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The Model of Socio-Psychological Rehabilitation of Victims as a Result of Terrorist Acts

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Abstract: For many millennia, mankind, along with the development of culture, science, public consciousness, perfected the forms, means and methods of armed resolution of various conflicts. On the threshold of the 21st century, the problem of using military force in dealing with various controversial issues does not at all give grounds for hoping that the nightmares and horrors of war will remain only in the history of mankind. Terrorism as a means of achieving political and economic goals is not only not a thing of the past but it is blossoming in some regions of the world including in the territory of the long-suffering CIS. And while there is a threat of armed violence, there will be a need to counter this threat also with the use of armed force. Those who have passed the test of war are given the opportunity to discover and know themselves in conditions when one is facing the most important earthly value a person's life, when its value eclipses everything else in the world. In many ways, this is why it is difficult for these people to return to "normal" human life. To life, where money, material goods, cottages, cars and other things are important to human life itself. Modern society declares the main value of human life and freedom, generating immediately the rapists and murderers, ready for a pittance to take away from others this very life.

INTRODUCTION

Specialists started talking about the impact of participation in combat operations on the soldier's psyche after the US military actions in Vietnam the so-called "Vietnamese syndrome" arose. According to the medical examination of veterans of the war in Vietnam, in 1988, 30.6% of Americans had post-traumatic stress disorder, 22.5% partial. The 55.8% of people with post-traumatic syndrome had borderline neuropsychic disorders, they were 5 times more likely to be unemployed than others, 70% had divorces, 47.3% had isolation from people, expression hostility 40%, got into jail or were arrested 50%[1]. The problem of post-traumatic stress disorders has become increasingly urgent in recent years. This is due to the fact that throughout the world and in Russia there are many hotbeds of tension accompanied by active fighting. An increasing number of servicemen are involved in resolving these conflicts, participating in battles.

Many authors described different states of military psychotrauma among participants in various wars such terms as "Korean syndrome", "Vietnamese syndrome", "Afghan syndrome" appeared. Some authors began to use

the term "Chechen syndrome". In modern armed conflicts, the sanitary losses of the psychiatric profile are 1-3%, in the Great Patriotic War 10-12%. At first glance, this makes it easier for military psychiatrists. However, given the apparent predominance of acute psychological stress reactions in local wars among mental disorders (at least 50% of the personnel involved in active hostilities), the number of servicemen in need of psychiatric, incl. and medico-psychological, aid is sharply increased.

Currently, the study of the patterns of their formation, dynamics and outcomes, peculiarities of pathoplastic design and the search for scientifically substantiated solutions occupy a central place in the teaching about mental disorders, disorders caused by combat situation factors and arising both at pre-hospital and hospital stages. on the organization of psychiatric care in the conditions of modern local war.

The situation of military operations leads to pronounced changes in the functional state of mental activity, characterized by the development of extremely strong negative emotions such as fear, anxiety, severe mental and physical overwork. Developing in military personnel in combat conditions, mental disorders define the collective term posttraumatic stress disorder (PTSD).

The 98% of servicemen who took part in the fighting in the territory of Chechnya suffer from post-traumatic syndrome, approximately 30-35% of soldiers acquire alcohol and drug addiction in Chechnya.

Post-traumatic stress disorders in people who took part in hostilities lead to a feeling of short-term future life for a person and a narrow range of interests. This greatly complicates his social adaptation in a peaceful life. It is characteristic that the holidays on which the fighting friends are going to gather only reinforce the post-traumatic syndrome.

So, local military conflicts, now and then flashing in different parts of the globe, leave their imprint on the psychology of fighters returning from hot spots. A quick transition to peaceful reality often does not allow participants in military events to respond adequately to particular circumstances from the perspective of the surrounding majority. Doctors and psychologists have already identified a set of different symptoms of this process, like the Vietnamese, the Afghan and now the Chechen syndrome. So what happens to all these people? The search for an answer to this question is the main goal.

All human history can be divided into two parts war and peace. These are two polar states in which any society is in its development and relationship with the external environment. Despite all the hopes of the best minds, the hopes and forecasts of humanists, that with the progress of civilization, the extreme conflict, destructive forms of relationships in human society, including wars, will gradually come to naught, were not justified. Moreover, in recent centuries, the tendency has not only increased the number of wars but also a multiple increase in the scope of the territories and the people they cover, the number of countries and peoples involved in them, the degree of frenziedness, the number of victims and the magnitude of the damage. The 20th century in fact became the apogee of human militancy and the evolution of war as a special socio-political phenomenon[2].

As regards the tendencies of war and peace, Russia has developed in line with universal laws. Throughout its history, it survived many wars and the twentieth century did not become an exception in this sense. On the contrary, the most difficult and bloody were the fights of exactly the newest time two world wars (1914-1918 and 1939-1945), both of which were called contemporaries Great and Domestic, although, later, due to historical circumstances, the First World lost these patriotic names. But the "pre-war" and especially the "interwar" (until 1941) periods that fell to our country were saturated with a huge number of large and small armed conflicts.

The condition of the "cocked cock" characteristic for those years inevitably affected all spheres of social life but it was most strongly reflected in the people's consciousness, leaving an imprint on the fate of several generations. Internal readiness for war, the expectation of a new war as an imminent and inevitable were brought up in the younger generations born in the interwar period. And the army's participation in a number of local conflicts fueled this general mood even more. So, the psychology of the whole society gradually turned into the psychology of the combatant both real and potential. The Great Patriotic War of 1941-1945 which really became a nationwide one, let millions of people through its armies and fronts, bring this process to its logical conclusion, transferring the psychological type of personality formed in an extreme front situation to civil society and for many years turning its in the dominant. This was facilitated by the situation of the "cold war" that was being pumped up in the post-war world.

And although, the country as a whole gradually switched to "peaceful tracks", for the Soviet Army, the period after the end of World War II was not so "peaceful". Its separate units and units, not to mention military advisors and specialists, took part in the war in Korea in 1950-1953, in a number of local wars and military conflicts in the countries of Asia, the Middle East and Africa in the events in Hungary in 1956 y and Czechoslovakia in 1968, border conflicts in the Far East and Kazakhstan in 1969. Finally, on December 25, 1979, the Government of the USSR decided to send troops to Afghanistan: we got involved in a protracted nine-year war in a foreign territory. This sad page of history ended in February 1989 with the complete withdrawal of the "limited contingent" into the Union.

At the end of perestroika and especially after the collapse of the Soviet Union, dozens of armed conflicts broke out in the territory of the former union republics, conflicts involving various formations and structures of the once united army of a single state. The war in all its manifestations has become the way of life of hundreds of thousands of people, formerly called the Soviet people, many "hot spots" are still blazing or smoldering in the post-Soviet space. We again entered the war (and in the most terrible-civil) and no one knows how to get out of it. Because the war that has become a habit, entered into the flesh and blood of generations, continues to exist in psychology, in consciousness, in the soul and after it is formally completed.

Throughout the 20th century, a gradual militarization of public consciousness took place in Russia, when in the course of large and small armed conflicts, the characteristic features of the combatant's psychology penetrated into the civil milieu. This process was lengthy and multifaceted, bearing both negative and some positive features that can`t be considered and can't be understood in isolation from the historical context of the era. But in order to find out how, under the influence of what factors the foundations of this process were laid, it is necessary to turn directly to the war, in the conditions of which this socio-psychological and moral phenomenon arises - the combatant, the "man fighting".

Shocked by our country in recent years, disasters, natural disasters, inter-ethnic and inter-regional conflicts, increased violence etc. have clearly shown how important it is to help people victims of military operations and interethnic conflicts, as well as to combatants.

In the modern life of many countries including Russia, servicemen, especially those taking part in local conflicts within their countries and in military operations abroad, occupy a special place in the group of people at increased risk of developing psychogenic disorders. Post-traumatic stress disorders were first described in the US after the Vietnam War. At all times, military service was accompanied by a complex of very specific psycho-trauma effects. The army life with its various costs, the narrowing of the "degree of freedom" because of the need to "live by order", the alarming tension and fear of death during the war, often the ambiguity of personal perspectives and a number of many largely inevitable psycho-trauma factors quite naturally affect the state any serviceman. In contrast, over the centuries, a set of social emotionally positive factors for the soldier, actively supported by society. The warrior is the defender of the hearth, family, homeland. His weapons are intended for the liberation mission, protection of life, justice, freedom. Awareness of the high purpose of military service, its heroization allowed the soldiers to overcome many difficulties. At the same time, the attitude of society towards their defenders made them feel proud for their chosen way of life and confidence in their social significance. With all the so-called "unpopular" wars in the world as evidenced by scientific evidence, in the armies of various countries the number of mental disorders has increased. It should be noted that in the literature, psychogenic wartime disorders are treated separately: the participants in military operations and the population.

