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VĖJŪNĖ DOMANSKAITĖ-GOTA

LONG-TERM PSYCHOLOGICAL AFTER-EFFECTS OF PARTICIPATION IN WAR
ACTIVITIES

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1. INTRODUCTION

1.1. Substantiation of the research problem: relevance and novelty of the study

Humans have been warring ever since the ancient times. The experience of war always affects the soldiers involved. Upon returning home, some participants of war adjust to the civilian life fairly easily and quickly. Others take more time to adapt as their war experiences affect their whole lives – the ways they feel about themselves, their decisions, choices and relationships. War trauma and its effects have long been studied. Originally, such research attempted to yield understanding of what affects the warring men the most, why some of them cope with their experiences, while others do not. For many years, ever since research on the World War I, explanations alternated between nature and nurture (Shepard, 2004). Finally, in 1980, following research on the Vietnam War participants, a new diagnostic category was identified called the post-traumatic stress disorder, whose etiology centers on a traumatic event or experience (DSM-IV, 1994). Admittedly, war participants suffer numerous rather than single traumatic events and long-term stressful situations. Many studies have found that participation in war causes long-term psychopathological effects. Of special interest to researchers have been manifestations of post-traumatic stress (Dohrenurend et al., 2006; Schlenger et al., 1992, 2007; Weiss et al., 1992; Kang et al., 2003; Toomey et al., 2007; Sutker, Allain & Winstead, 1993).

Research has established how participants of different wars differ in their experiences of post-traumatic stress and ability to adapt in life. It has been found that it is related to the nature of warfare and the society's attitude to war and its participants. The Vietnam and Korean wars are noteworthy for their most gruesome impact on their participants. Similar to them is the Afghanistan war, in which our research participants took part, as it was viewed negatively by the society and the returning soldiers did not receive proper recognition and support.

However, the situation of Lithuanian men who performed military service in the Afghanistan war in 1979-1989 is even worse in many ways as they have not received any proper recognition and acceptance by the society. They are not content with the status of victims of the Nazi and Soviet repressions they received in 2005 and they seek recognition as war veterans. The process of war acknowledgment has been disrupted since the beginning

and it continues to this day. This is due in part to the policy of secrecy and violence which pervaded all the Afghanistan war-related experiences. The fact they would serve in Afghanistan would only be broken to many soldiers on their way to the war zone, on the plane. Conscription servicemen were not allowed to go on leave and visit their homes, they would have their letters censored and would be told what to write (for a long time they were even forbidden to write that they were serving in Afghanistan). Upon return, depending on the nature of the service, the veterans were forced to sign pledges of silence. In Lithuania the situation and awareness of the Afghanistan war veterans are exacerbated by the fact that shortly after the war, Lithuania regained independence but did not recognize their traumatic experiences formally on the ground that they were not at war for Lithuania but for the Soviet Union. This caused the veterans great moral mortification.

What are the feelings of the Lithuanian Afghan war veterans, who have not experienced public acceptance and recognition, which is the mediating-protective factor between war experiences and post-traumatic effects and helps give meaning to the experience of war and to adapt to the civilian life? This study aims to assess the veterans' psychological state and long-term after-effects of war trauma. How and what post-traumatic effects develop under such specific conditions, when for such a long time the naming of war experience is not only unacceptable and not recognised, but even forbidden? Such studies are scarce because after other wars, even if the society at large did not accept its veterans at first (the Vietnam War (Goodwin, 1987; Classen & Koopman, 1993)), the situation changed over time, the veterans enjoyed recognition and acknowledgment of the consequences of their severe experiences and both they and their families were provided with adequate professional help. At the same time, the society was undergoing the process of psychoeducation, which is integral in the understanding of the consequences of trauma and providing help for veterans and their families. In Lithuania, this process has not taken place and there continues to be paucity in the understanding of the psychological after-effects of war. It is important to understand how such a situation, which runs counter the acknowledgment of war experience and adaptation, is reflected in the lives of veterans.

War participants are often found to be engaged in risky alcohol consumption (Kulka et al., 1990; Jordan et al., 1991; Laufer, Brett & Gallops, 1985). Attempts have also been made to understand and explain the links among war experience, PTSD and alcohol consumption. We believe that it is important to evaluate these relationships in our study as Lithuania provides an extremely harmful "cultural" context of alcohol use. Since 1990, the

year our country regained independence (i.e., almost coinciding with the return of veterans from Afghanistan) till 2010, alcohol consumption has doubled. The Afghan veterans' age group accounts for the biggest alcohol consumption: as many as 43.3 percent of men in the 35-44 years age group consume risky amounts of alcohol.

Although the main etiological factor in post-traumatic symptoms is experience of traumatic events (Weiseath, 2004; Herman,2006), the post-traumatic effects and ability to adapt differ in soldiers returning from the same war. Thus, studies of war veterans look for and find an increasing number of mediating factors between the experience of trauma and post-traumatic symptomatology. We believe that it is important to explore not only the experiences and their consequences in Lithuanians who took part in the Afghanistan war, but also to identify the risk and protective factors and their interactions with post-traumatic symptoms and post-traumatic stress disorder. We give proper regard to the significant factors found in previous scientific research: the intensity of trauma, the length of service, certain demographic factors, adaptation, social support, alcohol consumption and the sense of coherence. One of the most suitable methods to explain the multi-factor interactions of variables is the increasingly more commonly used today Structural Equation Modelling (SEM) (Raykov, 2006), which we chose for our study in the hope to find answers to the questions posed.

In summary, the situation of the Lithuanian soldiers who served in the Afghanistan war is unique in many ways (prolonged unacknowledgment, repudiation of naming of war experience and insufficient professional psychological post-traumatic help), but its after-effects have not been researched. This is the first study of this kind in Lithuania.

1.2. The aims, objectives and defended statements of the dissertation

The aims of the dissertation

1. To evaluate the psychological peculiarities specific to Lithuanian Afghanistan war veterans.
2. To identify the factors related to posttraumatic symptomatology of men who served in Afghanistan and to assess the strength of their interactions.

Objectives of the dissertation

1. To evaluate the trauma peculiarities of Afghanistan war veterans.
2. To identify the post-traumatic symptomatology of Afghanistan war veterans.
3. To evaluate the factors related to post-traumatic symptomatology: sense of coherence, social support, adaptation, consumption of alcohol and drugs, length of the service, nature of trauma exposure and its evaluation.
4. To compare two Lithuanian male groups – men who served in Afghanistan and men who served in various regions of Soviet Union where no military operations were taking place. To assess whether traumatic experience, post-traumatic symptomatology, adaptation after the service, social support, sense of coherence, consumption of alcohol and drugs differ within these two groups.
5. To identify the risk and protective factors and their interactions with post-traumatic symptoms and post-traumatic stress disorder.

Defended statements of the dissertation

1. Lithuanian Afghanistan war veterans experience long-term psychological after-effects of war traumas.
2. Lithuanian Afghanistan war participant's traumatic experience, post-traumatic symptoms are far severe, adaptation is poorer, addictions are stronger and sense of coherence is lower than in comparison group.
3. Afghanistan war veteran's post-traumatic symptoms are related to nature of war trauma exposure, traumatic experience, adaptation, social support, alcohol and drugs abuse, and sense of coherence.

2. RESEARCH METHOD

2.1. Research participants

The data in this study was collected from a questionnaire survey with a sample of 268 Lithuanian men, aged 32 to 52, who were on military duty (compulsory military service) in the Soviet army in 1979–1989. The sample is nonclinical. 174 of these men

served in Afghanistan during the Afghanistan war (study group) and 94 men served in various regions of the SSSR (comparison group).

There were no major differences between the two groups with the respect to the age (now and at the beginning of service), marital status and the military rank. All men were on the average 19 years old when they were on military duty and 39 at the time of the study. The vast majority of men who served in Afghanistan and the Soviet Union are married (respectively 83% and 89%). Approximately half men of both groups were private soldiers, another half – sergeants.

There were major differences between the two groups with the respect to the education, working position and living place. The difference in the education (before and after service) was significant; those men who served in the SSRS were more educated than those who served in Afghanistan. During those 17 or more post-war years twice as fewer men who served in Afghanistan gained the university education than the men in comparison group. Afghanistan war veterans working position requires a lower level of education and qualifications. More than two times less men in a study group hold key positions than the men in comparison group. Vast majority of both groups live in big cities and cities. Somewhat more men in a study group live in small cities and country sides.

2.2. Instruments

All the participants filled in a 15-page questionnaire covering a wide range of (non)service-related, mental-health-related, and adaptation-related issues. The first part of the questionnaire contained questions about age, family status, education (before and after the service), job, changing of the job, and service-related issues (military rank, beginning and duration of the service, combat exposure). Then we assessed trauma experience, post-traumatic symptomatology and mediate factors.

