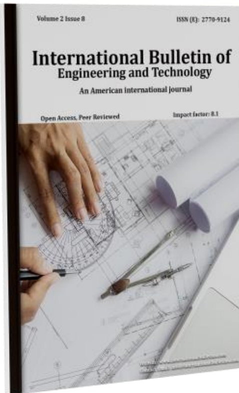

A RESEARCH ANALYSIS OF POST-TRAUMATIC STRESS DISORDER IN HUMANS

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Abstract.
The article analyzes the history and essence of the concept of post-traumatic stress disorder, as well as the research of foreign scientists on post-traumatic stress disorders.
Keywords: post-traumatic stress disorder, narcissistic trauma, anxiety disorder, hypertension, inhibited social participation disorder, depression, emotional state, pathology.

The history of the description of mental disorders caused by severe mental injuries and similar to post-traumatic conditions today dates back to the second half of the 19th century, and it appeared as the concept of "traumatic neurosis", which was later classified as a group of psychogenic diseases. . One of the pioneers in the study of post-traumatic stress is psychoanalysis. In 1895, Joseph Breuer and Sigmund Freud published Studies on Hysteria, which showed that the roots of mental illness can sometimes be found in psychological trauma. Using hypnosis, Breuer induced a symptom that forced the patient to recall the injury. After the second experience of the event, the symptom disappeared. Freud continued his research, but without hypnosis. A psychoanalyst found that his patients unconsciously suppress memories of trauma that return in the form of certain symptoms.

The 20th century provided rich ground for the study of the effects of trauma. During the Second World War, while studying military stress, A. Kardiner pointed to the emergence of chronic military neurosis, which includes both vegetative and psychological symptoms. The researcher was the first to describe the symptoms of post-traumatic syndrome:

-excitability and nervousness;

- an unrestricted type of response to sudden stimuli;

determining the circumstances of a traumatic event;

- avoiding the truth; tendency to aggressive reactions and inability to control them [1,322p].

Thus, the study of post-traumatic syndrome began with military psychiatrists and entered the field of clinical psychology. It should be noted that the most important role in the study of post-traumatic stress disorders was played by the study of changes in the personality of the participants of local wars. Veterans of the Vietnam War of 1964-1975 are distinguished by deviant behavior, cruelty and revenge. Many people in this category are suicidal. A similar situation happened with the participants of the Afghanistan war of 1979-1989. Later, stress-induced disorders began to be observed not only in soldiers, but also in people who survived disasters [2,20-25p]. Until 1994, there was no post-traumatic stress disorder diagnosis in the International Classification of Diseases, Ninth Revision (ICD-9). In ICD-10, this condition was identified as a separate disease for the first time and designated by the code F43.1 in the International Classification of Diseases.

Post-traumatic stress disorder is now considered a disorder that occurs as a delayed or long-term reaction to a stressful event or situation of an extraordinarily threatening or catastrophic nature. In terms of content, such situations can be of three types.

- physical injuries (conditions that affect the human body and its physical condition).
- narcissistic type of trauma (the zone of relationships with other people is affected).
- injuries related to the system of social relations. [3,11-12p].

Currently, domestic and foreign scientists have conducted many studies related to various post-traumatic conditions. We can conditionally divide these into cognitive, gender, behavioral, emotional and demographic research.

The prevalence of post-traumatic stress disorders depends on the nature of the injury, gender, age, and socio-cultural characteristics. It has been proven in many studies. The results of the research show that the number of people suffering from post-traumatic stress is increasing in regions with a high risk of natural disasters, disasters, and military conflicts (up to 73-92%) [4,54-60p, 5-111p]. It can develop not only in the direct victims of events, but also in people who witnessed the emergency, rescuers, security guards, medical workers, firefighters Boyko Yu.P, Jarman R. Kadiyeva E, Schukin BP, Pavlova MS, Alexander DA. can be seen in studies. [6, 7]. Not all trauma causes PTSD. In particular, P. V. Kamenchenko's research finds that traffic accidents cause PTSD only in some cases. Also Ts.P. In the studies of Korolenko, Zagoruiko, and others, it was found that the development of post-traumatic stress disorders depends on the effect of time on psychological consequences. Accordingly, the longer the exposure, the higher the development of PTSD [8,103–104p]. Also, people with PTSD may experience symptoms differently over time. These changes highlight the need for more extensive study of the disorder

PTSD as a risk factor for suicidal behavior has been studied as one of the pressing issues of many studies. Khan et al determined the risk of suicide and suicide attempt among outpatients diagnosed with an anxiety disorder who had recently participated in a clinical trial. Their results indicated that PTSD was an increased risk factor for suicidal behavior.