From the above positions, the situation that has developed in recent years in the Russian Army has given rise to a large number of mental disorders among many servicemen. During local wars, they are complemented by personal and at the same time, socially-public "arguments" about the goals and methods of war and its consequences which are of paramount importance to the modern belligerent officer and soldier. Military doctors are increasingly using such unconventional but reflecting clinical reality, terminology as "combat fatigue", psychological stress reactions, affective disorders. And also "Vietnamese", "Afghan", "Chechen" syndromes and others. The 15-20% of servicemen who took part in the war in Afghanistan, in military operations in Karabakh, Abkhazia, Tajikistan, Chechnya, according to the chief psychiatrist of the Ministry of Defense of the Russian Federation V.V. Nechiporenko (1995), there are "chronic post-traumatic states" caused by stress. Up to 12% of combatants would like to devote their lives to any warring army. These people have developed their perverted views on the prohibition of murder, robbery, violence. They replenish not only the ranks of soldiers in different countries of the world but also criminal structures. This applies to the greatest extent to the participants in local wars, primarily in Afghanistan and Chechnya. Specialists call these wars "epidemic of immorality" (MM Reshetnikov), leading to the devaluation of the idea of the army's liberation mission, to the criminalization and psycho-pathization of many servicemen.

An analysis of the behavior of soldiers and officers, including in Afghanistan and Chechnya, makes it possible to draw attention to the fact that "along with real heroism, mutual assistance, combat brotherhood and other relative positive attributes of war, robbery and murder (as the outcome of" squabbles "among their own), medieval tortures and cruelty to captives, perverted sexual violence against the population (especially in foreign territory), armed robbery and looting are an integral part of any war and do not refer to single but to typical phenomena for any From the warring armies as soon as they step on the enemy's land, the inevitability of retribution for the deed is usually not realized immediately but after a certain time, unlike the publicly proclaimed heroic memories, a constant sense of anxiety and guilt for the deed leads to deformation of the person, it "is silently projected onto all interpersonal relationships, forming part of the emotional field and sometimes the entire emotional background "[3].

Mental trauma, psychological shock and their consequences that's what will determine until the end of the days the vital attitude of those who survived the military conflicts.

Since, the veterans found themselves in exceptional, by modern standards, they needed to survive in them such skills and behaviors that can`t be considered normal and generally accepted in a peaceful life. Many of these stereotypes of behavior, suitable only for the combat situation have so deeply taken root that will affect many more years.

Traumatic events have happened to people at all times. But veterans of wars and armed local conflicts occupy a special place, because they have received too much a dose of inhuman feelings. The horrors of war affected not only their intensity but also frequent frequency: traumas followed one after another, so that, the person did not have time to "come to himself".

To see how this is natural and how important it is for mental comfort, let us turn once again to the psychiatric definition: doctors believe that an event that has all the traumatic signs will have its effect on almost any person. And this means that the loss of emotional balance, violent mental manifestations in this case are completely normal. If the injury was relatively small, then increased anxiety and other symptoms of stress will gradually pass within a few hours, days or weeks. If the trauma was severe or traumatic events were repeated many times, a painful reaction may persist for many years.

For example, in modern combat veterans, the hum of a low-flying helicopter or a sound resembling an explosion can cause an acute stress reaction, "as in war". At the same time, a person seeks to think, feel and act in such a way as to avoid heavy memories[4].

Just as we acquire immunity to a particular disease, our psyche develops a special mechanism to protect against painful experiences. For example, a person who survived the tragic loss of loved ones, subsequently subconsciously avoids establishing close emotional contact with someone. If a person feels that in a critical situation he behaved irresponsibly, then it will be difficult for him to take responsibility for someone or something. The problem of mental health of servicemen participating in modern local wars and armed conflicts is today one of the most urgent for domestic military psychiatry and the psychological and psychiatric consequences of combat mental trauma (BPT), especially in the context of medical and rehabilitation tasks, is a zone of mutual scientific and practical interests of both civilian and military specialists.

Under combat stress should be understood a multi-level process of adaptive activity of the human body in combat conditions, accompanied by tension mechanisms of reactive self-regulation and the fixation of specific adaptive psycho-physiological changes.

The state of combat stress in the theater of military operations is tolerated by everyone. Emerging before direct contact with the real vital threat, combat stress continues until the exit from the war zone. Thanks to the stress mechanism, a memorable trace of the new emotional and behavioral skills and stereotypes which are of paramount importance for the preservation of life, is fixed. Combat stress at the same time is a state of destabilizing, pre-pathological, limiting the functional reserve of the organism, increasing the risk of disintegration of mental activity and persistent somato-vegetative dysfunctions.

The frequency of acute stress reactions among servicemen in conditions of conducting heavy intense fighting usually reaches 10-25%. With poor training of troops, inept guidance, lack of objective information, abnormal stress reactions can by induction mechanisms, cover almost 100% of personnel with lightning speed, pouring out into a phenomenon known as collective panic Clinical manifestations of combat mental trauma are closely related to the nature of combat operations and the length of stay in the combat situation. A significant modifying value in its formation and dynamics is the lack of social support from the community, co-workers and commanders, insufficient unity of the unit, factors of biological deprivation (food, sleep, rest). The factors of the constitutional predisposition (diathesis) show significance in the initial period of stay in a combat situation, with the reaction in the form of "flight from reality" prevailing.

Along with the natural, "normal" psychological reactions of anxiety and fear, without signs of dysfunction of mental activity in conditions of intense fighting, transient mental disorders quite often arise acute reactions to stress that have a picture of mixed and changing symptoms of depression, anxiety, anger, despair, agitation, hyperactivity or inhibition (up to a dissociative stupor) against the background of the phenomena of stunnedness, some constriction of the field of consciousness, inability to adequately respond to external s stimuli, sometimes followed by partial or complete amnesia. The development of acute stress reactions among personnel adversely affects the level of combat capability of troops and often creates an additional threat to life for the combatant or his comrades. Since none of the symptoms of distress prevail for a long time and all of them stop quickly (from several hours to two or three days), a syndromological assessment of the condition of the affected is essentially impossible. However, the presence of such symptoms already requires urgent psycho-correction measures, in view of the danger of developing longer and less reversible nonspecific and further nosocial stress disorders.

In the combat situation, the main causes of psychological stress are the threat to life and

responsibility for the fulfillment of the task, the inadequacy and uncertainty of incoming information, the lack of time in making decisions and the implementation of hostilities, the discrepancy of the level of professional skills with the requirements of the conditions of combat to the individual, psychological unpreparedness for the performance of a specific task, uncertainty about the reliability of weapons, lack of trust in command, isolation factors (when acting in isolation from the main silt, being in isolated shelters), etc.

The disorder of mental activity associated with the traumatic psyche experience due to the combat situation is individual but its degree largely depends on the aggregate reaction to this factor of the whole unit. Collective reaction has a strong influence on the discipline and organization of units.

Another factor affecting the human psyche is the degree of mastery of weapons and military equipment, the completeness of an objective view of the future conditions of warfare. An important factor contributing to the onset of BPH is a disturbance of sleep. Already after one sleepless night, fighting capacity decreases, memory capacity quickly decreases, primarily short-term which leads to less assimilation of incoming information and makes it difficult to make decisions at critical moments. The response to sudden critical situations is reduced.

All the mental disorders of wartime professionals are grouped into three main groups. First of all, there are disorders of the psyche, the leading symptom of which is pathological fear. His typical picture is: heart beat, cold sweat, dry mouth, trembling limbs, covering the whole body under an hour, involuntary separation of urine and feces, functional paralysis of limbs, stammering, loss of speech.

