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Short Communication

Psychological Problems and Personality on the Example of Posttraumatic Stress Disorder

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The study of the problem of personality changes in mental disorders is relevant and socially significant in modern society, since there is an urgent need to provide effective psychosocial assistance to a large number of people suffering from certain stressful effects, having certain problems.

At the present stage of the development of civilization, when global social, political, economic, scientific, cultural processes (events, changes, revolutions, crises, catastrophes) are taking place that have no analogues in world history, all social groups and strata of modern society find themselves in a situation that forms a rather specific psychological state, which psychiatrists call "borderline" - a state of balancing between the norm and pathology, health and disease. These conditions are accompanied frustration bordering on prostration, various stresses reaching the level of distress, conflict leading to violence, aggression. The stressful life of modern society (information oversaturation, numerous local military conflicts, man-made disasters, terrorist attacks, material and spiritual poverty, on the one hand, and swagger and oversaturation, on the other, have produced unheard of upheavals and caused cataclysms in the social, political, economic, psychological, the spiritual life of many states and societies, have had an impact on the psychology of not only entire nations, but also individuals. The content of our existence has become immorality, lies, loss of spirituality, motivation for consumption, loss of values, perversion of ideals, isolation of the Self, which is fraught with numerous psychological problems, which, in turn, generate social and personal problems (according to the feedback mechanism), psychopathological, psychosomatic, somatic. And above all, the person suffers physically, spiritually and mentally. And especially with mental disorders, there are changes in the socio-psychological, emotional and moral representations of the individual.

First of all, let's try to understand what is a problem in its psychological and psychopathological manifestations, in other words, what is a "normal" problem and what is a "pathological" problem. The problem of understanding and interpreting the psychological and psychiatric category "problem" arises before every specialist in the mental health service in the course of the treatment and diagnostic process. The problem of understanding the relationship between the psychiatric and psychological (and in some cases, social) components of this category is posed. The very formulation of such a problem is a multi-valued problem and has a number of aspects [1-4]. It is solved in its own way in psychology and psychiatry.

Having a very close methodological base, psychology and psychiatry have different objects of study - a healthy and sick mind. But for some reason, the huge, intermediate between illness and health, the mass of patients, defined as borderline, is ignored. Here the problems are psychological and psychiatric: from the norm to the disease, from a milder level of pathology to a more severe level, personality

diseases and diseases provoked by mental traumas of varying intensity and depth. When it comes to the psychological problems of a person, most often they mean individual problems associated with certain personal, deep features of a person, so they can be very different - problems with self-esteem, communication, self-confidence, difficulties in making decisions and etc [5]. A psychological problem is "an actualized psychological contradiction within a person or group, which manifests itself within the framework of a mental norm, but creates discomfort, tension, hinders the normal development, functioning and adaptation of a person or group" [6]. The author considers the problem as a contradiction, since any obstacle, difficulty, conflict reflects the contradiction between opposing tendencies. We can say that any problem is based on a contradiction and any problem, including psychological, can be characterized through this basis. Psychological problems are a kind of barriers to adaptation, development and normal functioning of the individual. Features of overcoming these barriers determine the options for personality development (progressive, regressive, pathological development) [6].

Patients often explain psychological problems not by psychological, but by objective, independent circumstances. Here an important role is played by the so-called determinative system of personality, i.e. a system of ideas on the basis of which a person explains the causes of various phenomena, including his own problems. Psychological problems lead to three forms of problem solving: adaptive response (that is, a response that leads to problem solving), partially adaptive, and non-adaptive response. Maladaptive response styles on an emotional level lead to emotional suppression, submissiveness, self-blame, and aggressiveness; at the cognitive level, there is humility, confusion, dissimulation and ignoring, and at the behavioural level, a person actively avoids the situation or retreats before solving the problem [6]. Adjustment disorder undermines the ability of the individual to manage his life and adapt to those changes that he cannot control. And the problem "Grows" into a psychiatric, that is, into a mental disorder, when a person cannot solve or adapt to his mental problems on his own. Among the most common mental disorders that can be considered as a consequence or as a result of unresolved psychological problems, one should name, first of all, stress (psychogenic) reactions, depression, all kinds of neurotic disorders (anxiety, phobic, obsessional, etc.), addiction disorders, psychotic disorders, personality disorders and some others.

As noted by Alexandrovsky Yu.A. [7], "specific human qualities - work, duty and an unstated need - get a flaw". A morally broken personality loses the criterion of conscience as a socio-psychological category, which is the beginning and joy of human life, the best ally of labor. This led to a global reassessment of all the values of the physical, mental and spiritual being of the modern world, unprecedented throughout the history of mankind.

