Posttraumatic Stress Disorders in Military Conditions (Informative Analysis of Problem)

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Mustafayev Azer
Ph.D., Assoc. Prof., https://orcid.org/0009-0003-4872-6855, azer.mustafaev.60@gmail.com
Yusifova Gulnare Yusif Qizi
Ph.D., Assoc. Prof., https://orcid.org/0000-0003-0822-0254, g_y_m65@gmail.com
Kazimi Parviz Firudin Oqlu
Ph.D., Assoc. Prof., https://orcid.org/0000-0001-5577-4773, parvizkazimi@gmail.com
Baku State University (Baku, Azerbaijan)

Abstract

The article deals with the topical issue of modern psychology - post-traumatic stress disorders in military conditions. The author indicates the origin and definition of the concept of "stress". The problem of stress is also related to tension, emotional experiences, non-specific reaction of the body. Stress is defined as a state of anxiety, tension, as an event or condition in the physical or social environment, which leads to the adoption of avoidance measures, aggression, decisions to eliminate and reduce threatening conditions.

The great importance of H. Selye's works regarding the general adaptation syndrome was noted. Different approaches to this problem are considered. The statement of N. Tarabrina that historically research in the field of post-traumatic stress developed independently of stress research is analyzed. The fact that stress primarily involves the emotional apparatus and affective reactions is noted. Scientists also note the ambiguity of the term "stress", its various interpretations.

In addition, post-traumatic stress disorder (PTSD) is said to be a non-psychotic delayed response to traumatic stress. Scientists write that PTSD occurs in people who have experienced an extremely strong psychological and/or physical shock that they perceive as particularly painful. The authors emphasize the idea of severe consequences of modern wars, psychological trauma of combatants. It is especially noted that for the first time PTSD in military personnel was studied by American scientists. At the same time, the scientific activity of the American doctor B. Kolodzin, who described the vast experience of working with American servicemen during the war in Vietnam, stands out. The American Psychiatric Association lists the following symptoms of PTSD in military personnel: threat to life; serious injury; being an eyewitness at the scene of tragic events, which causes a feeling of strong fear and helplessness; haunting pictures of the past; recurring memories and emotions; dreams, nightmares, illusions, hallucinations associated with traumatic events, the memory of which is often pushed out of consciousness.

Keywords: post-traumatic stress, disorders in military conditions, stress, informative analysis

Посттравматичні стресові розлади у військових умовах (інформативний аналіз проблеми)

Мустафаєв Азер, Юсіфова Гульнара, Казімі Парвіз
Бакинський державний університет (Баку, Азербайджан)

Анотація

У статті розглядається актуальне питання сучасної психології – посттравматичні стресові розлади у військових умовах. Автор вказує на походження та визначення поняття «стрес». Проблема стресу також пов'язана з напругою, емоційними переживаннями, неспецифічної реакцією організму. Стрес визначається як стан тривоги, напруги, як подія або стан у фізичному чи соціальному середовищі, що призводить до прийняття заходів щодо уникнення, агресії, рішення щодо усунення та зменшення загрозливих умов.

Відзначено велике значення праць Г. Сельє щодо загального адаптаційного синдрому. Розглянуто різні підходи до цієї проблеми. Проаналізовано твердження Н. В. Тарабріної про те, що історично дослідження в області посттравматичного стресу розвивалися незалежно від дослідження стресу. Відзначено той факт, що до стресу в першу чергу відноситься емоційний апарат, афективні реакції. Вчені також відзначають неоднозначність терміна «стрес», його різноманітні трактування.

Крім того, зазначається, що посттравматичний стресовий розлад (ПТСР) є непсихотичною відстроченою реакцією на травматичний стрес. Вчені пишуть, що ПТСР виникає у людей, які пережили надзвичайно сильний психологічний і/або фізичний шок, який вони сприймають як особливо болісно. Автори підкреслюють ідею тяжких наслідків сучасних війн, психологічної травми учасників бойових дій. Особливо зазначається, що вперше ПТСР у військовослужбовців досліджували американські вчені. При цьому виділяється наукова діяльність американського лікаря Б. Колодзіна, який описав величезний досвід роботи з американськими військовослужбовцями під час війни у В'єтнамі. Американська психіатрична асоціація перераховує такі ознаки ПТСР у військовослужбовців: загроза життю; важке поранення; перебування очевидцем на місці трагічних подій, що викликає відчуття сильного страху та безпорадності; нав'язливі картини минулого; повторювані спогади та емоції; сни, кошмари, ілюзії, галюцинації, пов'язані з травматичними подіями, пам'ять про які часто витісняється зі свідомості.

