

PSYCHOLOGICAL MECHANISMS OF STRESS DISORDERS DEVELOPMENT IN THE CONDITIONS OF MILITARY CONFLICT

ПСИХОЛОГІЧНІ МЕХАНІЗМИ РОЗВИТКУ СТРЕСОВИХ РОЗЛАДІВ ОСОБИСТОСТІ В УМОВАХ ВОЄННОГО КОНФЛІКТУ

The article is devoted to the research of definition of the concept of personality stress disorder and finding out the psychological mechanisms of stress disorders development in the conditions of military conflict. Stress disorder, as a negative psychological consequence of traumatic stress, occurs immediately after a traumatic event or after some time, depending on the psychological characteristics of each person. The content of the concepts of "stress disorder" and "psychological disorder" is distinguished; the concept of "stress disorder" is broader than "psychological disorder" because the former covers the entire spectrum of psychological disorders. Stress disorder is a neurotic state of the human psyche that occurs as a result of distress (chronic neuropsychological stress) and has signs of impaired daily functioning (disturbed sleep biorhythms, appetite disorders, impaired memory, attention, fatigue, etc.) Stress disorders include generalized anxiety disorder, dysthymia, adjustment disorders, acute stress and panic disorders, PTSD, and neuroses.

The development of stress disorders is closely related to the dissociative mechanism of psychological defense. It has been proven that the intensity of such psychological defense increases in direct proportion to the degree of stress disorder. When faced with distress, the human psyche tries to conserve energy for survival, so it turns on psychological defenses that are not adaptive in the social dimension. That is, a person, due to his or her psychological state, is unable to maintain his or her well-being, as he or she spends the rest of his or her resources on psychological defense. The dynamics and likelihood of stress disorder are associated with many stressors (emotional, physical, motivational, etc.), but the latter must meet the criteria of extremity, i.e. be sudden, powerful, or threatening to a person's life or well-being.

Key words: stress disorder, psychological disorder, extreme stress, defense mechanism of the psyche, dissociation, traumatic event.

Стаття присвячена дослідженню особливостей розвитку стресових розладів особистості. Досліджено психологічні механізми розвитку стресових розладів особистості

в умовах воєнного конфлікту. Визначено, що стресовий розлад, як негативний психологічний наслідок травматичного стресу, виникає одразу після травматичної події або через деякий час в залежності від психологічних особливостей кожної людини. Розмежовано зміст понять «стресовий розлад» та «психологічний розлад»; поняття «стресовий розлад» ширше за «психологічний», оскільки перший охоплює увесь спектр психологічних розладів.

Стресовий розлад – це невротичний стан психіки людини, який виникає в результаті дистресу (хронічного нервово-психічного напруження) та має ознаки порушення повсякденного функціонування (порушення біоритмів сну, порушення апетиту, погіршення пам'яті, уваги, швидка втомлюваність тощо). До стресових розладів можна віднести генералізований тривожний розлад, дистимію, розлади адаптації, гострий стресовий та панічний розлади, ПТСР, а також неврози.

Розвиток стресових розладів тісно пов'язаний з дисоціативним механізмом психологічного захисту. Доведено, що інтенсивність такого психологічного захисту в умовах воєнного конфлікту зростає прямопропорційно ступеню стресового розладу.

Психіка людини, стикаючись з дистресом, намагається зберегти енергію для виживання, тому вмикає психологічний захист, який не є адаптивним у соціальному вимірі. Тобто людина у силу свого психологічного стану не має змоги підтримувати своє благополуччя, оскільки витрачає решту своїх ресурсів на психологічний захист. Динаміку та вірогідність виникнення стресового розладу пов'язують із багатьма стрес-чинниками (емоційним, фізичним, мотиваційним тощо), проте останні мають відповідати критеріям екстремальності, тобто бути раптовими, потужними або такими, що несуть загрозу життю людини або її благополуччю.

Ключові слова: стресовий розлад, психологічний розлад, екстремальний стрес, захисний механізм психіки, дисоціація, травматична подія.

