels of experience
Period of combat experience	Primarily since 2022; a smaller group since 2014

Data collection period	March 2026
Data collection method	Anonymous online questionnaire
Survey platform	Google Forms
Participation	Voluntary
Data source	Primary data collected by the authors

Source: Developed by the authors

At the initial stage of the study, a minimum sample size of 100 respondents was planned as sufficient for obtaining preliminary descriptive information on Ukrainian military personnel's attitudes toward psychological assistance and canine-assisted therapy. This target was selected in accordance with the exploratory nature of the study, which aimed primarily to identify general patterns of attitudes and perceptions rather than to establish causal relationships or evaluate therapeutic effectiveness. During the data collection period, military personnel demonstrated considerable interest in participating in the survey. As participation was voluntary and anonymous, the researchers decided to include all eligible responses received during the data collection period rather than restrict the sample to the initially planned minimum. As a result, the final sample comprised 290 respondents. The larger-than-planned sample increased the amount of available empirical information and provided a broader basis for describing respondents' perceptions. Nevertheless, the sample remains a convenience/voluntary sample and therefore should not be considered fully representative of all Ukrainian military personnel. Accordingly, the findings are interpreted as preliminary evidence of attitudes and acceptability rather than as population-level estimates.

Data Collection

Data were collected in *March 2026* using an online questionnaire distributed through *Google Forms*. The survey was conducted anonymously in order to encourage honest and open responses. Participation in the survey was voluntary.

The questionnaire included both *closed-ended and open-ended questions*. Closed-ended questions allowed respondents to select predefined options, enabling statistical analysis of responses. Open-ended questions provided respondents with an opportunity to describe their experiences and perspectives in their own words.

The survey included questions related to:

- personal experiences during military service
- circumstances of joining the Armed Forces
- perceived impact of military service
- psychologically traumatic events
- sources of emotional support
- perceptions of animals during wartime
- attitudes toward psychological assistance
- attitudes toward canine-assisted therapy

Data Analysis

Descriptive statistical methods were used to analyze the collected data. Percentages were calculated to summarize the distribution of responses for each question. Qualitative responses provided by participants were analyzed thematically to identify recurring patterns and themes.

To minimize potential biases in the collected data, particular attention was paid to the anonymity and voluntary nature of participation. The questionnaire was administered online using Google Forms and did not collect personally identifying information. This approach was intended to reduce social desirability bias and the potential influence of concerns about disclosure, particularly when respondents were asked about their psychological needs and attitudes

toward psychological assistance. The study focused on respondents' opinions, perceptions, and experiences rather than on identifying individual participants. All respondents received the same structured questionnaire, which included both closed-ended questions, enabling consistent quantitative analysis, and open-ended questions, allowing participants to express their views in their own words. The use of anonymous data collection also reduced the likelihood that responses would be influenced by expectations of researchers or other participants. At the same time, the authors recognise that self-reported data may still be affected by individual interpretation of questions and respondents' willingness to disclose sensitive information. Therefore, the findings are interpreted as reflecting participants' reported perceptions rather than objective measures of psychological status or therapeutic effectiveness.

Results

Respondents reached the Armed Forces by different routes. *49.6% enlisted voluntarily* and *44.0% were mobilised*; the remaining *6.4%* served under contract. The near-parity of the first two figures is worth registering, since volunteers and mobilised personnel enter service with different expectations and, as the open responses suggest, leave it with different assessments of what it cost them.

Asked how service had affected them personally, respondents divided in a way that resists summary.

49.1% described the impact as negative, citing psychological strain, deteriorating health, exhaustion and damage to family relationships. *32.1% described it as positive* – personal growth, discipline, resilience, a clearer sense of responsibility. The remaining *18.8% reported no clear effect or could not judge*. These are not mutually exclusive experiences, and several respondents described both within a single answer: service that had cost them a great deal and had also made them more capable.

