Abdryakhymov R. Clinical and psychological manifestations of psychological disagaptation in participants of battle actions with visual body injuries: results of screening examination. Journal of Education, Health and Sport. 2018;8(2):436-441. eISSN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.3408744
http://ojs.ukw.edu.pl/index.php/johs/article/view/7465

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26.01.2017).
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

The authors declare that there is no conflict of interests regarding the publication of this paper.
Received: 01.02.2018. Revised: 05.02.2018. Accepted: 26.02.2018.

CLINICAL AND PSYCHOLOGICAL MANIFESTATIONS OF PSYCHOLOGICAL DISADAPTATION IN PARTICIPANTS OF BATTLE ACTIONS WITH VISUAL BODY INJURIES: RESULTS OF SCREENING EXAMINATION

R. Abdryakhymov

Kiev Clinical Hospital No. 2 for Railway Transport

ORCID: https://orcid.org/0000-0002-8574-4310
e-mail: rostislav.abdrahimov@gmail.com;

Abstract

The objective: to evaluate screening assessment of clinical and psychological manifestations of psychological maladaptation in combatants with injuries of visual organ and optimize measures of their medical and psychological support. Under the conditions of PIC, 91 combatants were examined, 49 had eye trauma and partial vision loss due to psychological maladaptation; in 42 persons they observed the psychological maladaptation. All the persons under examinations were screened for their mental status using the clinical diagnostic scale CAPS (Clinical-Administered PTSD Scale) and a questionnaire for determining the level of neuroticism and psychopathy (LNP). The use of neuroticism and psychopathisation questionnaire for screening research with a view to determine the signs of psychological maladaptation in combatants including those with vision trauma fully meets the objectives of the study. Neuroticism and psychopathisation levels determined, clearly demonstrate the shift of psychological maladaptation. The results of CAPS scale use for screening of post-traumatic stress disorder in the persons under examination makes it possible to suspect these shifts. To interpret the results obtained it is necessary to make a comparison with the data of clinical and diagnostic examinations. Further investigations should be directed to the development of

maladaptative persons psychological state detailed study.

Key words: **clinical and psychological manifestations, psychological maladaptation, military eye trauma, screening.**

Introduction. In partial loss of vision due to battle injury, there is an impact on the mental sphere of several powerful stressogenic factors that influence the formation of psychological abnormalities. These are the phenomena of mental maladaptation, due to the change of civilian lifestyle to the military, that form strategies that are different from those for a peaceful life. Direct involvement in military actions is a powerful stress factor associated with the formation of psychological shifts. Lastly, trauma to the eyes with partial loss of vision, and its consequences, are in themselves serious factors that destroy all the usual lifestyles of the victim. The interaction of these three factors form a complex of influences on the formation of strategies for somatic trauma, which do not proceed without violations of the usual life stereotype and its coping strategies. This requires the victims to take on new social roles and lives with limitations, which are accompanied by profound emotional and social consequences, including behaviors [1, 2].

Given this, in our opinion, there is a need to optimize measures for conducting medical and psychological support of combatants with partial loss of vision of traumatic genesis in combination with psychological maladaptation.

The objective: to evaluate screening assessment of clinical and psychological manifestations of psychological maladaptation in combatants with injuries of visual organ of traumatic genesis and optimize measures of their medical and psychological support.

Materials and methods. Under the conditions of PIC, adhered to the principles of bioethics and deontology, 91 combatants were surveyed during 2014–2018. Two groups were formed: an index group (IG) included 49 combatants with traumatic visual impairment due to participation in military actions and group of comparison (GC) with 42 subjects. Their age ranged from 20 to 53 years. The persons with clinically labeled and officially diagnosed (in health care centre) diagnoses of brain injuries that preceded or accompanied the eye injury, were not included in the groups under examination. Persons with officially diagnosed mental disorders, including alcoholism, drug and substance abuse, also did not participate in the study.

