

EFFECTS OF POSTTRAUMATIC STRESS AND COMBAT LOSSES ON THE COMBATANTS' RESILIENCE

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ABSTRACT

Objectives. At the beginning of the War in Eastern Ukraine, military personnel of the Armed Forces, National Guard of Ukraine (NGU), and soldiers of volunteer battalions, who had no combat experience for the first time faced the death of their comrades. This study aims to determine the effects of posttraumatic stress and combat losses on the mental health of combatants and to develop the typology of their resilience to extreme events.

Sample and settings. $N = 117$ NGU male officers (76% of contract military members and 24% of officers) participated in the study. These combatants were withdrawn from the combat zone in June 2014 due to combat losses and the death of the unit commander.

Hypothesis. After participating in hostilities, military personnel developed different types of personality resilience to the effects of traumatic stress.

Statistical analyses. The participants' typification of resilience and adaptation to extreme events was determined by hierarchical cluster analysis. The differences between groups in mean values were determined using Student's t -test.

Results. Four types of personality resilience to combat stressors were identified: "Those

who predicted danger" (68.38%), "Those who were open to danger" (21.37%), "Those who identified themselves with the role of the victim" (6.83%), and "Those who hid their fear" (3.42%). The results showed that self-identification of a personality with symptoms of acute stress disorder affects the features of the implementation of the anxiety buffer role.

Limitations. The conclusions on the anxiety buffer role for the formation of PTSD require clarification and further studies.

key words:

post-traumatic stress,
resilience,
anxiety,
combatants,
combat losses

klíčová slova:

post-traumatický stres,
resilience,
úzkost,
vojáci,
ztráty v boji

INTRODUCTION

Individuals who faced significant difficulties could return to normal life despite the hardship they experienced (VanMeter & Cicchetti, 2020). The importance of human resilience emerged as a new frontier for studying the effects of negative experience on mental health and well-being; nevertheless, its basic mechanisms remained unknown (Kalisch et al., 2017; Southwick & Charney, 2012; Southwick et al., 2014). There was a high interest in resilience in recent years and huge efforts were made to increase resilience, particularly in populations where an exposure to stressors was expected, for

example, military officers (Polusny et al., 2017; Schok et al., 2010). However, resilience represented a versatile and multideterminant structure (i.e., made up of a variety of factors); thus, it was hard to measure this component and the term “resilience” itself was used in various ways throughout the literature (Sheerin et al., 2018).

Most definitions of the term “resilience” were based on two basic concepts: a) exposure to significant threat, severe adversity, or trauma; and b) the achievement of positive adaptation despite major assaults on the developmental process (Yao & Hsieh, 2019). The World Health Organization considered resilience as “a process which included positive adaptation with protective factors and actives which mitigated factors of risk and, therefore, reduced the impact of risk on results” (Burns & Catlin, 2017, as cited in Yao & Hsieh, 2019). Likewise, the American Psychological Association (2012) defined resilience as a process of adaptation in the face of difficulties, traumas, tragedies, threats, or serious sources of stress.

Scientific literature presented different approaches concerning the definition of the concept “personality resilience”. Resilience was conceptualized as a dynamic process of development that included the achievement of positive adaptation within the context of significant threat, severe difficulty, or trauma (Cicchetti, 2010). Yao & Hsieh (2019) defined resilience as congenital human ability which was a key factor to reveal the information on the reasons why some people recovered after trauma and others did not. Some researchers considered resilience to be traits of character or abilities including self-estimation of reaction as well as way of coping (Blackburn & Owens, 2016; Vyas et al., 2016), others included both personal and social values into its structure (Zimmermann et al., 2014).

Sleijpen et al. (2013), and Southwick et al. (2014) proposed to consider the problem of mental health disorders of an individual as evidence of a lack of resilience. Bryan et al. (2019) proved that resilience could be connected with some psychological resources which were a buffer of minor, short-term, moderate, and long-term problems. Changes in psychological resources could influence an individual’s ability to resist stress.