The survey's central question concerned attitudes toward animals and, more specifically, toward their use in rehabilitation. Here the responses were markedly more consistent.

64.5% of respondents considered that animals can have a positive psychological effect during war. This is close to what the international literature would predict, though the mechanism respondents described was narrower than the one the literature emphasises: not therapy but relief. Several noted that a few minutes with a dog or a cat interrupted a state they could not otherwise interrupt – a description that matches the stress-buffering effect documented experimentally [1] more closely than it matches any formal intervention.

Attitudes toward canistherapy itself were more favourable than expected given how little known the method is in Ukraine. *70.7% viewed the use of specially trained dogs in rehabilitation programmes positively, against 10.7% who did not*. The gap between these figures matters less than what lies between them: nearly a fifth of respondents held no settled view, which is the group any pilot programme would need to address first.

Sources of emotional support during service followed a predictable hierarchy – *family members (69%), fellow soldiers (52.8%) and romantic partners (41%)*. Nothing in these figures is surprising, and their stability is itself the finding: interpersonal ties, not services, carry most of the psychological load.

Against that background one result stands out. *16.9% named animals as a source of emotional support during service* – roughly one respondent in six, without any programme prompting them to do so. Animal-assisted rehabilitation would therefore not be introducing an unfamiliar practice so much as formalising one that already exists informally.

The responses on psychological assistance are harder to read. *39.3% reported no need for psychological help, 28.3% said they required it, and 32.4% could not answer.* The middle figure is plausible; the first and third together are the problem. A third of a sample being unable to answer a direct question about their own needs suggests either that the services in question are not well understood or that saying yes carries a cost.

The second explanation is documented in military populations elsewhere. Servicemen hesitate to seek psychological help where they expect it to be read as weakness or to follow them into their professional record. What follows from this is not that the reluctance should be argued away, but that a rehabilitation route which does not begin with a declaration of need may reach people that the standard route does not.

Canistherapy is such a route. It takes place in an informal setting, it does not require the participant to open with an account of what is wrong, and the dog occupies the position that would otherwise be occupied by an examining specialist. Where a person is not ready to speak to a psychologist, the animal can hold the interaction open until they are.

