

## Problems of Rehabilitation of Persons With Self-Destructive Behavior After Combat Stress

<sup>1,2</sup>Svetlana A. Tsaregorodtseva and <sup>1,3</sup>Olga P. Zabolotskikh

<sup>1</sup>Interregional Open Social Institute, Yoshkar-Ola, Russia

<sup>2</sup>Republican Clinical Hospital for War Veterans, Yoshkar-Ola, Russia

<sup>3</sup>Mari State University, Yoshkar-Ola, Russia

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**Abstract:** Self-destructive behavior is characterized by actions that threaten the integrity of the individual subject's behavior. Many researchers in the framework of the problem noted avitalnuyu activity in the form of aggression, guilt, desire to be in extreme cases, depression, substance abuse, suicidal behavior. Investigated combatants by 16-Factor Questionnaire R. Cattell (HSPQ) and the Hamilton Scale for Depression. After testing and on the basis of the data we shared opponents in two groups: the first group of patients with PTSD and self-destructive behavior without psychological rehabilitation and the second group of patients with PTSD and self-destructive behavior, past rehabilitation. For opponents was developed and tested program of social and psychological rehabilitation evaluating the effectiveness of its use.

**Key words:** Combat stress, self-destructive behavior, rehabilitation, depression, psychological

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### INTRODUCTION

Stress-related during the hostilities the mental disorders are one of the main internal barriers to adaptation to civilian life. Combat stress is one of the main causes of Post-Traumatic Stress Disorder (PTSD) (Zabolotskikh, 2008) of the men in countries where people are involved in the fighting (Tsaregorodtseva, 2009). World statistics show that one in five combatant suffers from neuropsychic dissociation, among the wounded and maimed, the figure rises to one in three. In the United States, according to a national study of veterans of the Vietnam War in 1988, 30.6% of Americans who participated in the war were observed symptoms of PTSD. On long exposure to stressors the combat veterans of wars have the signs of combat stress behavior or self-destructive behavior (Tsaregorodtseva, 2009). Self-destructive behavior a kind of deviant behavior characterized by actions that threaten the integrity and development of the personality of the subject behavior (Tsaregorodtseva, 2015). Self-destructive behavior in the modern world appears in many forms: suicidal behavior fanatical behavior (e.g., involvement in destructive religious cult), food addiction, victim behavior, game addiction. Many researchers as part of the problems note aggressiveness, hostility, temper, guilt, desire to remain in extreme situations, depression, suicidal tendencies, substance abuse, a heightened sense of justice and difficulties in interpersonal communication (Zabolotskikh

2011). The destructiveness of war, experienced disaster, act of terrorism continues to influence all his life, depriving extremely important determining human behavior is a sense of security and self-control and confidence (Tsaregorodtseva, 2014). It causes jitteriness, sometimes unbearable tension. And if the voltage is removed, the real danger endangers the mental integrity (Tsaregorodtseva, 2014). The syndrome tends not only not disappear but becomes more and more clearly expressed and suddenly manifests against the general external welfare. That's all determine the relevance of the research topic. Experimental research base was Government Budgetary Institution of Republic of Mari El «Republican Clinical Hospital for War Veterans».

### MATERIALS AND METHODS

We studied 80 males between the ages of 38-50 years, war veterans, participants of the modern local fighting in Chechnya and Afghanistan. Psychognostic research methods were used: a 16-factor questionnaire R. Cattell (HSPQ) aggression questionnaire of Bass-Dark Hamilton depression scale to assess the depression head. We used the computer system of psychologic testing «Imaton» (complex guarantee of the psychological practice)-St. Petersburg, 2002.