The relationship of personality with the physical, mental, spiritual and social incarnations is not straightforward and one-sided. The relationships here are very deep, profound, multilateral and dynamic. In the aspect of mental disorders, we suggest that there are several possible explanations for these relationships. Firstly, personality traits and disorders that existed before the disease can act as risk factors for the development of the disease and play a certain pathogenetic role in its development. There are studies [8] confirming that individuals with borderline personality disorders have limited resources to resolve stressful events, which makes them more vulnerable to the development of the disease. At the same time, the more significant the negative attitudes of the personality observed in the premorbid, the sharper they can be revealed in the disorder, whether it be a psychotic or neurotic disorder. Positive and negative personality traits before the disease are reflected in the patient's pathological experiences, influencing his behavior. Positive moral and ethical attitudes of the individual to a large extent contribute to the suppression of the emerging pathological mental production with an antisocial orientation, and hinder the tendency to its implementation.

Secondly, stress, a pathogenic situation, psychological trauma in themselves can cause permanent changes in character. This explanation is supported by many researchers who have found that individuals with borderline personality disorders have a high incidence of childhood trauma [9,10]. Herman J.L. and van der Kolk B.A. [9] directly indicate that the borderline personality disorders detected in PTSD are associated with stress. However, it should be taken into account that psychological trauma is a necessary but far from sufficient

condition for the development of the disease [11]. It is a proven clinical fact that the causes of any mental illness are rooted in personality traits that shape the cognitive processing of stressful events, but they are also influenced by early life experiences and social support.

Thirdly, personality disorders and characteristics also develop as a reaction to life events, and not only to traumatic experiences [12]. For example, prolonged sleep deprivation, nightmares can lead to irritability, emotional lability, explosive outbursts, anger, which forms personality disorders over time and under certain conditions. In fairness, it should be noted that despite the obviousness of such relationships, this point of view is not generally accepted. As arguments, the results of studies are given in which the role of traumatic stress in the etiology of borderline personality disorders is confirmed only by data from retrospective studies [9,13]. Axelrod S.R., *et al.* [14] tried to remove the noted limitations of the study using the example of PTSD and put forward hypotheses that boiled down to the following: 1) pre-war borderline personality disorders can be an indicator of the variability of post-war PTSD symptoms (in addition to the consequences of combat exposure) [8]; 2) combat manifestations are predictors of increasing post-war borderline personality disorders (except for those that occurred in the pre-war period); young age of combatants is a predictor of additional variability in post-war borderline personality disorders [15]; 3) Combat-related PTSD symptoms are predictors of post-war borderline personality disorders [12]. Axelrod S.R., *et al.* [14] support each of the above three options and point to complex relationships between trauma, the PTSD clinic, and borderline personality disorders. Transpolating the results of these studies to a number of psychogenic, reactive diseases, we can see that, indeed, personality traits determine the clinical diversity of these disorders, reactive and psychogenic manifestations are predictors of growing personality disorders; symptoms of the disease associated with stressful experiences are predictors of subsequent personality disorders [12].

Qualitative changes underlying pathological transformations of personality and behavior are primarily detected in such areas of the personality as emotional, value-semantic, motivational, the sphere of defense mechanisms and coping strategies, as well as the sphere of social interaction [16]. It seems an indisputable fact that after a mental trauma, a chronic personality change can develop [17,18].

It is well known that difficulties harden a person. But this regularity is not always manifested with a positive sign. Under the influence of problematic life situations or unusual psychological traumas and experiences that impose unusual, non-standard requirements on the individual, both constructive and destructive changes can develop. Non-normative crises ("shocks"), as Fau E.A. notes, can have both positive and negative effects on the psychological and psychosomatic status of patients [19]. Clinical practice shows that victims of extreme traumatic (combat) effects for some time after the end of exposure to stress factors experience an acute state of shock (defined by ICD-10 as "acute stress reaction") [20]. Most victims (67%) of extreme experiences, combat veterans, acute stress reactions stop on their own, and they return to their usual state. And of course, the decisive role in resolving this problem is played by the personal characteristics of the victims of trauma. For the remaining 33% of victims, the impact of the traumatic event continues, and of course, due to certain personal characteristics, but not only personal ones. At the same time, the state of acute stress transforms into a state of post-traumatic stress, which makes it difficult to adapt to normal living conditions and leads to the emergence of various maladaptive forms of behavior. The destruction of former values, norms, ideals, worldview, ideas about oneself, about the world and one's place in it, contribute to building neurotic defense mechanisms in combat veterans [21,22]. Extreme effects of stress on the psyche lead to violations of the structure of the "self", the cognitive model of the world, the affective sphere, and emotional ways of learning [23, 24]. All individuals with PTSD showed symptoms of this disorder, but most patients also had affective and personality disorders [25]. Most often, symptoms of "physiological excitability" (58.1%), "affective circle" (41.7%) and less often symptoms of "cognitive sphere" disorders (14.9%) were noted. Many researchers express the opinion that the manifestations of stress reactions largely follow from premorbid personality traits [26,27]. These ideas are clearly differentiated in the concept of character accentuations by K. Leonhard [28] and A.E. Lichko [29]. Karl Leonhard drew attention to the fact that about half of the people have fairly uniform character traits. In the other half of the people in the personality structure, one or more character traits dominate and leave an imprint on the whole appearance of the personality as a whole, determine

all human behavior. He called them accentuated. K. Leonhard identified several types of accentuations, which were later expanded by many researchers of this problem (for example, Lichko A.E.). Character accentuations are considered as etiopathogenic, pathoplastic and prognostic factors that determine the stress response and its subsequent course.

