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Psychoanalytical Analysis of Post-Traumatic Stress Disorders

Психоаналітичний аналіз посттравматичних стресових розладів

Kharchenko Yevhen
Dr. in Medicine, Professor,
Professor of the Department of Physical Rehabilitation and Ergo-Therapy,
Rivne Medical Academy,
Rivne (Ukraine)
ORCID ID: https://orcid.org/0000-0002-4340-8503
Researcher ID: AAU-7523-2020
Scopus AuthorID: 57216872875
E-mail: kharchenko.yevh@gmail.com

Харченко Євген
доктор медичних наук, професор,
професор кафедри фізичної реабілітації і ерготерапії,
Рівненська медична академія,
м. Рівне (Україна)

Kurytsia Denys
Ph.D. in Psychology, Senior Lecturer of the Department
of General and Applied Psychology,
Kamianets-Podilskyi National Ivan Ohiienko University,
Kamianets-Podilskyi (Ukraine)
ORCID ID: https: orcid.org/0000-0002-1192-1003
E-mail: deniskouritsa@gmail.com

Address for correspondence, e-mail: kpnu_lab_ps@ukr.net

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Курициа Денис
кандидат психологічних наук,
старший викладач кафедри загальної та практичної психології,
Кам'янець-Подільський національний університет імені Івана Огієнка,
м. Кам'янець-Подільський (Україна)

The author's contribution: Kharchenko Yevhen – 50%, Kurytsia Denys – 50%
Авторський внесок: Харченко Євген – 50%, Куриця Денис – 50%

ABSTRACT

The purpose *of this article is to make a psychoanalytical analysis of post-traumatic stress disorders; to consider a type of PTSD such as military traumatic stress; to describe some certain conditions, which contribute to the formation of military traumatic stress.*

Methods of the research. *The following theoretical methods of the research were used to solve the tasks formulated in the article: a categorical method, structural and functional methods, the methods of the analysis, systematization, modeling and generalization. The experimental method was the method of organizing empirical research. Also, we used the method of Positive Psychotherapy.*

The results of the research. *We proved, that the main symptoms of PTSD syndrome of combatants because of the russian-Ukrainian war included: pathological memories (obsessive return to the war situation); sleep disturbance; inability to remember, such as amnesia for some events (avoidance of everything that reminds of combat events); excessive excitability (inadequate excessive mobilization); hypersensitivity (increased alertness to the new occurrence of extreme factors).*

Conclusions. *We considered a type of PTSD such as military traumatic stress. In our opinion, it occurs in direct participants in hostilities. Certain conditions contribute to the formation of military traumatic stress, for example: a sharp change in the conditions of peaceful civilian life to combat conditions, to which it is necessary to adapt quickly. In such conditions, a person is constantly in danger, he/she is a witness to destruction, fires, deaths (of both acquaintances and strangers); a sharp change from the situation of hostilities to a peaceful life. A combatant has to adapt to this situation anew. The maladaptive processes that occur during this period are distinguished by their duration and are called PTSD. Returning to normal peaceful life as a result of the end of hostilities or as*

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a result of demobilization, a person often remains adapted to the situation of hostilities.

Key words: *post-traumatic stress disorders, military traumatic stress, demobilization, to be in danger, pathological memories, inability to remember, amnesia for some events, excessive excitability, hypersensitivity.*

Introduction

The scientists (Grunebaum, Oquendo, Burke, Ellis, Echavarria, Brodsky, Malone, & Mann, 2003) after analyzing different points of view on mental trauma concluded that the term mental trauma should be understood as the result of the impact on a person of stress factors that were significant for him/her, which were manifested in a decrease in the efficiency of his/her life activities and a change in his/her self-regulation system. These changes can be the result of an intense single stressful event or a stressful situation that has been in effect for a long time (Chan, Ng, & Chan, 2003). At the same time, conscious and unconscious changes in the physiological, emotional, cognitive, and behavioral components of the regulatory system can be the basis of mental trauma (Epstein, Blake, & González, 2017).

Let's describe post-traumatic stress disorders. Modern ideas about ***post-traumatic stress disorder (PTSD)*** were not finalized until the 1980s, but information about the impact of traumatic experiences has been recorded for centuries. Thus, in 1666, in the diary of the English official Samuel Pips, an entry was made six months after he witnessed a great fire in London. The author wrote that it was strange, but to that day he could not sleep a night without the horrors of the fire; and that night he could not sleep until nearly two o'clock, because of thoughts of the fire. Similar experiences were described by Jacob Mendez da Costa in 1871 among soldiers during the American Civil War. He called this condition as "soldier's heart", observing autonomic reactions from the heart (Da Costa, 1871).