All the persons were screened for a psychiatric condition using the Clinical-administered PTSD Scale [3], a Neurotization and Psychopathization (LNP) questionnaire [4]. The results were processed statistically.

Results and their discussion. It was found that all participants had clinical and psychological signs of psychological maladaptation of different content and severity.

Substantial analysis of LNP scales showed (Table 1) that neurotization scale statements contain such typical manifestations of neurotic states as rapid fatigue, sleep disturbance, hypochondriacal fixation on unpleasant somatic sensations, decreased mood, increased irritation, excitability, fears, anxiety, self-doubt.

Table 1

The severity of neuroticism and psychopathization

Scales	IG	GC
Neurotization	-57.16 ± 4.03	-41.68 ± 3.87
Psychopathization	-39.51 ± 3.87	-32.93 ± 4.15

At a high level of neurotization (high absolute value of a negative evaluation), a pronounced emotional excitability can be observed that produces various negative experiences (anxiety, tension, titubation, confusion, irritability). The uninitiated nature of these individuals generates feelings of dissatisfaction. Their self-centered personal orientation manifests itself in a tendency to hypochondriacal fixation on unpleasant somatic sensations and experiences of their personal shortcomings. This, in turn, formalizes inferiority, difficulty in communication, social timidity and dependence, self-doubt, and the worst general adaptability. Sleep disturbances, increased fatigue and other asthenic manifestations are possible.

High level of psychopathization testifies to lightness, cold attitude to people, perseverance, stubbornness in interpersonal relationships; neglect of norms of duty and morality, unpredictability of actions and possibility of creating conflict situations; the desire to stand out from the environment, increased self-esteem and self-confidence; indifference to the opinion of others, increased non-conformism, security, hypocrisy, affectability, suspicion.

Screening testing of participants with CAPS scale for clinical diagnostics on a monthly basis allowed to find slight variations compared to the range of regulatory indicators (Table 2).

Table 2

Clinical administered CAPS assessment levels

Scales	IG	GC
F- symptom frequency	22.03 ± 4.51	19.12 ± 4.13
I - intensity of symptoms	20.37 ± 3.89	16.37 ± 3.92
T – sum of points	42.40 ± 4.20	17.74 ± 4.03

Scores in the study on the method with scales were increased compared to the generally accepted range of norms. But according to the content interpretation by symptomatology participants, their clinical manifestations were interpreted as short-term (paroxysmal) single

manifestations, which by their totality did not meet the criteria for the diagnosis of post-traumatic stress disorder. They did not satisfy the requirements both in time of occurrence and their spectrum.

In our opinion, the formation of psychological maladaptation phenomena is influenced by changes in external circumstances, which require the development of new behavioral strategies. When a personality returns to the usual framework of life (in our case - peacetime) and against the background of working out new behavior, there is a conflict between old and new strategies in similar situations. The first structure that produces the effects of psychological maladaptation were acquired during military service and combat, new behavioral strategies (patterns). Training and learning of new behavioral strategies took place in the conditions of psychological and somatic stress, presence of a real vital threat. This process was in line with the new conditions of a personality's life, and these strategies were quite relevant and accompanied by a high level of emotional and affective manifestations. They were confirmed by their successful use in combat and allowed the individual to survive and function in these conditions. It may be said that participation in military actions resulted in a personality's gaining experience and receiving additional tools for successful life.

But the application in the peaceful life of behavioral patterns, acquired and effective in combat, leads to conflict situations in public and private life, professional activity. This is due to the new behavior and system of values and priorities in the life of combatants in peaceful life. Stressful relationships which are frustrative and lead to psychological maladaptation are formed in different circles of a person's life, Another factor, which, in totality of its characteristics, is psychological dysfunction as a reaction to a permanent stressful impact with signs of vital threat when engaging in combat. In the case of a battle injury in the form of the eyes damage with subsequent partial loss of vision, an additional stress reaction develops. It requires the personality to further modify behavioral strategies aimed at adapting to new conditions of life, namely, partial loss of vision. The difference between the established factors of maladaptation development is reduced to the difference in the levels, spectrum, significance and nature of maladaptation manifestations.