Trauma experience. The list of 25 life-threatening experiences adopted from the first part of Harvard Trauma Questionnaire (HTQ) (Mollica et al., 1992) was used for life-time (service-related/non-service-related) traumatic events and conditions measures. Each question offered a possibility of answering according to direct exposure or indirect exposure (i.e., witnessing an event or a close person who experienced an event). Also we

asked to indicate which of traumatic events they experienced during the last year. Cronbach's alphas coefficient for the Lithuanian version ranged from 0.66 to 0.86 (Gailienė and Kazlauskas, 2005).

Military experience we assessed by asking two open questions: "What was the worst/most terrifying experience for you during your military service?" and "What was the best experience for you during your military service?"

Post-traumatic symptomatology. The Harvard Trauma Questionnaire-Part IV (HTQ) (Mollica et al. (1992)) was used as a measure for self-reported posttraumatic stress symptomatology, posttraumatic stress disorder (PTSD) and subclinical level of posttraumatic stress disorder (subPTSD). It is culturally sensitive and has good construct, convergent, and discriminant validity. The inventory consists of 30 questions, 16 of which relate to the three core symptom groups of PTSD: intrusion, avoidance, and hypervigilance according to DSM-IV. A sub-clinical level of PTSD is gained if the respondent meets two criteria out of three and satisfies the first criterion (Schützwohl and Maercker, 1999). The subscales were scored separately. The answers are rated on a 4-point Likert-type scale ranging from *rarely or never* to *most of the time*. Cronbach's alphas coefficient for the sample of this study was 0.95, for free subscales: 0.83 - intrusion, 0.86 - avoidance and 0.95 - hypervigilance.

We used the Trauma Symptom Checklist (TSC-35) to evaluate post-traumatic symptoms. This checklist owes its origin to J. Briere and M. Runtz (TSC-33, 1989). The 35 questions of the TSC (complemented in 1997 by A. Elklit) measure the occurrence of depression, anxiety, dissociation, sleep problems, somatization, interpersonal sensitivity, and hostility. The answers are stated on a 4-point Likert-type scale from *no* to *very often*. The TSC has good psychometric qualities and appears to be a valid instrument for the effects of traumatization (Elklit, 2001). Cronbach's alphas coefficient for the sample of this study was 0.95 and ranged between 0.74 and 0.87 for various subscales.

Mediate (risk and resilience) factors.

Adaptation directly after the service was measured by asking two questions: "How well did you manage to adapt after service?" and "If it was difficult to adapt, what were the difficulties?"

Subjective assessment of effects of service on life after the service. We asked two structured questions about the service impact on the achievements of personal and professional life and changes of their attitudes towards life.

Seven structured questions were asked to evaluate subjects' *alcohol and drug use* during the service, after the service and at the present (research time). The answers on alcohol and drug use during the service and after are stated on a 4-point Likert-type scale: *not at all, less than before service, the same as before service, more than before service*. The answers on the use of alcohol at the present are stated on a 7-point Likert-type scale from *complete abstainer* to *drinking a lot all the time*. The answers on the use of drug are stated on a 5-point Likert-type scale: *never used drugs, used during service, after service, use drugs until now, in other way*.

Sense of coherence, global orientation expressed in terms of comprehensibility, manageability and meaningfulness, was measured with shorter, 13 items version Sence of Coherence Scale (SOC-13) (Antonovsky, 1987; Lithuanian version: Žaržojutė, 2004). Many studies confirmed the psychometrical reliability and validity of the SOC (Antonovsky, 1993, Lindström, Eriksson, 2005). The participants had to rate 13 items on 5 point Likert scale, ranging from *very often* to *never*. Cronbach's alphas coefficient for the sample of this study – 0.89.

The Crisis Support Scale (CSS) (Joseph, Andrews, Williams, & Yule, 1992) is used for rating the experience of perceived social support after a traumatic event from two sources through seven items. The items include perceived availability, received emotional support, received practical support, contact with people in a similar situation, the ability to express oneself, the experience of being let down, and general satisfaction with social support. The items are rated on a 7-point Likert-type scale, ranging from *never* to *always*. The scale has two parts: retrospective measurement of social support and current. It has good internal consistency as well as good discriminatory power (Elklit, Pedersen, and Jind, 2001). Cronbach's alphas coefficient for the sample of this study – 0.89.

2.3. Procedure

The study was conducted on average 17 years after each individual's finishing the military service, in 2000-2003, when Lithuanian participants of Afghanistan war had not yet been recognized as victims neither legally nor psychologically.

The participants were surveyed in two ways: by handling the questionnaire directly or by post. The results were analysed together, because in both cases the participant filled in the questionnaire on his own.

Lithuanian Afghanistan war veterans' organization helped us to reach the participants. Men from comparison group were reached through different institutions and organizations. All the men completed the questionnaires, yielding the response rate of 50% in study group and 63% - in comparison group.

2.4. Data analysis

The quantitative results were analysed using SPSS 20 and Mplus 6.0 statistical softwares (Muthén, Muthén, 2006). The answers to an open-ended questions was analysed according to the principles of thematic analysis (Boyatzis, 1998; Braun, Clarke, 2006).

3. THE MAIN RESULTS AND DISCUSSION

3.1. Trauma experience and adaptation after the service

The men in comparison group served half a year longer than the men who served in Afghanistan (respectively 2 and 1.5 year). However, the men who served in Afghanistan had a harder military service experience. There was a statistically significant difference in the combat exposure between the two groups. 94 % of the Afghans participated in military operations, 24 % of them – in combat. On the contrary, 99 % of comparison group did not participate in any military operations. Researchers have reported a direct association among PTSD, various psychosomatic disorders and the duration of being in an active military operation zone (Ena et al., 2000; Weisæth, 2004; Lapierre et al., 2007). Being in a war zone longer than for six months is indicated as a critical boundary. The

Lithuanian Afghans spent on the average one year and a half in the zone of active military operations, and this exceeded the critical boundary three times. What is the impact of this on Lithuanian Afghanistan war veteran’s health and life?

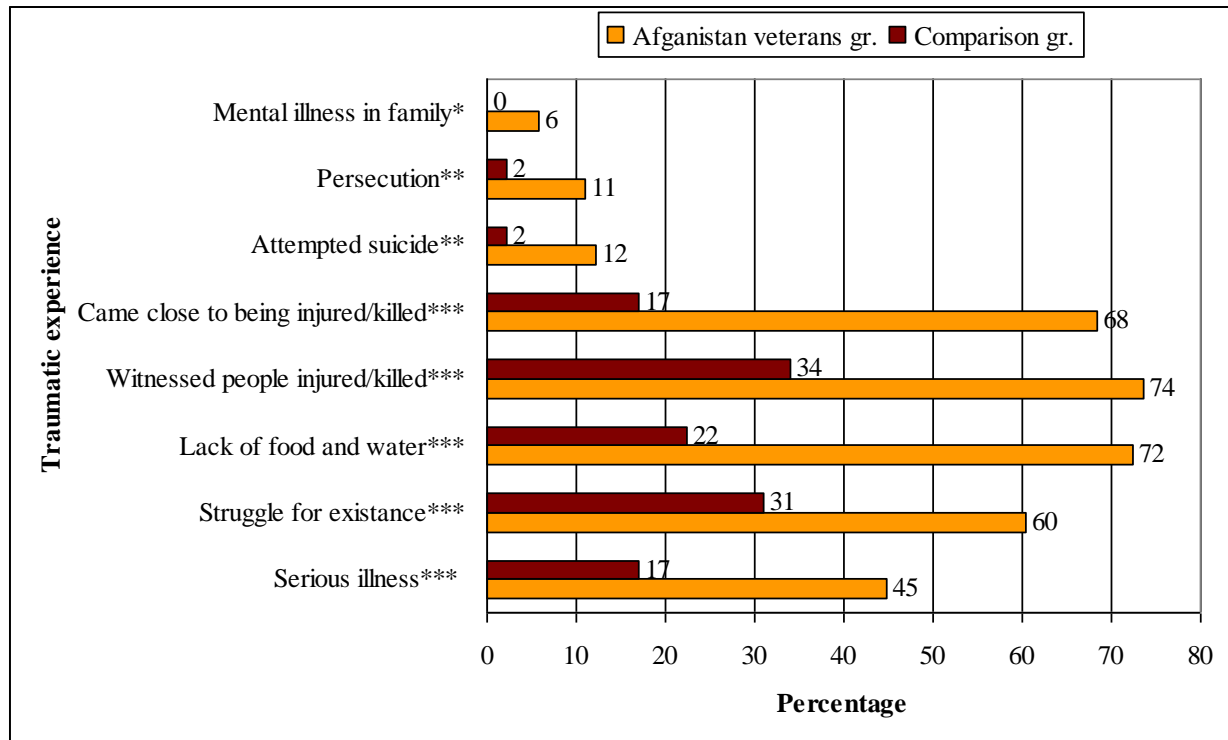


Figure 3.1. Personally experienced traumatic events in two groups: Lithuanian Afghanistan war veterans and comparison gr. $p \leq$ * 0.05 ** 0.01 *** 0.001.