Emil Kraepelin used the term Schreck Neurose (so called "fire neurosis") to designate a separate clinical condition that included numerous nervous and physical phenomena that oc-

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curred as a result of various emotional shocks or sudden fright that were developed into anxiety. This condition is observed after serious accidents, especially fires, railway accidents or collisions (Edwards, Lee, & Esposito, 2019).

In 1889 the German neurologist Hermann Oppenheim (Die traumatischen Neurosen, nach den in der Nervenklinik der Charité in den letzten 5 Jahren gesammelten Beobachtungen, 1889) introduced the term "traumatic neurosis" to diagnose mental disorders of combatants, the causes of which he saw in organic disorders of the brain having been caused by both *physical and psychological factors*. Many observations on the development of psychopathological conditions after participation in hostilities were made during the First World War.

After World War the 1st, there is extensive documentation of the neurological and psychological effects of military trauma. Separate descriptions of the consequences of military stress experienced by soldiers have even been published, in which they spoke about the obsessive reproduction of life-threatening situations, as well as increased irritability, exaggerated reactions to loud sounds, difficulties with concentration, etc.

Combat mental trauma (shellshock) was firstly recognized as a special wartime phenomenon during the First World War in Canada, the United States, and most European countries. As many soldiers became paralyzed, deaf and mute without any indication of organic damage, some neurologists and psychiatrists began to consider the possibility that artillery fire itself caused neurotic illness. The term shellshock was observed by the British psychiatrist Charles Myers in 1915 and caused a great controversy from the very beginning. The scientist considered this term as a mental state caused by severe stress. In 1917 the British military medical society (The Army Medical Society) even imposed a ban on its use (Huang, Oquendo, Friedman, Greenhill, Brodsky, Malone, Khait, & Mann, 2003).

However, even before that, during the Russo-Japanese War of 1904-1905, psychiatrists (Kraus, 2015) urged the military

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medical authorities to officially recognize psychiatric patients who ended up in military hospitals as mentally ill (and not simulants or somatic patients). A number of psychiatrists proposed to explain war-related neuroses using the concept of "traumatic neurosis". P.M. Avtokratov, the head of the psychiatric department of Warsaw's Uyazdovsky Military Hospital, was appointed the Red Cross's commissioner for psychiatric issues in the Far East. By the fall of 1904, he had begun to organize a psychiatric hospital in Harbin, several psychiatric reception and sorting stations on the front line, and special evacuation trains to transport the mentally ill for long-term treatment. This is what made one American observer declare that for the first time in the world history specialists took special care of the mentally ill, from the front line to a rear one (Kris, 1952).

At the beginning of the First World War, on July 25 (August 7), 1914, the Ministry of Internal Affairs of the russian Empire sent a circular to the governors with a request to determine the number of available places in homes for the mentally ill and to prepare zemstvo psychiatric hospitals, as well as psychiatric wards of hospitals, to accept new military patients. But in the winter of 1914-1915, the flow of psychiatric patients from the front and rear units could not be accommodated in the existing psychiatric institutions of the russian Empire. The First World War was more psychologically traumatic compared to previous wars. The artillery barrage sounded for weeks, and led to huge losses of manpower, when just one shell could disable dozens of people, a positional war that meant. staying in dirty, damp trenches, waiting for death for many weeks and months, caused exhaustion of the nervous system (Tabachnikov, Mishyiev, Kharchenko, Osukhovskaya, Mykhalchuk, Zdoryk, Komplienko, & Salden, 2021).

Reactions having been caused by participation in hostilities became the subject of extensive research during the Second World War. This phenomenon was called differently by different authors: "military fatigue", "combat exhaustion", "military neurosis" or "post-traumatic neurosis".

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American psychiatrist Abram Cardiner in 1941, in one of the first systematic studies, called this phenomenon ***"chronic military neurosis"***. Based on the ideas of scientists (Peseschkian, 2003), he introduces the concept of "central physioneurosis", which, in his opinion, is at the basis of the violation of a number of personal functions that ensure successful adaptation to the surrounding world. Scientists (Murphy, Hall, & Hall, 2003) believed that military neurosis had both a physiological and a psychological nature. Also, he introduced a comprehensive description of this symptomatology for the first time: 1) excitability and irritability; 2) uncontrollable type of response to sudden stimuli; 3) fixation on the circumstances of the traumatic event; 4) departure from the reality; 5) tendency to uncontrolled aggressive reactions.

