

POST-TRAUMATIC STRESS DISORDER (PTSD) IN MILITARY VETERANS: UNDERSTANDING UKRAINIAN CONTEXT

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Іщук О.В. Посттравматичний стресовий розлад у військових ветеранів: розуміючи український контекст. В статті розкрито сучасний стан розуміння українським суспільством психологічної травми та посттравматичного стресового розладу. Представлені як науково-теоретичний, так і науково-практичний напрями дослідження психології травми українськими та західними науковцями. Визначено поняття травми відповідно до закордонних досліджень, а також наведено визначені вітчизняними науковцями особливості психологічної травми. Розкрито шляхи реагування нервової системи людини на травмуючі події, описано причини та події, ситуації, що найчастіше провокують виникнення психологічної травми. Здійснено аналіз існуючих даних стосовно посттравматичного стресового розладу крізь призму зарубіжних досліджень та виявлено можливості застосування результатів у вітчизняних реаліях. Проаналізовано шляхи виникнення ПТСР та основні характеристики даного розладу. Згадано діагностику та лікування посттравматичного стресового розладу в Україні.

Ключові слова: військовий конфлікт, ветерани антитерористичної операції, напруга, посттравматичний стресовий розлад, психологічна травма, синдром АТО.

Ищук О.В. Посттравматическое стрессовое расстройство у военных ветеранов: понимая украинский контекст. В статье раскрыто актуальное понимание украинским обществом понятий психологическая травма и посттравматическое стрессовое расстройство. Представлены как научно-теоретическое, так и научно-практическое направления исследования психологии травмы украинскими и западными учеными. Определено понятие травмы согласно зарубежным исследованиям, а также исследуемые отечественными учеными особенности психологической травмы. Раскрыты пути реагирования нервной системы человека на травмирующие события, описаны причины и события, ситуации, чаще всего провоцирующие возникновение психологической травмы. Проведен анализ существующих данных о посттравматическом стрессовом расстройстве через призму зарубежных исследований и выявлены возможности применения результатов в отечественных реаліях. Проанализированы пути возникновения ПТСР и основные характеристики данного расстройства. Уделено внимание диагностике и лечению посттравматического стрессового расстройства в Украине.

Ключевые слова: военный конфликт, ветераны антитеррористической операции, напряжение, посттравматическое стрессовое расстройство, психологическая травма, синдром АТО.

Problem formulation. According to recent events in Ukraine, prolonged military conflict in the east of our country, lack of psychological culture of military and civilian, depressed emotional state of all citizens, all of it contribute to development of depressive trends in society. It's increasingly can be heard the word “trauma” in everyday language. But what it's mean really? Or more and more often is heard that all the military have PTSD and need to be treated. So, it is very important to find out what is the trauma and post-traumatic stress disorder in general and in the military in particular and distribute this knowledge.

Analysis of recent research and publications. So, we have basic understanding of trauma or its consequences and many researchers have studied this problems. Firstly, we will list the Ukrainian scientists, who have researched features of trauma psychology – S. Goncharova, O. Masyk, E. Mazur, M. Padun, L. Perhamenschyk, I. Pogodin, N. Pov'yakel, Y. Semenova, G. Strachenbaum, G. Tsyganenko F. Vasyluk, M. Yakovchuk, L. Zasyekina, Y. Zinshenko, etc. Secondly will list foreign researchers – B. Adams, K.-H. Biesold, A. Ciszewski, G. Cohen, K. Dean, B. Dohrenwend, D. Fink, M. Gilbertson, L. Jaycox, H. Kang, K. Kasai, K. Koenen, M. Konner, A. Langley, N. Lasko, R. Marshall, F. Murphy, B. Natelson, D. Olweus, R. Pitman, L. Sampson, M. Shenton, J. Turner, N. Turse and others. In spite of numerous studies devoted to the psychology of trauma, post-traumatic stress disorder and other psychotraumatic issues in Ukrainian scientific space still have no unambiguous interpretation and understanding of the concept of trauma, its consequences and manifestations.

Consequently, **the purpose of the article** is to analyze of the existing data concerning of post-traumatic stress disorder (PTSD) in foreign studies and to find the ways to transfer these findings in our reality.