Resilience was often considered to be the rule rather than the exception (Bonanno, 2004; Kessler, 1995), and that was mentioned in numerous studies related to the professional activities of military personnel (Johnson et al., 2011; Nash et al., 2015; Polusny et al., 2017). Lee et al. (2014) pointed out that resilience was an ability to adapt after stress successfully. Some authors maintained that resilience was a result of the absence of post-traumatic stress (PTS) or it was a low level of presenting the symptoms of post-traumatic stress disorder (PTSD) (Polusny et al., 2017). Vest et al. (2017) proved that among the factors which formed resilience to stress (pre-recruitment preparation, unit social support, marriage satisfaction, and family support), marriage satisfaction was the most justified factor in mental health preservation among the US National Guard and reservists of the US Armed Forces. Support for recruits, cohesion, support in the military community, and social support for veterans after deployments mitigated the ties between combat stress and the development of PTSD (Avery & McDevitt-Murphy, 2014; Smith et al., 2013). However, Layman et al. (2019) believed that these effects of interpersonal cohesion in military groups were understood as a reflection of the experience of certain types of relations but not as general characteristics of individuals in these relations.

Bartone (2006) found out that if military leaders had the potential to increase their vitality, that was also a resource to increase resilience to the stress of their subordinates. According to Wood et al. (2012), a high level of leadership of immediate commanders and encouragement for subordinates were considered to be a buffer of associations between combat symptoms as well as symptoms of PTSD. In contrast,

the length of vacations connected with traumas and unemployment could increase the level of post-traumatic stress (García et al., 2019).

Schok et al. (2010) proved that higher resilience was a predictor of a lower level of mistrust of people around, of more personal growth, lower level of intrusion, and avoidance after military deployment. Riolli et al. (2010) revealed that in addition to characteristics of resilience and aspects of cognitive assessment of current mood states were an important predictor of psychological adaptation under the conditions of traumatic stress of the US military personnel.

Thus, the results of existing studies on resilience differed from significantly different estimations of this phenotype prevalence in post-traumatic context (Bonanno, 2004; Cicchetti, 2010) what complicated the comparison of resilience in different studies.

Interesting results of the research related to anxiety, resilience, and the occurrence of PTSD of individuals in stressful situations were obtained in the frames of the study “Anxiety Buffer Disruption Theory (ABDT)”. Pyszczynski and Kesebir (2011) summarized existing research on this theory in four different cultures with individuals who experienced different types of traumas. The authors confirmed the existence of this “atypical pattern” and expressed support for ABDT as a premise of the emergence of PTSD. Overstreet et al. (2018) analyzed the types of relations between Anxiety Sensitivity (AS) and Distress Tolerance (DT) and distinguished their relations with PTSD. As a result, the authors obtained a three-cluster solution, which included the profile of “risk exposure” with a high level of AS and a low level of DT; “stable” profile with a low level of AS and with a high level of DT and medium “intermediate” profile of AS and DT. The profile of “exposure to risk” was connected with significantly expressed symptoms of PTSD (hyperexcitation, avoidance, and re-experiencing) in comparison with the other two profiles. The profile of “exposure to risk” was also associated with more expressed depressive symptoms and a lower level of self-esteem of resilience (Overstreet et al., 2018).

Hence, there was proposed the following hypothesis: after being involved in combat operations military personnel developed different types of personality resilience to the effects of traumatic stress.

The problem of the resilience of military personnel to combat stress in Ukraine became especially relevant since the beginning of the War against illegal armed groups in the East of Ukraine from 2014 to the present day. After the “Revolution of Dignity” the military personnel of the Armed Forces of Ukraine and the National Guard of Ukraine (NGU) participated in hostilities against separatists (Prykhodko et al., 2019). They were constantly exposed to combat stress, which led to a violation of their resilience, adaptation, and behavior that contributed to the emergence of various mental disorders, and post-traumatic personality transformation (Kolesnichenko, 2019; Melnyk et al., 2019; Prykhodko et al., 2020).

Therefore, this study aimed to determine the influence of post-traumatic stress and combat losses on the mental health of combatants and to develop the typology of their resilience to extreme situations.

METHOD

Respondents

NGU officers ($N = 117$ male, between 21 and 56 years of age, $M = 28.71$, $SD = 5.56$; 76% of contract military members and 24% of officers) took part in the study. These participants were withdrawn from the combat zone in June 2014 due to combat losses, including the death of their unit commander. This NGU military unit participated in the first battles against illegal armed groups in the War in Eastern Ukraine. The com-

batants had no combat experience and for the first time faced the death of comrades and their commander. In the first 72 hours after the traumatic event, the combatants received debriefing and psychological support. The research was carried out within two weeks following these events.