World War the 2nd renewed interest in ***military stress reactions***, and the term "wartime neurosis" appeared. In 1952, the American Psychiatric Association included the reactions to severe emotional and physical stress in the DSM 2 classification (Mykhalchuk, Pelekh, Kharchenko, Ivashkevych Ed., Zukow, Ivashkevych Er., & Yatsjuryk, 2023).

In general terms, the symptoms identified by A. Kardiner were preserved in further researches, although the understanding of the nature and mechanisms of the influence of the factors of combat operations on a person had expanded significantly, especially as a result of studying the problems having been associated with the end of the war in Vietnam. In the mid-1970s, American society came face-to-face with the problems caused by the maladaptive behavior of Vietnam veterans. Thus, in approximately 25% of combatants who fought in Vietnam, the experience of participating in hostilities led to the development of adverse personality changes under the influence of psychological trauma. By the early 1990s, according to statistics, about 100,000 Vietnam veterans committed suicide. About 40,000 people led a closed way of life and almost did not communicate with the outside world. A high level of acts of violence, adver-

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sity in the sphere of family relations and social contacts was also noted (Card, 1987).

As we mentioned above, PTSD had been studied mainly according to individuals who had experienced traumatic stress while participating in military operations. At the same time, it was shown that the percentage of PTSD among the wounded and crippled was much higher (up to 42%) than among physically healthy veterans (from 10 to 20%). Additionally, exposure to combat stressors has been shown to predict earlier death, independent of PTSD, with 56% of severe combat survivors dying or chronically ill before the age of 65. The increase in acts of violence committed by these persons, the number of suicides among them, and the problems in the field of family and industrial relations revealed during the research forced the necessary measures to be taken for their rehabilitation. As a part of the state program, a special system of research centers and social assistance centers for Vietnam veterans (Veteran Affairs Research Service) was created. In the future, the research on the study of this topic was continued. The obtained results were presented in a number of monographs, which analyzed theoretical and applied issues related to the problems of the development of a complex of adverse conditions of a stressful nature in military veterans, as well as the experience accumulated at that time in providing them with psychotherapeutic assistance (Card, 1987).

The main results of international research were summarized in the collective two-volume monograph "Trauma and Its Wake" (*Figley,* 1985), where, along with the features of the development of PTSD of military etiology, the results of the study of the effects of stress in victims of genocide, other tragic events or violence against a person are given.

In 1980, the concept of "*post-traumatic stress disorder*" was adopted as a clear and well-founded diagnostic category. In 1988, the data of nationwide re-test studies of various aspects of post-war adaptation of Vietnam War veterans were published.

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These researches made it possible to clarify many issues related to the nature and diagnosis of PTSD (*Figley,* 1985).

In 2016, on its website, the Department of Veterans Affairs of the United States provides data on the presence of PTSD of servicemen who suffered psychological trauma during military operations:

– Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF): 11-20 out of every 100 veterans (or between 11-20%) who served in OIF or OEF have current PTSD;

– Gulf War (Desert Storm): About 12 out of every 100 Gulf War veterans (or 12%) currently have PTSD;

– Vietnam War: About 15 out of every 100 Vietnam War veterans (or 15%) are currently diagnosed with PTSD (PTSD: National Center for PTSD, 2022).

American psychologist Blank A.S. in his studies of veterans of the Vietnam War, assigned a special place among PTSD reactions, sudden repeated experiences of events that took place in combat conditions, and which are accompanied, as it were, by *inclusions from the present (flashback)*. He singled out four types of sudden repetitive experiences:

– vivid dreams and nightmares about combat events;

– vivid dreams, from which a participant in hostilities wakes up, stunned by a sense of the reality of the mentioned military events and possible actions that he carried out under the influence of these memories;

– conscious flashback – it is the experiences in which a serviceman vividly imagines images of combat events. They can have an independent character and be accompanied by the reproduction of various modalities (visual, sound, olfactory, etc.).

At the same time, a serviceman can either briefly lose contact with reality, or lose it completely. In the second case, it may be accompanied by active actions. Subsequently, the veteran can always describe what he imagined and he realizes the difference between what happened to him and reality;

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– an unconscious flashback is a sudden, abstract experience accompanied by certain actions. In this case, the content of the memories has an indirect relation to the military operations, and may not be realized by the serviceman. The structure of the unconscious flashback is similar to dreams, which have an explicit and hidden context (Brodsky, Oquendo, Ellis, Haas, Malone, & Mann, 2001).