Developing our idea expressed in the article "The role of personality in the development of combat post-traumatic stress disorder " previously published in the journal "Psychology and Psychotechnics" [30], considering the problem of personality, on the one hand, as a pathogenetic factor in the genesis of PTSD, and on the other, - clinical phenomenon, personality, we can consider at three levels: 1) pre-traumatic personality traits or disorders (premorbid personality), 2) intra-traumatic personality disorders (personally conditioned reactions to psychological trauma, stress), 3) post-traumatic personality disorders (chronic personality changes after suffering stressful event). Pre-traumatic personality traits or disorders (premorbid personality) constitute a kind of "ground" on which the stress reaction is formed. These include, first of all, character accentuations.

Psychic trauma, regardless of its nature (domestic, personal, interpersonal, professional, anthropogenic or natural, etc., etc.), does not always acquire the significance of a stressor and gives impetus to the formation of post-stress disorders. It becomes such only in those cases when it has a certain informational value in the hierarchy of value categories of the individual, the intensity of the impact on the individual, the sufficient duration of the impact, and the significance of the information. But an essential etiopathogenetic criterion is also the type of premorbid personality, character traits and temperament, as well as the biological vulnerability of a person, some features of the social situation, age factor, premorbid burden of mental trauma, etc. That is, trauma becomes a stressor only when it is aggravated by biological and gnostic content.

When deciding on the boundaries of the competence of psychiatry and psychiatrists, one of the most difficult is to determine the boundaries of the mental norm and pathology. Attempts to solve it have been made by more than one generation of psychiatrists, philosophers, psychologists, sociologists and other specialists, but there is still no definitive answer. Apparently, it is unlikely that it will be received in the foreseeable future. The problem is that with the current level of knowledge it is impossible to consider a mental disorder in isolation from the mental norm, from the character and temperament of a person, the characteristics of his personality, from the state of his somatic health, from environmental conditions. Range of psychiatric problems Personality includes such closely interrelated categories as the sphere of perception, memory, thinking, emotional-volitional sphere, personality warehouse, motivation of actions, etc. The listed parameters of the human psyche and personality are to some extent reflected in the sphere of individual, social and social functioning of a person, and appear at the problem level. In the case of mental pathology, this and the manifestations of functioning have a tinge of individuality, originality, often extravagance, originality, giftedness, talent, and finally, the genius of the individual. Society often tends to categorize a certain part of people with these characteristics as originals, eccentrics, extravagant, and sometimes half-normal.

Different subjects have different reactions to mental suffering and problems. Resistance to disorders of mental activity depends on the specific physical characteristics of individuals and the general development of their psyche. The first step leading to exhaustion of the nervous system is anxiety. It arises as a result of the tendency to draw in one's imagination various negative developments of events that never materialize in reality, but provoke excessive unnecessary anxiety. Such anxiety gradually escalates and, as the critical situation grows, it can transform into a more serious disorder, which leads to a deviation in the mental perception of the individual and to dysfunctions in the functioning of various structures of internal organs. The response to prolonged exposure to traumatic situations is neurasthenia. It is accompanied by increased fatigue and exhaustion of the psyche against the background of hyper excitability and constant irritability over trifles. At the same time, excitability and grumpiness are protective means against the final failure of the nervous system.

In traumatic situations, which the subject does not try to resist, a hysterical reaction occurs. The individual simply "runs away" into such a state, forcing himself to feel all the "charm" of experiences. This condition can last from two to three minutes to several years. At

the same time, the longer the period of life it affects, the more pronounced the mental disorder of the personality will be. Only by changing the attitude of the individual to his own illness and attacks, it is possible to achieve a cure for this condition.

In traumatic situations, as well as without them, depressive states can develop for no apparent reason. Depression is characterized by a pessimistic attitude, blues, lack of joy and desire to change anything in one's existence. She is usually accompanied by insomnia, refusal to eat, intimacy, lack of desire to do daily activities. Often depression is expressed in apathy, melancholy. A person in depression, as it were, closes in his own reality, does not notice others.

Thus, any psychological problem is based on a person who must solve it in order to achieve adaptation. Any psychological problem is solved by a person due to its characteristics, which both contribute to the achievement of adaptation and hinder this process, leading to the development of various pathological conditions and disorders. The psychological problem is solved by the personality in interaction with a number of psychobiological and psychosocial factors, which is very important depending on the intensity of the stress factor and the importance that the personality attaches to this stressful effect. The pathological process that develops in the case of a non-adaptive solution to the problem is influenced by both premorbid (pre-traumatic) personality traits and intra- and post-traumatic personality disorders. Both the variety of problems, their different intensity, form and content, as well as the variety of normal personality, accentuated forms of personality, as well as acquired personality disorders, create significant difficulties in creating a classification of psychological problems. Sometimes the problem seems insurmountable. The problem of searching for patterns (biological, psychological, etc.), on the basis of which the problem of classification will turn out to be real, is actualized.

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