Distinguish between the motor and numb forms of fear. Motion are as a rule, various types of uncontrolled movements, for example: flight from a source of danger. A soldier, embraced by a numb form of fear is in a daze, his face is gray, his eyes are dying, contact with him is difficult. This group is also referred to as a “hidden” form of fear which is called “feverish passivity” and is characterized by meaningless activities, leading to a disruption of the task. In headquarters, this “activity” slows down or even paralyzes the work. A concrete manifestation of this can be the formation of new working groups that do not do anything substantial, apart from organizing numerous phone calls and radiograms that contradict each other.

The feeling of fear among people spreads like a chain reaction which is explained by the lack of personality in finding in an organized collective personal responsibility and the emotions that predominate in its actions which are often of a primitive nature. This leads to the emergence of collective reactions, one of which is panic.

The second group of reactions is a person’s attempts to “delete combat episodes from memory”. The consequences of such reactions are most often various disciplinary offenses, alcohol use, drug addiction. As a rule, these reactions occur after hostilities but may occur in the period.

The third group identifies violations, called combat fatigue, associated with long-running combat operations. In this group, distinguish “combat shock” a simple emotional reaction that occurs after a few hours or days of intense fighting. Characterized by a sense of anxiety, depression and fear. “Combat overfatigue” arises in a few weeks of moderate-intensity fighting.

BPT is also distinguished by severity. The most frequent manifestations in an easy degree are excessive irritability, nervousness, isolation, loss of appetite, headaches, fatigue. In cases of moderate severity, mental disorders manifest themselves in the form of a hysterical reaction, aggressiveness, temporary loss of memory, depression, increased sensitivity to noise, pathological fear, sometimes turning into panic, loss of sense of reality. In severe cases, the affected have hearing, vision, speech, coordination of movements.

“Combat reflexes” did not seem anything unusual, while a person was in the area of military operations. But returning home, got into an environment where such reflexes produced, at least a strange impression. A thousand times, directly and indirectly, in a variety of ways, a person was told that it's time to stop acting like a war. But no one explained how to do it.

According to the stories of many veterans, the return home was no less and even heavier than the military experience: there was nobody to talk to the heart, there was no sense of complete safety and it was easier to suppress emotions than to let them escape, at the risk of losing control. In such a situation, mental stress for a long time does not find a way out.

So, Post-Traumatic Stress Disorder (PTSD) arises as a delayed or protracted reaction to a stressful event or an extremely threatening or catastrophic situation that can cause distress for almost any person (natural and man-made disasters, battles, monitoring the violent death of others, the role of a victim of torture , terrorism, etc.)[5]. In its essence, PTSD is a response to powerful emotional stimuli, to the already actual stressful situation. Among the main psychological factors PTSD usually include fear of being killed, getting wounded or taken prisoner, impressions of the picture of injury and death of colleagues, feelings of guilt for the death of comrades, pain experienced by the wounded in the wound and his experience of his future destiny which usually aggravated by the inevitable feeling of excessive physical and mental fatigue.

What are the signs that can detect the presence of post-traumatic stress? If we say that a person is “sick”

with post-traumatic stress, what exactly do we mean? First of all, this person experienced a traumatic event, i.e., experienced something terrible that does not often happen to people. By the definition of psychiatrists, the traumatic is called an event "beyond the limits of normal human experience".

The war in South-East Asia, during which more ammunition was blown up than by all warring parties in the Second World War, gave rise to more than enough traumatic experiences. The events that took place there simply did not fit into my head had nothing to do with normal human life.

But post-traumatic stress is not only the presence of a traumatic event in the past. Such an event is only part of the overall picture, an external circumstance that has played a role in the painful process.

Traumatic events have happened to people at all times. But Vietnamese veterans occupy a special place, because they have a lot of doses of inhuman feelings. The horrors of that war influenced not only their intensity but also frequent frequency: traumas followed one after another, so that, the person did not have time to "come to himself".

The other side of post-traumatic stress refers to the inner world of the individual and is associated with the person's reaction to the experiences experienced. We all react in different ways: a tragic incident can cause serious trauma to one and almost not affect the psyche of another. It is also very important, at what time the event occurs: the same person at different times can react in different ways[6].

The most immediate psychological manifestations of PTSD are strong, relatively short-term emotional experiences. Some of them can be relatively simple, physiological such as the reaction of fear, panic. Others are characterized by more complex manifestations occurring at the psychotic level. Others develop pathological conditions that occur at the neurotic level neurotic reactions which often take a protracted character (pathological development, etc.).

Post-Traumatic Stress Disorder (PTSD) in Russia is more often called "Chechen" or "Afghan" syndrome. This is perfectly correct, because the origin of the disorder is absolutely clearly connected with a heavy, extremely heavy experience that goes far beyond the limits of ordinary human experience. Wars, sudden man-made and natural disasters, brutal and life-threatening violence these are the situations, after which, a person risks to develop PTSD.

PTSD has been described relatively recently; this was done by American psychiatrists who studied war veterans in Vietnam. Much to our regret, the frequency of this disorder in Russia should be very high considering all the woes and wars that have followed one after another for many years.

The impression produced by those suffering from PTSD on others is not pleasant. They look hostile, withdrawn, rude. It's difficult to talk with them, because you can't reach mutual understanding, as if you speak with them in different languages. Often it seems that the patient treats you with contempt, keeps himself deliberately defiant, "does not put you in a penny". It is clear that in this regard, people suffering from PTSD are difficult to organize and with even greater difficulty keep at work, especially when you consider that the usual requirements for labor discipline are unacceptable for them. The unfavorable "image" of these people is exacerbated by their propensity for alcohol and drugs. All this contributes to their social exclusion as a result, they are very often involved in criminal structures.

But this is only one side of the coin. Subjectively, PTSD looks completely different. They are deeply suffering unhappy people, torn apart by terrible memories of what they have experienced; these memories suddenly, in addition to the will, arise again and again, in reality and in a dream which is especially scary, because the dream is already broken and when you manage to fall asleep, it is interrupted by nightmarish dreams. Heavy mood pursues them constantly. It is aggravated by the impression that most people who have not experienced what they have experienced are not able to understand them. Communicate with fellow sufferers is difficult for the reason that this communication animates memories, from which I would like to be freed[7].

Acute fighting psychic trauma. It arose in the rapidly and rapidly changing circumstances of the battle. It was manifested by sharp but not psychotic changes in mental activity. The wounded and sick were marked by "subjective surprise". Some of them said that "I did not even have time to get scared, pain and fear arose later when I saw the blood". Emotional states of various wounded servicemen were, often, polar. Some of them noted anxiety, fear, agitation, a sense of hopelessness of the situation, others apathy, "everything happened like a dream", "as if not with me", "I looked at it all as if from the side".

Prolonged (protracted, chronic) combat mental trauma[8]. At her stressors were stretched in time (from several hours to several weeks) there is an accumulation of emotional stress and negative experiences. The patients told about their experiences about the possible sudden attack of militants, the upcoming battle, the death of fellow soldiers, fears of "blowing up on a mine" and "becoming a target for a sniper". At the same time, against the background of emotional tension, some experienced uncertainty, anxiety and fear, others indifference, depression.

Variation in appearance and development of a painful emotional state was observed but, as a rule, at the first stage, emotional stress accumulated which, due to the

interaction of certain personality characteristics and situational influences, did not find response). A long-established, long-existing posttraumatic stress disorder is difficult to treat. Not only because chronic diseases in general are difficult to treat but also because of the specific nature of suffering: after all, doctors also seem to be sick people, unable to understand them. In the United States, effective care for people with long-standing PTSD is through a network of specialized public institutions. Similar to them in Russia yet.

When a person does not have the opportunity to defuse internal tension, his body and psyche find a way to adapt to this tension. This, in principle, is the mechanism of post-traumatic stress. His symptoms which in complex look like a mental deflection are in fact nothing more than deeply rooted behaviors related to extreme events in the past. In the case of post-traumatic stress disorders, the following clinical symptoms are observed.

Supervision: A person closely follows everything that is happening around him, as if he is constantly in danger. But this danger is not only external but also internal it consists in the fact that unwanted traumatic impressions possessing destructive power will break into consciousness. Often super-vigilance manifests itself in the form of constant physical stress. This physical stress which does not allow you to relax and rest can create many problems. First, maintaining such a high level of vigilance requires constant attention and huge energy costs. Secondly, a person begins to feel that this is his main problem and once the tension can be reduced or relaxed, everything will be fine[9].

In fact, physical stress can perform a protective function it protects our consciousness and we can`t remove psychological protection, until the intensity of experiences decreases. When this happens, the physical tension will go away by itself.