The first scientific and practical developments devoted to PTSD and its impact on the soldier's psyche were carried out after the US military operations in Vietnam (so-called "Vietnam syndrome" had been arisen). Scientists (Corbitt, Malone, Haas, & Mann, 1996) have determined that PTSD in combatants occurs as a time-delayed or protracted reaction to a psychotraumatic stressful event or a combat situation of an exclusively threatening nature. At the heart of PTSD is an appropriate psychosomatic reaction to powerful emotional stimuli, a stressful event that affected the combatant.

Among the main psychological factors of PTSD, in most cases, there are such things as: fear of being killed; be injured or captured; impressions from scenes of injury or death of comrades; guilt for the death of fellow citizens; painful sensations at the time of injury and own feelings about their future fate. These psychological factors are usually aggravated by a feeling of excessive physical and mental fatigue (Onufriieva, Chaikovska, Kobets, Pavelkiv, & Melnychuk, 2020).

One of the signs by which you can recognize the presence of post-traumatic stress disorder in a combatant is that this person has experienced a psychologically traumatic event. That is, she experienced such a terrible event, which does not often happen to other people. According to the definition of psychiatrists (Mandell, & Pherwani, 2003), traumatic events are called events that exceed the limits of normal human experience.

The war, in Afghanistan, Yugoslavia, the Persian Gulf, and now in Ukraine, creates a lot of psycho-traumatic experiences, both in the civilian population and in the combatants. The events

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taking place in the east of the country simply do not enter the mind of the average Ukrainian, and have nothing to do with normal human life.

So, based on a historical excursion into the study of PTSD and taking into account modern researches, it can be noted that post-traumatic stress disorder can be defined as a condition that is developed in a case of a person who has experienced emotional or physical stress of sufficient force, which is traumatic for almost any person.

So, **the purpose** of this article is to make a psychoanalytical analysis of post-traumatic stress disorders; to consider a type of PTSD such as *military traumatic stress*; to describe some certain conditions, which contribute to the formation of military traumatic stress.

Methods of the research

The following theoretical methods of the research were used to solve the tasks formulated in the article: a categorical method, structural and functional methods, the methods of the analysis, systematization, modeling and generalization. The experimental method was the method of organizing empirical research. Also, we used the method of Positive Psychotherapy for psychological rehabilitation of combatants with mental disorders.

Results and their discussion

In our psychological researches on stress and stress factors, our persistent attempts are made to limit the claims of this concept somehow, subordinating it to traditional psychological problems and terminology. For this purpose, we'd introduce the concept of ***Psychologically-somatic stress***, which, unlike the physiological highly stereotyped stress reaction to danger, is a reaction having been mediated by threat assessment and protective processes and circumstances. According to the results of our research, the essence of a stressful situation is the high loss of control, that is the lack of an adequate response to the given situation, when the consequences of failure have the aim to be

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respond, to be significant for the individual. Also, we believe, that stress should be called a special type of emetogenic situations, such as we've to use this term in relation to situations that are repeated or are chronic in their nature, and in this case the adaptation disorders may appear quickly. We also define mental stress as a state in which a person finds himself/herself in the real conditions that prevent his/her self-actualization and self-realization.

Therefore, the main direction in the Developmental Psychology is displayed in the structure of the concept of stress. This concept is the denial of the lack of addressability of situations that generate stress. That is why, not some or any influences of the environment causes stress, but only that one, which are evaluated as threatening, fear, which disrupts adaptation, control and prevents self-actualization of the combatant.

Based on these facts, we can tell, that a small and short-term stress can affect a person without significant consequences, while a long and significant one puts the combatants' physiological and psychological functions out of balance, negatively affects the combatants' health, work capacity, work efficiency and relationships with others (in this case it is called distress).

In general, 95 militaries were participated in our research. The place of organizing this stage of the experiment was the Main Military Clinical Hospital (the Center), Kyiv, Ukraine. They were in the age 24-45 years old. At this stage all respondents were included into one experimental group. These militaries were sent for inpatient treatment by the military commissariats of Kyiv to resolve the issue of fitness for military service. All soldiers have been served in the army in the military zone of Ukraine in the south-east of Ukraine (Donetsk, Lugansk and Kherson regions). They all were included by us into experimental group, which was formed by the help of method of randomization. This stage of the experiment was organized in February-May, 2023.