Main study and results justification. So, the general definition of trauma in dictionaries is approximately like psychological or emotional injury caused by a deeply disturbing experience. Now, we

want to clarify the understanding meaning “trauma” in Ukraine scientific space. Thus, psychological nature of trauma is characterized by the following features: psychological trauma belongs to the unconscious forms of mental activity; uncertainty and flexibility (N. Sardzhveladze, L. Trubitsina, N. Tarabrina, O. Bermant-Polyakova and other); the presence of internal conflict as incompatibility, conflict of contradictions and personality’s relation (Z. Freud, D. Kalshed, F. Vasylyuk); psychological significance of traumatic situation for personality or another words – subjectivity perception (P. Levin, V. Romek, V. Kontorovich, E. Krukovich etc.); traumatic event localized no beyond the person, but inside it (V. M’yasishchev, A. Krasilo and others) [1].

And, as we know, or remind ourselves, the human nervous system has three ways of responding to stressful events:

1. **Social engagement** is the most evolved strategy. Social interacting with another person—making eye contact, listening, talking — can quickly calm you down and put the brakes on “fight-or-flight.”
2. **Mobilization**, or the fight-or-flight response, occurs, when social engagement isn’t appropriate and person need to defend himself or escape danger. So, heart pounds faster, blood pressure rises, and muscles tighten, increasing strength and speed. Once the danger has passed, nervous system calms body, lowering heart rate and blood pressure, and winding back down to its normal balance.
3. **Immobilization** occurs, when person have experienced too much stress in a situation and, while the danger has passed, person find itself “stuck.” That’s nervous system is unable to return to its normal state of balance and person is unable to move on from the event [6].

Next, let’s describe the most common causes of emotional or psychological trauma. So, emotional and psychological trauma can be caused by:

- one-time events, such as an accident, injury, natural disaster, or violent attack;
- ongoing, relentless stress, such as living in a crime-ridden neighborhood or battling a life-threatening illness;
- commonly overlooked causes, such as surgery (especially in the first 3 years of life), the sudden death of someone close, the breakup of a significant relationship, or a humiliating or deeply disappointing experience.

Let’s list an event will most likely lead to emotional or psychological trauma if: it happened unexpectedly; you were unprepared for it; you felt powerless to prevent it; it happened repeatedly; someone was intentionally cruel; it happened in childhood [7].

It need to be explained, that people react in different ways to trauma, experiencing a wide range of physical and emotional reactions. It’s very important to realize, that there is no “right” or “wrong” way to think, feel, or respond, so, please, don’t judge your own reactions or those of other people. Think, favorite phrase of psychologists and psychotherapists – your responses are *normal* reactions to *abnormal* events.

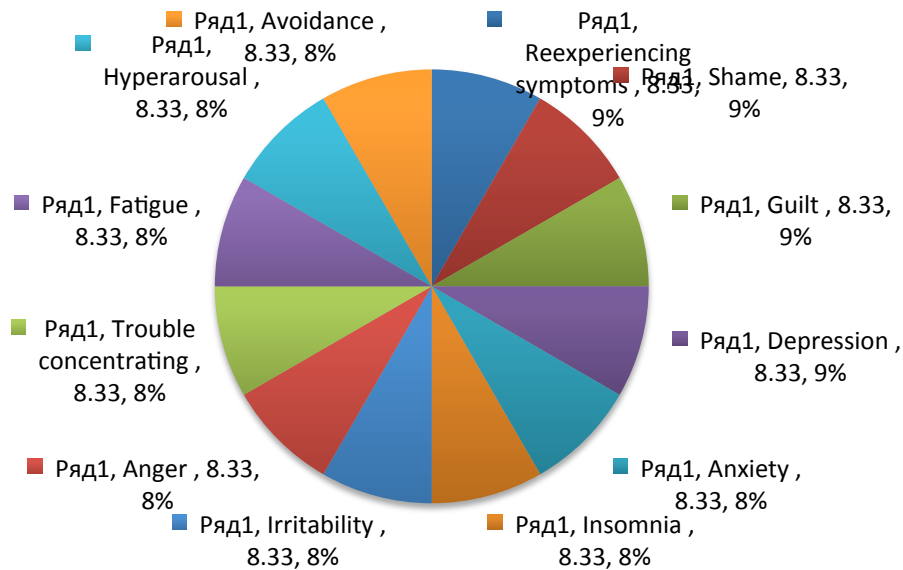
Well, let’s define main psychological symptoms of trauma, which describe in scientific literature: shock, denial, or disbelief; anger, irritability, mood swings; guilt, shame, self-blame; feeling sad or hopeless; confusion, difficulty concentrating; anxiety and fear; withdrawing from others; feeling disconnected or numb and so more another. But, accepting psychological symptoms, we have different physical symptoms of trauma, because our body reacts more quickly, than we figured it out. So, present physical symptoms of trauma are the following: insomnia or nightmares; being startled easily; racing heartbeat; aches and pains; fatigue; difficulty concentrating; edginess and agitation; muscle tension and so on.