The men who served in Afghanistan personally experienced almost twice as many lifetime traumatic events and conditions than the men in comparison group (respectively, 10 and 6) and many of them reflect the realities of war. The men who served in Afghanistan witnessed other people injured or killed two times more often, experienced lack of food and water three times more often, came close to being injured or killed four times more frequently, had a serious illness almost three times more often, and struggled for their existence two times more frequently when compared to the members of the SSRS group (Figure 3.1.). The Afghan veterans experienced more persecution by others and mental diseases inside their families. Besides, the Lithuanian Afghan war participants had six times bigger instance of attempting a suicide in comparison group. The latter figures reflect the hardness and obviously address the effects of the traumatic events and conditions experienced by the Lithuanian Afghanistan war veterans.

The Afghan war veterans report by far more service-related negative and terrible experiences than men in the comparison group. Their experience reflects the realities of war, the ongoing confrontation with death, the state best characterized as “it’s either you kill, or you are killed”.

The worst and most terrible experiences for them during the service in Afghanistan were loss of friends and their injuries, military operations, attacks/firing/ambush, fear of death and the "smell of death" (near death experience, nearly died), shooting people. Also the worst and the most terrible experiences were constraints of food, water, sleep and communication, difficult climatic conditions, non-statutory relations and meaninglessness – “meaningless fight with other people”.

Meanwhile, half of men who had served in the Soviet Union during the service did not encounter any terrible or bad experiences. Another part of men who had served in the Soviet Union as the most terrible/worst experience named non-statutory relations, general nature of the military service (those who served in Afghanistan didn’t mention that). Also, as those who served in Afghanistan, they experienced – lack of food, sleep, sanitation conditions and meaninglessness.

Afghan veterans had more difficulties adjusting to a normal life after the service than those who served in the Soviet Union. One third of Afghan veterans had difficult and very difficult adjustment after service. While, men from comparative group fared much better - even 76% adjusted to life easily and very easily ($\chi^2=106.33$, $df=4$, $p<0.001$). Their experience in Afghanistan has left an indelible mark that many of them may never erase. Military experience has changed their outlook on life and greatly influenced the life goals and achievements. “People could not understand me, I could not understand them.” They returned from the environment where danger to their lives was felt constantly, constantly had to be on standby and confronted with other realities of war. At home they were faced with peacetime reality. They had not only to readjust, to give meaning to war experience, but also to anchor in their lives. Veterans experienced tension, nightmares, flashbacks (“nightmares were chasing at night and fear that I could be shot from behind the arc in the daytime. And so for half a year, then it slowly disappeared”) and this aggravated their adjustment. On one hand disaffection from surroundings, depreciatory attitude towards them only burdened their adjustment. On the other, they established their own lives, families, careers and continued education. “Early

marriage claimed responsibility and it was hard to withstand the burdens”, to cope with “financial challenges”. Family and friends helped them, but the support gradually decreased.

3.2. Psychological after-effects

After 15 and more years Afghanistan war veterans experiences these long-term psychological after-effects:

1) Post-traumatic symptomatology.

13.5% of Afghanistan veterans have posttraumatic stress disorder, SSRS group - 0%. The sub-clinical level of PTSD reached 12% of the Afghans and 2% of the comparative group members ($\chi^2=22.04$, $p<0.001$). Also Afghan veterans are more prone to have contiguous post-traumatic symptoms: depression, anxiety, dissociation, somatisation, sleep disorders, interpersonal sensitivity and aggression.

2) Risky alcohol consumption.

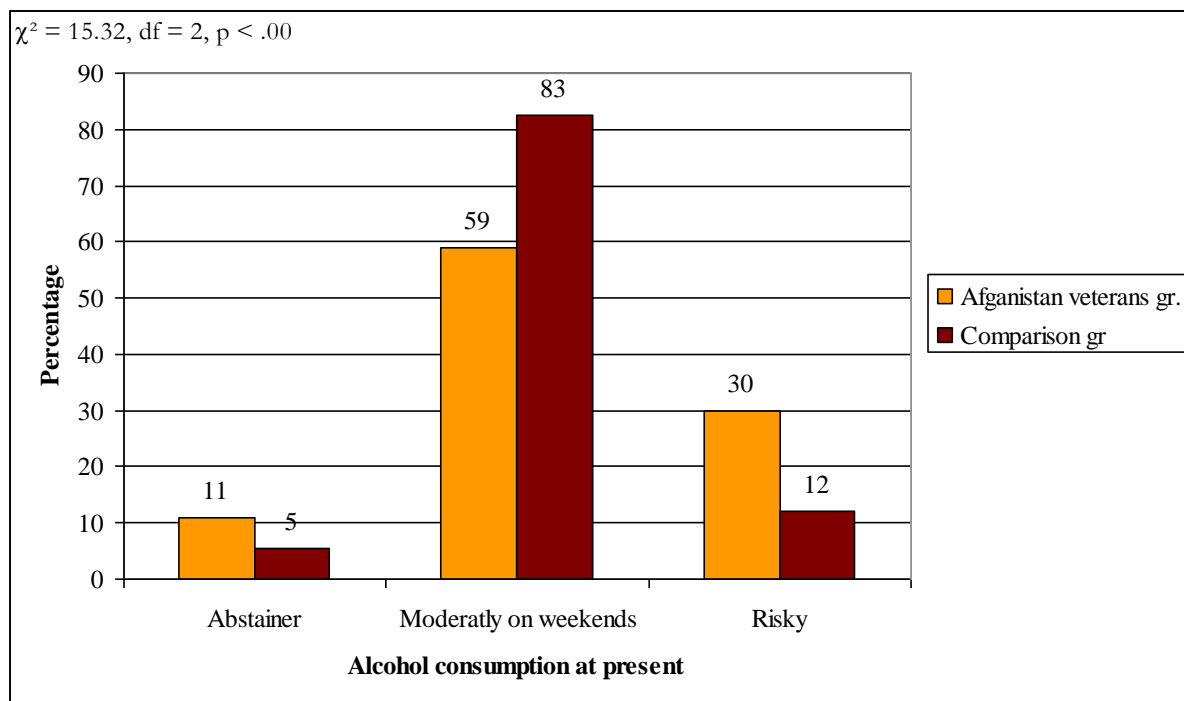


Figure 3.2. Current alcohol consumption in two groups – men who served in Afghanistan and the Soviet Union.

Currently, men from both groups consume alcohol moderately mostly on weekends, but comparative group uses it more than the other does (Figure 3.2.). Afghan

war veterans consume alcohol in more extreme forms. More than twice as many veterans are abstinent. (11% are complete abstainers and 5 % – in the Soviet Union group). One third of Afghan veterans and 11% from USSR group have problematic alcohol consumption. 25% of Afghan veterans and 7% men from comparison group consume lots of alcohol on weekends or periodically. 2% of Afghan veterans drink heavily all the time. It is believed that abstinence and excessive alcohol consumption may be risk factors for the development of PTSD.

3) Current **indicators of psychosocial adaptation** are significantly worse for Afghanistan war veterans than for the comparison group. More than 80% of the veterans' service experience influenced change in their attitude towards life. Twice as many Afghan veterans are divorced. Half of the veterans subjectively assessed the service as disturbance for their academic and professional achievements. This is also reflected in poorer demographic data. They have lower education degree and their position held is lower also. They are characterized by frequent change of workplaces. Almost one-third of Afghanistan veterans are unemployed, while in the comparison group – only 2%. Summarizing adaptation by one veteran's words: "Life turned out not as I had planned."

