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THE CHARACHTERISTIC OF STRESS-FACTORS THAT CAUSE THE EMERGING OF THE POST TRAUMATIC STRESS DISORDERS IN SERVICEMEN THE COMBATANTS

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ABSTRACT. It is analyzed in the article the general approaches to the problem of post-traumatic stress disorders in servicemen the combatants. There are stress and post-traumatic stress disorders among the destructive psychological states of servicemen who have been in the ATO zone. While researching it is analyzed the scientists' approaches to the essence of the concept of "stress" that is a general protective reaction of the organism to the negative environmental influences.

It is characterized the post-traumatic stress disorder as anxiety disorder that occurs after psychological stress, various traumatic events. It is established that post-traumatic stress disorder can be manifested in different ways. Here are presented the forms of post-traumatic stress disorder's manifestation. The main weakness is memory, increased alertness, thoughts of suicide, feeling of constant tiredness. The attention is focused on the combat stress – a combination of emotions due to prolonged life threatening in a combat environment. There are described the stress-factors of combat stress such as predisposition to influences that threaten life; Predisposition to violence; Participation in the processes accompanied by brutal violence. Different approaches are presented for the identification of stress factors that cause military psychological trauma.

Key words: posttraumatic stress disorders; stress; stress-factors; servicemen; the combatants.

Introduction

The activity of servicemen, especially in a combat environment, is characterized by the influence of stress-factors of increased intensity on the psyche. Duration of their influence, as well as psychotraumatic nature, can contribute to such changes in the psyche that reduce the effectiveness of life in peaceful conditions. According to official data [4], according to psychiatric forecasts, in the best case, 20% of the 15,000 soldiers who fought in the anti-terrorist area (ATO) were subsequently diagnosed with chronic post-traumatic stress disorder, the so-called "ATO syndrome."

Researchers [3; 7] are convinced that the combatants experience a situation of emotional stress, even after the end of hostilities they continue to feel pain, disappointment, anger, annoyance, aggression etc. Together with despair, frustration, apathy transformations, pathological picture of the world, an aggressive, conflict behavior can develop in a servicemen. The unpreparedness of servicemen the combatants to the realities of peaceful life threatens the intensification of their psycho-traumatization and the emergence of post-traumatic stress disorder.

The problems of post-traumatic stress disorder are analyzed in the works of K. Ahmedova, I. Malkina-Pykh, O. Karayani, N. Tarabarina, and others); Features of overcoming post-traumatic stress disorder in servicemen are represented by the researches of N. Alalykina, O. Blinova, V. Znakova, L. Smirnova, S. Sukiasyan and others. Observing the presence in the scientific literature of studies revealing the content, the nature of the impact and consequences of stress factors that cause the emergence of post-traumatic stress disorder in the servicemen involved in military operations, it is worth to mention the lack of researches in the socio-pedagogical field.

The aim is to characterize the stress-factors of post-traumatic stress disorder in the servicemen the combatants.

Objectives of the study: to reveal the meaning of such concepts as "traumatic stress", "combat stress", "post-traumatic stress disorder," to identify the stress-factors that cause the emergence of post-traumatic stress disorder in servicemen the combatants.

The main part

We will begin with clarification of the basic concepts to determine the factors that lead to the emergence of post-traumatic stress disorder in the servicemen. The term "stress" is considered in opposite contexts. So, Canadian physiologist G. Selye considers it a positive factor, the source of increased activity, joy of effort and successful overcoming [5]. In order to emphasize the opposite state of stress, the scientist introduces such concept as distress – a state that occurs during or as a result of excessive stress, in such combinations of adverse factors, when there is not a joy of obtaining the result, but a sense of helplessness, hopelessness, inability to achieve the goal.

The opposite opinion is taken by the American psychologist R. Lazarus, who considers stress as a threat, foreshadowing a person's future collision with some danger, and considers it a key mechanism for the development of emotional stress [11]. The most scholars holds the same opinion [1; 7], believing that stress involves the presence in the biography of an individual traumatic event associated with life threatening and accompanied by the experience of negative emotions of intense fear, horror or a sense

of hopelessness (helplessness), that is experienced traumatic stress. The post-traumatic stress disorder is one of the psychological consequences of experiences traumatic stress.

The destructive nature of stress is evidenced by its rather frequent substitution by other terms such as “emotional stress”, “mental stress”, “psycho-emotional stress”, “neuro-mental strain”, etc. In turn, we will adhere to the traditional understanding of stress as a general protective reaction of the organism to the negative effects of the environment.

In the thesis paper of N. Alalykina [1] the attention is focused on the fact that in the process of the deep conflict’s growing with others when all the previous ideas about the world are broken, influencing on the unstable mental state, when changing the mental reorientation (the establishment of a new system of values and the change of the of judgments’ criteria). Man may have false judgments and ideas, anxiety, fears, emotional instability and other destructive psychological states, which may ultimately lead to the appearance of profound mental changes in the form of stresses.

