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LETTERS TO THE EDITOR

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Psychological Rehabilitation and/or Dehabilitation: What Role Do They Play in a Psychologist's Work?

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Abstract

Background and Aim of Study: *In modern psychology, the study of processes that restore and maintain psychological health occupies an important place. Psychological rehabilitation and dehabilitation are two key concepts closely related to this field. While rehabilitation aims to restore impaired mental functions, social skills, and emotional balance in the client, dehabilitation reflects the opposite process – the gradual or sudden loss of adaptive abilities due to trauma, chronic stress, disorders, or adverse social conditions.*
The aim of the study: to determine the relationship between psychological rehabilitation and dehabilitation for effective planning of psychological interventions, adjusting psychotherapeutic strategies, and predicting the dynamics of a client's condition.

Conclusions: *With the skillful and qualified work of a psychologist, psychological rehabilitation and dehabilitation are complementary processes. Rehabilitation helps restore lost functions and skills, while dehabilitation helps the client adapt to a new condition, reducing the impact of impairments on their lives.*

Keywords: *psychological rehabilitation, dehabilitation, integration, adaptive abilities, dysfunctional behavior patterns*

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Dear Editor,

In modern clinical psychology and psychotherapy, increasing attention is being paid to a comprehensive approach to restoring mental health and adaptive capacity. Traditionally, the primary focus has been on the rehabilitation of people with disabilities. However, in recent years, the social model of disability has become outdated, and specialists are increasingly turning to the concept of dehabilitation as a necessary component of comprehensive psychotherapy (Goering, 2015). Understanding the relationship between these processes opens new perspectives for effective psychological care.

According to researchers, psychological rehabilitation is a systematic process of restoring or developing psychological functions, skills, and abilities lost or impaired due to illness, injury, or adverse life circumstances. This process is designed to optimize an individual's social functioning, self-care, and social integration (Barbato & D'Avanzo, 2016; Kallivayalil & Varughese, 2020).

The primary objectives of psychological rehabilitation are to restore or compensate for impaired mental functions, develop adaptive coping strategies, enhance social interaction skills, and improve quality of life and subjective well-being. A variety of methods are employed in the rehabilitation process, including cognitive-behavioral therapy, social skills training,

psychoeducational programs, art therapy, body-oriented practices, and group psychotherapy (Koch & Rumrill, 2016; Singha, 2024; Stadnik et al., 2019).

An essential aspect of rehabilitation is its multi-level nature. At the cognitive level, attention, memory, thinking, and other mental processes are restored. The emotional level includes work on affect regulation and overcoming anxiety and depression. The behavioral component focuses on developing functional behavior patterns, while the social level aims to restore communication skills and social connections (Koch & Rumrill, 2016).

Essentially, rehabilitation is, first and foremost, a process of improving the quality of the body's restorative and compensatory processes, consciously correcting their course, taking into account the consequences for life (Singha, 2024). A further humanization of psychosocial support for clients characterizes modern trends in psychological rehabilitation. An essential task for the psychologist when working with a client is to establish an optimal and acceptable balance between the degree of rehabilitation of the lost function and the possible impairment of other systems. That is, in each specific case, it is necessary to determine the price the body will pay for the restoration of a given function during rehabilitation (Haegele & Hodge, 2016; Lecardeur et al., 2025).

Here, in our opinion, the clinical psychologist must consider the client's dehabilitation process (Riddle, 2020). Dehabilitation, essentially, is a decrease in a person's functional capacity leading to the inability to perform habitual actions. It can also be caused by ineffective psychotherapy, a fixation on losses, or other errors in the psychologist's work. Here, this process must proceed in a targeted and managed manner, gradually replacing dysfunctional behavior patterns with healthier and more productive strategies for the client's functioning in society (Melnyk & Stadnik, 2018). Of particular importance is the weakening or elimination of acquired helplessness and a passive life position, which develop as a result of prolonged exposure to a state of impairment (Levitt, 2017; Owens, 2015). Also significant is the rejection of the disability identity, when the client overidentifies with the role of the patient or victim, which hinders their recovery (Malka, 2025).

Essential aspects of the managed dehabilitation process are:

- reducing dependence on external assistance;
- reducing the impact of disability on the client's life;
- developing social and psychological activity despite limitations (Odame et al., 2025).

Let us consider specific examples of the interaction of rehabilitation and dehabilitation in the process of a psychologist's work. When working with post-traumatic stress disorder, dehabilitation involves gradually weakening the avoidance behavior and hypercontrol that initially protected the psyche from re-traumatization. Concurrently, rehabilitation work is conducted to develop affect regulation skills, integrate the traumatic experience into life history, and restore a sense of safety. In the case of depressive disorders, dehabilitation aims to disrupt Beck's cognitive triad, which includes negative ideas about the self, the world, and the future, as well as to reduce passive, avoidant behavior. The rehabilitation component includes behavioral activation, developing problem-solving skills, and developing the ability to enjoy activities. When working with addictions, dehabilitation involves breaking down the psychological defense system and denying behavioral patterns associated with psychoactive drug use. At the same time, rehabilitation focuses on developing healthy coping strategies, developing emotional regulation, and building supportive social relationships (Marques & Queiros, 2021).

Effective integration of rehabilitation and dehabilitation requires, in our opinion, adherence to the following methodological principles:

The principle of consistency suggests that the degree of dehabilitation should correspond to the individual's readiness for change and the availability of alternative resources. Too rapid a destruction of pathological defense mechanisms without the development of substitute strategies can lead to crisis and regression.

The principle of individualization requires consideration of the unique characteristics of the individual, their resources, developmental history, and current state. What is dysfunctional for one person may be adaptive for another.

The principle of active client participation assumes that all processes should be carried out with the client's conscious participation and desire. Forced dehabilitation or rehabilitation is ineffective and can lead to increased resistance.

The principle of systems requires consideration of all levels of individual functioning and their social environment, since changes at one level inevitably affect others.

Conclusions

In conclusion, I would like to discuss the specific problems and limitations of this context. One of the primary challenges is determining the optimal pace and balance of these processes for a particular client. Too intensive dehabilitation without sufficient rehabilitation support can lead to decompensation, while focusing exclusively on rehabilitation without addressing dysfunctional patterns leads to superficial changes.

Another challenge is the need to address resistance at multiple levels. Resistance can manifest not only at the individual level but also at the systemic level, when the client's immediate circle derives secondary benefit from maintaining their disability. In such cases, it is necessary to extend therapeutic work to the client's family.

There are also limitations related to the severity and nature of the disorder. In cases of severe organic brain damage or severe psychotic states, dehabilitation options may be significantly limited, and the focus must shift to rehabilitating intact functions and adapting to limitations. In such cases, setting realistic therapeutic goals is essential (Singha, 2024).

Thus, psychological rehabilitation and dehabilitation, when performed by a skilled and qualified psychologist,

are complementary processes. Rehabilitation helps restore lost functions and skills, while dehabilitation helps the client adapt to a new condition, reducing the impact of impairments on their lives.

Ethical Approval

The study protocol was consistent with the ethical guidelines of the 1975 Declaration of Helsinki as reflected in a prior approval by the Institution's Human Research Committee.

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Conflicts of Interests

The author declares that there is no conflict of interests.

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