3.3. Comparison of Afghanistan war veterans with the post-traumatic stress disorder and without

Afghanistan war veterans with the post-traumatic stress disorder report more traumatic events and experiences related to family life. These experiences have been ongoing and span the time before and after the war. Such a finding is indicative of the fact that the experience of trauma is a necessary but not a sufficient condition for the development of PTSD. Traumatic events and experiences prior to the war, such as adverse childhood experiences or family history of mental illness may be risk factors which increase the likelihood of developing post-traumatic symptomatology and increased alcohol consumption upon incurring traumas in later life (Brewin et al., 2000; Ozer et al., 2003; King et al., 1996, 1999; Fontana et al., 1994; McLeod et al., 2001; Op den Velde et al., 2002). The most common post-traumatic factors specified by researchers which may increase the development of adverse response to trauma such as the lack of social support

and the newly experienced additional new life stresses and traumas (Keane et al., 1985; King et al., 1999; Solomon et al., 1990; Boscarino, 1995; Brewin et al., 2000; Ozer et al., 2003) have been manifest in Afghanistan veterans with PTSD and sub-PTSD. The decline in perceived psychosocial support has been found in veterans of other wars, too (Solomon et al., 1990; King et al., 2006; Jelušić et al., 2010; Kean et al., 1985) and can be explained with the help of two consecutive mechanisms underlying the relationships between social support and post-traumatic stress symptoms, i.e. social causation and social choice (Kaniasty et al., 2008). Upon returning home after the war, the Afghan veterans perceived more support, which helped them to cope with the consequences of severe trauma and facilitated the challenges-ridden adaptation. However, as time goes by and the post-traumatic symptoms persist, there appears a decline in received and perceived social support as the veterans' state affects their interpersonal relationships and the ways they are perceived. Increase in emotionally cold or totally absent relationships with relatives and absence of friends in PTSD veterans indicate their social withdrawal since the return from the war. Such lives of veterans dealing with the effects of the war unfold in the context of the infamous Lithuanian ever spreading alcohol consumption "culture" during the post-independence period (Klumbiene et al., 2012). Even taking into account the tendency to subjectively report lower than actual amounts of alcohol intake (Embree et al., 1993), the Afghanistan veterans, especially those with PTSD and sub-PTSD, exceed the wide-spread alcohol consumption prevalent in Lithuania (50% of them use risky amounts of alcohol). Personal experience obtained by the author of this thesis in the meetings with Afghanistan veterans raises doubts about the understanding of what moderate alcohol consumption is, as the majority of participants in both groups (fewer by half in the PTSD group) identified themselves as moderate weekend users. We think that the assessment of the amount of alcohol consumed is highly subjective and is influenced by experience, post-traumatic symptoms and the general "culture" of alcohol use. Moreover, the available personality resources, i.e. the sense of coherence, are scarcer in veterans who have suffered more severe consequences. The weaker the sense of coherence, the less the person is able to control and make sense of his life, the more intense the expression of trauma symptoms (Antonovsky, Sagy, 1986; Javtokas, 2005; Kazlauskas, 2006; Vaskelienė, 2012), the more difficult the development and maintenance of positive mental health (Eriksson & Lindström, 2006; Richardson & Ratner, 2005; Ebert et al., 2002).

3.4. Predictors of post-traumatic stress disorder

Post hoc logistic regression model ($\chi^2 (5) = 58.83, p < 0.001$) explained between 30.5% (Cox and Snell R square) to 45% (Nagelkerke R square) of the variance in PTSD, correctly classified 56.1% of cases (Table 3.1.). The sense of coherence, adaptation after the service, traumatic experience – violent assault and loss of family member, moderate alcohol consumption prognoses Afghan war veterans with PTSD and subPTSD.

Table 3.1. Results of post hoc logistic regression.

| Variables and steps | B | S.E. | OR | 95 % CI | Predicted % correct | | | |
|-------------------------------|-------|------|---------|---------|---------------------|---------------|----------|------|
| | | | | | No PTSD | PTSD sub PTSD | Over all | |
| 1st step | | | | | | | | |
| Sense of coherence | -0.16 | 0.03 | 0.85*** | 0.80 | 0.91 | 93.4 | 29.3 | 77.2 |
| 2nd step | | | | | | | | |
| Adaptation after service | -0.85 | 0.28 | 0.43** | 0.25 | 0.74 | 94.2 | 41.5 | 80.9 |
| Sense of coherence | -0.15 | 0.04 | 0.86*** | 0.81 | 0.92 | | | |
| 3d step | | | | | | | | |
| Violent assault | 1.10 | 0.45 | 3.00* | 1.24 | 7.19 | 93.4 | 43.9 | 80.9 |
| Adaptation after service | -0.87 | 0.28 | 0.42** | 0.24 | 0.73 | | | |
| Sense of coherence | -0.15 | 0.04 | 0.86*** | 0.80 | 0.92 | | | |
| 4th step | | | | | | | | |
| Loss of family member | 1.11 | 0.45 | 3.03* | 1.25 | 7.35 | 90.1 | 51.2 | 80.2 |
| Violent assault | 1.16 | 0.46 | 3.20* | 1.30 | 7.86 | | | |
| Adaptation after service | -0.82 | 0.29 | 0.44** | 0.25 | 0.78 | | | |
| Sense of coherence | -0.16 | 0.04 | 0.86*** | 0.80 | 0.92 | | | |
| 5th step | | | | | | | | |
| Loss of family member | 1.10 | 0.46 | 3.00* | 1.21 | 7.44 | 91.7 | 56.1 | 82.7 |
| Violent assault | 1.33 | 0.48 | 3.76** | 1.47 | 9.67 | | | |
| Adaptation after service | -0.74 | 0.29 | 0.48* | 0.27 | 0.85 | | | |
| Moderate drinking on weekends | -0.51 | 0.23 | 0.60* | 0.38 | 0.95 | | | |
| Sense of coherence | -0.14 | 0.04 | 0.87*** | 0.81 | 0.93 | | | |

Note. * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.

3.5. Model of psychological after-effects of participation in the Afghanistan war

To see the broader picture – the link pathways between the trauma experience, the mediating factors and consequences of trauma, we have developed a model to assess the psychological after-effects of participation in the Afghanistan war. The model fit is good (CFI = .95, TLI = .93, RMSEA = .06).

We have established a complex picture of direct and indirect links between the variables in the model (Figure 3.3.).

Many studies of war veterans confirm the prognostic value of war-related experience in the development of post-traumatic effects (King et al., 1995; 1996; 1998; Fontana, Rosenheck, 1994; Boscarino, 1995). Our model has not established direct effects but it has found indirect effects principally through adaptation after service. We believe this is influenced by the long period of time which has elapsed since the war experience. Over time, the person's perspective changes and other things come to the foreground. The traumatic war experience remains important, but its interaction with the consequences becomes more complex as it is affected by adjustment upon return (to what extent and how a person integrates the previous war experience in his life) and a number of things which have happened during those 17 or more post-war years. This is reflected in the logistic regression analysis: when traumatic events and experiences were taken separately, two predictors of PTSD were found, namely violent assault and the loss of a family member. Most likely they happened after the war experience, therefore they become so prominent. Solomon and colleagues (1990) found that the influence of war experience on PTSD decreases over time under the influence of personal social and cognitive variables. More difficult adjustment after service directly predicts PTSD. Adaptation upon return interacts strongly with the sense of coherence. Thus, adjustment of personality involves personality resources, the ability to understand, monitor and make sense of life experiences. And the ability to adjust predicts the perceived social support. This bolsters the mechanism we have established, whereby the state the person is in affects his perceived support: the worse the person feels, the fewer resources of support he perceives. Social support predicts PTSD: directly the support which is being received and indirectly the support after the service through current support. There emerges an intricate relationship between support from different sources and post-traumatic symptomatology. When it comes to family support, our study confirms the findings of other studies that more support predicts less PTSD, whereas an opposite trend is evident when it

comes to support of friends, as more support predicts more PTSD. We believe that the mechanisms underlying these links need to be explored by further, more detailed research, and it is important to accurately distinguish between friends and comrades. Alcohol consumption plays an important role here, distorting support, its perception and impact.

Our model does not lend support for the fact that the length of service is a predictor of PTSD. This finding runs counter to the findings from other studies which suggest that the length of service is a potential source of more traumatic experiences and more severe consequences (duration-response relationship) (Ena et al., 2000; Weisæth, 2004; Lapierre et al., 2007; Friedman et al., 2007). We believe it has to do with the fact that the study was carried out many years after the war experience, when we find more risk factors affecting the PTSD chronicity rather than its emergence (Schnurr et al., 2004). Furthermore, the variance of the service term is not big, which may not reflect the overall dynamics.

The sense of coherence was one of the strongest predictive factors for PTSD. This finding reaffirms the importance of personality factors in post-traumatic processes (Shephard, 2004; Vogt et al., 2007; Sutker et al., 1995).

We found links among PTSD and alcohol use in Afghanistan, after the service and at the present moment. Drinking in Afghanistan predicts PTSD directly and indirectly through the current alcohol use. Drinking after the service predicts PTSD only indirectly through the current use. Current alcohol use is the strong negative predictor of PTSD in the model. This relationship is unexpected and poses a lot of questions, because the bigger the alcohol consumption, the less pronounced is the PTSD. In addition, PTSD predicts current alcohol consumption; the more pronounced the PTSD, the higher the alcohol use at present. We believe that this contradictory association is highly significant and reflects the complexity of the relationship between alcohol consumption at the present moment and post-traumatic symptomatology. It also proves that a single question about the use of alcohol cannot reveal all the complexity of this phenomenon, especially in the context of alcohol consumption “culture” in Lithuania and in the war veterans’ situation in which they are not recognized and are subjected to this “natural experiment” wherein no professional psychological help has been given to treat the severe post-traumatic effects.

