Social, Health, and Communication Studies Journal
Conflict and the Social Body, Vol. 2(1), December 2015
MacEwan University, Canada
National University of Kyiv-Mohyla Academy, Ukraine
Ternopil State Medical University, Ukraine

Article

Main Features of Mental Disorders in Individuals Participating in Armed Conflict in the East of Ukraine

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Abstract

This article examined certain aspects of armed conflicts influence on the human mentality by producing examination and treatment findings concerning post-traumatic stress disorders as a result of continuous stay in the combat zone in the Eastern Ukraine. The specifics of altering social values with the veterans as well as the importance of psychological intervention in respect of such patients for the purpose of their successful social re-adaptation, are emphasized.

Keywords: armed conflict, post-traumatic stress disorder, mental disorders, psychological intervention, re-adaptation.

Introduction

After processing local and foreign scientific literature sources we discovered that the active study of PTSD lasts for a few decades, but data about situations in which people were under the influence of the stress producing factor is being recorded over the centuries. The first research works were carried out in the United States. They were designed to study the characteristics of military stress during the Civil War in the USA. The effect of war on the mentality of the soldier was discussed among the experts after the participation of the United States in military conflict in Vietnam and later it was known as "Vietnam syndrome". According to the medical examination of war veterans in Vietnam in 1988, in 30.6% of Americans experienced post-traumatic stress disorder, 22.5% - partial stress disorder. In 55.8% of those with post-traumatic syndrome, borderline neuro-psychiatric disorderswere found, the likelihood of being unemployed was 5 times higher in comparison to other, divorces appeared in 70%, isolation –in 47.3% expression of hostility - in 40%, 50% of patients were imprisoned or arrested [1, 16, 18-20]. It is known that the military stress is chronic and tends to cause a gradual deterioration over time. This is confirmed by studies of modern scientists. The researchers determined that in some clients with the effects of war trauma, symptoms of post-traumatic stress disorder (PTSD) might intensify over time. On the other hand, the diagnostic difficulty of PTSD manifestations is that it can occur in a period of one month after the traumatic event, as well as after 30-40 years [2, 13].

Thus, the main feature of PTSD is a tendency not to disappear over time, but to become more evident [1, 5].

Military people can develop mental disorders that are collectively defined by the term - post-traumatic stress disorder (PTSD). Ninety-eight percent (98%) of military personnel that participated in the fighting in Chechnya, suffer from post-traumatic syndrome, and about 30-35% of soldiers suffer from alcohol and/or drug addiction. In modern realities and at a time of events taking place in the east of Ukraine, every other soldier is suffering from neurotic mental disorders that are stress-related and this phenomenon is already described as "Donetsk syndrome" [1, 3 - 5].

The aim of the study was to investigate the psychological changes in combatants and peculiarities of adaptation process in a peaceful environment.

Analysis of the literature sources on the subject showed that studied problem is sufficiently covered in the foreign sources, but in the local literature this topic is not

disclosed, due to the fact, that Ukraine was in a peaceful environment for a long time and paramilitary conflicts were only a historical facts. Under these circumstances, Ukrainian mentality should change its values, and the population is not yet ready to meet the challenges that accompany combatant after returning from combat zones. Some aspects of clinical and social consequences were studied insufficiently, and patterns of formation of mental and behavioral disorders is the cornerstone for psychiatrists and psychologists that on the one hand, often work on a voluntary basis, and on the other - are concerned about the trend of increasing frequency and severity of such disorders. The variety of psychological disorders that differ by structure and severity, require the change in approaches to their diagnosis, treatment and prevention.

Such situation became an impulse for deeper study of this problem.

Analysis of Mental Disorders in Individuals Participating in Armed Conflict in the East of Ukraine

Thus, the aim of our work is to establish the factors and conditions of the disorders in combatants, peculiarities of the process of psychological trauma healing, clinical reaction, severity of symptoms and social functioning during adaptation in a peaceful environment.

