ISSN 2450-6486
http://ehs.eeipsy.org
DOI: https://doi.org/10.38014/ehs-ss.2020.4.04

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Socio-psychological aspects of prevention of the Post-Traumatic Stress Disorder among the participants of combat actions

SVITLANA MITINA, ORLOVSKA OLHA. **Socio-psychological aspects of prevention of the post-traumatic stress disorder among the participants of combat actions.** *The article presents an analysis of the problem of post-traumatic stress disorder in combatants after their return to peaceful living conditions. It is established that the participants of hostilities experience moral and psychological, physical stress, which destroys the usual perception of the environment and life in general. Attention is focused on the fact that traumatic experience can lead to post-traumatic stress disorder, the adverse effect of which further leads to persistent personality changes. On the basis of theoretical analysis, it was established the physiological, emotional, behavioral symptoms of PTSD and the main directions of social and psychological assistance to overcome it. Recommendations have been developed for family members of combatants to improve their psycho-emotional state. It is concluded that as to overcome*

ARTICLE INFO
Received 10.11.2020
Peer-reviewed 10.21.2020
Revised version received 11.17.2020
Accepted 12.12.2020

the development of post-traumatic stress disorder and to the success of rehabilitation and adaptation to peaceful living conditions of combatants, it is necessary to provide the complex social and psychological assistance to both militaries and their families.

Key words: *combatants, post-traumatic stress disorder (PTSD), social and psychological assistance, rehabilitation.*

The problem of social and psychological rehabilitation of militaries who have been involved in the local combat conflicts occupies one of the central places in the modern psychology and is extremely relevant today for our country in connection with the events of recent years. The psychological consequences of participation in the battle actions are the mental trauma, the combat stress, which in the absence of timely preventive measures can be transformed into the post-traumatic stress disorder, the adverse effects of which subsequently lead to sustainable changes of personality. Within the problem of adaptation of the militaries to conditions of peaceful life, this problem is even more relevant, precisely because of the post-traumatic stress disorder that can affect not only the combatant himself, but also his family members. Therefore, it is important to timely identify the symptoms of post-traumatic stress disorder and provide the complex social and psychological assistance to militaries and their families. The issues of the socio-psychological rehabilitation and adaptation of participants of the combat actions to peaceful living conditions and the processes that may accompany it, occupies the special place in scientific researches.

The consideration of the psychological component of the state of personality after being in the zone of combat actions was studied in the works of Blinov, Borodiy, Bukovska, Krainyuk, Mushkevych, Romanyshyn and others. The attention is focused on the issues of readaptation of participants of the anti-terrorist operation by Basarab, Gichun, Kravchenko. Kudryk, Kucher, Loktev, Filatova, and Chaplygin. The study of pathological changes of personality of the participant of the battle actions is covered in the works of Zelenova, Leskov, Lazebna, the impact of post-traumatic stress disorder on the personality is revealed by Podchasov, Lomakin, Horowitz, Pushkarev, Tarabrina, Shestopalova. At the same time, despite the fact that in the recent years the Ukrainian scientists have begun to give more attention to the study of the negative consequences of participation in the combat actions (Agayev, Aleshchenko, Kokun, Prykhodko, Stasiuk, Tytarenko and others), the problem of

development's prevention of post-traumatic stress disorder and complex social-psychological rehabilitation of militaries, who were in the zone of combat actions, remains extremely relevant, which is associated with the military actions in the East of Ukraine.

The purpose of the article is the analysis of the features of manifestations of post-traumatic stress disorder at participants of the combatants and the determination of the ways of social-psychological assistance in their adaptation to the conditions of peaceful life.

The militaries-participants of the combat actions experience the moral-psychological, physical stress, which inevitably affects the mental state of the personality and destroys the usual perception of the environment, life in general. The military actions in the East of Ukraine has led to the emergence of the special category of militaries who have felt the negative impact of the complex of intense long-term stressors that lead to stress' manifestation, post-traumatic stress disorder (PTSD) and emotional disorders [3, p. 69].

The psychological consequences of participation in the battle actions are the mental trauma, the combat stress, the post-traumatic stress disorder. The psychotraumatic factors affect both the psyche of the soldier and the body as a whole. The fear caused by the militant situation is suppressed by the cost of great nervous tension. As one of the consequences of the influence of stress factors on the personality is considered the mental trauma, which manifests itself in the decrease of efficiency of the subject, changing his system of self-regulation.