Exaggerated response. At the slightest surprise, a person makes rapid movements (rushes to the ground at the sound of a low-flying helicopter, sharply turns around and takes a pose when someone approaches him from behind), suddenly flinches, rushes to run, loudly screams, etc. Dullness of emotions. It happens that a person has completely or partially lost the ability for emotional manifestations. It is difficult for him to establish close and friendly ties with others, he lacks joy, love, creativity, playfulness and spontaneity. Many veterans complain that since the terrible events that have hit them, it has become much harder for them to experience these feelings.

Aggressiveness. The desire to solve problems with the help of brute force. Although, as a rule, this refers to physical force but there are also psychic, emotional and verbal aggressiveness. Simply put, a person tends to use force pressure on others whenever he wants to achieve his, even if the goal is not vital.

Memory impairment and concentration of attention: A person experiences difficulties when it is required to concentrate or remember something, at least such difficulties arise under certain circumstances. At some moments, concentration can be excellent but it is worthwhile to appear to some stress factor as a person loses the ability to concentrate.

Depression: In a state of posttraumatic stress, depression reaches the darkest and most hopeless depths of human despair, when it seems that everything is meaningless and useless. This sense of depression is accompanied by nervous exhaustion, apathy and a negative attitude toward life.

General anxiety: It manifests itself on the physiological level (aches in the back, stomach cramps, headaches), in the psychic sphere (constant anxiety and concern, "paranoid" phenomena, for example, unreasonable fear of persecution), in emotional experiences (constant fear, self-doubt, complex guilt).

Fits of rage: Not the tides of mild anger but the explosions of rage. Many veterans report that such attacks occur more often under the influence of narcotic substances, especially alcohol. However, there are also in the absence of alcohol or drugs, so, it would be incorrect to consider intoxication the main cause of these phenomena.

Abuse of narcotic and medicinal substances: In an attempt to reduce the intensity of post-traumatic symptoms, many veterans abuse tobacco, alcohol and (to a lesser extent) other narcotic substances. It is important to note that among the veterans who are victims of PTSN there are two more large groups: those who take only medications prescribed by the doctor and those who do not take drugs or drugs at all.

Unbidden memories: Perhaps this is the most important symptom, giving the right to talk about the presence of PTSN. In the memory suddenly come up terrible, ugly scenes associated with a traumatic event. These memories can arise both in a dream and during wakefulness.

In reality they appear in those cases when the surrounding situation is somewhat reminiscent of what happened "at that time", i.e., during a traumatic event: a smell, a sight, a sound as if come from that time. Bright images of the past fall on the psyche and cause great stress. The main difference from ordinary memories is that post-traumatic "uninvited memories" are accompanied by strong feelings of anxiety and fear.

Unbidden memories that come in a dream are called nightmares. In veterans of war, these dreams are often (but not always) associated with fighting. Dreams of this

kind are as a rule, of two types: the first with the accuracy of video recording, transmit the traumatic event as it is imprinted in the memory of the person who survived it; in dreams of the second type, the environment and characters can be completely different but at least some of the elements (face, situation, sensation) are similar to those that took place in the traumatic event. A person awakens from such a dream completely broken; his muscles are tense, he is sweating all over.

In the medical literature, night sweats are sometimes treated as an independent symptom, on the grounds that many patients wake up sweating but do not remember what they dreamed of. Nevertheless, obviously, sweating is manifested precisely as a reaction to a dream, regardless of whether it is imprinted or not. Many veterans and their relatives note that during sleep a person rushes in bed and wakes up with clenched fists; as if ready for a fight.

Such dreams are perhaps the most frightening aspect of PTSD for a person and people rarely agree to talk about it.

Hallucinatory experiences: This is a special kind of uninvited memories of traumatic events with the difference that in a hallucinatory experience, the memory of what happened is so vivid that the events of the current moment seem to fade into the background and seem less real than memories. In this "hallucinatory", detached state, a person behaves as if he is again experiencing a traumatic event; he acts, thinks and feels the same way as when he had to save his life.

Hallucinatory experiences are not peculiar to everyone: it's just a kind of uninvited memories, for which a special brightness and tenderness is characteristic. They are more likely to occur under the influence of narcotic substances, in particular alcohol but hallucinatory experiences can appear in a person and in a sober state as well as in someone who never uses drugs.

Problems with sleep (difficulties with falling asleep and intermittent sleep). When a person is visited by nightmares, there are reasons to believe that he involuntarily resists falling asleep and that is the reason for his insomnia: a person is afraid to fall asleep and again to see this dream. Regular lack of sleep, leading to extreme nervous exhaustion, complements the picture of symptoms of post-traumatic stress.

Thoughts of suicide: A person often thinks of suicide or plans any actions that ultimately lead him to death. When life seems more frightening and painful than death, the thought of ending all suffering may seem tempting. When a person reaches the point of despair where there is no way to improve his position, he begins to think about suicide.

Many participants in the fighting say that at some point they have reached this point. All those who have found the strength to live in came to the conclusion: desire and perseverance are needed and in due course there are more bright prospects.

The guilt of the survivor: Feelings of guilt due to the fact that they survived the hard trials that cost others lives are often inherent in those who suffer from "emotional deafness" (inability to experience joy, love, compassion, etc.) since, the traumatic events. Many victims of PTSN are ready for anything, just to avoid a reminder of the tragedy, the death of their comrades. A strong sense of guilt sometimes provokes attacks of self-deprecating behavior.

These are the main symptoms and course of development of post-traumatic stress. The reflex of suppression drives unpleasant feelings in depth to where their emotional impact is felt with less intensity. This, as a rule, is accompanied by a constant tension of the muscles of the body. And as the person gets used to suppress negative feelings (anger, hatred, jealousy, anger, suspicion), he simultaneously loses the ability to experience positive emotions (love, kindness, friendliness, trust). But it is positive feelings to oneself, to others, to life that give man a desire and strength to change something in himself and in the circumstances of his life. Adaptation and rehabilitation of participants in armed conflicts[10].

Legislative base for rehabilitation and adaptation of participants in armed conflicts in Russia: To begin with, we will consider the main regulatory and legislative acts relating to the status of the belligerent person, his functions, rights and duties.

The main normative legal act that determines the issues of military service in our country is the Law "On Military Duty and Military Service". The Law on the Status of Servicemen was adopted by the State Duma on March 6, 1998, approved by the Federation Council on March 12, 1998. The Law on the Status of Servicemen 2 includes three chapters:

- General provisions
- The rights and freedoms of servicemen, citizens discharged from military service and members of their families
- Duties and responsibilities of servicemen

The first section notes that the status of servicemen is a combination of their rights, freedoms, duties and responsibilities, established by law and guaranteed by the state.

Features of the status is determined by the duty of protecting the state including with the risk to life. Officers

in military service on conscription are equal in their legal status to officers undergoing military service under a contract. Servicemen have the right to hold all-Russian documents on citizenship, to carry and use weapons in accordance with the law[11].

Restriction of servicemen in a number of civil rights is compensated them with benefits. In addition, privileges, guarantees and compensations are also provided privately for members of the families of military personnel.

The legal protection of servicemen, citizens discharged from military service and members of their families is a function of the state and provides for the consolidation in laws and other regulatory legal acts of the rights, benefits, guarantees and compensations of these individuals and other measures for their social protection, as well as the legal mechanism for their implementation. The social protection of servicemen, citizens discharged from military service and members of their families is a function of the state and provides for:

Realization of their rights, privileges, guarantees and compensations, state authorities, military management bodies and local self-government bodies; improvement of mechanisms and institutions of social protection of the said persons; protection of their life and health as well as other measures aimed at creating living and working conditions appropriate to the nature of military service and its role in society.

Local government bodies can grant additional benefits to servicemen, reservists and members of their families. The terms of military service are established by the Law of the Russian Federation "On Military Duty and Military Service". For prisoners of war, the status of servicemen remains. The rights of soldiers dismissed to the reserve and members of their families are protected by law.

The legal basis for the status of servicemen is the Constitution of the Russian Federation, federal constitutional laws, this federal law, federal laws and other normative legal acts of the Russian Federation, as well as international law and international treaties of the Russian Federation.

Legal and social guarantees for servicemen including measures of their legal protection as well as material and other types of security provided for by this Federal Law, can not be canceled or reduced by federal laws and other normative legal acts of the Russian Federation except by amending and supplementing this Federal Law.