Thus, the model of post-traumatic effects of the Afghanistan war has revealed significant relationships and produced a number of questions and directions for further research.

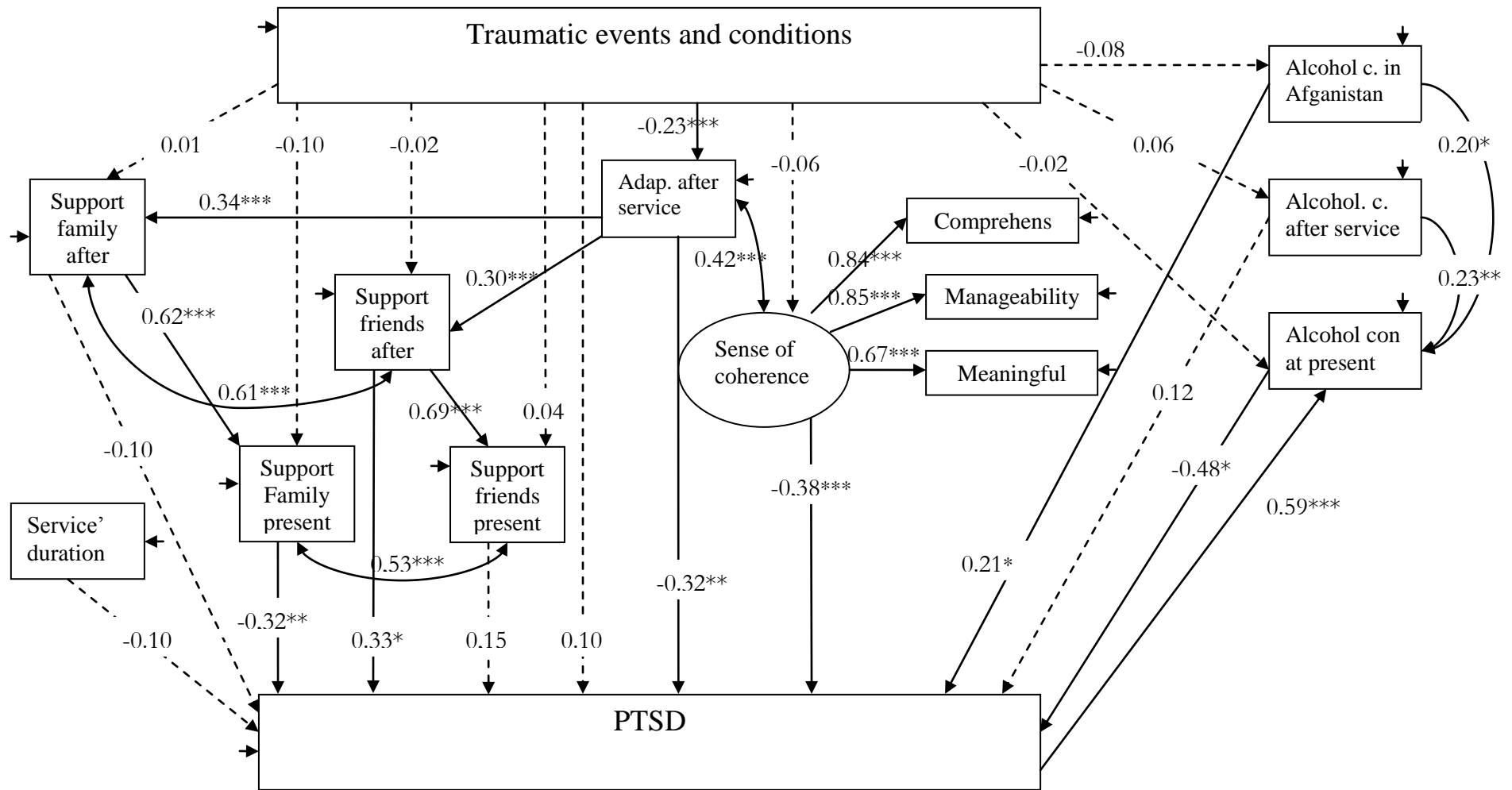


Figure 3.3. Model of interactions between traumatic experience, PTSD and mediate factors in Afghanistan war veterans group.
 Notes. Support family after/present - social support from family after service /at present, Support friend after/present – social support from friend after service/at present, Alcohol c. – alcohol consumption, comprehens –comprehensibility, meaningful - meaningfulness. * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.
 --- ➔ Statistically nonsignificant path.

4. CONCLUSIONS

1. After seventeen years Lithuanian Afghanistan war participants' long-term psychological war after-effects are more severe than in the comparison group. 13.5% of Afghanistan veterans have posttraumatic stress disorder. One third of them have problematic alcohol consumption, their life situation and adaptation is far worse.
2. Afghanistan war veterans' more intense post-traumatic symptomatology is related to:
 - a) Trauma experience (more combat and military operations, and more lifetime traumatic events and conditions);
 - b) Adaptation after the service (the more difficult was the adaptation after the service, the more pronounced is the post-traumatic symptoms and PTSD)
 - c) Social support (the less supportive was and is family, the more pronounced is the post-traumatic symptoms and PTSD)
 - d) Alcohol consumption (the bigger the alcohol consumption, the more pronounced is the post-traumatic symptoms and PTSD).
 - e) Sense of coherence (the less the sense of coherence, the more pronounced is the post-traumatic symptoms and PTSD).
3. Military traumatic experience does not differ in both groups of Lithuanian Afghanistan war veterans with post-traumatic stress disorder and without, but former group has more severe lifetime traumatic experience, difficult adjustment after the service and worse health, their sense of coherence is lower. They received less psychosocial support and it decreased over time. Alcohol consumption is very high and problematic.
4. The sense of coherence, adjustment after the service, experience of violent assault, loss of a family member and current alcohol consumption predicted PTSD and subclinical PTSD in Lithuanian Afghanistan war veterans group.
5. In the model of Afghan war post-traumatic after-effects significant relationships were established between traumatic experience and post-traumatic stress disorder through mediate factors: alcohol consumption (in Afghanistan, after the service

and at present), the sense of coherence, adaptation after the service, psychosocial support from friends and family (after service and at present).

DALYVAVIMO KARO VEIKSMUOSE ILGALAIKIAI PSICHOLOGINIAI PADARINIAI

Santrauka

1. ĮVADAS

1.1. Problemos pagrindimas: tyrimo aktualumas ir naujumas

Pasaulyje nuo seno iki dabar vyksta karai. Karo patyrimas visada paliečia dalyvaujančius karius. Vieni karo dalyviai sugrįžę namo prisitaiko prie civilių gyvenimo pakankamai lengvai ir greitai. Kitų prisitaikymas užtrunka, karo patirtys paveikia visą jų gyvenimą – savijautą, sprendimus, pasirinkimus, santykius. Karo trauma ir jos padariniai tyrinėjami jau senai. Iš pradžių buvo bandoma suprasti, kas veikia kariaujančius vyrus, kodėl vieni su savo patirtimi susitvarko, o kiti ne. Ilgus metus, pradedant nuo Pirmojo pasaulinio karo tyrimų, buvo svyruojama tarp dviejų paaiškinimų – prigimtis ar patirtis (Shepard, 2004). Galiausiai 1980 metais, tiriant Vietnamo karo dalyvius, buvo įvardyta nauja diagnostinė kategorija – potrauminio streso sutrikimas, kurio etiologija – trauminis įvykis ar patyrimas (DSM-IV, 1994). Kaip žinia, karo dalyviai patiria ne vieną, o daug trauminių įvykių ir ilgalaikių stresinių aplinkybių. Daugeliu tyrimų nustatoma, kad dalyvavimas kare sukelia ilgalaikius psichopatologinius padarinius. Ypač daug tyrinėtas potrauminio streso pasireiškimas (Dohrenrend et al., 2006; Schlenger et al., 1992, 2007; Weiss et al., 1992; Kang et al., 2003; Toomey et al., 2007; Sutker, Allain, Winstead, 1993).

Nustatyta, kuo skiriasi įvairių karų dalyvių patiriamas potrauminis stresas ir gebėjimas prisitaikyti gyvenime. Nustatyta, kad tam įtakos turi karo pobūdis ir visuomenės požiūris į karą bei jo dalyvius. Vietnamo ir Korėjos karai išsiskiria tuo, kad turėjo sunkiausias pasekmes jų dalyviams. Į juos panašus ir Afganistano karas, kuriame dalyvavo mūsų tirti vyrai, nes visuomenėje jis buvo vertinamas neigiamai, grįžę kariai nesulaukė tinkamo pripažinimo ir paramos.