At the same time, the mental trauma can be based on conscious and unconscious changes in the physiological, emotional, cognitive (intellectual) and behavioral components of the regulatory system. The initial reaction to this trauma may be inconspicuous or accompanied by the acute mental disorganization. After returning from the war, the habit of assessing others in terms of potential danger remains, and the slightest provocation can suddenly cause aggression. The awareness of the futility of war reduces the mental resilience and resistance to stress. The fear, anxiety, awareness of vulnerability are overcome and compensated by the protective mechanism of aggressive and dissocial behavior. Under the influence of the stress of the combat situation there is the increase in the frequency of alcoholism, narcotization, violation of discipline. The personality changes are the heightened sense of justice, hypothymia, anxiety, affected instability, alertness, impulsiveness and suspicion, feelings of desolation, tension etc. Tytarenko emphasizes that

even the month in the state of excessive mobilization and stress causes the exhaustion of the adaptive potential of the human body [13, p.7].

In a number of studies, the authors concluded that approximately 25-30% of militaries who took part in the combat actions experience the chronic post-traumatic conditions caused by the influence of stressors [6, p. 67], the group of other researcher, snamely, Yena, Maslyuk & Sergienko [5, p. 7], note that of the peculiarities of rehabilitation of combatants in 100% of cases the people with post-traumatic stress disorder emphasize the psychological problems in relationships with others, especially with family members. The researcher Blinov provides the statistics according to which every fifth physically unharmed participant in the combat actions has the neuropsychiatric disorders, and every third - among those who received physical injuries, mutilation [2, p. 144]. Namely, the psycho-emotional losses are no less common than the physical losses.

The post-traumatic stress disorder (PTSD) was first identified as the syndrome in 1980 in another issue of the American Classification Standard, and is classified as the disorder caused by psychotraumatic circumstances outside of ordinary human experience; in 1994 it was covered in the International Classification of Diseases with the code "309.81". PTSD is defined as the delayed or prolonged response to the stressful event or situation. The post-traumatic stress disorder is also called "the chronic military neurosis", and the factors that determine it first of all, the psychotrauma received from extreme influences, the features of work of human psyche and the influence of the social environment. The impact of extreme stressful events covers all levels of the human body and can cause the changes of both mental and somatic character» [10, p. 39].

The stressful situations are inevitable for military actions. Banner identifies the following: suddenness, unexpectedness of occurrence and development of the extreme event; threat to the normal life and health of the personality; unusualness and novelty of situations; complete or partial lack of information, its lack, inconsistency of the combat situation; redundancy of information (due to the excess of the amount of information on certain events, phenomens, there is the need of deep and accurate analysis and adequate conclusions); lack of time (for analysis, assessment of the situation, decision-making and implementation of specific actions - compared to the usual conditions of activity, the militaries have not much time); responsibility (for the execution of orders and instructions); the presence of long-term difficulties, discomfort, and sometimes wandering,

which are experienced by militaries due to the lack of appropriate conditions for successful life [1, p.27].

The post-traumatic stress disorder generally has three main symptoms: the obsessive attempt to "rethink" unpleasant events, reproducing them in the imagination (particularly in dreams); the effort to avoid the fact that reminiscent the trauma (for example, the place of battle actions); the increased anxiety and emotional excitation, the constant alertness, suspicion [8, p. 33].

However, we can affirm that the person has this syndrome only after some time. According to the rules of humanitarian emergency care of the World Health Organization, the probability of post-traumatic stress disorder can be diagnosed if the person has the following symptoms for about a month after the event:

- the symptoms of reliving (repeated and unwanted memories about event as if it were happening here and now: for example, in frightening dreams, flashbacks or obsessive memories accompanied by intense fear or horror);
- the symptoms of avoidance (intentional avoidance of thoughts, memories, activities or situations that remind the person about the event: avoiding talking about problems that remind the person about events, or avoiding visiting places where the event had place);
- the symptoms associated with the feeling of increased threat – «symptoms of hyperexcitability» (excessive anxiety and vigilance to the threat or the strong reaction to unexpected sudden movements or loud noise: the person responds with the shudder at the slightest provocatives);
- the significant difficulties with daily functioning [12, p. 28].

In the Unified Clinical Protocol of medical care, the following symptoms of post-traumatic stress disorder are identified: the re-experience - characterized by the obsessive anxious memories about the traumatic event; the nightmares; the intense psychological suffering or somatic reactions, such as increased sweating, rapid heartbeat and panic during the reminder about the traumatic event; the avoidance and emotional numbness - characterized by the avoidance of activities, places, thoughts, feelings or conversations associated with the event; generally limited emotions; the loss of interest in ordinary activities; the sense of alienation from others; the overexcitement - is characterized by insomnia, irritability, difficult of concentration, excessive alertness, excessive start-reflex [12, p. 10].

