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MODELS OF PSYCHOLOGICAL FUNCTIONING OF SOLDIERS IN A COMBAT SITUATION

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A soldier intended for participation in combat operations should be carefully selected, trained and team-integrated. In turn, commanders at all levels should be able to manage the stress level, because exceeding the maximum tolerance level, both at the individual and team level can result in a complete breakdown of combat capability. It is necessary to elaborate an effective methods of solving «difficult» situations on all interpersonal and commanding levels. Clear responsibilities, duties and obligation should be elaborated and fullfill . Rules for segregating wounded and dead soldiers, their evacuation and treatment should be clear for all hopefully waiting for help and respecting the deaths of their comrades. Caring for wounded and dead is associated with the high ethos of service. A soldier should have not only his own resources to deal with combat stress, but also obtain social, environmental and family support, combined with the comfortable material conditions of the service. Failure to meet the above-mentioned conditions can lead to serious health consequences, including the cases of psychiatric diseases and psychological disturbances.

Mental disorders of soldiers functioning in traumatic situations. It is associated with symptoms of ASD (Acute Stress Disorders) and its development-PTSD (Post Traumatic Stress Disorders). It becomes possible to change personalities of affected soldiers, interpersonal disorders and social behavior, psychosomatic reactions and even suicidal behavior. ASD is associated with a short-term mental disorder experienced during or immediately after the injury or traumatic situation that lasts for at least two days or disappear within four weeks after the event. Symptoms include an innate feeling of numbness, reduced alertness towards the environment, derealization of depersonalization, dissociative amnesia, withdrawal from expected social interactions, narrowing visual attention, anger or verbalized aggression, inadequate or unintended activity, uncontrolled and excessive sadness. PTSD disorders occur from 4 weeks to 1.5 years after the event in which the person: experienced, was a witness or was confronted with an event carrying death or threatening life or serious physical injury or a physical and integrity of himself or others. Mental reactions included intense fear, helplessness or horror, which were manifested through persistent recall, avoiding similar stimuli and situations, and as a consequence, personality and social functioning could change. PTSD, however, is

not just a negative syndrome, it is full of contradictions. According to Charles W. Hoge, MD, Colonel US Army these symptoms of PTSD, which in the so-called civilian life brings negative consequences, in war conditions can decide on the survival of a soldier. Re-experiencing an event, intrusive thoughts, strong emotions caused by memories can make a soldier sensitive to currently occurring combat situations and thus help in avoiding or releasing an optimal ex-post reaction. This understanding of PTSD is controversial but also draws attention to the certain usefulness of emerging symptoms in soldiers who are again in the battlefield.

Possibilities of help in war situations. Emergency help may be colleagues and commanders, as well by a special team co called crisis intervention/support team. Permanent help should be carried out by the Combat Stress Control (CSR) Team. The optimal impact should be based on selected models of work based on CSR, supporting on the work of psychologist. The main goal of these activities should be a quick return of the soldier to service. The beginning of the support group's activity should be running within 24 - 72 hours after the event.

Conclusion. Mental resilience is important in conducting combat operations. War conflicts increase the need for psychiatrists and psychologists help, also because there is still lacking of knowledge about the possible consequences for the soldiers' mental health. It seems that it is still unclear why some soldiers suffer from PTSD syndrome, while others experience only ASD, and some do not experience nor ASD and nor PTSD and even no emotional disturbances. Developing mental resilience must be based on both internal and external resources is the ability to reach existing (internal) and external (which involves receiving support from other people) during the crisis. Therefore, one must develop the work on a better understanding and also develop the concept of «resilience». It should also be emphasized that the process of shaping resilience is different, which is variable depending on the time in which the soldier is examined and what are his individual personality traits that can actually contribute to resistance to trauma. However, both of these variables still do not exhaust the spectrum of factors that make up the overall picture of the development of this process.

ЦИВІЛЬНИЙ КОНТРОЛЬ НАД ВОЄННОЮ СФЕРОЮ В УКРАЇНІ ЯК ЧИННИК ПІДТРИМАННЯ ПОЛІТИЧНОЇ СТАБІЛЬНОСТІ У СУСПІЛЬСТВІ

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У контексті російської агресії на південно-східних кордонах України, все більшої актуальності набуває проблема цивільного демократичного контролю над воєнною сферою нашої держави. Як справедливо стверджує І. Саман, запровадження цієї реформи «...розвантажить військове керівництво,