All procedures met the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. All participants consented to use their data in this research.

Instruments

The State of Resilience and Adaptation Questionnaire (SRAQ) (Yakovenko, 1996) consisted of 30 statements and made it possible to reveal the resilience level of an individual to traumatic events, to assess the peculiarity of behavior and the ability to adapt to new conditions. All SRAQ statements were grouped into five scales: "Personal satisfaction and satisfaction with mental state"; "Satisfaction with the situation and its dynamics"; "Satisfaction with the sphere of interpersonal relations"; "Satisfaction with functional state"; "Satisfaction with life activity"; then the "Total resilience indicator" was calculated. The participants rated each SRAQ statement from 0 to 3 points: 0 points were the minimum presence of features; 3 points meant that the feature was the most developed in the respondent. The total score of all SRAQ statements could reach 90 points. To assess the SRAQ results, the study by S. Yakovenko (1996) was used; the indicators were interpreted according to the following criteria: less than 12 points meant that the result was unreliable; the score from 13 to 30 points meant successful adaptation to the traumatic situation; from 31 to 45 points meant successful adaptation, but it could be achieved at the cost of mental stress; from 46 to 60 points meant "sub-extreme" resilience and adaptation (a mandatory consultation of a psychologist was recommended); from 61 to 75 points meant "extreme" resilience and adaptation to a traumatic situation (a mandatory psychological correction and restoration of personal resources were required); from 76 to 90 points meant instability of personality towards a traumatic situation, features of life crisis, presence of definite features of failure of adaptive reactions (it was necessary to consult not only a psychologist but also a psychiatrist).

The anxiety level of participants was studied using the State-Trait Anxiety Inventory (STAI) (Spielberger et al., 1983) adapted into Ukrainian. The STAI Questionnaire consisting of 40 items. Twenty items were aimed at estimation of the state of anxiety (a temporary state influenced by the current situation where the respondent noted how he/she felt at that moment) and 20 items were aimed at estimation of the trait of anxiety (a general propensity to be anxious where the respondent noted how he/she felt "in general").

The mental status of participants was studied using the Traumatic Stress Questionnaire (TSQ) (Kotenev, 1996). The TSQ contained 110 statements, which the respondents rated by a 5-point Likert scale. The maximum value (5 points) captured the mental state of a respondent at present; the minimum value (1 point) did not correspond to the mental state of a respondent at all. The respondents showed features of combat stress and PTS on the subscales: trauma event (A), trauma relapse (B), symptoms of avoidance (C), symptoms of hyperactivation (D), distress, and adjustment disorders (F). Symptoms of acute stress disorder (ASD) were also estimated according to subscales: symptoms of dissociative (b), re-experiencing trauma (c), symptoms of avoidance (d), symptoms of hyperactivation (e), distress, and adjustment disorders (f). The total value for each indicator of the combatant's mental state was calculated by summing up the individual points of every participant. The TSQ made it possible to calculate three total scales to estimate the mental status of participants: "ASD", "PTS", and "Depression".

The typification of resilience and adaptation of the participants was determined using the procedure of hierarchical cluster analysis within-groups linkage with z-standardization of variables (K-means). For the data presented basic descriptive statistics was used (arithmetical mean M, standard deviation SD). The reliability of differences in the results of the mean values in four interrelated samples was determined using Student's t-test for solving the multiple comparison problems (in our study there were six pairs of comparisons) (Di Leo & Sardanelli, 2020; Wasserstein & Lazar, 2016). Therefore, we lowered the traditional threshold for statistical significance from $p < .05$ to $p < .008$. The statistical analysis of the results of the study was carried out using the program SPSS 17.0.

Results

The use of cluster analysis gave the possibility to examine the relations between resilience, mental status, anxiety, and to distinguish four combatant groups (Fig. 1).