If the military officer is experiencing the post-traumatic stress disorder, he probably has the manifestation of some types of these symptoms. However, as defined by Buryak, Ginevsky & Katerusha, even if the symptoms are not pronounced, or not expressed at all, the impact of traumatic events may appear later, because the "post-traumatic syndrome is the time bomb, it can appear in six months or ten years" [4, p.178].

Mushkevych, Fedorenko & Melnyk singled out more detailed and more widespread symptoms of the post-traumatic stress disorder: the repeated obsessive memories of events; the frequent repetition of memories; the presence of actions or feelings that give the impression that the event has happened again; the severe psychological distress under the influence of external or internal provocatives; the physiological reactivity under the influence of provocatives (redness, paleness, tremor, rapid heartbeat); the flashbacks; the constant avoidance of provocatives associated with trauma (general numbness, loss of activity); the hyperactivity, which includes irritability or outbursts of anger, the difficulty during falling asleep and sleep disturbances, the difficulty of concentration, the alertness, the increased reaction to strong signals [8, p. 12].

The researches of last years have also identified the complex post-traumatic stress disorder, which is characterized by the disorder of regulation of the level of affective excitation (chronic dysregulation of emotions, inability to cope with anger, destructive and suicidal behavior, inability to build adequately the sexual relations, impulsive and risky ways of behavior), the disorders of attention and consciousness (amnesia, dissociation), the chronic personality changes (changes in self-perception - chronic feelings of guilt, self-torture, feelings of inability to influence something, feelings of damage forever, changes in the perception of the offender, changes in attitudes towards other people); the changes in the value system (despair and hopelessness, the loss of life beliefs) [15, p. 47-48].

The reaction to the experienced events is manifested individually the of combatants. In the case of his complex psychological state, manifestations of clinical symptoms, long-term stress, the person needs the help of specialists. As the psychological rehabilitation of militaries who were in the zone of military actions, we mean the system of medical, socio-psychological rehabilitation measures aimed at restoring of the functional state of the body, normalization of emotional, moral and motivational spheres, the achievement of optimal levels of socio-psychological adaptation. However, according to some experts, the complete release

from PTSD is impossible, its symptoms tend not only to persist for a long time and increase, but also to appear suddenly against the background of external well-being. The psycho-trauma destroys the cognitive self-patterns and habitual worldview. The reproduction of the destroyed is painful, so the different levels of psychotherapeutic techniques can be effective in the work with veterans. [11, p. 96].

M. I. Mushkevych draw attention to the fact that in the course of providing the psychological assistance, the specialist must analyze the dynamics of experience of traumatic situation and their phases. So, the author highlights:

I-st phase - the phase of opposition or shock - occurs immediately after the traumatic factor, characterized by the fact that the person can not emotionally accept the event that occurred (works the protective function of the psyche from the destructive effects of traumatic situations due to opposition or rejection);

II-nd phase - the phase of aggression and guilt - the person begins to comprehend the traumatic event that occurred, can try to understand its causes, look for the culprits, feel guilt, have the direct aggression at himself;

III-rd phase - the phase of depression - is characterized by the realization that the circumstances were stronger, it is accompanied by feelings of helplessness, uselessness, lack of purpose in later life; the interest in communication may be lost, the person may not show the interest in communication with the others, which increases the feeling of loneliness, incomprehensibility to other people;

IV-th phase - the healing phase - is characterized by the perception of traumatic events, awareness and acceptance of the past, the acquisition of the new meaning of existence [8, p. 28].

In our opinion, as we determined in our previous researches, at the initial phase the most effective is the use of debriefing-method as the emergency psychological care, which allows timely have the awareness and emotionally react by militaries the psycho-traumatic experience, which reduces the severity of psychological consequences after stress and prevents further development of the syndrome of post-traumatic stress disorder. It is considered that the optimal time for debriefing - not earlier than 48 hours after the traumatic event, when the period of special reactions ends and the participants will be able to reflect [7, p. 84].