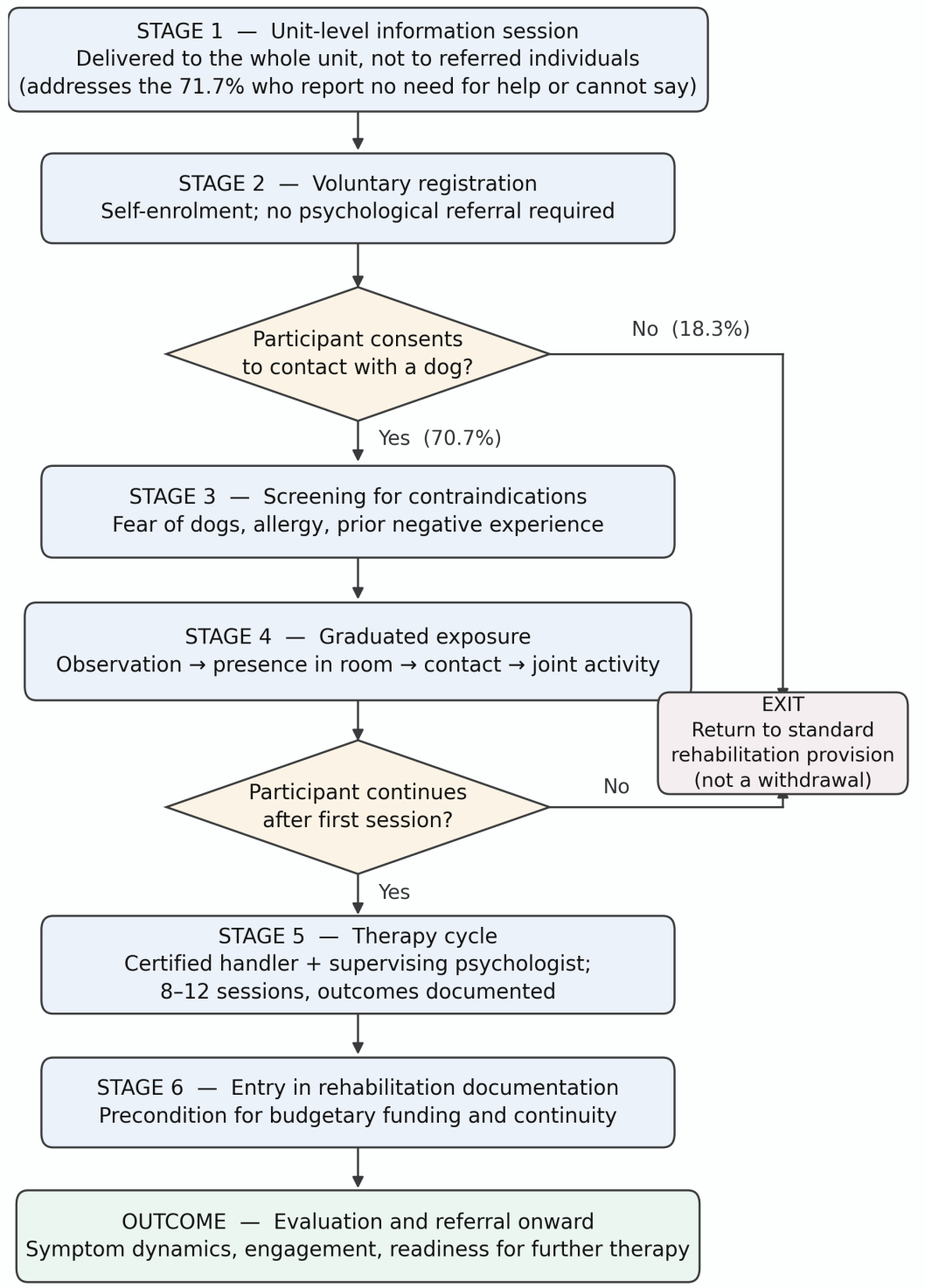
The survey also identified the limits of this. *18.3% said they would not attend a meeting with a specialist accompanied by a therapy dog, and a further 28.3% were unsure*. Some cited fear of dogs directly; others doubted the method would achieve anything. Both objections are reasonable and neither is addressed by persuasion. What they require is that participation remain *voluntary and adaptable to the individual*, with a route out that carries no consequence.

The overall picture is of a method with a receptive audience and a narrow set of conditions attached. Whether it delivers therapeutic benefit in Ukrainian conditions remains an empirical question this study does not answer; what the data establish is that the intended recipients would not refuse it.

The survey findings, considered alongside the constraints identified in the literature, suggest a staged model for introducing canine-assisted therapy into Ukrainian rehabilitation practice. Figure 1 presents this model as an algorithm, in which each stage is conditional on the one preceding it and two decision points allow participants to leave the process without consequence.

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Figure 1: Algorithm for integrating canine-assisted therapy into psychological rehabilitation programmes for military personnel



Source: Developed by the authors on the basis of the survey results and [8; 9; 12; 13; 21].

The algorithm is organised around the two figures that most constrain implementation. The first is the 39.3% of respondents who report no need for psychological assistance and the further 32.4% who could not answer: together they indicate that any programme entered through a formal psychological referral will not reach roughly seven respondents in ten. The initial stage is therefore informational rather than clinical, and is addressed to the unit as a whole rather than to individuals identified as requiring help. The second constraint is the 18.3% who stated that they would not attend a session accompanied by a dog, together with the respondents who reported fear of dogs outright. Both decision points in the algorithm exist to accommodate this group: a participant who declines at either point returns to standard rehabilitation provision, and the refusal is not recorded as a withdrawal from treatment.