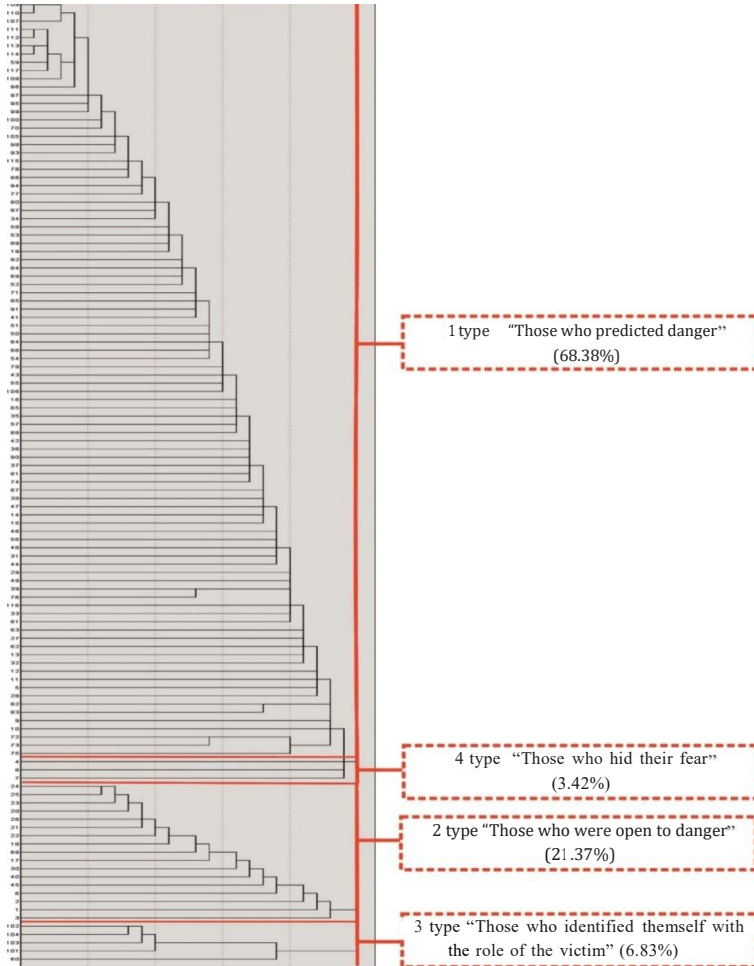


Figure 1 Cluster analysis results of the relations between mental status, resilience, and anxiety in four combatants groups

Table 1 Psychometric characteristics of combatants' groups with different types of resilience and adaptation to stressful conditions

Scales	Groups of combatants			
	Group 1 (68.38%)	Group 2 (21.37%)	Group 3 (6.83%)	Group 4 (3.42%)
	M±SD	M±SD	M±SD	M±SD
<i>The State-Trait Anxiety Inventory</i>				
State anxiety	37.11±5.75	33.44±5.33	37.50±2.83	40.50±3.87
Trait anxiety	34.25±4.93	29.96±5.73	29.00±9.27	34.25±5.32
<i>The State of Resilience and Adaptation Questionnaire</i>				
Personal satisfaction and satisfaction with mental state	8.41±1.84	10.96±1.40	13.00±0.00	6.00±0.00
Satisfaction with the situation and its dynamics	8.65±1.29	9.68±1.22	12.00±0.00	6.50±0.58
Satisfaction with the sphere of interpersonal relations	8.38±1.68	8.52±1.19	9.00±0.00	7.50±1.73
Satisfaction with functional state	8.15±1.58	8.24±2.24	8.00±0.00	6.00±0.00
Satisfaction with life activity	9.18±1.95	9.56±2.31	14.00±0.00	7.00±0.82
Total resilience indicator	42.76±5.52	46.96±6.33	56.00±0.00	33.00±1.41
<i>The Traumatic Stress Questionnaire</i>				
L - Lie	15.41±2.57	10.56±0.51	19.00±0.00	13.50±3.42
Ag - Aggravation	6.55±2.57	9.88±1.01	12.00±0.00	6.00±0.82
Di - Dissimulation	7.54±3.24	9.08±3.55	11.00±0.00	7.25±3.86
PTS	112.54±11.42	137.60±5.07	172.00±0.00	84.25±4.57
A - Trauma event	9.70±1.44	8.80±2.53	11.00±0.00	6.50±0.58
B - Re-experiencing the trauma	20.71±3.28	31.24±2.03	39.00±0.00	13.50±2.89
C - Avoidance symptoms	31.30±6.29	33.92±3.55	46.00±0.00	25.00±3.83
D - Hyperactivity symptoms	33.01±4.35	44.52±4.05	54.00±0.00	24.75±3.77
F - Distress and adjustment disorders	17.81±3.21	19.12±1.01	22.00±0.00	14.50±2.38
ASD	104.63±9.67	131.92±3.55	170.00±0.00	75.00±2.94
b - Dissociative symptoms	16.09±2.51	22.56±0.51	33.00±0.00	14.00±2.31
c - Re-experiencing the trauma	19.28±3.25	27.80±2.53	34.00±0.00	12.25±2.99
d - Avoidance symptoms	7.61±2.06	7.68±1.52	10.00±0.00	3.25±0.50
e - Hyperactivity symptoms	38.23±5.58	51.08±3.55	62.00±0.00	29.75±4.92
f - Distress and adjustment disorders	13.73±3.36	14.00±0.00	20.00±0.00	9.25±5.25
Depression	38.56±8.56	47.76±2.03	59.00±0.00	39.00±5.72