We proved, that the main symptoms of PTSD syndrome of combatants because of the russian-Ukrainian war included:

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pathological memories (obsessive return to the war situation); sleep disturbance; *inability to remember, such as amnesia for some events* (avoidance of everything that reminds of combat events); *excessive excitability* (inadequate excessive mobilization); *hypersensitivity* (increased alertness to the new occurrence of extreme factors).

Post-traumatic stress disorder of combatants occurs in those cases when a person is exposed to a stressor that goes beyond the scope of ordinary human experience (combat of combatants, a serious threat to life or physical integrity, the death of a comrade, injuries or mutilations received of combatants, the killing of others people) and be capable of causing distress to almost everyone. The influence of an extreme stressor leads to the manifestation of PTSD in the form of the following manifestations:

1. **Avoidance** – it is the permanent avoidance of stimuli having been associated with the trauma; occurrence of emotional impoverishment; a feeling of indifference to other people, manifested by at least three of the following disorders:

• a significant decrease in the ability to empathize and emotional closeness with other people;

• the actualization of feelings of alienation from others;

• making an effort to avoid thoughts and feelings related to combat trauma;

• a significant decrease in interest in previously significant types of activity for this person;

• making attempts to avoid any actions or situations capable of stimulating memories of combat trauma;

• loss of the ability to remember important aspects of combat trauma (psychic amnesia);

• the emergence of a feeling of "shortened future" (uncertainty about future career, marriage or life expectancy).

2. **Hyperactivity**, which manifests itself in at least two of the following moments:

• difficulties with concentration of attention, in peacetime and when performing a combat task;

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• the excessive reaction to sudden stimuli;

• an increased level of physiological reactivity to events is manifested;

• difficulty falling asleep or surface sleep is observed;

• increased irritability or outbursts of anger appear;

• excessive vigilance is observed.

If the duration of these, primary, symptoms is at least one month, we can talk about the occurrence of PTSD of combatants.

3. **Intrusion.** A traumatic event by combatants is constantly lost in one of the following ways:

• there are unexpected feelings that traumatic events are replayed, as it were, (aggravation in the memory and experiences of traumatic events, illusions, hallucinations, dissociative episodes), that they occur both in a state of wakefulness and in a state of alcohol or drug intoxication;

• there are periodic obsessive distressing memories of events that traumatized the serviceman;

• intense psychological distress is manifested under the influence of events that symbolize or resemble moments of traumatic events (anniversary of the event, tragic music, certain colors, etc.);

• periodically recurring nightmare dreams, traumatic events for the serviceman appear.

We proved, that one of the manifestations of PTSD reactions were thoughts about suicide, which in some cases ended with their actual implementation. Among other mental phenomena observed in the participants of hostilities, one can note the state of pessimism, mistrust of other people, inability to talk about the war; loss of the meaning of life, lack of confidence in one's abilities, a feeling of unreality of what happened during hostilities; the feeling that a person died in the war; feeling of inability to influence the course of events, inability to be open in communication with other people; anxiety; the need to carry a weapon; negative attitude towards government representatives; the desire to anger someone for being sent to war and for everything

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that happened there; treating women only as objects of sexual pleasure; the need to participate in dangerous "adventures"; an attempt to find an answer to the question of why brothers died, and not the person himself/herself, etc.

Among the behavioral features, conflicts in the family, with relatives, colleagues, outbursts of anger, fights, alcohol and drug abuse are often observed by us. At the same time, a general state of health is often accompanied by weakness, dizziness, reduced work capacity, headaches, pain in the heart, sexual disorders, sleep disorders, phobic reactions, etc., and in a case of disabled people it is supplemented by problems related to injuries having been received and injuries during hostilities.

Also, the symptoms of PTSD, which we observed in patients over these two years of war in Ukraine, include: depression, impulsive behavior, anxiety, alcoholism (drug addiction), somatic problems, impaired sense of time and impaired ego functioning.

Based on the clinical dynamics of the manifestations of post-traumatic stress disorders, we distinguish acute, chronic and delayed PTSD.

Acute PTSD is characterized by fixation on the trauma, reduced reactivity, cognitive and autonomic disorders, mood changes. They arise after the cessation of direct influence on military personnel of combat operations. Acute PTSD can either be gradually reduced or turn into a chronic form.