Thus, the law of the Russian Federation "On the status of servicemen" 2 provides legal and social protection for servicemen, members of their families as well as citizens discharged from military service and members of their families.

Servicemen are protected by the state: No one has the right to interfere in their official activities, except for persons authorized by law. The law also determines compensation in the event of death or injury to servicemen.

In case of death (death) of a serviceman, a lump sum benefit is paid in the amount of: family members of servicemen (contractors)-120 salaries of the monetary maintenance established on the day of payment of the allowance; family members of servicemen (draftees) 120 minimum monthly salaries for military service in the first tariff category.

In the event of injury to servicemen (injuries, injuries, concussion) or illnesses they received while performing military service duties, they receive a one-time benefit in the amount of: to servicemen (contractors) 60 salaries of the monetary maintenance; Servicemen (conscripts) 60 minimum monthly salaries for military service.

So, the state under the Law on the Status of Servicemen2 is responsible for the social protection of servicemen, provides them with various kinds of allowances. In addition, the state undertakes to consider the facts of insulting servicemen, violence and threats against them as well as encroachment on their life, honor, dignity, home as aggravating circumstances of the crime. This Federal Law, in accordance with the Constitution of the Russian Federation, establishes in the Russian Federation additional measures for the social protection of citizens who take part in armed conflicts and in hostilities, members of their families who determine their status in society, compensate them for the damage to life and health.

Participants in armed conflicts are citizens who pass military (special) service and perform official duties or who are temporarily in units, formations, military units, subunits, temporary formations, staffs and institutions of the Armed Forces of the Russian Federation, other troops, military formations and bodies, organizations in areas of armed conflict, as well as during peacekeeping operations in armed conflicts; participants in hostilities citizens who take (take) direct part in hostilities as part of associations, formations, military units, subunits, temporary formations, staffs and institutions of the Armed Forces of the Russian Federation, other troops, military formations and bodies and organizations; disabled persons of armed conflicts (combat actions) citizens from the number of participants in armed conflicts (combat operations) who became disabled due to injury, concussion, injury or disease resulting from the performance of tasks in the conditions of armed conflict (hostilities); persons taking (participating in) the provision of military operations civilian personnel of the Armed Forces of the Russian Federation, other troops, military formations and bodies, various categories of employees of state authorities, local self-government bodies and other citizens taking (participating in) the provision of military operations; members of the family of a participant in armed conflict

and hostilities spouse, minor children, children over 18 who became disabled before they reach the age of 18, children under the age of 23, studying in educational institutions for full-time studies, persons who are dependent on the participant in the armed conflict and participant in hostilities, parents or adoptive parents. It is also assumed that:

Servicemen undergoing military service on a contract basis, employees of internal affairs bodies, institutions and bodies of the penal system sent to areas of armed conflicts are assigned salaries for military posts (posts) and salaries for military (special) ranks of one and a half times.

Servicemen undergoing military service on conscription in areas of armed conflicts shall be set monthly salaries for primary military posts of soldiers and sailors who are on military service under contract on posts to be replaced by soldiers and sailors, sergeants and sergeants and, upon dismissal from military service a one-time allowance is paid in the amount of two salaries for the military post of soldiers and sailors who are on military service under a contract.

For direct participation in hostilities, additional payments are paid for one day: military servicemen who are on military service on conscription or under contract in posts for which the staff provides military ranks of soldiers, sailors, sergeants, foremen, individuals and junior commanders of internal affairs bodies, institutions and bodies of the correctional system-1,3 minimum monthly salary for a military post (post) for primary military posts of soldiers and sailors (salaries for the current position), military service (contract service).

Servicemen undergoing military service under the contract for positions for which the staff provides for military ranks of ensigns, midshipmen or officers and to persons of the average, senior, senior commanding staff of the internal affairs bodies, institutions and bodies of the penal system-1.5 times the minimum monthly salary by military post (post), established for primary military posts of soldiers and sailors (salary for the occupied office), who pass military service (service) under the contract.

Lists of direct participants in hostilities are drawn up and approved in accordance with the provision approved by the Decree of the President of the Russian Federation. Persons participating in the provision of combat operations: paid official salaries (tariff rates) in a half-fold amount; daily subsistence allowance is paid in half the amount of the established norm; additional payments are made monthly to the personal accounts of participants in armed conflicts and participants in hostilities, opened at credit organizations of the Russian Federation at their request and with their written notification thereof.

The bill specifically specifies the principles of rehabilitation of participants in armed conflicts: Comprehensive rehabilitation of participants in armed conflicts and participants in hostilities is a system of medical, psychological, pedagogical, socio-economic measures aimed at eliminating or possibly more fully compensating for life limitations caused by a disorder of health with a persistent disruption of the body's functions communication with participation in armed conflicts and hostilities. The purpose of rehabilitation is the restoration of the social status of the participant in armed conflicts and the participant in the fighting and its social adaptation.

Comprehensive rehabilitation of participants in armed conflicts and participants in hostilities includes: Medical rehabilitation, consisting of reconstructive therapy, reconstructive surgery, prosthetics and orthotics; psychological rehabilitation of participants in armed conflicts and participants in hostilities, consisting of psychological, psychological, pedagogical and social measures aimed at restoring, correcting or compensating for impaired mental functions, states, personal and social status of citizens who have been traumatized in connection with participation in armed conflicts and hostilities; professional rehabilitation of participants in armed conflicts and combatants, consisting of vocational guidance, vocational education, vocational and industrial adaptation and employment; social rehabilitation of participants in armed conflicts and participants in hostilities, consisting of social and environmental orientation and social adaptation.

The federal basic program for the rehabilitation of participants in armed conflicts and combatants is an integral part of the federal basic program for the rehabilitation of war veterans and includes a guaranteed list of rehabilitation activities, technical facilities and services provided to a participant in armed conflicts and a participant in combat operations free of charge from the federal budget.

The federal basic program for the rehabilitation of participants in armed conflicts and participants in hostilities and the procedure for its implementation is established by the Government of the Russian Federation. Individual program for the rehabilitation of participants in armed conflicts, participants in hostilities a complex of rehabilitation activities developed by the Military Medical Commission or a decision of the State Service for Medical and Social Expertise, including the types, forms, volumes, terms and procedure for the implementation of medical, professional and other rehabilitation measures aimed at restoring, compensating for the restriction life activity caused by a disorder of health with the disturbance of the body's functions in connection with participation in armed conflicts and hostilities as well as compensation for the impaired or lost functions of the body, restoration, compensation of the abilities of disabled people to engage

in certain activities. An individual program for the rehabilitation of participants in armed conflicts, participants in hostilities is mandatory for execution by relevant state authorities, local self-government bodies and organizations, regardless of organizational and legal forms and forms of ownership.

An individual program for the rehabilitation of the disabled with armed conflict (military operations) from the number of servicemen presupposes the possibility of their professional rehabilitation in the respective positions in the federal executive bodies where they passed military (special) service before the disability was established.

The list of categories of persons with disabilities of armed conflict (military operations) and posts in federal executive bodies where they can be given military (special) service is determined by the federal executive body where a military (special) service is provided jointly with the federal executive body for labor and social development.

The State Service for the Rehabilitation of Participants in Armed Conflicts and Participants in Combat Operations is the aggregate of bodies of state power, regardless of departmental affiliation, local government bodies, organizations carrying out measures for medical, professional and social rehabilitation.

Coordination of activities in the field of rehabilitation of participants in armed conflicts and participants in hostilities is carried out by the federal executive body for labor and social development. Federal executive bodies establish guardianship (patronage) over persons with disabilities of armed conflict (hostilities) for the period of their full rehabilitation (for life).

Categories of disabled armed conflict (fighting) and the procedure for establishing guardianship (patronage) over them is established by the Government of the Russian Federation. Financing of rehabilitation measures is carried out at the expense of the federal budget, the federal and territorial funds of compulsory medical insurance, the Pension Fund of the Russian Federation, the Social Insurance Fund of the Russian Federation (in accordance with the provisions on these funds) and other sources not prohibited by the legislation of the Russian Federation. Financing of rehabilitation activities, including the maintenance of rehabilitation institutions, is allowed on the basis of co-financing of budgetary and extrabudgetary funds.