Ключові слова: посттравматичний стрес, розлади у військових умовах, стрес, інформативний аналіз

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Introduction.

The term "stress" (from English - pressure, tension) is borrowed from technology, where this word is used to refer to an external force applied to a physical object and causing it to tension, that is, a temporary or permanent change in the structure of the object (Bodrov, 2000).

Initially, the concept of stress arose in physiology in the works of Selye to denote a non-specific reaction of the body ("general adaptation syndrome") in response to any adverse effect (Selye, 1960).

Due to the lack of a general theory of stress, there is no generally accepted definition of it. Considering various approaches, N. H. Rizvi (1985) writes:

1. State of anxiety.

2. Stress is considered as behavioral and psychological reactions of the state of internal anxiety and suppression.

3. Stress is defined as an event or condition in the physical or social environment that leads to the adoption of measures to avoid, aggression, decision to eliminate and reduce threatening conditions. Such a concept as "stressors" is similar to the concept of danger, threat, pressure, conflict, frustration, extreme situation.

Subject study.

The mental manifestation of the general adaptation syndrome is given the name "emotional stress" - i.e. affective experiences accompanying stress and leading to adverse changes in the human body. It is the emotional apparatus that is the first to be included in the stress reaction when exposed to extreme and damaging factors (Anokhin, 1973; Sudakov,1982).

The ambiguity of the interpretation of the concept of stress leads to the fact that other authors, for example N. I. Naenko (1976) calls the concept "mental tension".

G. N. Kassil (1983), M. N. Rusalova (1979), L. A. Kitaev-Smyk (1983) understands emotional stress as a change in mental and behavioral reactions, accompanied by pronounced non-specific changes in biochemical, electrophysiological parameters and other reactions (Kazii, 2014).

Y. L. Aleksandrovsky (1976) connects the tension of the barrier of mental adaptation with emotional stress, and pathological consequences - with its breakthrough.

R. Lazarus (1970) characterizes psychological stress as an emotional experience caused by a "threat", which affects a person's ability to carry out his professional activity quite effectively.

N. V. Tarabrina (2001) writes "historically, research in the field of post-traumatic stress has developed independently of stress research".

Post-traumatic stress disorder (PTSD) is a non-psychotic delayed reaction to traumatic stress (such as natural and man-made disasters, military operations, torture, rape, and others) that can cause mental disorders in almost any person (Tarabrina, 2001).

This disorder occurs in people who have experienced extremely strong psychological and / or physical shock, which they perceive as especially painful. (Greenberg, 2004). The Diagnostic Statistical Manual of the American Psychiatric Association lists the following features.

1. Threat to life, serious injury, presence as an eyewitness at the scene of tragic events, causing a feeling of intense fear and helplessness.

2. Intrusive pictures of the past, recurring memories and emotions, dreams, nightmares, illusions, hallucinations associated with traumatic events, the memory of which is often forced out of consciousness.

As observations and experimental data show, victims of traumatic situations experience an acute state of traumatic stress for some time (up to a month) after the end of exposure to stress factors, after which some people return to their usual state. However, the impact of traumatic events on some individuals continues after this period. At the same time, they go into a state of post-traumatic stress, which makes it difficult for them to adapt to normal life conditions and leads to the emergence of various maladaptive forms of behavior (Magomed-Eminov, 2004).

War, modern combat is associated with appropriate psychological mobilization, psychological support. In this regard, the problem of the consequences of hostilities for the personality of a serviceman, who endures many of the complexities of military activity, as well as all the stress and anxiety of modern combat, becomes very relevant.

Already in the second half of the 19th century, the war on the American continent (civil war) provided scientists with essential material for studying the psychological states of soldiers returning from war. Americans have faced the reality of veterans creating unsettling conditions that defy social norms and laws. Therefore, the first military psychiatric hospital was established in the United States in 1863.

In 1871, Da Costa described the experiences of soldiers during the American Civil War and called this state "soldier's heart", observing autonomic reactions from the heart. He spoke about an excited heart. It was this work of Da Costa that attracted the attention of professional psychologists, psychiatrists, who began to call the excited, excited heart syndrome.