Debriefing is an organized group discussion of the stress experienced by militaries together during the combat mission. The main purpose of debriefing is to minimize and cupping the mental suffering of militaries,

which is achieved by both emotional "processing" of impressions, reactions and feelings, and cognitive organization of experience by understanding the structure and meaning of events, reactions to them. The debriefing procedure allows participants to respond to the impressions, reactions and feelings associated with the event under conditions of security and confidentiality. Within a short 10-15 minute conversation, the symptoms of the post-stress reaction, the methods of their reduction are discussed, and the appropriate recommendations are given. Meeting the similar experiences to other people, the participants receive relief - the feeling of uniqueness and abnormality of their own reactions is decreased, the internal tension is reduced. The psychologists' actions are aimed to mobilization of participants' resources, helping them to prepare for the symptoms or reactions that may occur later, informing them about the place where they can receive the complex medical, social and psychological care in the future. The healing effect of psychological debriefing as the method of group psychotherapy is largely related with the fact that the traumatic experience of the person is realized by him in the situation of emotional and rational acceptance by others. It helps to overcome the existing mental trauma, provides the opportunity to reduce the personal anxiety and mental tension, get rid of guilt, fear, increase the self-esteem and the self-acceptance of militaries who received injuries and mutilations during the combat actions. This method prevents the development of post-traumatic stress disorder and allows to undergo the rehabilitation more effectively and adapt to future life in peace.

However, as determined by Pidchasov & Lomakin, the condition of combatants can be improved only through the system of rehabilitation measures, which are aimed not only on correction of the acute manifestations at the initial phase of adaptation, but also on prevention of the possible delayed effects. Moreover, the passing of PTSD is often wavy and it is almost impossible to calculate the peaks of post-stress disorders. In most cases, especially with complex impact, the application of the system of special measures, the recovery is observed. If we allow the process of readaptation of combatants to drift, it is possible the prolonged course with increasing psychopathization, episodes of antisocial behavior, alcoholism, narcotization [11, p. 97].

Research in clinical psychology and social psychiatry has highlighted the importance of social factors for outcomes following trauma. First, it’s be highlight the value of a social identity framework for understanding the experience and impact of psychological trauma. Second, it’s be draw

on the Social Identity Model of Identity Change (SIMIC) to understand reactions to trauma. Specifically: - that negative responses to trauma are more apparent where trauma serves to undermine valued social identities; - the people prove more resilient in the face of trauma when valued social identities can be maintained or new social identities developed; - where old or new positive identities are reinvigorated or extend the self, this can be a basis for post-traumatic growth. The authors emphasise the importance of social identity management in the aftermath trauma. [9, p. 312].

Social identity resources are the psychological and social resources that emerge from membership of, and identification with, social groups (Haslam & Haslam). When people self-categorise in terms of a given group membership, this becomes a basis for them to feel connected to other ingroup members. This in turn provides access to psychological resources that protect well-being in the context of traumatising events. Social identity resources include, amongst other things, a sense of belonging, a sense of perceived efficacy associated with social identification as well as experiences of support, trust, and solidarity directly linked to a sense of shared identity. [14].

In our opinion, the overcoming of the consequences of mental trauma and the success of the combatant's adaptation to peaceful life are also influenced by social factors, namely: the strong financial position, the preservation of the past social status, the social support factor and the significant factor of influence of akin people. It should be noted that the family members of the combatant are also able to improve their living conditions after returning to civilian life.

In view of the difficult period of adaptation, which can be complicated by the post-traumatic stress disorder, we have formulated the list of recommendations for family members aimed to the improvement of the militaries' condition and the establishment of psychologically comfortable relationships:

- to accept and understand the changes that have taken place or will take place to the person who has returned from the zone of combat actions;
- the family members should understand the change in the person's value system after being in the zone of combat actions;
- the family members should understand the new "rules of life" that have formed to the participant of combat actions;
- the criterion for psychological work in the family with the participant of combat actions is his own readiness for it;

- it is recommended to family members do not try to speed the events, but give the militaries enough time to adapt;
- to create conditions and help the participant of combat actions to find the own way of adaptation to peaceful life, and if necessary, to involve the corresponding experts;
- create the atmosphere of trust in the family;
- the family members should understand that the militaries' trust in them and in brotherhood differs in meaning;
- the family members should respect the personal boundaries of the ex-militaries and outline their own;
- the family members should be patient, respectful and calm.

The implementation of these recommendations can have the positive effect on the psychological state of the combatant who is living the difficult period.

Conclusions. Thus, the psychological consequences of participation in the combat actions are the mental trauma, which in the absence of timely preventive measures can be transformed into post-traumatic stress disorder, the adverse effects of which further lead to sustainable personality changes. The danger of post-traumatic stress disorder is in the fact that its symptoms may not appear immediately, but tend to persist for a long time, increase and manifest suddenly against the background of external well-being. Therefore, the experts should give attention not only to the physical condition of combatants after their return to peaceful living conditions and to the psycho-emotional state. To overcome the development of post-traumatic stress disorder and to the success of rehabilitation and adaptation to peaceful living conditions of combatants, it is necessary to provide the complex social and psychological assistance to both militaries and their families.