The order of organization and activity of the State Service for the Rehabilitation of Participants in Armed Conflicts and Participants in Combat Operations is determined by the Government of the Russian Federation. Medical and psychological rehabilitation of participants in armed conflicts and participants in hostilities is carried out during the period of rehabilitation leave; after performing combat (special) tasks; after the departure of participants in armed conflicts, participants in hostilities from areas of armed conflict and hostilities. Medical and psychological rehabilitation of participants in armed conflicts and participants in hostilities is organized by the relevant federal executive body and is implemented: on the basis of rehabilitation institutions (structures) of the federal executive body; on the basis of state (municipal) regional rehabilitation institutions, the list of which is approved by the Government of the Russian Federation.

Medical and psychological rehabilitation of participants in armed conflicts and combatants performing tasks in areas of armed conflicts and areas of military operations including outside the Russian Federation, is organized by the executive authorities of the subjects of the Russian Federation and the identification of those who need rehabilitation measures is carried out by the military management, military commissariats, pension authorities. Rehabilitation activities with this category of citizens are conducted:

On the basis of state regional rehabilitation institutions, the list of which is approved by the decision of the Government of the Russian Federation, on the basis of rehabilitation institutions (structures) of the federal executive body; on the basis of designated for this sanatorium, rest homes, tourist bases, rehabilitation centers of veteran organizations, the list of which is approved by the heads of administrations of the constituent entities of the Russian Federation; on the basis of non-state organizations financed from various sources, including donations of public associations, legal entities and individuals.

Servicemen who are participants in armed conflicts and participants in hostilities who received injuries, contusions, injuries or illness during military actions, are entitled to medico-social expertise during military service for the purpose of determining disability.

We believe that such a law, although, it carries in itself fundamentally new moments and aspects of social and psychological rehabilitation and adaptation of participants in military conflicts is still necessary, because he systematizes all previous normative acts concerning this issue and gives some definitions that are socially significant for carrying out adaptation and rehabilitation measures with military personnel who have visited the war zone.

Psychological and medical rehabilitation of servicemen participants in military conflicts: The problem of providing specialized assistance to the people affected as a result of hostilities has two important and principal aspects: psychological and psychiatric which necessitates an integrated approach to solving this problem with the involvement of various specialists in the related field (psychologists, psychotherapists, internist doctors, etc.). It is this approach as practice shows, that can provide not only timely adequate psychiatric care but also conduct

targeted psycho-preventive and psycho-corrective measures aimed at reducing the severity and severity of psychological, mental and psychosomatic consequences during the conduct of hostilities as well as in the immediate and remote periods after their completion.

But still, it is possible to avoid the development of post-traumatic stress syndrome and combat mental trauma. For this, it is necessary to observe the following principles and rules[16].

To a large extent, the prevention of BPT depends on the division commander, the chief, he must reduce the effect on the personnel of psychogenic factors.

First of all, he is obliged to create confidence among his subordinates in his actions, provide the personnel with everything necessary, take care of the timely organization of accommodation and rest be able to provide first psychological assistance. There are different types of response to the shock received during the hostilities which are described in detail by the psychiatrist VKKhoroshko. Type of mental reaction-NORMAL Symptoms: involuntary muscle contraction, muscle tension, sweating, nausea, frequent urination, rapid breathing and palpitation, anxiety, anxiety.

Recommended measures of assistance: individual psychophysical support, clear guidance with emphasis on positive situational motives, communication with comrades. What is not recommended: fix excessive attention on this condition, emphasize the seriousness of the situation, make fun of or remain indifferent.

Type of mental reaction reduced activity, depression: Symptoms: people are standing or sitting without movement and talking, with indifferent faces. Sometimes there are monotonous movements or monotonous blows of parts of the body about an object.

Recommended measures of assistance: to gently establish contact with them, to ensure that they report the incident. Show participation and express solidarity. Offer a simple routine job, provide warm food and cigarettes. What is not recommended: show excessive pity, apply disciplinary measures (except in extreme cases), show excessive solidarity.

Type of mental reaction-individual panic: Symptoms: reckless attempts to escape, uncontrollable crying, running around in circles. Recommended measures of help: show benevolent firmness, give to eat or drink something warm. Offer to smoke. Isolate, if necessary. What is not recommended: apply coarse measures in isolation, pour water, prescribe disciplinary measures (except in extreme cases).

Type of mental reaction hyperactivity: Symptoms: a tendency to argue, quick speech, doing unnecessary work, jumping from one job to another, saying endless advice to others. Recommended measures of help: give a talk, get to do physical work offer to eat or drink something warm, to smoke. To exercise control. Do not show other feelings.

What is not recommended: to focus on the state of the serviceman, to enter into a dispute with him, to prescribe disciplinary measures. Type of mental reaction Reaction with predominance of physical components. Symptoms: nausea, vomiting, functional paralysis. Recommended measures of assistance: to show their interest, to offer a simple, not difficult job, to create the necessary conditions for evacuation to a medical point.

What is not recommended: tell the victims that nothing serious has happened to them, abuse and ridicule, focus on their condition. Physical training is essential for increasing resistance to stress. People who are constantly engaged in physical training develop positive changes in the body, including in the functional state of systems that are most affected by psychogenic factors. The most important of them are an increase in the efficiency of cardiac activity, improvement of pulmonary ventilation, reduction of adipose tissue, lowering of arterial pressure. Another factor of increasing resistance to stress is individual and group combat training, the degree of possession of weapons and military equipment. The feeling of confidence in one's own strengths, knowledge, in his weapons, his comrades, commanders, in the correctness of the decisions made and the combat tasks assigned and finally in the need and importance of the common cause make it possible to significantly increase resistance to stress.

The commanders of units should be able to identify in a timely manner persons with signs of development of psycho-trauma, under which they must be evacuated from the battlefield. Criteria for evacuation, in particular, is the impossibility of performing functional duties, a biased assessment of the menacing danger, the demoralizing influence of persons with mental trauma on the personnel of the unit, the threat on their part to the safety of other people.

The practice of taking part in military operations of servicemen who previously received the BTT shows that the probability of getting them by the BTT is again 1.5 times higher than for military personnel who have the same combat experience but who have not received the BTT. Therefore, people who received BPT should not be used to carry out combat missions. The main principles of psychosocial rehabilitation are:

Timeliness: Rehabilitation should begin immediately after the end of hostilities, even if this pause in the service-combat activities is temporary. If possible, maintaining the composition of units. Orientation in working with personnel to recognize the high importance

of the tasks performed by them and the high evaluation of their combat and combat activities, while showing the best combat qualities even if the overall result of the hostilities was unsuccessful.

Creation of an atmosphere of care, psychological support of servicemen on the part of commanders, equalization of their attitude towards military personnel who committed earlier misconduct and violations.

The initial period of rehabilitation work is directed to a gradual withdrawal of the consciousness of servicemen from involvement in the combat situation. For this period, there is a significant level of highly stimulated combat stress of mental and physical energy. All this potential needs to be realized. In other words, the stored energy must have an outlet. For this purpose, it is necessary to organize classes that require physical exertion but do not exceed the total workload provided by the combat training program. During this period, it is necessary to conduct diagnostics of mental states using the method of observation in order to timely identify servicemen with signs of immediate posttraumatic psychiatric disorders. Their external manifestations are:

Changing the habitual stereotype of the behavior of this serviceman to the exact opposite. Previously, the sociable, mobile soldier became withdrawn, unsociable and gravitates toward seclusion. And, conversely, a previously closed, seasoned soldier appears uncharacteristic mobility, sociability, talkativeness, often unreasonable fun; increased irritability of the serviceman, turning into open aggressiveness with hysterical signs, tearfulness, often coming to replace aggression; the so-called "disconnection" of the person, detachment from everything that is happening around him, frequent and prolonged static poses, gaze, loss of interest in the life of the unit, indifference to his friends and their occupations, lack of self-interest and occupation.