Psychologists identify psychological, physiological, informational, emotional, management types of stress depending on the factors causing stress. In military psychology it is a question of traumatic and combat stress. Scholars [1] identify traumatic stress as the stress caused by the life-stroke events of the individual, which cause radical changes in the perceptions of oneself, the system of values, the views of the surrounding world, and cause distress in humans. In addition, they can be both sudden, shock, and have a long, prolonged action. At the same time, people are difficult to tolerate, especially when both characteristics are combined at the same time.

One of the types of traumatic stress is combat stress that is defined as a combination of emotions caused by prolonged life threatening in a combat environment [10]. Maintaining the idea of the precursors [1; 10], we are convinced that it is combat stress that is the main cause of mental disorders in the servicemen. It should be noted that the military stress during the military service may lead to post traumatic stress disorder (PTSD) (“Post traumatic stress disorder”) is an “anxiety disorder that occurs after psychological stress, traumatic events such as a natural disaster, an accident, War, violence, etc.” [1, p. 18]. From the point of view of O. Karayan, PTSD is a postponed psychopathological complex response to psycho-traumatic events that developed into a holistic syndrome in time [3]. It can manifest itself to everyone in different ways, it may be uncontrolled outbreaks of aggression, obsessive fears, fright, horrors, persistent thoughts and images, “difficult” dreams etc.

For the first time officially the question of the need to introduce the term “post-traumatic stress disorder” was considered in the United States in 1980. It was introduced a section containing a description of the criteria for the diagnosis of disorders and disorders caused by traumatic events beyond the ordinary civil society before the American Classification Standard prepared by the American Psychiatric Association DSM-III (Diagnostic and Statistical Manual of Mental Disorders). Despite the fact that PTSD is formally a mental illness, its study, diagnosis, and psychotherapy are within the competence of the clinical psychologist [6, p. 17].

We share the position of N. Tarabrin [7] that the consequences of human being in traumatic situations are not limited to the development of acute stress disorder (GAS) or PTSD (which manifests itself in depression, panic disorder, dependence on psychoactive substances), the range of clinical manifestations of reactions and the consequences of stress on the human psyche is much wider. In this context, deferred psychological responses to combat stress are interpreted as “severe stress reactions”

(gross stress reactions), the source of which are situations in which the individual undergoes severe physical activity and extreme emotional stress [8].

In the context of our study, it is important to analyze the concept of stress response syndromes (S.R.S.), developed by M. Horowitz [9] who understands the stress as the stressful event that caused the mental trauma. According to this concept, a person is in a state of stress or periodically returns to it until the information on the stress (traumatic event) is processed. At the same time, emotions are a kind of response to conceptual incongruities and motives for protective, controlling behavior.

From the medical and psychological position of N. Tarabrin emphasizes that "the symptoms of PTSD represent a set of interrelated psychological characteristics (symptom complex), which belong to the semantic field of the concept of" post-traumatic stress "(PTS)" [7, p. 25].

The PTSD symptoms of veterans' indicate a desire to participate again in military events, hatred of the enemy, intrusive military memories, nightmares and aggressive behavior. And the coexistence of such contradictory tendencies as the feeling of honestly performed duty and the feeling that you betrayed, the lack of understanding of what the warriors sacrificed for life, is the basis for destructive intrapersonal conflicts and their secondary psycho traumatization [3].

Let's dwell on the consideration of clinical symptoms of PTSD, which, according to DSM-IV, include the following:

1) traumatic stresses caused by repeated events, namely:

— severe emotional experiences;

— terrible dreams;

— actions or feelings associated with re-perception of a traumatic event (illusions, hallucinations, dissociation episodes – "flashback effects", including those that appear in a state of intoxication);

— intense severe experiences that have been caused by an external or internal situation, reminiscent of or symbolizing traumatic events;

— physiological reactivity in situations that externally or internally symbolize aspects of a traumatic event;

2) constant avoidance of stimuli related to trauma, and numbing-blocking of emotional reactions, numbness (not observed before injury). Determined by the presence of three or more of the following characteristics, namely:

— efforts to avoid feelings, feelings or conversations associated with an injury;

— efforts to avoid actions, places or people who cause recollections of injury;

— inability to mention important aspects of injury - psychogenic amnesia;

— markedly decreased interest in previously significant activities;

— a feeling of detachment or seclusion from other people;

— reduced expressiveness of the affection (inability, for example, to love);

— lack of prospects in the future (in terms of career, marriage, children or long life);

3) persistent symptoms of increasing excitation that were not observed before injury. Determined by the presence of at least two of the following symptoms:

— difficulty with falling asleep or bad sleep (early awakening);

— irritability or outbreaks of anger;

— difficulties with concentration of attention;

— increased level of anxiety, hyper purity, state of constant threat waiting;

— hypertrophied fear reaction [3].

According to O. Karayani [3], the determination of the duration of the disorder is a prerequisite for the diagnosis of PTSD. PTSD is only diagnosed when the duration of the symptoms described above is at least 1 month.