Box 1. **Example of patient with PTSD**

Patient S., 26 years old, at the age of 18 was called up to serve in the ranks of Ukrainian army. In peacetime he lived in Shumsky region Ternopil Oblast worked on the farm, from which was mobilized. In a war time he was captured, where he remained for about three months. After his release from captivity, he returned home and almost immediately was hospitalized in Ternopil Oblast Communal Clinical neuropsychiatric hospital by the initiative of his relatives, because the behavior and emotional status of combatant changed dramatically; anxiety, depressed mood, insomnia and irritability appeared.

We examined 42 survivors of armed conflicts, who had been undergoing a course of treatment at the Ternopil Regional Municipal Clinical Hospital. Mental disorders were mainly caused by combat stress, since patients were exposed to combat stress factors up to 6 months. One of the patients had been in captivity. The patients were males, age 21-32. All of them were subjected to conventional clinical and laboratory examination. Each

serviceman was interviewed (Appendix 1) for both diagnostic and psychotherapeutic purpose. Realization of these methods was allowed by the local Ethics Committee. Usage of these methods was permitted, as those that are not imposing and do not harm the patient. As a rule, previous psychological traumatic experience forms a serious communication barrier that should be eliminated in the conversation. In the course of the conversation a serviceman is able to tell, what has happened to him as well as to give way to his negative emotions and to take a detached view at one or another event. Besides, he would be able to recollect an integrated pattern of essential events as well as to apprehend more profoundly or even to reconsider his feelings associated with psychological traumatic experience and its possible after-effects on behaviour, vital functions and health. Adequate diagnostic conversation is favourable for a patient's further psychological rehabilitation [6].

We singled out a series of factors, which, in the combatants' view, had been mostly responsible for the onset of mental problems, namely, background psychological traumatic factors of the operational situation (long stay in the battlefield, intensive warfare, etc.), specific individual reactions to the life threat as well as mental and general shock in the moment of trauma, etc.

In addition, continuous stay in the conflict zone was associated with prolonged emotional stress, its intensity and duration being determined not only by physical damage results (often irreversible, e.g. limb amputation) but mostly by the personality characteristics of the wounded. [10, 12].

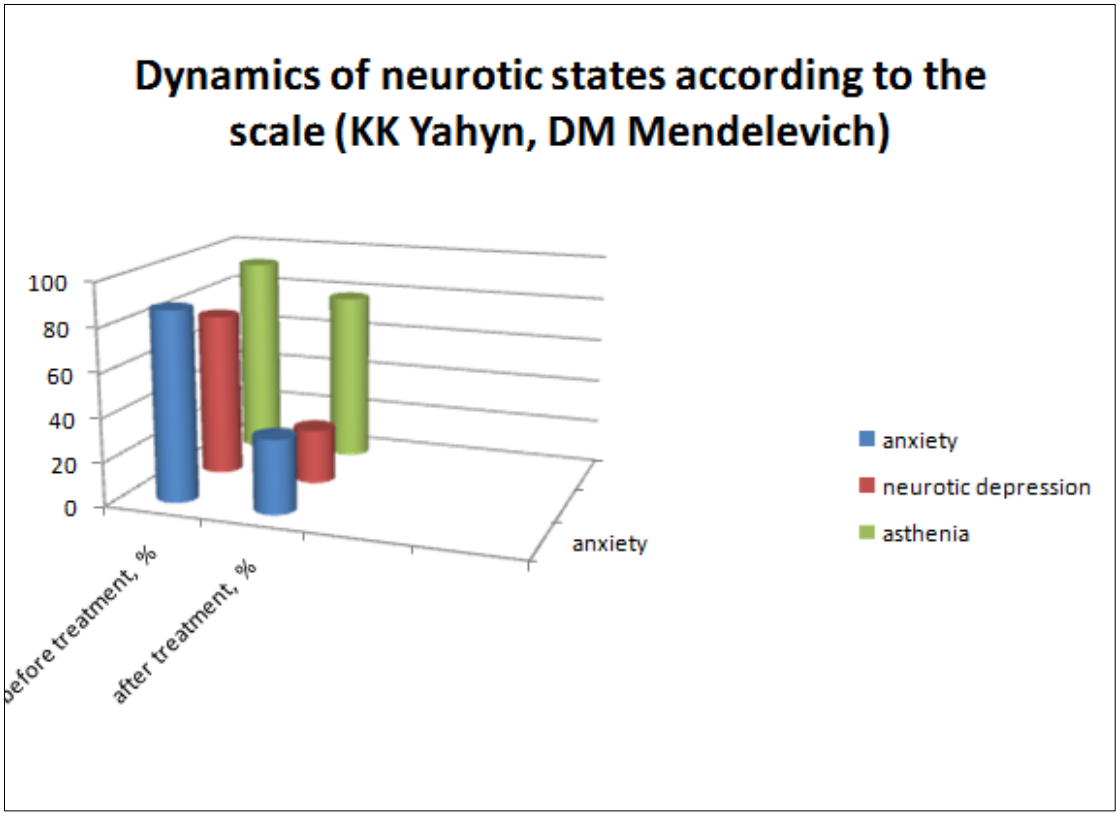
The spectrum of combatants' complaints is diverse: depression, fatigability, apathy, loss of interest, psychomotor agitation or lethargy, concentration problems, uncertainty, feeling of purposelessness and fault, parasomnia (sleeplessness or drowsiness), changes in appetite and body weight, anxiety, suicidal way of thinking and sexual dysfunction (Table 1).