Two features of the model derive from the literature rather than from the survey. The requirement that handlers hold separately certified competence follows the comparative evidence on professional requirements abroad [12], and the documentation stage reflects the regulatory gap identified in the analysis of legislative foundations – until sessions can be recorded in rehabilitation documentation, they remain invisible to the funding system and cannot be sustained beyond the pilot stage [9]. The graduated exposure sequence, in which participants observe before they interact, follows from the finding that unanticipated burdens are a principal source of attrition in veteran programmes [21].

Several practical consequences follow for programme design, and they are not of equal weight.

The most immediate concerns access. Because interaction with an animal is not read as treatment, it lowers the threshold at which a person will engage at all – which matters given that seven respondents in ten either reported no need for psychological help or could not say. A therapy dog does not reduce stigma by argument; it makes the question of stigma temporarily irrelevant.

The therapeutic effects reported internationally – reduced anxiety, easier emotional regulation, moments of genuine relaxation in environments that otherwise permit none – are secondary in this sequence but not in importance. They are also the part of the picture that Ukrainian practice has yet to verify on its own population.

Two further effects deserve mention. Animals give people who cannot yet describe a traumatic experience something to talk about that is adjacent to it, which is why handlers in veteran programmes elsewhere report that speech often begins sideways. And activities involving dogs are simply more willingly attended than sessions that are not, which affects completion rates in a way that no amount of programme design can compensate for.

At the level of policy, the findings point in four directions, of which the second is the precondition for the rest.

National rehabilitation programmes for servicemen and veterans should treat animal-assisted methods, canistherapy among them, as complementary instruments with a defined place rather than as pilot curiosities. That place cannot be defined, however, until the regulatory gap is closed: as long as neither the therapy dog nor its handler exists as a category in Ukrainian rehabilitation documentation, sessions cannot be funded, recorded or audited, and any programme depends on the goodwill of the institution hosting it [9].

Training follows from the same requirement. Certification for handlers working in rehabilitation settings should combine competence in the handler's own professional discipline with separately assessed competence in animal handling, which is the arrangement in the jurisdictions where this work is established [12]. Cooperation between psychologists, rehabilitation specialists and canistherapy organisations is worth encouraging, but it produces interdisciplinary programmes only where the roles within them are formally defined.

Public information campaigns about psychological rehabilitation retain their value, though the survey suggests their target should be narrower than usually assumed: not the population at large, but the third of servicemen who cannot say whether they need help.

Finally, the effectiveness of canistherapy in Ukrainian conditions requires study on Ukrainian populations – in PTSD treatment, emotional recovery and social reintegration separately, since the international evidence is considerably stronger for some of these outcomes than for others.

The study has limitations that bear on how far its results can be carried.

It rests on self-reported data, with the usual consequences: respondents may have understood questions differently from one another, and some will have answered as they thought they ought to. On a topic where admitting a need for psychological help carries a perceived cost, that tendency probably operates in one direction rather than symmetrically.

The sample of 290 is adequate for preliminary conclusions and too small for confident generalisation to the Armed Forces as a whole, particularly since online distribution excluded anyone without reliable internet access – a group that in wartime conditions is unlikely to be randomly distributed.

Most importantly, the study measured attitudes, not effects. A favourable disposition toward canistherapy tells us that servicemen would participate; it tells us nothing about whether they would benefit. Establishing that requires controlled study with clinical outcome measures, and the international literature suggests it will require larger samples and longer follow-up than have so far been usual in this field.

Conclusions

The scale of psychological injury produced by four years of war has outpaced the rehabilitation system built to address it, and this is the context in which complementary methods become worth serious attention rather than passing interest. The survey of 290 servicemen reported here indicates that Ukrainian military personnel regard animal-assisted interventions favourably and recognise, from their own experience, that contact with animals affects psychological state under wartime conditions.