Delayed PTSD is similar to acute PTSD in their clinical manifestation. The difference between them is only in the time of their occurrence. Delayed disorders are characterized by a certain period of symptom-free course and develop after some time after traumatization, which is sometimes measured in months.

Since the problem of preserving the health and working capacity of persons exposed to the factors of extreme situations is currently quite relevant in our country. Tens and hundreds of thousands of Ukrainians (both from among the civilian population of the occupied territories and military personnel with their families) became victims of psycho-traumatic events in the

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east of our country. Therefore, the need to study psychological changes during and after military operations is based on the generally accepted position about their pronounced psychotraumatization, which is the cause of the possible development of both mental and psychosomatic pathology.

The situation of hostilities leads to pronounced changes in the functional state of the combatants' mental activity, which is characterized by the development of extremely strong negative emotions, such as anxiety, fear, severe mental and physical fatigue. PTSD, becoming chronic, affects almost every aspect of a combatant's life, including professional duties, relationships with relatives, loved ones and colleagues, physical health, self-esteem, etc.

We paid great attention to preventive measures that contribute to increasing the stress resistance of military personnel. We think, that of great importance for the development of preventive measures to overcome the effects of combat mental pathology is the idea that the importance of post-traumatic stress mechanisms and effects greatly contributes to the ability to recognize them in oneself and in others, treating it as a natural process. We proved, that one of the manifestations of combat mental pathology was combat post-traumatic stress disorder, which could occur in combatants after a certain indefinite period of time after the end of hostilities.

Conclusions

We considered a type of PTSD such as ***military traumatic stress***. In our opinion, it occurs in direct participants in hostilities. Certain conditions contribute to the formation of military traumatic stress, for example:

– a sharp change in the conditions of peaceful civilian life to combat conditions, to which it is necessary to quickly adapt. In such conditions, a person is constantly in danger, he/she is a witness to destruction, fires, deaths (of both acquaintances and strangers);

– a sharp change from the situation of hostilities to a peaceful life. A combatant has to adapt to this situation anew. The maladaptive processes that occur during this period are distinguished by their duration and are called PTSD. Returning to normal peaceful life as a result of the end of hostilities or as a result of demobilization, a person often remains adapted to the situation of hostilities.

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Харченко Євген, Курициа Денис. Психоаналітичний аналіз посттравматичних стресових розладів.

Мета статті *– здійснити психоаналітичний аналіз посттравматичних стресових розладів; розглянути такий тип ПТСР, як військово-травматичний стрес; описати умови, які викликають військово-травматичний стрес.*

Методи дослідження. *Для розв'язання поставлених завдань використовувалися такі теоретичні методи дослідження: категоріальний, структурно-функціональний, аналіз, систематизація, моделювання, узагальнення. Метод організації емпіричного дослідження був використаний у якості експериментального методу. Також було використано метод Позитивної Психотерапії.*

Результати дослідження. *Доведено, що до основних симптомів синдрому ПТСР в учасників бойових дій у результаті сучасної війни росії з Україною відносяться: патологічні спогади (нав'язливі повернення до ситуації війни); порушення сну; нездатність пригадати або амнезія*

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відносно деяких подій (уникнення всього того, що нагадує про бойові події); надмірна збудливість (неадекватна надмірна здатність до мобілізації); гіперчутливість (підвищена пильність щодо виникнення екстремальних чинників).

Висновки. *Вважаємо різновидом ПТСР військово-травматичний стрес. На нашу думку, він виникає у безпосередніх учасників бойових дій. Виникненню військово-травматичного стресу сприяють певні умови, а саме: різка зміна умов мирного цивільного життя на бойові умови, до яких необхідно швидко пристосовуватися. В таких умовах людина постійно перебуває у небезпеці, є свідком руйнувань, пожеж, смертей (як знайомих, так і незнайомих людей); різка зміна ситуації бойових дій на мирне життя. До цієї ситуації учаснику бойових дій необхідно адаптуватися знову і знову. Дезадаптаційні процеси, що виникають саме в цей період, вирізняються своєю тривалістю та мають назву власне ПТСР. Повертаючись до звичайного мирного життя внаслідок закінчення бойових дій або внаслідок демобілізації, людина часто залишається адаптованою до ситуації бойових дій.*

Ключові слова: *посттравматичні стресові розлади, військово-травматичний стрес, демобілізація, бути в небезпеці, патологічні спогади, нездатність пригадати, амнезія відносно деяких подій, надмірна збудливість, гіперчутливість.*

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