

PHENOMENOLOGY OF COMBAT-RELATED PTSD

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Objectives: Many researchers point out that combatants demonstrate various additional symptoms that do not fit into the PTSD classical clinical picture. Unfortunately, until present moment there has been a great need for a conception that will unite all the approaches.

Method: To achieve our goal we used traditional clinical-anamnestic and clinical-psychological methods which included clinical-psychological scales of multidimensional anger assessment, aggressive behaviour scale, depersonalization scale, the Mississippi PTSD scale. We examined 557 combatants, 109 of which had the full range of PTSD symptoms, whereas the rest demonstrated subclinical manifestations of the disorder in question.

Results: It was discovered that compulsory PTSD symptoms in combatants have specific peculiarities. Anger, being part of PTSD hyperreactive cluster, here is associated with impulsive-hostile aggression. This explosive syndrome displays features characteristic only of combatants, also it negatively influences every aspect of a combatant's life (namely, physical and mental health, vital functions, social relationships). The mentioned above syndrome is closely related with personal relations and accompanied by such pathological coping mechanisms as social avoidance/restrictions, redirection of aggression onto self and others. The noted emotional violations of basic emotions of anger and anxiety, that are compensated by depression and depersonalization and that have protective-coping character, can be termed a syndrome of affective-stressed dysfunction. This explains high comorbidity in PTSD combatants with depressive disorders.

Conclusions: The revealed additional symptoms and syndromes function as a whole complex of combat-related post-stress disorders and single out combatants into a peculiar group among patients with other stress disorders.