Potential internal biases in the survey data were addressed through anonymous and voluntary participation, standardised administration of the questionnaire, and the use of the same set of questions for all respondents. Anonymity was intended to reduce social desirability bias and the possible influence of concerns about disclosing psychological needs or attitudes toward psychological assistance. The analysis was based primarily on descriptive statistics, allowing the findings to be presented as distributions of respondents' reported perceptions rather than as measures of psychological status or therapeutic effectiveness. Open-ended responses were additionally considered thematically to identify recurring patterns and to provide contextual interpretation of the quantitative findings. The authors also considered the possibility of self-selection, differences in respondents' interpretation of questions, and reluctance to disclose sensitive information. These limitations were therefore taken into account when deriving conclusions. In particular, the favourable attitude toward canine-assisted therapy is interpreted as evidence of acceptability and potential readiness to participate, rather than evidence of therapeutic efficacy. Conclusions concerning effectiveness are consequently presented as directions for further research rather than established outcomes.

Attitudes toward canistherapy specifically were positive in 70.7% of cases, which is a higher level of acceptance than the method's limited presence in Ukraine would lead one to expect. Since participation is voluntary by definition, this acceptance is a precondition for the method's use rather than evidence of its efficacy – but it is a precondition that could not be assumed and had not previously been tested.

The findings also confirm what rehabilitation practice tends to know informally: family and fellow soldiers carry most of the psychological load during service, and any programme that ignores those ties works against the grain of how servicemen actually cope.

The algorithm proposed here is offered as a working model rather than a finished protocol. Its two exit points and its unit-level entry stage are responses to specific findings of this survey, and both would need revision against data from an implemented programme.

The findings indicate that attitudes toward canine-assisted therapy should be understood within the broader context of psychological help-seeking among military personnel. Although a considerable proportion of respondents expressed a positive attitude toward the potential use of specially trained dogs in rehabilitation, this does not necessarily indicate an equally high level of readiness to seek conventional psychological assistance. This distinction is important because psychological support may be perceived more positively when it is presented through an accessible and less stigmatising form of interaction. Canine-assisted interventions may therefore have the potential to serve as a complementary entry point to broader psychological rehabilitation rather than as a substitute for professional psychological or medical care. The findings suggest that the presence of a specially trained dog may contribute to creating a more comfortable interpersonal environment in which military personnel may be more willing to engage with rehabilitation specialists.

At the same time, the results reveal an important apparent contradiction. A substantial proportion of respondents reported that they did not perceive a need for psychological assistance or were unable to determine whether such assistance was necessary, while many respondents expressed positive attitudes toward rehabilitation sessions involving specially trained dogs. This discrepancy may indicate that willingness to interact with an animal-assisted intervention does not necessarily correspond to an explicit recognition of psychological difficulties. Consequently,

positive attitudes toward canine-assisted therapy should not be interpreted as evidence of diagnosed psychological needs or therapeutic effectiveness. Rather, they may reflect the perceived acceptability, accessibility, or emotional comfort associated with this form of support. This interpretation is particularly important when considering military personnel who may be reluctant to identify themselves as requiring psychological assistance.

The findings also broaden the understanding of the potential role of canine-assisted therapy in sustainable rehabilitation systems. The results suggest that such interventions may have value not only at the level of individual psychological support but also as part of a diversified and person-centred rehabilitation environment. However, their sustainable implementation requires integration with established psychological, medical, and social services and should be based on clearly defined professional, ethical, and safety standards. Canine-assisted therapy should therefore be viewed as a complementary component of a multidisciplinary rehabilitation model rather than as an independent therapeutic solution. This approach may facilitate continuity of support and provide additional opportunities for engagement with rehabilitation services.