Table 1. Structure of symptoms

Symptom	%±m
obsessive thoughts	78±3.1
depression,	75±2.2
apathy	46±1.8
dissociation of mental activity	26±2.0
explosive reaction	22±2.8
avoid interpersonal contact	22±1.5
decreased ability to think	82±2.3
inability to make decisions	60±1.7

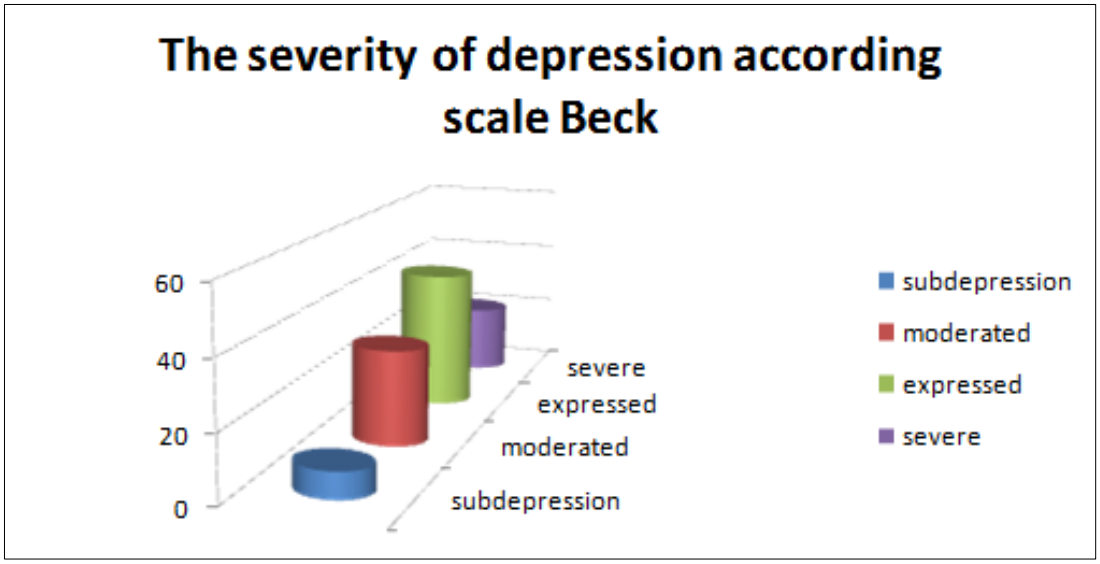
To determine the actual psychological status of the combatants, the following tests were used [7, 11]: the Beck Depression Questionnaire (2009) [17], Clinical Inquiry for the Assessment of Neurotic Status (K.K. Yakhin, D.M. Mendelevich) (2003) [11], Spielberger-Khanin Scale (1976) [15] to determine the personal and situational anxiety, the scale of the impact of events, and non-existent animal drawing test. The obtained data were processed statistically using Student's t- test.

