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Psychic Transformation Amidst Battle: Understanding PTSD and Combat-Related Psychic Trauma

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Abstract

This paper presents a conceptual framework for understanding post-traumatic stress disorder (PTSD) and psychological battle fatigue (BF) as outcomes of mental adaptation to changing environmental conditions. These conditions are primarily linked to the experience of war, military threats, and the broader challenges of the global landscape. It is worth emphasizing that these challenges have, without exaggeration, affected the global population in 2022.

The pressing need for research on PTSD and BF is driven not only by the significant shifts in global military events but also by the absence of fundamental methodological research that aligns with the demands of the 21st century. The author has identified crucial issues that form the basis for further comprehensive scientific and practical investigations. The overarching goal of this research is to develop effective methodologies and establish rehabilitation programs tailored to the specific needs of combatants, internally displaced individuals, and civilians residing in war-affected regions.

Keywords

PTSD, battle fatigue, rehabilitation program, military threats, individual susceptibility, psychological resilience

Introduction

In today's rapidly changing world, characterized by unpredictable military realities, human activities are undergoing significant restructuring. The presence of military threats has disrupted the balance of security, resulting in various socio-economic consequences. Both

civilians and the military are forced to adapt psychologically to these new, unsafe conditions and varying speeds of change. This adaptation is essential to create conditions conducive to task performance, considering the unpredictable nature of the environment and the element of surprise.

War not only changes the "rules of the game" but also profoundly impacts individuals, reshaping their outlook on life, its meaning, and even their sense of self. Contact with the realities of war is often a challenging experience that leaves enduring marks on one's character. Traumatic experiences, common among both military personnel and civilians, often lead to negative psychological consequences, some of which are reversible, while others are not. Prolonged exposure to stress during wartime can result in psychological and psychiatric disorders, with potentially dangerous implications for the well-being of both adults and children (Elvevåg & DeLisi, 2022; Norman et al., 2022).

Despite numerous books on post-traumatic stress disorder (PTSD), it remains crucial to note one significant limitation: the effectiveness of existing rehabilitation methods is not entirely assured, and there are no guarantees of success. Furthermore, comprehensive studies on this topic were primarily conducted in the mid-twentieth century. Undoubtedly, the work of scientists continues today (Peterson et al., 2021; see also Bredemeier et al., 2022; Fredman et al., 2020; Herzog & Kaiser, 2022; McLean et al., 2022; Rauch et al., 2022; Straud et al., 2022). It is worth recognizing that all the knowledge we have about PTSD is a compilation of earlier research, lacking a conceptual framework, heuristic models, innovative methodological approaches, fundamental schematics, and strategies for mitigating the consequences of trauma and disorders. Consequently, in contemporary circumstances characterized by global threats, such as pandemics or hybrid wars, and amid actual military conflicts, there is a critical need to revisit and advance our understanding of addressing the consequences of mental transformation.

Methods

The approach to investigating psychological transformation in combat situations underscores the complexity and significance of addressing issues like post-traumatic stress disorder (PTSD) and mental trauma arising from combat experiences or other stress-inducing scenarios. It is crucial to recognize these as serious mental conditions. The following outlines key facets of the methodology for understanding mental transformation in combat conditions:

- Ensuring thorough preparation and training prior to military operations to minimize the likelihood of traumatic events.
- Cultivating skills for stress resistance and adaptation to challenging circumstances.
- Swift and precise identification of PTSD and combat-related trauma.
- Offering psychological support and counseling for individuals affected by such conditions.
- Employing effective methods like cognitive-behavioral therapy (CBT), emotional-behavioral therapy (EBT), or exposure therapy for treating PTSD.
- Conducting group sessions for veterans to share experiences and provide mutual support.
- Pharmacotherapy: Administering medications in cases of severe PTSD or other mental disorders, as prescribed by a psychiatrist.
- Implementing programs for military personnel focused on restoring both physical and mental health, along with facilitating social adaptation.
- Educational and training programs designed to aid the transition to civilian life.
- Overcoming social stigma, increasing public awareness of PTSD and combat-related trauma, and fostering a supportive environment for veterans and victims. This meth-

odology necessitates an integrated approach, incorporating medical, psychological, social, and rehabilitation assistance.