In the provision of specialized psycho-psychiatric care, the main method during the period of active combat operations and in the immediate periods after their completion was psychopharmacotherapy. Analysis of the results of the treatment showed that for the relief of acute psychotic symptoms, aminazine and also euglon and sonapaks which possess not only antipsychotic but also antidepressant and vegetostabilizing effect were the most effective among neuroleptics. Among the tranquilizers, the greatest efficacy among the victims was shown by phenazepam, xanax, clonazepam which allowed to stop the experiences of fear, anxious depression, anxiety-vegetative and anxious-phobic manifestations. Widespread use has been found, especially in individuals with psychoorganic syndrome, nootropics (aminalon, piracetam, acefen). For the relief of psychogenic epileptiform syndrome as well as various kinds of paroxysmal conditions, the use of carbamazepine which possesses not only anticonvulsant but also vegetostabilizing action, is most preferable. Depressive states, as a rule, succumbed to treatment with amitriptyline. It was worth noting that the therapeutic effect of the victims was achieved with the administration of drugs in much smaller doses than is customary in clinical practice.

It should be noted the need to use at every stage of psychiatric care complex measures that include, along with psychopharmacotherapy, psychotherapy and reflexology aimed at enhancing the protective-adaptive and reserve capabilities of the body; methods of socio-psychological support and social and labor rehabilitation of victims, affecting the various links of the pathogenesis of mental disorders occurring in emergencies including its biological, psychological and (mediated) social mechanisms.

In the organization of this type of specialized care, the principle of active identification of victims with various forms of mental disorders at different stages of their formation has acquired particular importance, since victims have a certain degree of anosognosia and this contingent inactive applies for medical help, is not critical to the events and their own health, strive to show themselves in the best light and hide the problems associated with mental health.

However, the main efforts of rehabilitation should be focused at this period on special events conducted by psychologists, psychiatrists, medical workers and first of all on psycho-diagnostics, psycho-physiological examination, medical examinations and at work on psycho-regulation, psycho-correction and psychotherapeutic activities. First and foremost, servicemen with signs of post-traumatic reactions which they observed at the initial stage of rehabilitation immediately after the end of hostilities, should get into the field of specialist's close attention. But it must be borne in mind that these reactions may have a delayed character and manifest themselves after a considerable period of time after receiving a mental trauma in almost any serviceman. Diagnosis of mental states, the level of neuro-psychic activity, conducted by psychologists and psychiatrists, should be the main content of the work during the medical examination of personnel after returning it from the areas of military tasks. Particular attention should be paid to conducting conversations, both group and individual, in the course of which it is necessary to orient oneself in the problems arising in the course of their re-adaptation to normal living conditions. And also the psychological peculiarities of this period, to make it clear that this is a completely natural process which, in the final analysis, will allow us to find mental balance and psychological comfort, the absence of which at the moment is not something out of the ordinary and should not cause anxiety and fears for their future. The situation existing in modern Russia allows to rank

servicemen as socially unprotected layers of the population. Soldiers, called to protect the state, themselves need social protection and assistance, are the objects of social work.

The main goal of social work is the implementation of social integration: to return a person from the anomie of the border situation to the social norm, to stabilize the social status, to direct personal resources to actively construct social reality, the environment. "Social integration of servicemen is a concept that synthesizes the realization of personal, property, political rights, social interests, educational and social services, psychological support, housing services. The adopted legislative acts and the existing organization of social protection of servicemen and veterans are clearly inadequate and need further development and improvement ".

Organizational culture, professionalism and competence of specialists in social services do not correspond to the current situation, a broader system of social support technologies is needed and the regional aspect of social protection is taken into account. The formation of social integration in the long term will make it possible to use the potential of servicemen in the direction of stabilizing the society, developing democratic reforms and solving strategic tasks of national security.
Socio-psychological adaptation to a new life environment includes levels different for the purpose and means of implementation: socio-psychological compensation for the crisis nature of dismissal; correction of the value-normative basis of behavior; formation of effective behavioral strategies. An adequate form of work with the officers are special adaptation courses integrated into the curricula of professional retraining.

As a result, ensuring successful social and psychological adaptation of the reserve servicemen proves to be a problem both personal and state, as the solution of this problem makes it possible to move on to new types of activities, social roles, statuses, ensures the effectiveness of attracting trained specialists and helps to compete successfully in the labor market. Professional retraining of servicemen remains the widest organizational and adaptive form of work with officers fired in the reserve, a means of integrating them into a new system of social and labor relations.

The picture of a person's mental state and behavior, called "post-traumatic stress syndrome", describes a certain way of living in this world. Our society as a whole and the medical community in particular, made up their mind about this mode of existence and called it a disease; physicians say not just about post-traumatic stress but about "post-traumatic stress syndrome". Programs of psychotherapeutic assistance to veterans are often called "promoting social adaptation" but one social adaptation is not enough to stop the person being afraid, worried. If today the circumstances of life are greatly influenced by exciting memories, behavior, the way of thinking and feeling that came from the past, it is very important to honestly admit their existence, even if it seems "abnormal" to somebody. Gradually learning how "traumatic events" have affected your life, you will simultaneously come to understand that healing is a deeply personal process and covers almost all areas of your life and therefore can`t be reduced to only one "social adaptation".

Principles of therapy and correction of PTSD: Immediate initiation of treatment after psycho-trauma for the purpose of preventing the development of a chronic form of PTSD. Comprehensive multi-year treatment, including pharmacotherapy and psychotherapy.

Individual psychotherapy: The main task: to help the patient to realize the true nature of his problem, to achieve resolution of internal conflicts and a life crisis.

Servicemen with similar signs need medical and psychological assistance, in special measures of psycho-correction and psychotherapy. In the manifestation of participation, care and interest in their experiences, the first aid necessary for them can be sufficiently concluded. In individual conversations with these servicemen, it is necessary to give an opportunity to express to them all the sore points, listen attentively to them, while showing interest in their stories. In the next stage it is expedient to explain what is happening to them and what is the temporary experiences that are inherent in all who were in combat. In addition, it is necessary to form these comrades-in-arms with the feeling of comradely support and the confidence that they understand and are always ready to help him. The most important thing is to prevent a feeling of loneliness and involvement of a person in this feeling.

The approach of psychotherapeutic training is developed which includes six components: correction of the most common erroneous ideas regarding a stress reaction; providing the patient with information on the general nature of the stress reaction; focusing on the role of excessive stress in the development of the disease; bringing the patient to an independent awareness of the manifestations of stress reaction and characteristic symptoms and PTSD; development of the patient's ability to introspection for identification of characteristic stressors; communication by the clinician to the patient about the active role he plays in the therapy of excessive stress.

It is important to teach the patient the methods of relaxation, since, a sense of anxiety and stress very often accompanies him for a long time after trauma. The main task: to help the patient cope with feelings of guilt, a state of helplessness and impotence, emotional alienation, irritability, anger and gain a lost sense of control over

others, a state of helplessness and impotence. Support groups are very important in which the patient will be better able to understand the significance of the traumatic event and its consequences. For example, in the US for many years there are groups of support for veterans of the Vietnam War, in Kiev a group for victims of violence.

It is necessary to tell relatives about the clinical signs of PTSD, about the experiences and feelings of the patient, about the principles of behavior of relatives in this situation. It is imperative to inform them about the duration of the course of this disease and about the possible "flasbacks" effect. Close relatives also need to conduct psychotherapeutic sessions, for very often the patient's behavior can contribute to the development of borderline mental disorders.

Work with families should be carried out directly when parts of combat missions are performed, when incoming information from the areas of action is communicated promptly and in a timely manner to the families of servicemen, the successful accomplishment of combat missions, examples of courage, determination, conscientious fulfillment of military duty . In interviews with family members, they are given the following recommendations.

Attentive and interested listening to the stories of his partner about what he had to endure. It is very important for this person to speak out, especially with the moral support of a loved and loved one. It is necessary to share their experiences during the absence of the husband and family members. Try to help psychologically return to a normal, familiar life; to show attention and patience to the problems of the husband which inevitably cause combat stress, to his psychological discomfort, to increased irritability, a possible long-term depressive state, etc. These are temporary phenomena, it is necessary to help him cope with them; it must be borne in mind that during the time of separation due to the husband's performance of combat tasks, both spouses have changed somewhat. It takes some time to get used to each other again. Return of the husband to the usual life together can proceed not without complications, show understanding and patience.

Special attention should be paid to children. It is important that when you restore your habitual relationship with your husband, they are not without proper attention and care; create a favorable intimate environment. Make it clear to the partner that you need it and that you will meet him; do not encourage the use of alcohol by your husband. Try to tactfully let him know that this is detrimental to him, your relationship and, in general, to the family.