Symptoms typically last from a few days to a few months, gradually fading as individual process the trauma. But even when person is feeling better, it may be troubled from time to time by painful memories or emotions—especially in response to triggers such as an anniversary of the event or something that reminds person of the trauma [6]. So, when it happened and going on, if the person pursued intrusive unpleasant memories and unproductive thoughts and behavior, probably, person has post-traumatic stress disorder.

In foreign and Ukrainian dictionaries **post-traumatic stress disorder** (PTSD) defined like a condition created by exposure to a psychologically distressing event outside the range of usual human experience, one which would be markedly distressing to almost anyone, and which causes intense fear, terror, and helplessness.

That it was PTSD, the trauma experience need an assault to the person’s biology and psyche, besides, the event may have happened recently or a long time ago [5].

So, let’s try to descript, what is PTSD and what components it has. Firstly, post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening or distressing events including military combat, violent personal attacks or serious road accidents. Secondly, PTSD may develop immediately after someone experiences of a disturbing event or it can occur weeks, months or even years later. Thirdly, post-traumatic stress disorder is estimated to affect about one in every three people who have a traumatic experience. At fourth, someone with PTSD will often relive the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. At fifth, they may also have problems with sleeping, such as insomnia, and find concentrating difficult. And the last, but not least, these symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life [3]. Let`s present the main complex characteristics of PTSD (pic. 1).



Pic. 1. The main characteristics of post-traumatic stress disorder.

So, post-traumatic stress disorder (PTSD) is an anxiety disorder that may develop after exposure to a terrifying event or ordeal in which severe physical harm occurred or was threatened [5].

Galina Tsyganenko said, that one of our problems is, that we don’t have statistics. Therefore, we operate by US data. We have three areas of problems and issues: psychoeducation — what happened to me now, how to normalize psychological state – 75%; crisis response, emergency reaction, insomnia – 25-50%; serious rehabilitation need 15% of veterans [2].

Common data that traumatic happening that can trigger PTSD frequently include violent personal assaults, natural or unnatural disasters, accidents, or military combat. Aware the conditions that formed today for Ukraine and Ukrainians I particularly can say for sure that PTSD is a reality. But even if we know that situation, unfortunately Ukrainian society doesn’t aware of general daily life dangers that lie behind traumatic disorder. And I don’t say about scientific explanation of repercussion post-traumatic stress disorder or it influence for our life, life of each of us.

Post-traumatic stress disorder (PTSD) in a veterans usually known as shell shock or combat stress, and in Ukraine it known like ATO syndrome, and the latest known name of such similar symptom was Afganian syndrome, that occurs after experiencing severe trauma or a life-threatening event. As though it might sound strange but it’s normal for the mind and body to be in shock after such an event, but this normal response becomes PTSD when nervous system gets “stuck” [7].

In Ukraine PTSD diagnostic passes long and difficult for ATO veterans and experts with appropriate profile. PTSD is frequently accompanied by depression, substance abuse or anxiety disorders. When all manifestations are appropriately diagnosed and treated, the likelihood of successful treatment increases.

Well, as evidenced by objective scientific facts treatment needs a lot time of therapy. And it’s naive to expect mental recovery rates for short period of time but result worth it. So, recovering from PTSD involves transitioning out of the mental and emotional war zone you’re still living in and helping your nervous system become "unstuck." [7].

But it's important to understand that symptoms sometimes don't surface for months or even years after returning from deployment. While PTSD develops differently from veteran to veteran, there are four symptom clusters:

1. **Recurrent, intrusive reminders of the traumatic event**, including distressing thoughts, nightmares, and flashbacks where you feel like it's happening again. Experiencing extreme emotional and physical reactions to reminders (panic attacks, uncontrollable shaking, heart palpitations, etc.).
2. **Extreme avoidance of things that remind you of the traumatic event**, including people, places, people, thoughts, or situations you associate with the bad memories. Withdrawing from friends and family and losing interest in everyday activities.
3. **Negative changes in thoughts and mood**, such as exaggerated negative beliefs about yourself or the world and persistent feelings of fear, guilt, or shame. Diminished ability to experience positive emotions.
4. **Being on guard all the time, jumpy, and emotionally reactive**, as indicated by irritability, anger, reckless behavior, difficulty sleeping, trouble concentrating and hypervigilance [7].