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Introduction. A source of extreme stress for a person can be situations that cause deep emotional reactions: interpersonal conflicts, loss of relatives or friends, various kinds of disasters, especially conditions of war conflicts, violence, chronic illnesses, forced movement, etc. However the same situations can cause different psychological states in people, depending on their age, whether they have the positive experience of dealing with frustrations and stressful situations, support of family members during emotional trials, stress resistance and so on.

Unlike the psychological tension that a person may face every day, stress that can

lead to disorders, is characterized as extreme or traumatic. The degree of traumatic stress is determined by its strength, duration, suddenness of occurrence, novelty of extreme factors, uncertainty of the future, and the presence of frustration of basic human needs [9].

Extreme stress can be short-term (a single, unexpected life-threatening event that exceeds the psychological capacities for adaptation) and repetitive (a situation of the psychological tension that repeats for a certain period of time. The latter is classified as stress [4].

Under the influence of stressors that cause long-term stress, its beginning is blurred, with a

limited number of noticeable signs of adaptive processes. Short-term stress causes a rapid consumption of superficially adaptive resources along with the beginning of the mobilization of deep resources. If the superficially ones are not enough to maintain homeostasis (balance) in extreme conditions, and the dynamics of activating deep reserves is not enough to restore a normal psychological state, the human body quickly comes to final exhaustion.

Adaptation, i.e. overcoming stress, is possible if the human body has time to adequately respond to the stressor in parallel with the process of restoring the psychological energy.

However, staying in the situation “mobilization/exhaustion” for a long time can lead to a disorder. The symptoms of continuous stress resemble the first signs of an acute stress reaction [11]:

- irritability;
- loss of interest in life;
- difficulty in daily functioning;
- constant expectation of failure/danger;
- difficulty of making decisions;
- chronic background anxiety/fear;
- loss of interest in people, work, appearance;
- a constant feeling of anger that is difficult to control;
- loss of sense of humor and ability to laugh;
- decreased concentration of attention;
- feeling that no one can be trusted (resulting in increased control).

Stress can become traumatic as a result of such extreme factors as: continuous physical pain; sharp and loud sounds (explosions, shots); vibration during shelling; inability to provide proper sanitary conditions; unbearable smell; extremely high or low temperature; continuous hunger and thirst; danger to life; grief as a result of the loss of a loved one; survivor guilt syndrome; seeing the pictures of death and violence; high responsibility for the decision; inability to change the conditions of one’s existence; deprivation of needs; destruction of value and meaningful reference points; lack of contact with relatives and friends; unusual environment; lack or contradiction of information.

Research core material. Analyzing the problem of psychological mechanisms of stress disorders development in the conditions of military conflict, it was found out that the cause of stress disorders can be traumatic stress or incomplete gestalt associated with psychotrauma.

The mechanism of stress disorder development is:

- the initial experience of a event, followed by the formation of a fear of repetition;
- a sense of helplessness in preventing the trauma;
- lack of clarity and irregularity of memories of repeated trauma due to dissociation as a psychological defense against unbearable experiences;

– possible changes of the “self-concept” and image of the world, accompanied by the feelings of guilt, shame and lowered self-esteem;

– the occurrence of long-term social problems (detachment from others, emotional lability disorders);

– dissociation, isolation, alcohol and drug abuse as a form of escape from traumatic experiences;

– development of stress disorder [7].

The development of a stress disorder is largely determined by the nature of the stressor. The psychosocial characteristics of the stressor, its qualitative and quantitative indicators indicate the level of the stressor’s effect on the human body, its “validity” in relation to the person cannot be ignored when analyzing the mechanisms of the disorder development. The nature of the stressor usually determines its classification: emotional, physical, motivational, operational, intellectual, combat, acoustic, etc [1; 9]. However, the presence of a stressor does not necessarily lead to the development of a stress disorder: many people have a stable psychological “immunity” to some stressors.

S. Lazurenko [2] having studied the human time perception, researched that the degree of development of the “sense of time” can serve as an indicator of a holistic adapted psyche. People who are well adapted have a high level of time perception development, in particular, their behavioral reactions are predictable. They are better at assessing people who react immediately. The underestimating of time perception is significantly impaired in a state of maladjustment. Thus, the underestimating of time was found in individuals with low anxiety levels, and vice versa – anxious individuals overestimated time intervals. Respondents with an average level of anxiety showed the highest accuracy of time perception.