It is crucial to consider the individual needs and experiences of each survivor, ensuring comprehensive support throughout all stages and aspects of their lives. Continuing the exploration of mental transformation in combat, specific emphasis should be placed on the following considerations:

1. Family Support: Providing assistance and support to the families of veterans and survivors, including access to psychological support and informational resources.
2. Self-Care and Training: Instructing affected individuals in self-care and coping skills for the maintenance of both physical and mental well-being.
3. Facilitating Psychosocial Functionality Restoration: Focusing on the development of social adaptation and interpersonal skills to ensure a successful transition back to civilian life.
4. Results Monitoring and Evaluation: Continuously assessing the mental state and functioning of affected individuals to gauge the effectiveness of treatment and training.
5. Interprofessional Collaboration: Collaborative efforts involving psychologists, psychiatrists, social workers, and other professionals to ensure a comprehensive approach.
6. Preventive Measures: Implementing actions to prevent stress and PTSD among military personnel and individuals exposed to stressful situations.

The methodology for mental transformation in combat represents an evolving process necessitating coordinated endeavors and resources from the government, military services, mental health professionals, specialized organizations, and the public. Ensuring that affected individuals have access to essential support is crucial for restoring their mental health and fostering a positive life post-combat.

The research objective in this context is to further explore and develop effective methods and strategies aimed at enhancing the mental well-being of veterans and survivors of combat. Enhancing our comprehension of the following aspects is crucial:

1. Effectiveness of Therapeutic Approaches: Research endeavors should focus on evaluating the efficacy of diverse psychotherapeutic and pharmacotherapeutic methods for addressing PTSD and combat-related mental health issues. It is essential to ascertain which approaches are most suitable for specific categories of affected individuals.
2. Risk and Protective Factors: Investigating factors contributing to the development of PTSD and combat-related trauma, alongside identifying protective factors, is essential. This understanding aids in the development of more effective prevention and support strategies.
3. Innovative Technologies: Exploring the use of innovative methods, such as virtual reality or telemedicine, to enhance access to psychotherapy and mental health support.
4. Physical and Mental Health Interconnection: Exploring the correlation between the physical and mental well-being of veterans and combat survivors is vital. Designing programs incorporating physical activity can contribute to enhancing mental health.
5. Socio-Cultural Considerations: Recognizing the influence of cultural and social factors on the mental health and experiences of affected individuals is essential. Research should maintain cultural sensitivity and adaptability to different groups.
6. Policy Impact: Research has the potential to shape the development of policies and support programs for veterans and survivors of combat-related challenges.

In essence, the research methodology should be comprehensive and interdisciplinary, involving psychologists, psychiatrists, sociologists, medical professionals, as well as military and civil society stakeholders. Effective assistance for those who have undergone combat stress and trauma necessitates the integration of knowledge and resources.

Results

What is PTSD? PTSD, or post-traumatic stress disorder, is a physiological stress response that occurs in the body following a traumatic incident. When the traumatic incident is entirely new and unfamiliar to the individual, and when its duration and level of danger increase (such as prolonged occupation, continuous shelling, air raid alerts, etc.), the extent of damage to mental health can increase exponentially. Notably, women are more susceptible to developing PTSD after experiencing a traumatic event, with a ratio of 1:2.5 compared to men (Vernor, 2019). Without proper professional rehabilitation, PTSD can lead to irreversible psychological damage, the breakdown of social connections, depletion of coping resources, loss of employment, health deterioration, and even suicide.

During a press conference held at Interfax-Ukraine in September 2022, the authors of a study titled "Psychological State of the Ukrainian Population in the Context of Full-Scale War" presented several significant statistical findings. Specifically, over 90% of surveyed Ukrainians displayed symptoms indicative of PTSD, with 57% of respondents being at risk of developing PTSD (*Phase of War-induced Psychological Mobilization of Ukrainians Continues*, 2022).

According to survey data, 40% of those interviewed reported threats to their own lives or had directly witnessed such threats due to their presence in combat zones or under enemy fire. Additionally, over 41% of respondents had family members or loved ones who were or are currently in combat zones, including 16% who had lost someone close to them. The Ministry of Health's estimates suggest that over 15.7 million Ukrainians will experience psychological challenges in the post-war period, with 3.5 million people requiring therapy and support from medical specialists, including psychiatrists. Approximately 800 thousand Ukrainians will need long-term medication and psychological support. Regrettably, one discouraging conclusion drawn from this data is that there may be insufficient resources to sustain psychological mobilization within society (*Phase of War-induced Psychological Mobilization of Ukrainians Continues*, 2022).