These clusters can be manifested not at all or only partially but if veteran or member of his family have noticed even though some of the symptoms, seek the psychological help of qualified psychologist.

Let's discuss the psychological intervention. B.A. van der Kolk dedicate, that the key element of the psychotherapy of people with PTSD is the integration of the alien, the unacceptable, the terrifying, the incomprehensible. Life events initially experienced as alien, as if imposed from outside upon passive victims, must come to be "personalized" affectively as integrated aspects of one's history and life experiences. The massive defenses, initially established as emergency protective measures, must gradually relax their grip upon the psyche, so that dissociated aspects of experience do not continue to intrude into one's life experience and thereby threaten to retraumatize an already traumatized victim [8]. And also S. Epstein concern mechanisms of treatment and indicate that psychotherapy must address two fundamental aspects of PTSD: the deconditioning of anxiety, and the pervasive effects that trauma has on the way victims views themselves and the world. In only the simplest cases will it be sufficient to decondition the anxiety associated with the trauma [4]. In the vast majority of patients, both aspects will have to be treated, which means the use of a combination of procedures for Reconditioning anxiety, for changing beliefs, and for developing a cognitive system that somehow allows a person to continue to cope effectively in a world that now is known to be capable of great destructiveness.

Conclusions and prospects for further research. Consequently most of the studies on PTSD was held in the United States of America. The focus of psychologists interest were consequences of the war in Vietnam, because during and after the combat operations many veterans, behaved completely inadequate. As a result, many of them ended up in jail, some committed suicide. And it's statistical data for all over the world after war conflicts. So, sadly, but according to world statistic this tendency wait and Ukraine. Of course our society was seriously concerned about what happening. Accordingly, this way of research is prospect and actuality so needed significant psychological studies in future.

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Ishchuk, O.V. Post-Traumatic stress disorder (PTSD) in military veterans: understanding Ukrainian context. The article revealed the actual understanding of the concepts of psychological trauma and posttraumatic stress disorder in Ukrainian society. The paper presented the names of Ukrainian and Western scholars dealing with the psychology of trauma, shown findings in theoretical and practical scientific directions. The general definition of trauma in foreign and Ukrainian dictionaries was submitted, the psychological nature of trauma and its features were illustrated. The author gave the explanation of how people react in different ways to trauma, experiencing a wide range of physical and emotional reactions. The article listed some events, that mostly lead to emotional or psychological trauma. The data clarified the psychological and physiological trauma symptoms. The article paid an attention to the duration of appearance and manifestation of trauma symptoms and particularly post-traumatic stress disorder. We described what is PTSD and what component it had, for example, shame, guilt, depression, anxiety, anger, etc. Analysis of existing information on PTSD through the prism of foreign studies and found the possibility of applying the results, adapting it to our reality were given. This research showed the ways of occurrence of PTSD and the main characteristics of this disorder. The attention was given to the diagnosis and treatment of post-traumatic stress disorder in Ukraine.

Keywords: military conflict, the veterans of the antiterrorist operation, psychological tension, post-traumatic stress disorder, psychological trauma, ATO syndrome.

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ЕМПІРИЧНЕ ДОСЛІДЖЕННЯ ОСОБЛИВОСТЕЙ МІЖГРУПОВОЇ ДИФЕРЕНЦІАЦІЇ ГЕНДЕРНИХ ГРУП

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Кацович Я.Ю. Емпіричне дослідження особливостей міжгрупової диференціації гендерних груп. У статті визначено основні характеристики міжгрупової диференціації в гендерних групах, обґрунтовано необхідність її емпіричного дослідження. З'ясовано, що при взаємодії гендерних груп проявляються феномени міжгрупової диференціації (інгруповий фаворитизм, ін- та аутгрупова дискримінація). Знайдено статистично значущі відмінності в оцінках чоловіків і жінок. Встановлено, що існують статистично значущі відмінності в оцінці чоловіків і жінок в залежності від психологічної статі особистості: було виявлено, що стереотипні характеристики притаманні переважно представникам фемінної та маскуліної психологічної статі. Фемінні жінки загалом схильні до високих оцінок як своєї групи, так і групи чоловіків. Чоловіки та жінки з андрогінною психологічною статтю дають менш стереотипні оцінки.

Ключові слова: міжгрупова диференціація, гендерні групи, психологічна стать, інгруповий фаворитизм, аутгрупова дискримінація.