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Abstracts

СВІТЛАНА МІТІНА, ОЛЬГА ОРЛОВСЬКА. **Соціально-психологічні аспекти подолання посттравматичного стресового розладу у учасників бойових дій.** *У статті представлено аналіз проблеми посттравматичного стресового розладу у учасників бойових дій після їх повернення до умов мирного життя. Встановлено, що учасники бойових дій переживають морально-психологічні, фізичні навантаження, що руйнують звичне сприйняття оточуючого середовища та життя в цілому. Акцентується увага на тому, що пережитий травматичний досвід пізніше може призвести до посттравматичного стресового розладу, несприятливий вплив якого призводить у подальшому до стійких змін особистості. На основі теоретичного аналізу визначені фізіологічні, емоційні, поведінкові симптоми прояву посттравматичного стресового розладу та окреслено основні напрями соціально-психологічної допомоги щодо його подолання. Розроблено рекомендації для членів сімей учасників бойових дій для покращення їх психоемоційного стану. Зроблено висновок, що для попередження розвитку синдрома посттравматичного стресового розладу та успішності реабілітації й адаптації до умов мирного життя учасників бойових дій необхідно надання комплексної соціально-психологічної допомоги як військовослужбовцям також і членам їх сімей.*

Ключові слова: *учасники бойових дій, посттравматичний стресовий розлад (ПТСР), соціально-психологічна допомога, реабілітація.*

СВЕТЛАНА МИТИНА, ОЛЬГА ОРЛОВСКАЯ. **Социально-психологические аспекты преодоления посттравматического стрессового расстройства у участников боевых действий.** *В статье представлен анализ проблемы посттравматического стрессового расстройства у участников боевых действий после их возвращения к мирной жизни. Установлено, что участники боевых действий переживают морально-психологические, физические нагрузки, которые разрушают привычное восприятие окружающей среды и жизни в целом. Акцентируется внимание на том, что пережитый травматический опыт может привести к посттравматическому стрессовому расстройству, неблагоприятное воздействие которого приводит в дальнейшем к стойким изменениям личности. На основе теоретического анализа определены физиологические, эмоцио-*

нальные, поведенческие симптомы проявления ПТСР и обозначены основные направления социально-психологической помощи по его преодолению. Разработаны рекомендации для членов семей участников боевых действий для улучшения их психоэмоционального состояния. Сделан вывод, что для предупреждения посттравматического стрессового расстройства и успешности реабилитации участников боевых действий необходимо оказание комплексной социально-психологической помощи как военнослужащим, так и членам их семей.
Ключевые слова: *участники боевых действий, посттравматическое стрессовое расстройство (ПТСР), социально-психологическая помощь, реабилитация.*

SVITLANA MITINA, OLGA ORLOVSKA. **Społeczno-psychologiczne aspekty przezwyciężania zespołu stresu pourazowego u kombatantów.** *Artykuł poświęcony jest analizie problemu zespołu stresu pourazowego u kombatantów po powrocie do warunków spokojnego życia. Ustalono, że uczestnicy działań wojennych doświadczają stresu moralnego i psychicznego, fizycznego, który niszczy zwykłe postrzeganie środowiska i życia w ogóle. Podkreśla się, że traumatyczne przeżycie może później prowadzić do zespołu stresu pourazowego, którego niekorzystne skutki prowadzą w przyszłości do trwałych zmian osobowości. Na podstawie analizy teoretycznej zidentyfikowano fizjologiczne, emocjonalne, behawioralne objawy zespołu stresu pourazowego oraz nakreślono główne kierunki pomocy społeczno-psychologicznej w jego przezwyciężeniu. Opracowano zalecenia dla członków rodzin kombatantów w celu poprawy ich stanu psychoemocjonalnego. Wnioskuje się, że w celu zapobieżenia rozwojowi zespołu stresu pourazowego oraz powodzeniu rehabilitacji i przystosowania się do spokojnego życia kombatantów, konieczne jest zapewnienie wszechstronnej pomocy socjalnej i psychologicznej zarówno żołnierzom, jak i ich rodzinom.*
Słowa kluczowe: *kombatanci, zespół stresu pourazowego (PTSD), pomoc społeczna i psychologiczna, rehabilitacja.*