Table 2 Differences in psychometric indicators between combatant's groups

Scales	Differences between groups											
	t_{1-2}	p_{1-2}	t_{1-3}	p_{1-3}	t_{1-4}	p_{1-4}	t_{2-3}	p_{2-3}	t_{2-4}	p_{2-4}	t_{3-4}	p_{3-4}
<i>The State-Trait Anxiety Inventory</i>												
State anxiety	2.95	.006	0.33		1.66		2.78	.008	3.19	.004	1.38	
Trait anxiety	3.37	.001	1.58		0.00		0.28		1.48		1.24	
<i>The State of Resilience and Adaptation Questionnaire</i>												
Personal satisfaction, satisfaction with mental state	7.34		22.30		11.73		7.29		17.73		–	
Satisfaction with the situation and its dynamics	3.64		23.16		6.66		9.55		8.43		19.05	
Satisfaction with the sphere of interpersonal relations	0.48		3.33	.002	0.99		2.01		1.14		1.73	
Satisfaction with functional state	0.19		0.85		12.20		0.54		5.00		–	
Satisfaction with life activity	0.75		22.09		4.70		9.61		4.15		17.15	
Total resilience indicator	2.98	.006	21.46		10.40		7.14		9.62		32.53	
<i>The Traumatic Stress Questionnaire</i>												
L - Lie	15.93		12.49		1.10		8.30		1.72		3.22	.004
Ag - Aggravation	9.48		19.00		1.10		10.46		8.51		14.70	
Di - Dissimulation	1.94		9.57		0.15		2.71	.008	0.89		1.94	
PTS	15.37		46.55		10.80		33.95		21.33		38.37	
A - Trauma event	1.69		8.05		9.67		4.34		3.94		15.59	
B - Re-experiencing the trauma	19.25		49.80		4.84		19.15		11.83		17.67	
C - Avoidance symptoms	2.62	.008	20.89		3.09	.005	17.03		4.37		10.97	
D - Hyperactivity symptoms	12.17		43.12		4.24		11.70		9.62		15.50	
F - Distress and adjustment disorders	3.18	.004	11.68		2.66	.008	14.21		3.83		6.30	
ASD	21.11		60.47		16.22		53.69		34.84		64.54	
b - Dissociative symptoms	2.72	.008	4.35		1.76		3.04	.005	3.38	.001	6.45	
c - Re-experiencing the trauma	3.67		4.49		4.57		2.24		4.86		9.57	
d - Avoidance symptoms	0.18		2.37		2.84	.007	2.63	.008	3.26	.003	7.00	
e - Hyperactivity symptoms	6.61		7.09		3.34	.001	3.40		8.32		13.10	
f - Distress and adjustment disorders	0.73		4.68		1.69		–		1.81		6.09	
Depression	8.85		11.35		0.15		4.73		3.03	.005	11.00	

Note. $t_{x,y}$ means T-value of the difference between group x and group y; $p_{x,y}$ means the p-value of this difference.

Descriptive statistics of the psychometric characteristics of these groups are presented in Table 1, statistical data on the results of the significance of differences between the possible pairs of the four groups identified (there were six pairs of comparisons in total) are presented in Table 2.

According to the data presented in Tables 1 and 2, there is a tendency to increase the indicators of resilience, adaptive abilities, and mental status (ASD, PTS, and Depression) from the first group to the third one. However, the vector of changes in the state and trait anxiety indicators had some differences.