11) the need to cast anger on someone and show aggression for being sent to war and for everything that was happening there;

12) the need to participate in dangerous "adventures" in order to get acute feelings;

13) non-acceptance of veterans of other wars;

14) the attitude towards women only as objects of sexual pleasure.

It should be noted that scholars differentiate stress factors that negatively affect the psychosomatic state of the military:

— a constant threat to life, torture, the presence of torture and assassinations of other prisoners of war, injuries sustained in captivity; Weight loss; Suffered severe illness; Fears, severe mental suffering (R. Eberli);

— coercion, isolation, duration and place of captivity (E. Hunter);

— predisposition to influences that threaten life; Predisposition to violence; Participation in the processes accompanied by brutal violence (R. Laufer).

It is quite interesting to classify the stress-factors that cause military psychological trauma, American scientists, namely:

1) the stress-factors of a combat situation (life threatening, wounding), operating on servicemen who take part in special units and perform combat missions on hostile territory;

2) non-combat fighting forces (death of enemy soldiers, fear of enemy use of rocket attacks or attacks using chemical and biological weapons, waiting for ground combat operations, heavy living conditions);

3) the stress-factors associated with sending to the area of fighting (isolation from family, relatives, friends, comrades, especially for servicemen who are called from the reserve) [2].

As a result of these stress factors, soldiers, combatants often have difficulties in the psychological and social context.

Here are some of the scholars' views on the separation of stress-factors of PTSD. Thus, on the basis of the study of the multifactor concept A. Maercker, three groups of factors are established, the combination of which leads to the emergence and development of PTSD, is:

1) factors associated with traumatic events - severity of injury, its suddenness, uncontrollability;

2) protective factors - the ability to comprehend past events, the availability of social support;

3) risk factors - age before the moment of traumatism, negative past experience, history of mental disorders, low standard of living.

Having analyzed the research of O. Blinov [2], we believe that stress factors can be divided into two main groups - these are factors that have a direct emotional impact on the personality of the soldier, and factors that indirectly affect the military, while they are characterized by increased emotionality and depend on their professional ability.

The danger that is perceived as an objectively existing coincidence of circumstances or objects that endanger the life and health of a person refer to the first group. It may be injuries, the friends' death, the destruction of buildings or military equipment. At the same time, the danger can be both real and imaginary. Inadequate

perception of danger leads to errors, over-stress, nerve failure, which can lead to defeat in the context of hostilities. The second group includes lack of time to assess the situation and make decisions in the context of hostilities; increase in the pace of action (both motor action and decision-making); the extreme intellectual complexity of the decisions, since the servicemen must disclose the enemy's plans; an excess of information that needs to be scrutinized in the absence of time.

In addition, the factors of the second group O. Blinov [2] took the combination of several types of activities simultaneously, namely:

— afferent operations - perception of information: receipt of orders, information from the heads of services, representatives of the air forces, commanders of subordinate units and members of combat settlement, positions of visual observation, control over the results of hostilities;

— logical operations related to the processing of information, the assessment of the situation and the decision on the setting of fire tasks units;

— efferent operations related to the implementation of the taken decisions; The degree of coherence of the actions of the commanders of the units that interact with each other.

Let's dwell on a brief analysis of scientific positions on the consequences of PTSD, which are declared by foreign experts. According to N. Tarabrin [7], the high level of PTSD caused by participation in hostilities (so-called „event stress") is experienced by servicemen in the form of a symptom complex of interrelated psychological characteristics that arise in the background of the PTSD clinical picture and are accompanied by a high level anxiety, depression, general psychopathological symptoms, as well as alcohol addiction.

The study of O. Karayani's achievements [3] made it possible to find out that the complex of personality changes that was formed in servicemen the combatants in a combat environment is sometimes transformed into a complex of "paranoid psyche". The main characteristic in the sphere of needs, values orientations and social interaction are specific phenomena for them. As a result, they have an increase in rigidity, uncompromisingness and rigor of moral benchmarks. Frequently, there is a desire to redefine public life under the unconditional laws of wartime.

Conclusions

Thus, the conducted analysis and comparison of the above-mentioned expert opinions has given us the opportunity to state a certain similarity in the identification of stress factors that lead to the appearance of PTSD in the servicemen. In the most generalized vision, we will present a complex of stress factors associated with the presence of the military in the context of hostilities, namely:

— the stress that arises during the battle is related to the death of relatives or the need to kill;

— a clear awareness of the threat to life, the so-called biological fear of death, injury, pain, disability;

— destructive influence of combat environment (shortage of time, acceleration of actions, suddenness, uncertainty, fear, etc.);

— problems associated with lack of proper sleep, water and nutrition deficiency, clean clothes, drugs, etc.;

— specific conditions of the territory of combat operations (localities, climatic conditions, negative attitudes from the local population.

The prospects of the further research. Our next publications will focus on the disclosure of practical aspects of the organization and implementation of rehabilitation of servicemen the combatants under the conditions of a rehabilitation center.

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