Based on the accuracy of time perception, one can hypothesize the presence/absence of a stress disorder in a person. Since traumatic stress disrupts the cognitive processes, it is obvious that the perception of time will be irrational.

According to some scientific reasearches, the development of stress disorders is closely related to the dissociative mechanism of psychological protection [4; 10]. It has been proven that the intensity of dissociation increases in direct proportion to the degree of stress disorder [2]. A number of studies shows that a traumatic event is the cause of both stress disorder and dissociation [5; 8].

Dissociation is a specific psychological defense that consists in a functional disruption of the integration of psychological processes that functioned in the unity before the traumatic event and autonomously afterwards [3].

In particular, this refers to the gap between bodily sensations and mental processes,

between different sensations, between thinking and emotions, between consciousness and information contained in memory.

Dissociation-like effects occur as a result of exposure to too much stress. Summarizing the understanding of the physiological causes of stress disorder, some researches note that an extreme situation leads to: the production of hormones responsible for the active action readiness and pain relief; suppression of the production of neurotransmitters responsible for the mental activity or a sense of psychological well-being [1].

As a result, a person is ready for simple behavioral reactions to a traumatic situation, while mental activity is absent [1]. Thus, on the physiological level the conditions, that lead to a gap between instinctive and psychological regulation, are developed. One of the first explanations of the physiology of stress disorders was given by I. Pavlov, who concluded that severe shocks lead to inhibition of cortical areas responsible for acquired reflexes, and as a result, conditioned reflexes are forgotten [2].

In addition, excessive stress reduces control over emotions (impulsivity) and causes disturbances in sleep rhythms [1].

According to M. Horowitz theory, the development of stress disorders is associated with a violation of the comprehension of a traumatic event, the impossibility of normal information exchange, which is the main sign of dissociation and numbness [7].

M. Horowitz proved that for the normal functioning, a person needs to process information (thoughts, emotions, sensations) and supplement existing cognitive schemes with new knowledge [7]. In the case of a traumatic event, information is initially stored unprocessed in an unconscious form, and when it is realized, psychological defenses are applied to knowledge of the event (due to the shocking content). As a result, the information is not processed, which leads to information overload – stress, which subsequently leads to stress disorder [7].

Taking into account the mentioned above, the theoretical ideas about the cause of stress disorders are in that fact that they are caused by a violation of the process of processing information about a traumatic event and integrating it into the structure of the individuals self-consciousness. Such causes of stress disorders correspond to the dissociative mechanism of the psychological defense.

Thus, the mechanism of stress disorder development is based on a specific psychological defense, which is called “dissociation” [6].

Let us consider the above-mentioned mechanism more detailed. Symptoms of dissociation that are in an individual during or

after a traumatic event indicate the difficulties in integrating at least some aspects of the traumatic experience.

The presence of dissociative as well as other symptoms, such as marked changes in consciousness, correlates with the subsequent development of stress disorders [8].

The psychological trauma is associated with the experience of disruptive emotions such as panic and emotional chaos during and after an emergency event. An increase of physiological reactivity after a traumatic event can, for example, occur as an increase in heart rate and an exaggerated startle response, which is considered to be harbingers of stress disorder. Having experienced the destructive emotions, the complex actions that require reflection and a detailed action plan are abandoned in favor of a reactive response [11].

The meaning that an individual gives to the event (e.g. he/she considers the event to be the divine will, punishment; considers oneself guilty of what happened) significantly affects the development of stress disorder. Perceiving an event as life-threatening is associated with the mental disorders [3; 9]. The way people react to the event depends to some extent on the degree of their readiness for the event. Therefore, an event can be called a psychotrauma only on the basis of knowledge about the impact on the individual that the experience of this event had. Accordingly, it is possible to do this only some time after the event.

The explanation of the mechanism of stress disorder development can be found in experimental studies of prolonged stress in people who are exposed to extreme stressors on a daily basis [9]. Initially, the research was conducted to determine the limits of human tolerance to certain extreme conditions. Then the subject of research became stress disorders and human performance in extreme conditions, the problem of managing psychological processes to adapt to such conditions. The laboratory studies on human activity under prolonged stress make it possible to reveal some physiological mechanisms of human functioning in the extreme conditions.