After the initial testing of 80 patients with symptoms of PTSD and self-destructive behavior, the processing of the results obtained on 3 test methods, we divided the

opponents into two groups: the first group of patients (without rehabilitation) with PTSD and self-destructive behavior refused to psychotherapeutic rehabilitation due to various reasons (remote place of residence in the area a busy schedule) and the second group of rehabilitated patients with PTSD and self-destructive behavior. On the basis of registration forms, research histories psychodiagnostics protocols and interviews with combatants studied the psychological aspects of the emergence and existence of self-destructive behavior.

Then the second group of patients (with rehabilitation) with PTSD and self-destructive behavior passed a rehabilitation course for 6 months. We have developed a range of psychotherapeutic rehabilitation which consisted of three sections): individual-personal psychocorrection including student-centered psychotherapy of K. Rodzhersa, method of rational psychotherapy, fosters a positive attitude for the future, self-acceptance (Zabolotskikh, 2012); symptomatic therapy including a method of neuromuscular relaxation and music therapy with elements of self-regulation and behavioral therapy neurolinguistic programming cognitive therapy (learning to think rationally) body-oriented psychotherapy (Zabolotskikh, 2015); social and psychological adjustment aimed at developing appropriate behaviors, creating a background of emotional openness and to improve the social adaptation.

At the stage of personal psychocorrection work was aimed at the adoption, strengthening and reconstruction of the self-image. During this stage, we are using an integrative cognitive psychotechnics «Model of trellis». It allows to work through three psychological context lifetime: past (before the traumatic event), present (at the time of an emergency situation and after it), future (life project). The objectives of the social and psychological rehabilitation were: the creation of a new cognitive model of life, the restoration of the value of the feeling of self stiffening of competence in the development of personal growth, to learn to understand and to express emotions and feelings. An important method of psychotherapy is the explosion method. The explosions therapist helps to learn to face specific situations, people, objects, memories or emotions that are reminiscent of psychological trauma and in everyday life incite an unreal fear. This can be achieved in two ways: explosion in the imagination: the therapist asks repeatedly retell the traumatic memories as long as they are no longer will cause a high level of distress; explosion in the real life: the therapist asks to face situations in life, what are no longer a threat but which the patient seeks to avoid because they «trigger» a strong fear. Repeated transfusions this situation will help the patient to realize that it is no longer pose a threat and

that it is possible to deal with it. Psychotherapeutic aid helps eliminate personality disorders, overcomes communication barriers, removes fears and heighten anxiety.

Group psychotherapy method is also used. At this stage, the debriefing method is used. Debriefing process usually consists of three main parts: «ventilation» in the group feelings and evaluation of stress leading; a detailed discussion of «symptoms» and psychological support; mobilization of resources provision of information and further assistance planning.

At the stage of rehabilitation the patients received emotional support of hospital specialists there were conducted the classes in the «school of preventing post-stress disorders», «school of the prevention of alcohol dependence», carried out the work in career guidance and in addressing disability combatants.

## RESULTS AND DISCUSSION

As a result of the initial evaluation by the test Bass-Darky there were expressed the figures on the scale of «physical aggression» and scale of «guilt». According to the retesting in the first group of patients (without psychotherapeutic rehabilitation) of the level of hostility exceed the permitted limit of 10 points and the patients in group (passed psychotherapeutic rehabilitation) the level of hostility and achieved margins decreased significantly (Fig. 1)

As a result of retesting in the first group of patients (without psychotherapeutic rehabilitation) of the level of aggression is mainly above the allowed rate by 24 points and in the second group (the last psychotherapeutic rehabilitation) level of aggression comply with the limits (Fig. 2).