Tačiau lietuvių vyrų, atlikusių karinę tarnybą 1979–1989 metais Afganistano kare, situacija prastesnė negu kitų – jie iki šiol nėra deramai pripažinti ir priimti visuomenės. Jų netenkina 2005 metais suteiktas nukentėjusiųjų nuo nacių ir sovietų represijų statusas

– jie siekia pripažinimo kaip karo veteranai. Jų karo įprasminimo procesas buvo sutrikdytas nuo pradžių ir tęsiasi iki šiol. Prie to prisidėjo slaptumo politika bei prievartinis elgesys. Slaptumo ir prievartos buvo persmelkta visa su Afganistano karu susijusi patirtis. Apie tai, kad tarnaus Afganistane, dažnas sužinodavo tik jau būdamas pakeliui – lėktuve. Tarnaujančių karių neišleisdavo atostogų, laiškus tikrindavo ir nurodydavo ką rašyti (ilgą laiką buvo draudžiama rašyti, kad esi Afganistane). Grįžus, priklausomai nuo tarnybos pobūdžio, veteranai būdavo verčiami pasirašyti tylėjimo pasižadėjimus. Lietuvos Afganistano karo veteranų situaciją ir įsisąmoninimo procesą apsunkina ir tai, kad netrukus po karo Lietuva atgavo nepriklausomybę, bet nepripažino jų trauminės patirties, formaliai motyvuodama, jog jie kariavo ne Lietuvos, o Sovietų Sąjungos kare. Veteranams tai kėlė didelę moralinę nuoskaudą.

Kaip jaučiasi lietuviai Afganistano karo veteranai, nepatyrę visuomenės priėmimo ir pripažinimo - tarpinio-apsauginio veiksnio tarp karo patirties ir potrauminių padarinių, padedančio įprasminėti karo patirtį ir adaptuotis prie civilių gyvenimo? Šiuo tyrimu siekiame įvertinti jų psichologinę savijautą ir ilgalaikes karo traumos pasekmes. Kaip ir kokie potrauminiai padariniai vystosi tokiomis specifinėmis sąlygomis, kai labai ilgą laiką ne tik nepriimama ir nepripažįstama, bet dar ir draudžiama įvardinti karo patirtį? Tokių studijų nėra, nes po kitų karų, jei iš pradžių visuomenė ir nepriėmė (Vietnamo karas (Goodwin, 1987; Classen ir Koopman, 1993)), ilgainiui padėtis keitėsi, veteranai buvo priimti, buvo pripažintos jų sunkaus patyrimo pasekmės ir teikiama profesionali specifinė traumų padarinių pagalba ir jiems, ir jų šeimoms. Kartu vyko ir visuomenės psichoedukacija – svarbi traumos pasekmių supratimo ir pagalbos veteranams bei jų šeimoms dalis. Lietuvoje šis procesas nevyko, vis dar stinga supratimo apie psichologinius karo padarinius. Svarbu suprasti, kaip tokia nepalanki karo patirties įprasminimui ir prisitaikymui situacija atsispindi karo veteranų gyvenime.

Karo dalyviams dažnai nustatomas rizikingas alkoholio vartojimas (Kulka et al., 1990; Jordan et al., 1991; Laufer, Brett, & Gallops, 1985). Taip pat mėginama suprasti ir paaiškinti sąsajas tarp karo patyrimo, PTSS ir alkoholio vartojimo. Manome, kad svarbu įvertinti šias sąsajas mūsų tyrime, nes Lietuvai būdingas itin žalingas alkoholio vartojimo „kultūros“ kontekstas. Mūsų šaliai atgavus nepriklausomybę, nuo 1990 metų (t.y. nuo veteranų grįžimo iš Afganistano) iki 2010, grynojo alkoholio suvartojimas išaugo

dvigubai. Afganistano veteranų amžiaus grupė alkoholio vartoja daugiausiai: 35-44 metų amžiaus grupėje net 43,3 procentų vyrų vartoja rizikingai daug alkoholio.

Nors pagrindinis potrauminių simptomų etiologinis veiksnys yra patirti trauminiai įvykiai (Weiseath, 2004; Herman, 2006), tačiau iš to paties karo grįžtančių karių potrauminiai padariniai ir gebėjimas prisitaikyti skiriasi. Taigi, tiriant karo veteranus, ieškoma ir nustatoma vis daugiau tarpinių veiksnių tarp traumos patyrimo ir potrauminės simptomatikos. Manome, kad svarbu ne tik įvertinti Afganistano kare dalyvavusių lietuvių patirtį bei jos padarinius, bet ir nustatyti rizikos bei apsauginius veiksnius, o taip pat jų sąveiką su potraumine simptomatika bei potrauminio streso sutrikimu. Vertiname moksliniuose tyrimuose nustatytus reikšmingus veiksnius: traumos intensyvumą, tarnybos trukmę, demografinius veiksnius, adaptaciją, socialinę paramą, alkoholio vartojimą ir vidinę darną. Vienas tinkamiausių metodų aiškintis daugiafaktorinių kintamųjų sąveiką yra pastaruoju metu vis plačiau naudojamas struktūrinių lygčių modeliavimas (SEM) (Raykov, 2006), tad, siekdami atsakyti į išsikeltus klausimus, jį ir pasirinkome.

Mūsų sudarytame modelyje siekiama įvertinti, kokį svorį turi tarpiniai veiksniai, numatant potrauminius padarinius. Šiame koncepciniame modelyje tarpiniai veiksniai yra adaptacija, socialinė parama, vidinė darna, alkoholio vartojimas ir karinės tarnybos trukmė.

Apibendrinant galima teigti, kad lietuvių karių, tarnavusių Afganistano kare, situacija yra unikali (užsitęsęs nepripažinimas, karo patyrimo įvardijimo draudimas ir profesionalios psichologinės potrauminės pagalbos stoka), bet jos padariniai visai netyrinėti. Lietuvoje tai pirmas toks tyrimas.

1.2. Tyrimo tikslai, uždaviniai ir ginami teiginiai

Tyrimo tikslai

1. Nustatyti, kokie psichologiniai ypatumai būdingi Lietuvos Afganistano karo veteranams.
2. Nustatyti veiksnius, susijusius su vyrų dalyvavusių Afganistano kare, potrauminės simptomatikos išreikštumu, ir įvertinti tų sąsajų stiprumą.

Tyrimo uždaviniai

1. Įvertinti Afganistano kare dalyvavusių asmenų traumavimo ypatumus.
2. Nustatyti Afganistano kare dalyvavusių vyrų potrauminės simptomatikos išreikštumą.
3. Įvertinti veiksnius, įtakojančius potrauminę simptomatiką: vidinės darnos jausmą, socialinę paramą, prisitaikymą, alkoholio ir narkotinių medžiagų vartojimą, tarnybos trukmę ir patyrimo stiprumą/pobūdį bei vertinimą.
4. Palyginti dvi Lietuvoje gyvenančių vyrų grupes – tuos, kurie dalyvavo Afganistano kare ir tuos, kurie tarnavo Sovietų Sąjungos teritorijoje, kur nebuvo karo veiksmų. Nustatyti ar skiriasi jų karinis patyrimas, trauminė patirtis, potrauminė simptomatika, alkoholio ir narkotikų vartojimas, socialinė parama, vidinė darna ir gebėjimas prisitaikyti civilių gyvenime.
5. Nustatyti karo patyrimo pasekmes palengvinusius ir apsunkinusius veiksnius, įvertinti šių veiksnių ryšius su potraumine simptomatika (PTSS).

Ginami teiginiai

1. Lietuvoje gyvenantiems Afganistano karo veteranams iki šiol pasireiškia ilgalaikiai psichologiniai padariniai, susiję su karo metu patirtomis traumomis.
2. Afganistane tarnavusių Lietuvos vyrų trauminis patyrimas, potrauminė simptomatika ir prisitaikymas yra sunkesni, žalingi įpročiai stipresni bei vidinė darna prastesnė nei palyginamosios grupės vyrų, tarnavusių SSRS.
3. Afganistano veteranų traumos simptomai susiję su karo patyrimo pobūdžiu, traumine patirtimi, prisitaikymu, socialine parama, žalingais įpročiais (alkoholio ir narkotikų vartojimas) ir asmenybės vidine darna.

2. TYRIMO METODIKA.

2.1. Tyrimo dalyviai.

Visi tyrimo dalyviai atliko privalomąją karinę tarnybą Sovietų armijoje 1979-1989 metais, Sovietų Sąjungos-Afganistano karo metu. Ši imtis yra neklinikinė. Ją sudaro dvi grupės: tiriamoji grupė – vyrai atlikę privalomąją karinę tarnybą Afganistane (N=174) ir

palyginamoji grupė – vyrai atlikę privalomąją karo tarnybą Sovietų Sąjungos teritorijoje (N=94).

Abi grupės nesiskiria pagal amžių, šeiminių padėtį, ir karinį laipsnį. Abiejų grupių vyrai karinę tarnybą pradėjo vidutiniškai būdami 19 metų ir buvo 39-erių tyrimo metu. Didžioji dauguma vyrų tarnavusių Afganistane ir Sovietų Sąjungoje yra vedę (atitinkamai 83% ir 89%). Šeimos nėra sukūrę 4 procentai vyrų. 97% abiejų grupių vyrų tarnaujant buvo eiliniai ir seržantai, jie pasiskirstę beveik per pusę.