A more detailed follow-up study found that new behavioral patterns were seen as positive changes by combatants, unlike people around them who rated them as negative. Such a discord in assessments is particularly pronounced in the revealed loci of frustration of a combatant's personality. At the same time, the personal interest and dependence of a combatant can be attributed to social activity and personal life. The acquired patterns of behavior have been widely and intensively used for personal problems solution. The conflicts of behavioral strategies mentioned in life spill over into phenomena of post-traumatic stress disorder and psychological

maladaptation. A screening study of combatants was conducted to identify the manifestations of post-traumatic stress disorder and phenomena of psychological maladaptation.

Neurotization is formed under the influence of three classes of mental phenomena:

• emotional and motivational features of a personality;

• psychosomatic symptoms;

• a human's actual condition.

Emotionally-motivational personality traits at a high level of generalization are interpreted as anxiety or self-directedness, as well as such a basic component of temperament as neuroticism. The second component of neurotization scale is psychosomatic symptomatology. It is defined as the scale of neurotic triad, personality's psychoastenic features and additional ones, such as anxiety, neuroticism, general poor adaptation. The third factor is a person's own state, including state of health, and this is the basic tone of a person's experience. Since neurotization level reflects both dynamically changing features of the person (states) and relatively more static (personality traits), neurotization can be represented as variative personalized variable. Typical for a particular person level of neurotization, mainly due to his personal characteristics, determines the likely range of changes in its level, caused by various psycho, somato- and sociogenic factors.

Psychopathization scale statements cover only some of psychopathic persons traits: indifference to the principles of sense of duty and morality, indifference to the opinion of others, increased non-conformism, desire to stand out among others, hypocrisy, affectability, suspicion, high ambitions and overconfidence, etc. It should be noted that the farther from the pole of the scales the individual scores are located, the less the individuals will have the following characteristics. Scales of psychopathic relationships and behavioral deviations influence or participate in the formation of interpersonal interactions. Psychopathization level and its assessment can be considered as a relatively stable personal property.

Conclusions:

1. The use of a questionnaire to determine the level of neuroticism and psychopathization in order to identify the signs of psychological maladaptation in combatants and those with visual organs injury completely satisfies the study. The levels of neuroticism and psychopathization established clearly demonstrate a shift in psychological maladaptation.

2. The use of CAPS for screening of psychotic maladaptation in combatants makes it possible to suspect the anomalies mentioned. For their interpretation it is necessary to make comparisons with the data of clinical and diagnostic research.

Research prospects. Further research should be directed to the development of a detailed study of the maaladaptated persons psychological state.

References:

1. Abdryakhymova C. B. Comparative analysis of the presence and severity of the main clinical and psychopathological phenomena of non-psychotic psychiatric disorders in persons with vision loss of traumatic genesis according to subjective and objective evaluation // Ukrainian Bulletin of Psychoneurology. 2013. Vol. 21, N. 1 (74). P. 34 - 39.

2. Abdryakhymova C. B. Substantiation of the principles and approaches to the provision of comprehensive specialized care for persons with non-psychotic mental disorders due to partial loss of vision of traumatic genesis // Ukrainian Journal of Psychoneurology. 2014. Vol. 22, N. 3 (80). P. 158 - 163.

3. Tarabrina N. V. Workshop on psychology of post-traumatic stress. (Psychology Workshop Series). St. Petersburg: Peter., 2001. - 272 p.

4. Agaev N. A, Kokun O. M, Pishko I. O, Lozinskaya N. S, Ostapchuk V. V, Tkachenko V. V Collection of methods for diagnostics of negative mental states of servicemen: Methodical manual. - K .: NDC of the SSU, 2016. - P. 208-225.