In the first group, all indicators of resilience were diagnosed with normal adaptive stress without a threat to personality: the total resilience indicator was significantly higher than in the second group ($p < .006$). Almost all indicators of traumatic stress in the group were within normal limits. The exception were the indicators on the scale's "C" (Avoidance symptoms) and "F" (Distress and adjustment disorders), which could be designated as medium-high: these indicators were significantly higher in the first group than in the second ($p < .008$) and fourth ($p < .005$). Moreover, in this group, there were high indicators of a trait ($p < .001$) and state ($p < .006$) anxiety compared with the second combatant group.

The second group was characterized by a certain underestimation of the danger of events that combatants experienced: in this group, the lowest indicators of state anxiety than in all three participants groups were revealed ($p_{1-2} < .006$; $p_{2-3} < .008$; $p_{2-4} < .004$). In addition, in this group, the ASD indicators were of the average value and were less expressed in the scales "b" ("Dissociative symptoms") and "d" ("Avoidance symptoms") in comparison with the indicators of PTS. Such underestimation of danger led to a sub-extreme level of resilience and tension of adaptive abilities in an actual stressful situation as well as to a certain personal dissatisfaction, one's ability to control a specific situation, its dynamics, and life activity in general. However, the events they experienced did not change their attitude toward the world around them. Their sincerity, openness to the outside world didn't change as well.

The representatives of the third group revealed a trend that determines the main features of the ASD, PTS, and the tension of adaptive abilities. However, not all indicators of these conditions were significantly higher in this group than in the other three. Note that the indicator of state anxiety in the respondents of the third group was significantly higher than in the second group ($p < .008$).

Completely different tendencies were observed in the fourth group: its representatives had an absence of the ASD and PTS features and a tendency to a high level of resilience and adaptive abilities was also noted. Nevertheless, such indicators could be the result of conscious control of responses during their work with TSQ and SRAQ. At the same time, they had the highest anxiety level: state anxiety was significantly higher in the fourth group than in the second ($p < .004$).

DISCUSSION

Mental state indicators in the first and second groups of participants were quite correspondent to the research carried out in the frames of "Anxiety Buffer Disruption Theory" (Edmondson et al., 2011; Pyszczynski & Kesebir, 2011). Among the representatives of the first group, anxiety continued to act as a buffer despite the experienced traumatic stress. The second group demonstrated that anxiety lost its protective function. The relatively high percentage of combatants in the second group (over 20%) was probably connected with the fact that the military unit lost its commander. There is a need to point out that average PTS indicators of the NGU military personnel did not exceed 20% in another research (Prykhodko et al., 2020).

Conditionally, the first type of resilience and adaptation to the action of combat stress was developed “Those who could predict danger”. This type of participants could assimilate the experience of participation in hostilities and indicators of anxiety gave military personnel the possibility to predict dangerous situations. According to Crane et al. (2019) experience of stressors and difficulties had the potential to increase the level of resilience.

The second type of combatant’s resilience has termed “Those who were open to danger”. Representatives of this type could not fully rethink and accept the traumatic experience, and as a result, their level of anxiety “did not learn” to signify dangerous situations and, thereby, to perform a protective function (this combatant’s group had the lowest level of state anxiety than the other three).

There occurred an interesting situation with the identification of the third combatant’s group. Their indicators suggested that military personnel deliberately exaggerated their PTSD and ASD indicators to gain sympathy and support. Probably, knowledge gained after psychological informing and debriefing could influence the results. Perhaps they identified themselves with those who suffered (with victims) and hoped that the performance of the “victim role” could protect them from danger (for example, it could give them the possibility to avoid participation in the next deployments or to find a “defender” and to build dependent relations with them). Perhaps representatives of this group were prone to the formation of dependent relations, it was customary for them to find a way to shift responsibility for themselves and their life in others, and their trait anxiety did not play a protective, buffer role for a long time. This type was conditionally distinguished as “Those who identified themselves with the role of the victim”.

The fourth combatants’ group was likely to deny that they had symptoms of PTSD, ASD, and Depression. Like the servicemen of the third group, they could successfully use the knowledge gained during the debriefing and subsequent work of psychologists. However, they had opposite attitudes towards PTSD and ASD: perhaps these states were stigmatizing for them. Anxiety in this group continued to perform its protective role. Probably, a source of additional anxiety for servicemen of this group was the realization that they had certain symptoms of PTSD, ASD, and Depression, which they tried to hide. The stigma of PTSD was quite common and was analyzed in some researches (Goode & Swift, 2019; Guay et al., 2006). The danger of this phenomenon was that stigmatized military personnel did not seek any social support and professional assistance (Lepore & Revenson, 2006; Schuy et al., 2019). This type of resilience and adaptation has termed “Those who hid their fear”.