Traumatic or stressful events predisposing to the development of PTSD are clearly listed as diagnostic criteria in the Blake, Lating, Sherman, and Kirkhart studies. These are: Reactive Attachment Disorder, Inhibited (Social Evaluation Concerns, Anxiety in Social Interactions, Social Anxiety and Withdrawal, Situational Avoidance) Social Participation Disorder, Acute Stress Disorder, Adjustment Disorder, Anxiety Disorder, Obsessive-Compulsive Disorder and dissociative disorders. Epidemiological samples have shown that more than 90% of people with PTSD have at least one mental disorder in their lifetime [9]. Some of the most common conditions with PTSD are major depressive disorder, alcohol abuse or dependence, and other anxiety disorders. Also, the effect of PTSD is related to certain mental disorders that appeared as a result of trauma or were initially present, it was proved in the studies of Padun M.A, Tarabrina N.V. These diseases include: anxiety neurosis; depression; Suicidal thoughts or attempts; alcohol or drug addiction; psychosomatic diseases; diseases of the cardiovascular system. Evidence suggests that 50 to 100 percent of PTSD patients have one of these comorbidities, and often two or more. In addition, the high rate of suicide or suicide attempts in patients with PTSD is a particular problem [10, 7p].

There are a number of studies that show that the effects of PTSD are physical damage. PTSD was identified as a risk factor for cardiometabolic diseases in the study of Kubzansky et al. Because PTSD is a synergistic disease, it increases the body's susceptibility to stress and

hypertension (increased hydrostatic pressure in the body's blood vessels, organs, cavities, and tissues) increases the likelihood of accompanying health consequences, such as obesity.

Also, the fact that PTSD is accompanied by psychosomatic and somatopsychic diseases and has a negative effect on the treatment of this disease is reflected in a number of studies. One of the most cited articles on PTSD in breast cancer patients first appeared in the early 21st century.

Hegel et al studied the prevalence of PTSD during preoperative counseling in 236 newly diagnosed breast cancer patients with stage I-II or III breast cancer and found a prevalence of PTSD of 10% [11]. In a study by Mehnert and Koch of 127 breast cancer patients after surgery, only 2.4% of patients were found to meet criteria for mild to moderate cancer-related PTSD [12,181- 188p]. A higher percentage was found in a study by Win-Raviv et al., where 23% of 1139 women with newly diagnosed localized breast cancer had PTSD symptoms. These symptoms decreased over time, with 16.5% having PTSD symptoms at 4-month follow-up; 12.6% in the second follow-up. Other studies have also confirmed these results [13,563–572p].

Research by Kubzansky, Bremner, Rosen, and Fields found that PTSD causes physical changes in the structure of the brain that have a major impact on overall health. Because of changes in the structure of the brain in PTSD, the brain becomes hypersensitive, which is associated with frequent symptoms, including repetitive flashbacks and hyperarousal to stimuli. PTSD causes a decrease in gray matter volume, which leads to a decrease in emotional state. O'. Doherty et al.'s study also showed reduced matter atrophy, including gray matter volume, in limbic and cortical brain regions in PTSD subjects via magnetic resonance imaging (MRI). (Kubzansky et al., 2014; Bremner et al., 2003, Rosen & Fields, 1988) Research by Chalavi, Chen, and Craig identified gray matter-related "memory processes," "emotional self-awareness," and " found to induce changes in cognitive processes. Sass, Lencz, et al. have suggested that dysfunction in the hippocampal region leads to deficits consistent with PTSD symptoms, including increased emotional numbing and irritability. (Chalavi et al., 2015; Chen et al., 2006; Craig , 2009).

PTSD is also considered as a condition that affects the sphere of social relations and creates a disconnection between the individual and society. Among such studies we can include those of Cohen Norris and Kaniasti, Charuvastra and Cloitre. As mentioned above, PTSD increases sensitivity to the environment. Cohen's research shows that social support helps people with PTSD to regulate their emotions. Norris and Kaniast found that people with PTSD are less likely to seek or accept help from others because they benefit less from external support. Therefore, Charuvastra & Cloitrelar, based on research findings, argue that potentially effective treatments should focus on strengthening interpersonal relationships.

Gender-specific PTSD research results show that men are more likely than women to experience traumatic traumatic events [14,496p], while among children, boys are more sensitive and prone to stress than girls. The following traumatic events are most common among men: witnessing the death or serious injury of another person, a life-threatening accident, and being threatened with a weapon. Among women, the following traumatic events are most common: experiencing a natural disaster, witnessing the death or serious injury of another person, life-threatening accidents such as rape [15,447-457p]. In particular, fetal death, late miscarriage and late termination of pregnancy are relatively frequent events. Post-traumatic stress disorder (PTSD) is a pathology that finds its roots in the impact of a life-threatening or death-related event. The occurrence of late fetal death is therefore a situation at

risk of trauma. Lucile Abiola et al. The aim of the study was to assess the short-term prevalence of PTSD symptoms and identify potential risk factors in patients experiencing late fetal death. Women who participated in the study were reviewed at 15 days, one month, and three months after late fetal death. The results of the study showed that patients who experienced late fetal death were at greater risk of trauma [16].

Meta-analysis and psychological and theoretical analysis of empirical studies allowed the formation of several concepts for studying the problem of post-traumatic stress disorders. In particular, the findings contribute to the understanding of risk factors for the development of PTSD, and also suggest that post-traumatic stress disorder itself is a risk factor for many somatic and psychiatric disorders, as well as cognitive, emotional and behavioral disorders.

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