Spouse psychotherapy: The main task: to help the spouses adjust to the changes that have occurred for both. When it is conducted, it is necessary to take into account the sexual problems of veterans associated with their military past (homosexual behavior in isolated military zones, violence of women in the occupied territories, transferred sexually transmitted diseases, communication with prostitutes, etc.).

The main task: Coping of experiences and reactions of protest against public neglect.

Ways of achieving: Discussion of the historical situation and recognition of veteran's merits in the media, social approval of the participants in military operations, stimulation of their social activity and demand.

Adaptation should basically have a set of measures for the formation of support for servicemen who performed combat missions in the sphere of social and legal relations, as well as in the field of social psychology and moral and moral relations. This is the difference between adaptation and rehabilitation.

In other words, the need of these people for public recognition, the performance of their duty and their public support should be realized to some extent. Unfortunately, it should be noted that far from always public opinion in the state was objective in assessing the servicemen's combat activity. Examples of this are in relation to the former Afghan warriors, in the first months of the armed conflict in Chechnya, public opinion was not formed in favor of supporting the actions of the troops but rather vice versa.

This stage of adaptation is fraught with the emergence of interpersonal conflicts between/within military collectives where part of the military personnel did not directly participate in the performance of combat missions and was all the time at the point of permanent deployment. The resulting irritation about people who are equal to themselves but who did not survive what they had to endure, often causes aggression, not only among soldiers, non-commissioned sergeants but also from the officers. Proceeding from this, it is necessary to think over and organize the ritual of a solemn meeting with the removal of the Banner of the Part and the holding of the rally the returning soldiers should feel themselves as the true culprits of the celebration.

For structures dealing with personnel at this time, a special area of their activity should be the preparation and conduct of mass cultural and recreational activities to promote the combat activities of personnel, accomplished feats, examples of courage, conscientious fulfillment of their military duty, not only individual soldiers but and whole units, crews, calculations. Forms of work: themed evenings, evenings-portraits, parties for celebrating heroes, evenings of courage, etc.

To participate in these events, it is necessary to involve representatives of local authorities, the public, parents, relatives, family members of servicemen and

effectively use the video footage and photo documents photographed in the region. Another negative symptom of the disadaptation of servicemen after returning to normal conditions of service is the possible manifestation of conflict between soldiers, sergeants and officers who were not with them "there" when the legitimate statutory requirements of the latter may not always be adequately perceived by their fought subordinates. It is necessary to show enough tact and understanding of psychological attachment to their military commanders of their higher authority in the eyes of subordinates. It is advisable at the initial stage of re-adaptation to leave the levers of control of combat units in the hands of their combat commanders.

All these negative consequences of performing combat missions in conditions of life risk are the subject of special psychosocial rehabilitation activities conducted by psychologists, medical and social workers.

The picture of a person's mental state and behavior, called "post-traumatic stress syndrome", describes a certain way of living in this world. Our society as a whole and the medical community in particular, made up their mind about this mode of existence and called it a disease; doctors say not just about post-traumatic stress but about "post-traumatic stress syndrome". The dominant position of the society regarding former participants in the war suffering from post-traumatic stress disorders (PTSD), the belief that it is necessary to divert the attention of the veteran from the traumatic events that caused the PTSD and thus help him "to become normal", to adjust his behavior to the generally accepted standards . It is not for nothing that recently they often talk about the need to create a program for the promotion of social adaptation. A long-established, long-existing posttraumatic stress disorder is difficult to treat. Not only because chronic diseases in general are difficult to treat but also because of the specific nature of suffering: after all, doctors also seem to be sick people, unable to understand them. In the United States, effective care for people with long-standing PTSD is through a network of specialized public institutions. Similar to them in Russia yet.

The idea implied in this title suggests that a person who has suffered a trauma must change his behavior, so as to merge with the main mass of fellow citizens. By "main bulk" is meant a moderate majority of citizens who adhere in general to similar views on what behavior is socially acceptable and which is not.

However, "social adaptation" is unlikely to help a person who has been in extreme conditions for a long time, to return peace of mind and the joy of life. Such an approach can inspire the veteran that for recovery he must change his behavior to become like everything, "normal" and therefore, stop acting, thinking and feeling in his own way, "not like everyone else".

Most veterans who are trying to adapt, accustom themselves to "normal" behavior, the main difficulties arise because they are offered as a treatment simply to forget the past. And this often means that not only ugly images of war will be thrown out of memory but also lessons of nobility, discipline, honor and courage. Such a path does not lead to integrity.

In fact, this approach suggests treating the symptoms of the disease, rather than its cause and the goal of such treatment should be not health but compliance with generally accepted norms of behavior. Therefore, we can assume that the path of "social adaptation" is incapable of leading to a true recovery.

For many veterans, the past war is still present in their lives. The war-related experiences and memories for them are real here and now. So, in order to fulfill the recommendation "be here and now", they need to remember what was before.

Life experience is the richest source of knowledge about our own strengths and weaknesses. The true physical and mental health is not to conform to someone's norms and standards but to come to terms with yourself and the real facts of your life.

Another negative consequence of this approach will be that the patients who believed in him, failing to force themselves to act, think and feel like "accepted" in our society, will despair and lose faith in recovery. In fact, on the way to true, not illusory healing, it is not so important to behave as everyone but it is very important to be extremely honest with yourself, assessing what is happening in life at the moment. If today the circumstances of life are greatly influenced by exciting memories, behavior, the way of thinking and feeling that came from the past, it is very important to honestly admit their existence, even if it seems "abnormal" to somebody. Gradually learning how "traumatic events" affected your life, you will simultaneously come to understand that healing is a deeply personal process and covers almost all areas of your life and therefore can`t be reduced to only one "social adaptation".

Similarly, a "socially adaptive" approach to the problems of people who have been beyond the bounds of normal human experience, keeps within the framework of those standards values that are inherent in the ordinary, far from the danger of life. Correct actions require violation of artificial boundaries which we ourselves put: painful phenomena caused by an extreme situation, should be treated by non-standard methods, going beyond the artificial scheme of "social adaptation".

The most important thing that one should know about post-traumatic stress: even after years of confusion, fear and depression, you can regain your balance of life if you set yourself such a goal and insist on going to it. This is proved by the example of many people who survived the trauma and suffered for a long time from post-traumatic painful phenomena. Having learned to recognize the consequences of extreme circumstances, people

understand that they are completely normal, that painful phenomena are the natural result of heavy events in the past. This understanding leads to an internal acceptance of what happened in life and to reconciliation with oneself. Healing consists precisely in reconciling oneself with oneself, seeing oneself as it really is and making changes in one's life, acting not in spite of one's individuality but in alliance with it. This is the true task of healing. Change the past person is not able to: he can`t be made more beautiful or even less ugly but his real feelings, his ideas about himself, about the past, about what meaning is embedded in it, can become different.

CONCLUSION

So, speaking of post-traumatic stress, we mean that a person experienced one or several traumatic events that deeply affected his psyche. These events, so sharply differ from all previous experience or caused so much suffering that a person responded to them with a violent negative reaction. The normal psyche in such a situation naturally tends to soften the discomfort: a person who has experienced such a reaction fundamentally changes his attitude to the surrounding world, in order to live at least a little easier.

If the trauma was severe or traumatic events were repeated many times, a painful reaction may persist for many years. Just as we acquire immunity to a particular disease, our psyche develops a special mechanism to protect against painful experiences.

"Combat reflexes" did not seem anything unusual, as long as a person was in the area of military operations. But returning home, got into an environment where such reflexes produced, at least a strange impression. A thousand times, directly and indirectly, in a variety of ways, a person was told that it's time to stop acting like a war. But no one has explained to the veteran how to do it. For those few veterans, who were lucky, the house became a place where they were waiting for love where they felt safe and could calmly comprehend the experience, discuss it with their loved ones. This atmosphere allows you to analyze your feelings and then internally accept your experience and reconcile with the past to move on life further.

Unfortunately such a happy scenario is not typical for the majority of those who returned from the war. According to the stories of many veterans, the return home was no less and even heavier than the military experience: there was no one to talk heart to heart, nowhere felt full security and it was easier to suppress emotions than to let them escape, at risk lose control. In such a situation, mental stress for a long time does not find a way out.

Thus, we can conclude that the post-traumatic syndrome of participants in military local conflicts is a personal crisis with all its inherent characteristics and therefore, like any psychological personal crisis, it needs therapy.

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