Who can develop PTSD?

The following categories of individuals are at a higher risk of developing post-traumatic syndrome and/or other mental disorders that can significantly impact their personality during their life and activities in conditions involving military operations, direct and indirect military threats, and other traumatic events (NICE, 2018; Department of the Army, 2009):

1. War veterans.
2. Civilians residing in combat zones.
3. Victims of sexual and/or physical violence.
4. Prisoners and survivors of torture.
5. Victims or witnesses of persistent domestic violence.
6. Survivors of bullying.
7. Witnesses of terrorist attacks.
8. Individuals who have experienced natural disasters and industrial accidents.
9. Women who have undergone traumatic childbirth.
10. Participants in traffic accidents.
11. Workers who have suffered on-the-job injuries.

These groups may be particularly susceptible to psychological trauma and may benefit from appropriate support, intervention, and rehabilitation to mitigate the long-term effects of their experiences.

On the Development of PTSD

Previous research underscores the significance of individual vulnerability and resilience as pivotal factors in the development of PTSD (Horn & Feder, 2018). Furthermore, certain individuals exhibit a heightened predisposition to experiencing such traumatic events. Consequently, drawing abstract comparisons with the past, such as the notion that individuals used to return from the frontlines, establish families, and engage in work without difficulties, while nowadays they struggle to find meaning in life, is fundamentally flawed. Similarly, equating veterans transitioning to civilian life with the general civilian population is inappropriate. Recognizing these objective psychological differences is crucial when formulating strategies for reintegrating individuals into society.

It is imperative to acknowledge that each individual is unique, and their sensitivity (susceptibility) to stress factors, and consequently, the extent of resulting consequences, can substantially differ, even among individuals of the same profession. In essence, possessing the knowledge that a specific person, denoted as "X," has experienced combat is insufficient for achieving a comprehensive diagnosis.

The presentation of PTSD often occurs sporadically in the form of "flashbacks," wherein old memories resurface vividly. These flashbacks can be triggered by reminders of the traumatic event and can transpire both during waking hours and while asleep. Irrespective of claims of being in a state of complete alertness, individuals grappling with PTSD typically manifest symptoms such as heightened aggression, irritability, and anxiety. They become preoccupied with concerns about their personal safety.

The syndrome can entail a range of physical manifestations, including sleep disturbances, impaired attention, constipation or diarrhea, indigestion, muscle hypertonicity, limb tremors, headaches, seizures, chest pain, and tachycardia. The indication of PTSD often involves experiencing intense fear upon the mention of the traumatic incident or actively avoiding discussions about it. Many individuals with PTSD are unwilling to broach the subject of their trauma and may even distance themselves from individuals who serve as reminders of the event, including those closest to them. Survivors often grapple with emotional emptiness and a loss of interest in activities that once brought them joy. They may also develop a pervasive mistrust of people in general and nurture a strong belief that the world is a perilous place.

Everyday life problems have a tendency to accumulate, often resembling a growing "snowball" effect. These problems may encompass difficulties at work or in securing employment, complications within intimate relationships, and even contemplation of suicide. As an attempt to evade the harsh reality, individuals may resort to alcohol and drug abuse as a coping mechanism.

In the case of military personnel, they face a notably higher risk of experiencing combat mental trauma, a severe form of PTSD. When the symptoms of destructive stress reach a critical threshold and surpass a serviceman's adaptive capacities (their level of mental stability), combat psychic trauma can occur. This traumatic experience instills intense feelings of fear, terror, helplessness, and hopelessness in the affected individual. The serviceman's body undergoes adaptation to the shifting conditions of the combat environment, but this adaptation is no longer focused on fulfilling the combat mission; instead, it becomes an effort to preserve the serviceman's own psyche. The extent and duration of this immersion into a state of self-preservation can vary widely among individuals.

When delving into the roots and essence of psychological and psychiatric trauma, it is important to note that within the psychoanalytic framework, Sigmund Freud (1921) characterized trauma as an unforeseen and excessive irritation. This irritation is so potent that the psyche's

usual defense mechanisms become ineffectual, rendering the Ego entirely helpless. It results in a breach of the psyche's protective barriers by an external traumatic force, penetrating the individual's psychic structure and causing internal disorganization of psychic functioning.

According to Freud (1921), certain conditions are necessary for an event to become traumatic:

1. The individual assigns a traumatic meaning to the incident.
2. The person does not respond to the event with active actions.
3. The person does not receive social support from others.