According to the Clinical Inquiry for the Assessment of Neurotic States Scale (K.K. Yakhin, D.M. Mendelevich), positive anxiety result was found in 87% patients, 32% of them showing high level of anxiety. It should be noted that according to the Spielberger-Khanin Scale (1976), the anxiety was reactive, and only in 2 patients it had a high level. Depression is considered to be the basic PTSD symptom. Within the scale, neurotic depression was found in 75% of patients and asthenia – in 92%. The results are shown in the diagram below.



After treatment within the period of 20-25 days, noticeable decrease of anxiety and depression levels was found in all patients (changes were verifiable). However, asthenia appeared to be one of more persistent symptoms that indicate an emotional exhaustion, requiring continuous recuperation. In our opinion, the basis of the symptom is cognitive exhaustion rather than physical, resulting in impaired attention focusing, memory function as well as emotional and volitional sphere. In a case of prompt decision-making and under permanent life threat, these disorders may either become the basic cause of disturbed adaptation or provoke adverse situations.

Using the Beck Depression Inventory Scale, the degree of depressive disorders in the patients was determined. The results are shown in the diagram below.



According to the "Impact of Event Scale", three groups of symptoms (intrusion, escape, hyperexcitability) were found within the range "moderate," "rather strong," and "very strong."

Intrusion group: obsessional recollections of the traumatic event alongside with repetitive dreams; spontaneous actions and feelings aroused by sudden "downfall" into traumatic event (occurrence of the flashbacks at alarm signal); strong psychological and physical discomfort in the face of any allusion of the traumatic event (talks about ATO in the public transport, watching TV news, etc.).

Escape symptoms: avoidance of thoughts, feelings and activity associated with the traumatic event; lack of positive emotions and future prospects, depressive disorders.

Hyperexcitability symptoms: sleeplessness with motor excitation in the sleep; irritability, propensity for explosive reactions, hyperwakefulness, attention focusing problems, alcohol addiction as a means of relief.

All the patients demonstrated "sticking" reaction type, when past events become a hauntingly reminiscences of past experiences It was revealed most expressively in the patient who had been in captivity and could not help recalling "how he picked up the remains of the Ukrainian soldiers with his own hands".

For such peculiar cases, we have developed a therapeutic approach based on the combined use of psychotherapeutic complex and medicines. The choice of drugs was

individualized, with clinical course, severity of symptoms and patient's personal traits taken into account.

In compliance with up-to-date views on the therapy of the above-mentioned disorders (see British protocol and research review NICE [2004, p.119-131]), cognitive-behavioural therapy and antidepressants are between basic recommended procedures [9]. As basic drug groups, we have chosen antidepressants and tranquilizers, the latter being taken as short course at the beginning of the treatment. In case of the mentioned drugs failure, small doses of neuroleptics were administered. Drugs were chosen in accordance with dominating symptoms and EEG changes. Patients with disturbed falling asleep phase we recommended sedative antidepressants. The peak-wave complex in the EEG lead to the use of carbamazepine.

Development of new techniques of psychological influence during the treatment of PTSD is very important. The patients took psychotherapeutic sessions, namely, art therapy and stress management that help to reveal internal force, to learn relaxation technique and to get rid of negative emotions and thoughts. In the case of behavioural disorders dominance, psychotherapeutic complex was commenced with behaviour-simulating techniques, supplemented by Beck cognitive therapy [8].