It could be assumed that hiding fear (group 4) and demonstration of defenselessness (group 3) were the ways to attract an external resource (interpersonal relations) to increase their resilience level and to overcome the combat stress action. The role of interpersonal relations in improving the resilience level was studied by Avery and McDevitt-Murphy (2014).

The results of our research did not only confirm the “Anxiety Buffer Disruption Theory,” but also indicated that humans attitude to their psychological state as well as PTSD symptoms could influence their indicators of anxiety and its role as a buffer. Thus, the acceptance of this state (identification with the role of victim) could replace the functions of the trait anxiety, as independent relations could shift their responsibility and function of prediction of danger to other people. Denial of PTSD symptoms could increase the state of anxiety and generate self-doubt. There was a possibility that further increase of indicators of anxiety could lose their predictive function and

begin to play a disorganizing role. Thus, the results of our study confirmed the hypothesis that after participation in combat operations, military personnel could develop different types of personality resilience towards the effects of traumatic stress.

In addition, there remain important question on the need to conduct a debriefing after combat operations on the prevention of the development of PTS symptoms in military personnel.

Limitations

The formulated assumptions about the buffer role of anxiety of the different personality types to the presence of PTS symptoms require further research.

CONCLUSIONS

The study tried to identify one of the mechanisms of post-traumatic stress formation based on the loss of anxiety buffer role. The combination of resilience and stress adaptation indicators, changes of mental status as well as the state and trait of anxiety levels during the formation of post-traumatic symptoms in the acute period after combat trauma, made it possible to identify four resilience types to combat stressors: “Those who predicted danger”, “Those who were open to danger”, “Those who identified themselves with the role of the victim” and “Those who hid their fear”. The attitude of person to his/her mental status with the presence of ASD and PTS symptoms influenced the characteristics of the performance of anxiety buffer role. The “role of the victim”, the concealment of feelings and fear were the ways to attract an external resource (interpersonal relations) to increase the resilience level, the ability to cope with the action of combat stressors.

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SOUHRN

Dopad posttraumatického stresu a ztrát v boji na resilienci vojáků

Cíle. Na začátku války na východní Ukrajině vojáci ukrajinské armády (NGU – Národní garda Ukrajiny) a vojáci dobrovolnických praporů, kteří neměli bojové zkušenosti, se poprvé setkali se smrtí svých spolubojovníků. Cílem tohoto

výzkumu bylo zjistit dopady posttraumatického stresu a ztrát v boji na mentální zdraví vojáků a vytvořit typologii jejich resilience vůči extrémním událostem.

Soubor. Výzkumu se zúčastnilo 117 mužů – důstojníků NGU (76 % smluvních vojáků a 24 % důstojníků z povolání). Tito vojáci byli staženi z bojové zóny v červnu 2014 kvůli ztrátám v boji a smrti velitele jednotky.

Hypotéza. Po účasti v bojích si vojáci vyvinuli různé typy osobní resilience vůči dopadům traumatického stresu.

Statistická analýza. Typologizace resilience účastníků výzkumu a adaptace na extrémní události byla určena hierarchickou trsovou analýzou. Získaná data byla popsána základními

popisnými statistikami. Rozdíly mezi skupinami ve středních hodnotách byly zjištěny Studentovým t-testem.

Výsledky. Byly vyčleněny čtyři typy resilience osobnosti vůči bojovým stresorům: „Ti, kdo predikovali nebezpečí“ (68,38 %), „Ti, kdo byli otevřeni nebezpečí“ (21,37 %), „Ti, kdo se identifikovali s rolí obětí“ (6,83 %), a „Ti, kdo skryli svůj strach“ (3,42 %). Výsledky ukázaly, že sebeidentifikace osoby se symptomy akutní stresové poruchy ovlivňuje prvky realizace nárazníkové role úzkosti.

Omezení studie. Závěry o nárazníkové roli úzkosti pro utváření PTSD vyžadují objasnění a další výzkumy.