Tiriamoji ir palyginamoji grupė skiriasi pagal išsilavinimą prieš tarnybą ir tyrimo metu, gyvenamąją vietą ir darbinę padėtį. Prieš tarnybą ir tyrimo metu Afganistane tarnavę vyrai turėjo mažesnę išsilavinimą. Aukštąjį išsilavinimą prieš tarnybą turėjo 3% Afganistano karo veteranų (penki karininkai). Per vidutiniškai septyniolika metų dalis vyrų įgijo aukštąjį išsilavinimą, tačiau Sovietų Sąjungoje tarnavusiųjų ženkliai daugiau, nei Afganistano veteranų (atitinkamai 29% ir 16%).

Afganistano veteranų užimamos pareigos reikalauja žemesnio išsilavinimo ir kvalifikacijos. Daugiau nei du kartus mažiau Afganistane tarnavusių vyrų užima vadovaujančias pareigas, nei Sovietų Sąjungoje tarnavusių (atitinkamai 10% ir 27%).

Dauguma abiejų grupių vyrų gyvena didžiuosiuose miestuose ir miestuose, tačiau palyginamosios grupės 15 procentų daugiau, nei Afganistane tarnavusių (atitinkamai 79% ir 64%). Miesteliuose ir kaimuose gyvena daugiau tarnavusių Afganistane, nei Sovietų Sąjungoje (atitinkamai 35% ir 22%).

2.2. Įvertinimo būdai

Visą klausimyną sudaro 15 susegtų puslapių. Klausimyno pradžioje paklausėme tiriamųjų apie *demografinius duomenis*: gimimo datą, šeiminių padėtį, išsimokslinimą (iki tarnybos ir dabartiniu metu), darbinę padėtį, karinį laipsnį, tarnybos trukmę. Įvertinome *patirtus trauminius įvykius*, paklausėme apie karinio patyrimo stiprumą tarnaujant Afganistane (dalyvavimas karinėse operacijose, mūšyje); per gyvenimą patirtų trauminių įvykių sąrašą, trauminių įvykių patirtų per pastaruosius vienerius metus sąrašą bei du atvirus klausimus apie patyrimą karinės tarnybos metu. *Potrauminių padarinių* įvertinimui naudojome Harvardo traumos klausimyną (Mollica ir kt., 1992), Traumos simptomų klausimyną (Briere, Runtz, 1989) bei subjektyvaus tarnybos poveikio sveikatai vertinimą. *Tarpinius veiksnius (apsauginius ir rizikos veiksnius)* įvertinome

naudodami Paramos krizėje skalę (socialinei paramai iš karto po tarnybos šeimoje ir iš draugų bei dabartiniu metu šeimoje ir iš draugų) (Joseph, Andrews, Williams & Yule, 1992), Vidinės darnos skalę (Antonovsky, 1986) ir struktūruotus bei atvirus klausimus apie prisitaikymą, subjektyvų tarnybos poveikio gyvenimui sugrįžus vertinimą bei alkoholio ir narkotikų vartojimą (tarnybos metu, iš karto po tarnybos ir dabartiniu metu).

2.3. Tyrimo eiga

Tyrimas atliktas 2000–2003 metais, praėjus vidutiniškai 17 metų nuo grįžimo iš tarnybos Afganistane, kuomet kariavusieji Afganistane lietuviai dar nebuvo pripažinti nukentėjusiais nei teisiniu, nei psichologiniu požiūriu.

Duomenys rinkti dviem būdais: paštu ir duodant klausimynus pildyti tyrimo dalyviams asmeniškai. 63% Afganistano karo veteranų buvo apklausti, įteikus klausimynus asmeniškai. Afganistano karo dalyvius pasiekti padėjo Lietuvos Afganistano karo veteranų organizacija. Palyginamosios grupės dalyviai buvo apklausti, įteikus klausimynus asmeniškai. Šie vyrai buvo pasiekti kreipiantis į įvairias įstaigas ir organizacijas.

Visi tyrimo dalyviai užpildė klausimyną. Atsakiusiųjų skaičius tarnavusiųjų Afganistane grupėje – 50%, palyginamojoje grupėje - 65%.

2.4. Duomenų apdorojimas

Kiekybiniai tyrimo duomenys apdoroti naudojant statistinės duomenų analizės programas SPSS 20 ir Mplus 6.0 (Muthén, Muthén, 2006). Kokybiniai tyrimo duomenys buvo analizuojami pagal teminės analizės metodą (Boyatzis, 1998; Braun, Clarke, 2006).

3. PAGRINDINIAI REZULTATAI IR JŲ APTARIMAS

3.1. Trauminis patyrimas ir prisitaikymas po tarnybos

Palyginamosios grupės vyrai (tarnavę SSRS) vidutiniškai tarnavo pusę metų ilgiau nei Afganistane tarnavę vyrai – atitinkamai 2 ir 1,5 metų. Tačiau gauti rezultatai rodo, kad Afganistane tarnavusių vyrų karo patyrimas yra sunkesnis. Net 94% Afganistane tarnavusių vyrų dalyvavo kariniuose veiksmuose, iš jų 24% – mūšyje. Tuo tarpu beveik visi (išskyrus vieną) palyginamosios grupės vyrai nurodė nedalyvavę

jokiuose kariniuose veiksmuose. Įrodyta, jog buvimas aktyvių karinių veiksmų zonoje ilgiau nei 6 mėnesius yra kritinė riba vystytis PTSS (potrauminio streso sutrikimui) ir įvairiems psichosomatiniams sutrikimams (Ena et al., 2000; Weisæth, 2004; Lapierre et al., 2007). Lietuvos vyrai aktyvių karinių veiksmų zonoje praleido vidutiniškai pusantrų metų, tai 3 kartus viršija kritinę ribą. Kyla klausimas, kaip tai atsiliepia dabartiniam Afganistane tarnavusių vyrų gyvenimui?

Afganistane tarnavę vyrai asmeniškai patyrė beveik dvigubai daugiau traumuojančių įvykių nei palyginamosios grupės vyrai, tarnavę SSRS. Afganistane tarnavusiųjų patyrimas atspindi karo realybę. Afganistane tarnavusiems vyrams keturis kartus dažniau grėsė nužudymas ar kūno sužalojimas; jie du kartus daugiau matė žmogaus nužudymų ar sužalojimų; tris kartus dažniau stokojo maisto ir vandens; du kartus dažniau nei SSRS grupės vyrams teko kovoti už būvį; tris kartus daugiau sirgo pavojinga liga; net šešis kartus daugiau nei SSRS grupės bandė žudyti; net šešis kartus daugiau patyrė pažeminimų ir persekiojimų. Šeši procentai tarnavusių Afganistane nurodė psichines ligas šeimoje, o tarnavusių Sovietų Sąjungoje nenurodė nei vienas vyras.

Afganistano veteranai daug sunkiau prisitaikė normaliam gyvenime po tarnybos nei tarnavusieji SSRS. Net trečdaliui Afganistano veteranų prisitaikyti gyvenime po karo sekėsi sunkiai ir labai sunkiai. Palyginamosios grupės vyrams sekėsi daug lengviau – net 76% gyvenime prisitaikė lengvai ir labai lengvai. Patyrimas Afganistane paliko neišdildomą pėdsaką, kurio daugelis niekada negalės pamiršti. Karo patyrimas pakeitė jų požiūrį į gyvenimą bei padarė didelę įtaką gyvenimo tikslams ir pasiekimams.

3.2. Psichologiniai padariniai

Po 15 ir daugiau metų Afganistano karo veteranams būdingi ilgalaikiai psichologiniai padariniai: 1) **potrauminė simptomatika**. 13,5% Afganistane tarnavusių vyrų turi potrauminio streso sutrikimą (PTSS), palyginamosios grupės – nei vienas. Subklinikinio lygio PTSS turi 12% Afganistano karo veteranų ir 2 % – tarnavusiųjų SSRS. 2) **rizikingas alkoholio vartojimas**. Dabartiniu metu net trečdalis tarnavusiųjų Afganistane turi probleminį santykį su alkoholiu (palyginamojoje grupėje tik 11%). 3)

Afganistano veteranų **dabartinės psichosocialinės adaptacijos rodikliai** yra daug prastesni nei palyginamosios grupės, tarnavusiųjų SSRS.