The mission of the psychotherapist is to correct the patient's self-appraisal for providing adequate approach to the choice of his actions. Within this period, the combatant should be trained to be more attentive focused, develop thinking ability, decision making and social skills, whereas the doctor is supposed to control the patient's emotional condition [14].

Reinforcement therapy should be carried out considering the type of previous mental disorders, evidence of residual effects and the presence of somatic diseases. Besides, it should include pharmacotherapy along with various psychotherapeutic techniques, physiotherapy and individualized psychocorrective techniques. At one third of combatants with the stress reaction we can observe the progredient course with disturbed adaptation processes, post-traumatic psychogenic stress disorders, psychosomatic diseases and exacerbation of chronic pathology.

Discussion

Thus, stay in the combat zone results in personality disorders with dominating asthenia in addition to high level of anxiety and depression. These disorders determine the

person's isolation from the everyday life and morbid fixation on the wound, eventually resulting in impaired quality of life and adaptability that makes the specialists' help critically important. Such patients are in need of pharmaco- and psychotherapy and involvement in social organizations.

Inability to adapt to "unusually peaceful" surrounding and to re-integrate into the social life is another problem of the former combatants with PTSD. Restructured to conform with specific combat needs, human psychics fails to meet standard social values. Under these circumstances, the role of the psychiatrist in the adequate estimation of the patient's condition in view of assessing his stress resistance and fulfilling his combat mission is crucial. Besides, they claim for the proper appraisal of their actions under life-threatening conditions and are status seeking under the pretext of their involvement in the warfare.

Thus, in the post-war time veterans are likely to face grave psychological and social consequences: apathy and aggressive or conflict behaviour. Besides, the combatants' encounter with the reality of everyday peaceful life is threatening from the standpoint of aggravating their mental traumatisation and manifestation of post-traumatic stress disorders.

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Appendix A:

Screening Questionnaire for diagnosis of mental maladjustment of military staff

You are invited to fill out this questionnaire to help your doctor to understand your health condition. Your doctor may ask you additional questions for each of the following items. Please complete all columns.

1. General data

1.1. Name,
Surname_____

1.2. Gender _____

1.3. Date of birth _____

2. Professional data:

Occupation before the army service_____

2.1. Place of army service_____

2.2. Position_____

2.3. Rank_____

2.4. Experience in the service _____

2.6. Pensioner (by age, other)_____from _____year

2.7. Disability group____ as a result of the disease_____

3. Education (Educational authorities (list all),
profession:_____

_____

4. Marital status:

4.1. married since_____year.

4.2. widowed since _____year.

4.3. divorced since_____year

4.4. in a civil marriage _____since

4.5. never been married_____

4.6. Children (date of birth): _____

5. Live in a dormitory, personal apartment, house_____, with relatives _____

renting an apartment, house_____other_____

_____

6. Army Service _____since _____ till_____year.

7. Participation in armed conflicts (where, when)_____

from_____ till_____year.

8. Participation in the aftermath of industrial accidents, natural disasters (when, where)_____

9. Conflicts in the family_____(often, rare, very often): disagreements in marriage _____

10. Conflicts at the job_____(often, rare, very often);

job dissatisfaction_____(yes, no)

11. Bad relations with the chief _____, colleagues,_____

12. Serious financial difficulties (for how long?)_____

13. Other stressing factors (which? For example, the death of a loved one or diagnosed with a serious illness; or suicide; or were a victim of assault, or were held hostage and more.)_____

_____

14. Dispensary registration (family doctor, neurologist, ophthalmologist, dermatologist, surgeon, endocrinologist, dentist, gynecologist)_____from_____ year.

Due to_____

_____

Date_____

I agree to pass the examination and obtain recommendations

_____

(signature)