According to the results obtained by the test «16 personality factors» of R. Cattell in the primary research before rehabilitation dominated figures on the scale O «guilt vulnerability» 28 tests revealed high level of

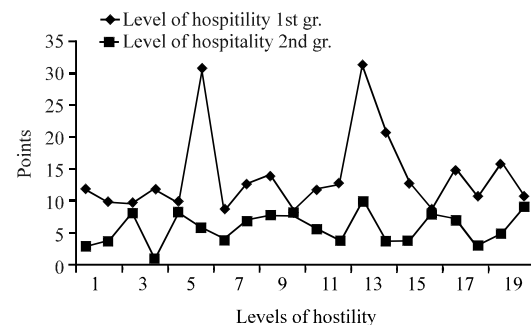


Fig. 1: The level of hostility by the method of Bass-Darky

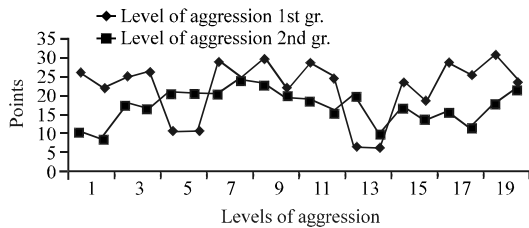


Fig. 2: The level of aggression by the method of Bass-Darkey

vulnerability, the tendency to self-reproach and self-flagellation. In second place are the indicators on a scale A «alienation». The 25 opponents had a high level of alienation. Third place goes to a scale Q2 «sociability». The 21 probationers had the quality of the individual social maladaptation. According to results of reexamination of the test «16 personality factors» of R. Cattell in the first group, not rehabilitated, no indicators of positive dynamics. In the 2nd group, the indicators have improved after rehabilitation. Indices are decreased on a scale O «guilt vulnerability» indices on a scale A «alienation». On a scale Q2 «sociability» the index is increased but these figures do not have a statistically significant difference when compared with those before rehabilitation. This is due to the fact that the rehabilitation measures have a delayed effect. Changes of personality factors can be observed in the test later.

In our study on the Hamilton scale results in a group of patients before initial testing showed recovery in 40% of subjects difficult and 30% a moderate level of depression in 17% of patients revealed a high level of suicidal intent. As a result of retesting on the scale of Hamilton in the 1st group of heavy and moderate levels of depression have a 47% of subjects including half of them have suicidal tendencies. This category is registered by a psychiatrist. In the 2nd group passed a full course of social and psychological rehabilitation as a result of retesting by Hamilton scale the hard depressive syndrome was replaced by a mild depressive episode which reduced the level was detected in 28% of subjects. Moderate depression moved into the category of light (in 17% of subjects). An statistically significant difference ( $p < 0.05$ ) in the 1st and 2nd groups before and after the rehabilitation of all the studied parameters.

Materials are obtained on the basis of retest talk about the effectiveness of the program on our social-psychological rehabilitation.

## CONCLUSION

The rehabilitation of war veterans is a complex of medical and psychological, professional and legal measures aimed at restoring mental health and disability

combatants were wounded, shell-shocked, combat stress reaction. Rehabilitation of soldiers carried out for the return of the soldiers and officers in the peaceful environment of life and the gradual inclusion in everyday social relations and relations. An indicator of the effectiveness of the process of rehabilitation of war veterans is a growing number of individuals, restored their social status which achieved financial independence and social integration. At the moment the subject of rehabilitation are not only physical and mental health, but also his skills, social relationships, legal rights. This will maintain the quality of life of veterans and strengthen the self-preservation instinct, reducing the risk of manifestations of self-destructive behavior. Psychocorrective work has a delayed effect, change personal factors were observed at a later date. Data obtained on the basis of retest talk about the effectiveness of the program of social and psychological rehabilitation in terms of the level of aggression, hostility, depression, and suicidal tendencies. These results show that we have developed a complex psychotherapeutic rehabilitation allows the early stages of the development of PTSD adjust and reduce the severity of the disease prevent persistent pathocharacterological personality changes that characterize self-destructive behavior.

## RECOMMENDATIONS

Research of the individual features of the military is a wide problem, so further development require such issues as overcoming the long-term effects of Post-Traumatic Stress Disorder (PTSD); psychological rehabilitation with long-term secondary maladjustment; psychotherapeutic correction of military families, have been in the combat zone and suffered from PTSD.

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