From a cognitive perspective, as explained by Ronnie Yanoff-Bulman, individuals develop a foundational set of values throughout their lives that shapes their understanding of the world and their role within it (Janoff-Bulman & Timko, 1987). When exposed to severe stress, this value system begins to disintegrate. Initially, the surrounding world is perceived as mostly benevolent and just, with favorable events, and the person feels capable of controlling their own experiences.

However, a soldier can suddenly find themselves in an extremely hostile environment where death looms at every turn. They come to realize that a large number of individuals, collectively labeled as the "enemy," are actively seeking to harm them. These shattered expectations about the world and one's place in it descend upon a person like an overwhelming avalanche. It becomes evident that controlling one's own motives, emotional state, actions, and external events is far from guaranteed. The collapse of this foundational value system, coupled with the rapid expenditure of physical, psychological, psychiatric, and spiritual resources, and the inability to adapt physically, leads to a breakdown of the warrior's psychological stability—a form of *psychological and psychiatric trauma* (Karayani, 2016).

From an anatomical and physiological perspective, psychotrauma is seen as a focal point of pathological regulation in the central nervous system's adaptive processes. This brain mechanism's primary function is to preserve the individual by leading them to escape from the fear and horror of war through illness, rendering them unable to continue participating in combat. At the neurotic level of the disorder, a serviceman may experience prominently expressed asthenic, depressive, hysterical, and other syndromes, accompanied by a significant reduction in their ability to critically evaluate their circumstances and engage in purposeful activities.

Discussion

Combat psychotrauma can manifest in various symptoms, including (Department of the Army, 2009):

- Senseless activity of the warrior (so-called "running in circles").
- Flinching or shrieking in response to a memory or sudden movement.
- Tremors, chills, partial or complete paralysis.
- Blindness, deafness, or amnesia.
- Visual and auditory hallucinations.
- Insensitivity to danger.
- Physical exhaustion, tearfulness, or stupor.
- Panic and fleeing when under fire.
- Isolation from coworkers.
- Speech impairment, like stuttering, slurring, or speaking rapidly.
- Conflict and aggressiveness.

These symptoms can evolve into chronic syndromes and become more complex, taking on the forms of neurasthenic, hysterical, depressive, or obsessive neuroses. In such states, a serviceman may lose their ability to orient themselves in their surroundings and manage their activities.

For instance, the pathological displacement of internal conflict onto somatic grounds can result in hysterical neurosis. This condition may lead to hysterical seizures characterized by convulsive psychoreflexes, which can include sudden crying or laughter, sighs, "barking" coughs, respiratory convulsions, hiccups, and convulsive limb movements, along with a clouded consciousness.

It is important to note that the mentioned symptoms are just a subset of potential consequences, even when discussing a single condition like hysterical neurosis. Other effects may include skin and mucous membrane anesthesia, sensory disorders often appearing on the same side of the body as the anesthesia, "tunnel vision" (concentric narrowing of the field of vision), object bifurcation, "hysterical blindness," and "hysterical deafness."

Motor disorders can manifest as cataleptic seizures, where individuals may fall into sleep-like states, experience lethargy, or enter hypnoid states, often freezing in specific positions. Military personnel may tend to maintain and exacerbate their illness. Different degrees of pretense can manifest as self-mutilation, simulation (feigning symptoms of somatic and mental illness), aggravation (exaggerating symptoms), and dissimulation (concealing the illness).

As combat participants delve deeper into their illness, the likelihood of reactive and protracted psychosis increases. This can lead to acute affective-shock reactions characterized by prolonged agitation or lethargy, sometimes rendering the individual completely immobile. Symptoms may include anxiety, fear, depression, severe cognitive impairment, visual and auditory hallucinations, delusions, and other disturbances that not only incapacitate the combat participant temporarily or long-term but also impair their ability to accurately perceive reality.

It is worth noting that while there's a general pattern where the severity of psychopathological disorders corresponds to the proportion of affected warfighters (with fewer individuals experiencing more severe disorders), understanding and addressing the situation of those affected is crucial. Additionally, although several treatment protocols for PTSD exist, none are comprehensive and universally effective. Therefore, treatment and rehabilitation should be tailored to each individual, considering specific protocols and life circumstances.