At the beginning of the stressors action, the performance of simple and complex daily activities improves, but in 12–13 days of staying in such conditions, fatigue and drowsiness begin, and in 30 days they become more pronounced and can become chronic with the subsequent onset of a stress disorder. The latter is the most often occurred in a disorder of sleep-wake rhythm, which leads to errors in everyday activities (distraction, memory impairment) [2].

Activities that require the independent volitional efforts can deteriorate under the prolonged stress without improvement while waiting for the end of the influence of the stressor.

In other words, a person experiences a decrease in the ability to independently resolve a situation of distress during prolonged stressful monotony (such as being in a long-term stressful situation), a phenomenon also called “learned helplessness syndrome”.

According to other authors [1; 3; 5], stress disorder develops as a result of poor psychological hygiene after the traumatic stress. The disorder can be seen in the following symptoms: a state of fear; panic; disturbance of the body tone, which manifests itself in sleep disorders, overwork, emotional disturbances, and decreased mental performance.

At the psychological level, tone is perceived as the presence or absence of energy, a rich or poor resource of strength, the ability to move towards a goal, to actively respond to difficulties and overcome them. A particular body tone and energy resources can also determine many other parameters of the psychological state. In turn, the tone depends on the current level of human health, biological rhythms, the duration of the stressor, and certain environmental conditions [7].

Stressful states of any depth absorb energy and increase fatigue, causing a persistent feeling of tiredness. Fatigue is a decrease in activity – a natural end of long-term activity. Accordingly, a person loses endurance, the ability to experience joy and pleasure in life. The muscle fatigue after physical activity almost always leads to relaxation, reduced tension, and a positive emotional background. The normal fatigue should be distinguished from overfatigue, which is characterized by a persistent feeling of fatigue and reduced performance at the beginning of activity.

Thus, a long-term state of physical and emotional stress leads to overwork, which can eventually turn into a stress disorder [9]. Accordingly, the symptoms of overwork can be used to determine whether a person has a stress disorder: overwork does not relieve fatigue in the same time as fatigue (night sleep is not enough to restore strength, in the morning you feel weak, broken); sleep deterioration (long falling asleep, waking up early, sleep does not give a feeling of freshness in the morning, drowsiness persists); low, anxious mood, irritability, feeling of dissatisfaction with the life situation; the desire to work disappears, indifference to hobbies appears; difficulty concentrating; headache.

The emotionally charged (negative/positive) life situations require the increased energy expenditure: various kinds of psychological trauma, sudden changes in life, experiencing grief or joy after a long separation from loved ones, etc [11].

Sleep, its depth, duration, and dream content reflect overall psychological health (presence/

absence of stress disorder). Deterioration of mood, increased tension, and aggravation of internal conflicts lead to sleep disorders. Insomnia is often observed in people who are concerned about real or imagined problems. Some feelings and thoughts are relatively successfully pushed out of consciousness, but they remain a reality of the inner world, live in the subconscious and affect life, and disturb. Therefore, insomnia is closely related to anxiety [6].

So, non-compliance with psychohygiene in the post-traumatic period can cause the development of stress disorder, but there are currently measures to prevent this condition and it can be controlled.

From the point of view of the existential doctrine of V. Frankl, stress disorder occurs against the background of loss of the meaning of life after experiencing psychotrauma [9]. That is, a person emotionally experiencing a traumatic event in his or her life is exhausted and feels an “existential vacuum” because the trauma has violated the basic sense of security and, accordingly, has triggered anxiety about the lack of meaning in existence.

Conclusions. Stress disorder of personality is a negative psychological state that appears after the traumatic stress, that occurs immediately after a traumatic event. Stress disorder occurs because a person does not have sufficient social skills, namely: stress tolerance, the ability to ask for help, refuse, conflict, and also has no authenticity, social identity. Accordingly, all this results in a fragile personality, and all extraordinary events in life are perceived distortedly and with horror and panic. The person with developed social skills adapts more easily and quickly to a new environment, and also faces difficulties easier, because he or she is confident as he or she knows how to act in the most situations, especially emergencies.

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