In 1889, H. Oppenheim introduced the term "traumatic" neurosis to diagnose mental disorders of combatants, the causes of which he saw in organic brain disorders caused by both physical and psychological factors. In 1916, at a representative forum of German psychiatrists, he said that it was completely incomprehensible to him how a psychiatrically educated doctor could underestimate the colossal psycho-traumatic factors and its consequences.

I. Bekhterev, P. Gannushkin, F. Zarubin, S. Krayts dealt with the psychological problems of participants in the First World War. And after the World War II - E. Krasnushkin, V. Gilyarovsky, A. Arkhangelsky and others (Shelyaga et al, 1972).

Myers in his work "Artillery shock in France 1914-1919" identified the differences between the neurological

disorder “shell shock” and “shell shock”. The shell shock caused by a shell explosion was considered by him as a neurological condition caused by physical trauma, while the scientist considered “shell shock” as a mental condition caused by severe stress.

Facts about reactions in combat became the subject of much discussion and research during World War II. Different authors called the phenomenon under study in their own way: “military fatigue”, “combat exhaustion”, “military neurosis”, “post-traumatic neurosis”.

In 1941, one of the first systematic studies was carried out by A. Kardiner (1941), who called this phenomenon "chronic military neurosis". Based on the provisions of Z. Freud, he calls the concept of “central physioneurosis”, which, in his opinion, is the cause of the violation of some personal ones that ensure successful adaptation to the environment. In general terms, the symptoms outlined by A. Kardiner remained in subsequent studies, although the understanding of the nature and mechanism of the impact of combat factors on a person has expanded significantly, especially as a result of studying the problems associated with the end of the Vietnam War.

By 1967, reports appeared in the American press about strange disorders in American soldiers who had returned to their homeland - many of them had an effect in psychiatric wards and hospitals already 2-3 days after their return, tranquilizers and antidepressants were “absorbed like pacifiers” - there was a delayed effect of combat stress (Levy, 1971; Bourne, 1972; Fox, 1972; Lifton, 1969, 1973).

For the first time in history, the mental consequences of participation in hostilities were so massive for the entire nation. By the end of 1970, according to E. J. Liberman, cited in a report to the US government, the consequences of the war affected about half of the country's population - these are the surviving veterans themselves; their immediate environment (in the family, at work); lost relatives and friends in Vietnam (250,000 people, of which 18,000 became widows, 12,000 orphans, 80,000 lost children). About 750,000 people had close relatives seriously injured in Vietnam.

The prevalence of mental disorders among veterans turned out to be very significant, and it increased over time.

Large-scale studies conducted in 1988 by special centers for the study of the Vietnamese experience found that half of the veterans had various psychopathological disorders associated with participation in hostilities.

The American Psychiatric Association, based on an analysis of the health status of 3,140,000 former military personnel who fought in Southeast Asia, found that by 1990, 479,000 people suffered from serious mental disorders.

In various studies by American scientists, the frequency of mental disorders caused by traumatic stress among Vietnamese combatant’s ranges from 18 to 54% (Figley, 1986); the total number of veterans suffering from emotional disturbances due to participation in the war was estimated by some scientists at 200,000 people (Egendorf, 1981).

D. Niles (1991) provides data on the presence of certain mental disorders in 30-50% of veterans, which are accompanied by social maladjustment: in the modern period, about 100,000 veterans are homeless, 460,000 had conflicts with the law; in the figurative expression of the author, about 50 divisions “never returned a long and continue their war”, and the number of victims in peacetime of the war: more than 58,000 veterans committed suicide (almost the same number died in Vietnam).

Conclusion.

Soviet society faced this problem in the early 80s. Warriors returning from Afghanistan with a heightened sense of justice and truth sought support in society for what was very important to them. Belief in the fulfillment of international duty in the minds of veterans was replaced by a sense of futility and uselessness of all the victims, hardships and nightmares experienced. The new term "Afghan syndrome" has turned out.

The psychological problems experienced by combatants are present in almost all of them. Only the severity of these problems and the severity of their experience are different. What is stress, which is a person who finds himself in extremely extreme conditions, which are fighting. This stress goes beyond the normal human experience. Almost constant presence in a state of danger, the sight of the crippled bodies of the dead and wounded, destruction, fires, the death of comrades (in this case, “acute grief” is not excluded), extreme physical and mental stress - this is an incomplete list of what is commonly called the psychogenic factors of war and military operations. The return from such conditions to normal ones carries with it another, no less destructive consequence for the psyche - post-traumatic stress. We are talking about stress that occurs in a person who has been in psycho-troublesome circumstances for a sufficient time. Mental changes altered mental states for a long time "shadows" walk in later life. The poet Iosif Brodsky speaks about this with beautiful images: “The candle went out and the shadows stirred…”. In this case, it is obviously about the activation of the subconscious part of the mental system.