3.3. Afganistano karo veteranų su potrauminio streso sutrikimu ir be palyginimas

Afganistano veteranai, kurie turi potrauminio streso sutrikimą, daugiau patyrė trauminių įvykių ir patyrimų, susijusių su šeimos gyvenimu. Ir šis patyrimas yra besitęsiantis bei apima laiką prieš karą ir po jo. Šitai – nuoroda į tai, kad traumos patyrimas yra būtina, bet nepakankama sąlyga vystytis PTSS. Trauminiai įvykiai ir patyrimai, esantys prieš karo patirtį, tokie kaip nepalanki vaikystės patirtis, psichinių ligų istorija šeimoje, gali būti rizikos veiksniai, padidinantys tikimybę vystytis potrauminei simptomatikai bei padidintam alkoholio vartojimui, patiriant vėlesnes gyvenimo traumas (Brewin et al., 2000; Ozer et al., 2003; King et al., 1996, 1999; Fontana et al., 1994; McLeod et al., 2001; Op den Velde et al., 2002). Dažniausiai tyrėjų išskiriami potrauminiai veiksniai, galintys padidinti nepalankaus atsako į traumą vystymąsi, – socialinės paramos trūkumas ir papildomų, naujų gyvenimo stresų bei traumų patirtis (Keane et al., 1985; King et al., 1999, Solomon et al., 1990; Boscarino, 1995; Brewin et al., 2000; Ozer et al., 2003), – išryškėjo tarp Afganistano veteranų, turinčių PTSS ir subPTSS. Tokie veteranų, besitvarkančių su karo patyrimo pasekmėmis, gyvenimai eina liūdname Lietuvos „alkoholio vartojimo kultūros“ paplitimo ir didėjimo masto nepriklausomybės laikotarpiu (Klumbiene et al., 2012) kontekste. Net atsižvelgiant į tendenciją subjektyviai nurodyti, kad alkoholio vartojama mažiau nei iš tikrųjų (Embree et al., 1993), Afganistano veteranai, ypač turintys PTSS ir subPTSS, viršija didelius alkoholio vartojimo Lietuvoje mastus (50% vartoja alkoholį rizikingai). Be to, ir turimi asmenybės resursai – vidinė darna – veteranų, turinčių sunkesnes pasekmes, yra prastesni.

3.4. Potrauminio streso sutrikimo išreikštumą prognozuojantys veiksniai

Post hoc logistinės regresijos modelis ($\chi^2(5) = 58,83, p < 0,001$) paaiškina nuo 30,5% iki 45% PTSS variacijos. Prastesnė vidinė darna, sunkesnis prisitaikymas po tarnybos, dažnesni smurtiniai užpuolimai, daugiau šeimos nario netekčių ir dažnesnis

alkoholio vartojimas savaitgaliais nuosaikiai dabartiniu metu prognozuoja 56 proc. turinčių PTSS ir subPTSS ir 92 proc. neturinčių PTSS Afganistano karo dalyvių.

3.5. Dalyvavimo Afganistano kare psichologinių padarinių modelis

Norėdami matyti platesnį vaizdą – sąsajų būdus tarp traumos patyrimo, tarpinių veiksnių ir traumos padarinių, sudarėme ir įvertinome dalyvavimo Afganistano kare psichologinių padarinių modelį. Modelio tinkamumas duomenims yra geras (CFI = 0.95, TLI = 0.93, RMSEA = 0.06). Nustatėme sudėtingą tiesioginių ir netiesioginių ryšių paveikslą tarp modelio kintamųjų.

Daugelis karo veteranų tyrimų patvirtina karo patyrimo prognostinę svarbą potrauminiams padariniams vystytis (King et al., 1995; 1996; 1998; Fontana, Rosenheck, 1994; Boscarino, 1995). Mūsų modelyje nenustatytas tiesioginis numatymas, tačiau nustatytas netiesioginis – per prisitaikymą po tarnybos. Manome, kad tam įtakos turi ilgas laiko tarpas, praėjęs nuo karo patyrimo. Einant laikui keičiasi asmens perspektyva ir į pirmą planą iškyla kiti dalykai. Trauminis karo patyrimas išlieka svarbus, bet jo sąveika su padariniiais pasidaro sudėtingesnė, nes tam įtaką daro prisitaikymas sugrįžus (kiek ir kaip asmuo integruoja turėtą karo patyrimą į savo gyvenimą) bei daugelis aplinkybių, nutikusių per tuos 17 ir daugiau metų. Sunkesnis prisitaikymas po tarnybos tiesiogiai prognozuoja PTSS. Prisitaikymas sugrįžus svariai sąveikauja su vidine darna. Taigi į prisitaikymą įtraukiami asmenybės resursai, gebėjimas suprasti, kontroliuoti ir įprasminti gyvenimo patirtis. Ir toks gebėjimas prisitaikyti numato suvokiamą socialinę paramą. Socialinė parama prognozuoja PTSS, tiesiogiai – dabartiniu metu gaunama, ir netiesiogiai – parama po tarnybos per dabartinę paramą.

Nepasitvirtino, kad tarnybos trukmė numato PTSS mūsų modelyje. Vidinė darna buvo stipriai PTSS prognozuojantis veiksnys. Tai mums dar kartą patvirtina asmenybės veiksnių svarbą potrauminiuose procesuose (Shephard, 2004; Vogt et al., 2007; Sutker et al., 1995).

Nustatėme alkoholio vartojimo Afganistane, po tarnybos bei dabartiniu metu ir PTSS sąsajas. Dabartinis alkoholio vartojimas yra vienas labiausiai PTSS prognozuojantis veiksnys modelyje. Ir ši sąsaja yra netikėta bei kelianti daug klausimų,

nes kuo daugiau vartojamas alkoholis, tuo mažiau PTSS. Nėgana to, PTSS prognozuoja alkoholio vartojimą dabartiniu metu: kuo labiau išreikšta PTSS, tuo daugiau vartojama alkoholio šiuo metu. Manome, kad šis prieštaringas ryšys yra labai reikšmingas, atspindi painią situaciją tarp alkoholio vartojimo dabartiniu metu ir potrauminės simptomatikos.

Taigi, Afganistano karo potrauminių padarinių modelis atskleidė reikšmingas sąsajas, o taip pat iškėlė daug klausimų ir horizontų tolesniems tyrimams.

4. IŠVADOS

1. Praėjus septyniolikai metų, Afganistane tarnavusių Lietuvos vyrų ilgalaikiai psichologiniai karo padariniai yra sunkesni, nei vyrų tarnavusių SSRS. 13,5% Afganistane tarnavusių vyrų turi potrauminio streso sutrikimą. Trečdaliui būdingas probleminis santykis su alkoholiu, o jų gyvenimo situacija ir adaptacija yra žymiai blogesnė.
2. Intensyvesnė potrauminė Afganistano karo veteranų simptomatika yra susijusi su:
 - a) traumine patirtimi (daugiau mūšių ir karinių operacijų, daugiau trauminių įvykių ir patirčių per visą gyvenimą);
 - b) adaptacija po tarnybos (kuo sunkiau prisitaikė po tarnybos, tuo labiau išreikšta potrauminė simptomatika ir potrauminio streso sutrikimas)
 - c) socialine parama (kuo mažiau palaikė ir palaiko šeima, tuo labiau išreikšta potrauminė simptomatika ir potrauminio streso sutrikimas)
 - d) alkoholio vartojimu (kuo daugiau šiuo metu vartoja alkoholio, tuo labiau išreikšta potrauminė simptomatika ir potrauminio streso sutrikimas).
 - e) asmenybės vidinė darna (kuo mažesnė vidinė darna, tuo labiau išreikšta potrauminė simptomatika ir potrauminio streso sutrikimas).
3. Afganistano veteranai, kuriems nustatytas potrauminio streso sutrikimas, pagal karinę trauminę patirtį nesiskiria nuo tų, kuriems minėtasis sutrikimas nenustatytas, bet jų viso gyvenimo trauminis patyrimas yra sunkesnis, prisitaikymas po tarnybos ir sveikata prastesni, asmenybės vidinė darna žemesnė. Jie mažiau gavo psichosocialinės paramos ir, laikui bėgant, jos dar mažėjo. Alkoholio vartojimas yra labai padidėjęs ir probleminis.

4. Lietuvoje gyvenančių Afganistano karo veteranų grupėje potrauminio streso sutrikimo ir subklinikinio potrauminio streso sutrikimo pasireiškimą geriausiai prognozavo vidinė darna, prisitaikymas po tarnybos, patirtas smurtinis užpuolimas, šeimos nario netektis ir alkoholio vartojimas dabartiniu metu.
5. Afganistano karo potrauminių padarinių modelyje nustatytos reikšmingos sąsajos tarp trauminio patyrimo ir potrauminio streso sutrikimo per tarpinius veiksnius: alkoholio vartojimą (Afganistane, po tarnybos ir dabartiniu metu), vidinę darną, prisitaikymą po tarnybos, psichosocialinę paramą šeimoje ir iš draugų (po tarnybos ir dabartiniu metu).

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Trumpai apie autore

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