Currently, psychotherapists, psychiatrists, and social workers qualified to work with traumatized individuals provide treatment and rehabilitation. Psychotherapy and medication are primary avenues of recovery (Voloshin et al., 2014). Psychotherapy aims to address the root causes, archive the trauma, and disarm its impact. Approved medication therapy protocols often include antidepressants, which have an effectiveness rate of approximately 60% when used without psychotherapy (Reisman, 2016). Less than one-third of patients experience full recovery. Cannabis and its derivatives are also commonly used worldwide to treat PTSD, but their effectiveness remains insufficient.

Raising awareness should be a community effort, especially for the loved ones who support individuals with PTSD. They need to understand the underlying issues, the causes, and how to prevent or respond to seizures and flashbacks. Public awareness campaigns about these problems are essential but unfortunately often neglected. Stigmatization, hate speech, and exclusion from society should not be tolerated. Failing to address these issues in civilian life can push combat veterans towards criminality. A neglectful attitude, coupled with the inability of the state and society to provide alternatives, can lead to individuals with unresolved issues turning to a life of crime.

Conclusions and Prospects for Further Research

When researching the phenomenon of PTSD, it is crucial to address various questions that serve as a foundation for comprehensive scientific and practical research. The ultimate goal is to develop effective methodologies and rehabilitation programs for combatants, internally displaced persons, and civilians in war zones. Here are some key questions to consider:

1. Explore the historical development of the phenomenon, including its actualization and resolution in the 20th century.
2. Examine whether the existing terminology from previous studies can be unified or if these should be considered as distinct phenomena.
3. Assess how modern methods of warfare may have altered previously researched phenomena.
4. Investigate whether the disease in question can be viewed as a mental defense mechanism and to what extent.
5. Define and analyze the concept of psychotolerance.
6. Explore the influence of the educational system on psychotolerance.
7. Investigate whether the age of military personnel is related to the parameter of psychotolerance.
8. Determine what factors make individuals initially susceptible to trauma, including the range and extent of injury.
9. Examine the role of concepts such as truth and justice in psychosocial resilience.
10. Analyze the impact of faith, philosophy, and personal beliefs on psychosilience.
11. Explore the significance of concepts like fortune and luck for warriors.
12. Assess the role of the "death cult" in warrior training.
13. Define and study the concept of "self-sacrifice."
14. Investigate how being on the front line, direct combat contact, encirclement, separation from main forces, or captivity affect the psyche.
15. Analyze the benefits and harms of stress and distress in the context of military operations.
16. Explore the mechanism of stupor as it relates to the phenomenon.
17. Consider alternative professions for warriors in the context of socialization.
18. Assess whether personal growth can be a psychotherapeutic method of healing.
19. Determine if the reorganization of a warrior's personality takes priority over medication.
20. Explore whether there are differences in syndrome acquisition based on the branch of military service.
21. Investigate the reasons behind the "heroization of war" and its comparability to the phenomenon under study.
22. Examine how the degree of damage can be regulated and what core values a warrior should have.
23. Define the characteristics of an effective psychological rehabilitation center.
24. Explore the importance of individualized rehabilitation techniques and programs.
25. Assess the role of individuals affected by the phenomenon in post-war processes.
26. Investigate the role of adaptive sports in rehabilitation.
27. Analyze the phenomenon of individuals turning to crime as an alternative to war and how to address this issue.
28. Define the procedures for interaction with charitable foundations, sports organizations, and state institutions in the context of rehabilitation.

Military confrontations create extreme emergency situations that result in psychological and psychiatric disorders affecting various categories of individuals, including military personnel, civilians in war zones, and internally displaced persons. These disorders encompass a wide range of pathological conditions, with PTSD being a prominent manifestation.

Providing assistance to individuals with psychological and psychiatric disorders in such contexts should involve a systematic approach, including the following steps:

1. Safe and timely evacuation of affected individuals from the emergency zone to a secure environment.
2. Utilizing both medication-based and non-medication-based therapeutic approaches.
3. Offering counseling and support.

4. Implementing specialized psychotherapeutic and psychosomatic techniques and methodologies.
5. Medical and social rehabilitation.
6. Preventive medical care to minimize the risk of further deterioration of mental health.

Effective assistance to victims requires close coordination among various professionals, including general practitioners, psychosamologists, psychotherapists, clinical psychologists, and social workers from relevant ministries and organizations, such as power ministries, ministries of emergency situations, and healthcare institutions. Additionally, the involvement of volunteer and public organizations can play a crucial role in providing support and resources for those affected by these emergencies.

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