Canine-Assisted Therapy in the Context of Sustainable Development

The conceptual relevance of the findings to sustainable development lies primarily in the social and human-centred dimension of sustainability. Sustainable development is not limited to economic or environmental considerations; it also involves the capacity of societies to protect human well-being, strengthen social resilience, and ensure access to services that support individuals and communities in conditions of crisis. In the context of prolonged war, the psychological health and rehabilitation of military personnel represent an important component of preserving human potential and social cohesion. The present findings contribute to this perspective by demonstrating a substantial level of openness among Ukrainian military personnel toward canine-assisted approaches to psychological rehabilitation. The reported positive attitudes suggest that specially trained dogs may represent an additional resource for diversifying psychological support and creating more accessible forms of engagement with rehabilitation services.

From the perspective of sustainable development, the importance of canine-assisted therapy therefore extends beyond the individual therapeutic encounter. Sustainable rehabilitation requires approaches that can be incorporated into existing systems of psychological, social, and healthcare support and maintained over time. The potential contribution of canine-assisted therapy lies in its ability to complement existing professional services, strengthen engagement with rehabilitation, and support psychological resilience and social reintegration. The finding that 70.7% of respondents expressed a positive attitude toward the use of specially trained dogs in rehabilitation provides an empirical basis for considering this approach within broader rehabilitation strategies. At the same time, the findings should not be interpreted as evidence that canine-assisted therapy itself guarantees sustainable development or therapeutic effectiveness. Rather, they indicate potential acceptability of an additional rehabilitation resource that may contribute to sustainable systems of human-centred support.

The study also identifies challenges that are directly relevant to the sustainability of such interventions. The development of canine-assisted rehabilitation requires qualified specialists, appropriately trained and welfare-protected therapy dogs, ethical and safety standards, institutional coordination, and stable organisational and financial resources. These requirements demonstrate that sustainability concerns not only whether an intervention is positively perceived by potential users, but also whether it can be responsibly integrated into existing systems and maintained in the long term. Consequently, the sustainable implementation of canine-assisted therapy should involve cooperation between psychologists, rehabilitation professionals, social workers, military and healthcare institutions, civil society organisations, and specialists in human-animal interaction. Such interdisciplinary cooperation may contribute to the development of accessible, ethically responsible, and evidence-informed rehabilitation services for military personnel and veterans.

The findings therefore broaden the understanding of sustainable development by linking it with psychological recovery and human resilience in a society experiencing prolonged armed conflict. Supporting military personnel's psychological well-being can be viewed as an investment in human capital, family functioning, social participation, and community resilience. However, the present study assessed attitudes and perceptions rather than longitudinal psychological outcomes. Further research should therefore examine whether participation in structured canine-assisted interventions produces measurable improvements in psychological well-being, resilience, stress regulation, social functioning, and reintegration. Future studies should also assess the accessibility, cost-effectiveness, scalability, and long-term organisational sustainability of such programmes. Establishing this evidence would allow canine-assisted therapy to be evaluated not only as an innovative rehabilitation practice but also as a potential component of sustainable recovery and social resilience in post-war Ukraine.

In this regard, canine-assisted therapy may be considered a potential component of sustainable, human-centred rehabilitation systems that support psychological well-being, resilience, social reintegration, and the preservation of human potential in Ukrainian society affected by war.

Directions for future research.

The present study provides an initial empirical basis for further investigation but does not establish the clinical effectiveness of canine-assisted therapy. Future research should therefore move beyond the assessment of attitudes and examine changes in psychological well-being, stress, resilience, anxiety, post-traumatic symptoms, and social functioning following participation in structured canine-assisted interventions. Longitudinal and intervention-based studies involving appropriate comparison groups would be particularly valuable for determining whether positive attitudes and willingness to participate translate into measurable psychological benefits. Further research should also investigate differences according to military experience, age, duration of service, combat exposure, and previous use of psychological support. In addition, research should examine the perspectives of psychologists, rehabilitation specialists, military institutions, and therapy-dog handlers in order to identify organisational barriers and conditions required for the sustainable implementation of canine-assisted programmes.

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