Benjamin Kolodzin is an American psychologist with extensive practical experience who has worked extensively with Vietnam War veterans (Shafieva, 2006). He writes, “because the Vietnamese veterans found themselves in exceptional conditions, by modern American standards, they needed such skills and behaviors to survive in these conditions that cannot be considered normal and generally accepted in civilian life. Many of these stereotypes of behavior, suitable only for a combat situation, have taken root so deeply that they continue to affect for many years” (Kolodzin, 1997).

Further, an American scientist says that with PTS there is:

1. Unmotivated vigilance.
2. "Explosive" reaction.
3. Dullness of emotions.
4. Aggressiveness.
5. Impaired memory and concentration.
6. General anxiety.
7. Fits of rage.
8. Abuse of narcotic and medicinal substances.
9. Depression.
10. Unwelcome memories.
11. Hallucinatory experiences.
12. Insomnia.
13. Thoughts of suicide.
14. Survivor's fault.

REFERENCES

Alexandrovsky, Y. A. (1976). *The state of mental maladjustment and their compensation*.

Anokhin, P. K. (1973). Fundamental questions of the general theory of a functional system. In *Principles of systemic organization of functions* (pp. 10-23).

Bayramov, Y. S., & Yalizadya, Y. Y. (2003). *Social Psychology*. Baku.

Bodrov, V. A. (2000). *Information stress*.

Bourne, P. G. (1972). The Viet Nam veteran: psychosocial casualties. *Psychiatry in Medicine*, 3(1), 23-27.

Cavadov, R. Y., & Tayyeva, E. B. (2005). *Extremal shyaraitdya psychologues hidm*. Baku.

Egendorf, A. (1981). *Legacies of Vietnam: Comparative adjustment of veterans and their peers: A study*. US Government Printing Office.

Figley, C. R. (1986). Wounds of war: the psychological aftermath of combat in Vietnam; psychotherapy of the combat Veteran. *American Journal of Psychiatry*, 143(2), 251-251.

Fox, R. P. (1972). Post-combat adaptational problems. *Comprehensive Psychiatry*, 13(5), 435-443.

Greenberg, J. (1999). *Stress management*. New York: McGrew-Hill, 300.

Kardiner, A. (1941). *The Traumatic Neuroses of War*. Washington.

Kassil, G. N. (1983). *The internal environment of the body*.

Kazii, P. (2014). Information engineering: what's this? *International Journal of Academic Research*, 6(3).

Kitaev-Smyk, L. A. (1983). *Psychology of stress*. Science.

Kolodzin, B. (1992). *How to Live After a Psychic Trauma*. Shans.

Lazarus, R. (1970). *Stress theory and psychophysiological research. Emotional stress: physiological and psychological reactions*.

Levy, C. J. (1971). ARVN as faggots: Inverted warfare in Vietnam. *Trans-action*, 8, 18-27. https://doi.org/10.1007/BF02804240

Lifton, R. J. (1969). Vietnam: Betrayal and self-betrayal. *Trans-action*, 6(11), 6-7.

Lifton, R. J. (1973). *Home from the war: Vietnam veterans: Neither victims nor executioners*.

Magomed-Eminov, M. Sh. (2004). Prehistory of the conceptualization of the phenomenon of PTSD (post-traumatic stress disorder). In the book: *Psychology of states*.

Naenko, N. I. (1976). Mental tension. *MSU*, 112.

Niles, D. P. (1991). War trauma and post-traumatic stress disorder. *American Family Physician*, 44(5), 1663.

Rizvi, N. H. (1985) A critique of the models to study stress. *Journal of Social Science and Human*, 1-2, 103-123.

Rusalova, M. N. (1979). *Experimental studies of human emotional reactions*.

Selye, G. (1960). *Essays on the adaptation syndrome of Selye-M*. Medgiz.

Shafieva, E. I. (2006). *Zabit shazyrlyynyn social-psychologist myasalalari*. Baku.

Shelyaga, V.V. (ed.), Glotochkina, A. D., & Platonova, K. K. (1972). *Military psychology*.

Sudakov, K. V. (1982). *Systemic mechanisms of emotional stress*.

Tarabrina, N. V. (2001). Workshop on the psychology of post-traumatic stress. *SPb*, (272), 32.