

Analyzing the “Chechen Syndrome”: Disadaptation of Veterans with War Trauma in
Contemporary Russian Literature

by

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Thesis submitted in partial fulfillment of
the requirements for the degree of Master of Arts in the Department of
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ABSTRACT

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Abstract

There is a new army marching onto the field of contemporary Russian literature: veterans of the recent Chechen Wars. The war veteran as author and/or protagonist has become increasingly popular, bringing to light social issues concerning the wars, including the presence of social disadaptation, a term I will define in this thesis, due to war trauma. This thesis analyzes the appearance of war trauma in contemporary works, connecting themes arising in the literary works to Russian psychological literature written about war trauma from 2000-2011. The first chapter focuses on the works of Arkady Babchenko, Andrei Gelasimov and Denis Butov and examines the similarities and differences in the manifestation of war trauma in their works. In particular, the thesis shows that the protagonists in each examined work all suffer or suffered from war trauma and disadaptation and are at different steps in the process of recovery from trauma. The second chapter will analyze the discourse in Russian psychological literature over the past twelve years, drawing mainly from studies and discussions presented in Military Medical Journal (*Voенно-медицинский журнал*) and Journal of Psychology (*Психологический журнал*). This psychological literature provides insight into the work being done in the field of war trauma today, highlighting similarities and divergences in the specific case of Russian veterans of the Chechen wars.

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1. Introduction

The Chechen wars of the 1990s (First Chechen War: 1994-96; Second Chechen War: 1999-2000, with insurgency from 2000-2009) were initiated as counter-terrorist operations by the Russian Federation in order to regain federal control of the Chechen Republic of Ichkeria. The Russian government assembled troops through the process of conscription; approximately 45,000 Russian troops were sent to Chechnya during the First Chechen War, and approximately 100,000 Russian troops were sent to Chechnya during the Second Chechen War (Johnson & Brunner, 2007).

Following the wars, veterans were not granted the same rights as other Russian veterans from previous wars who were covered under the Law on Veterans; because the Russian government defined the Chechen wars as an “antiterrorist campaign” and not a war proper, soldiers returning from Chechnya were not awarded the same benefits as other veterans¹. This caused war veterans “suffering from physical and psychological injuries” due to the war to react “to the lack of any substantive support with bitterness and anger (Oushakine, 2009, p. 137)².” Similar to numerous veterans in various wars before the Chechen wars, Chechen veterans also suffer from war trauma, a form of post-traumatic stress disorder³. In a comparative analysis of the psychological characteristics of Russian veterans of the Chechen and Soviet-Afghan wars, however, A.G. Maklakov

¹ Despite the fact that the Russian government may not properly acknowledge them as veterans, I will continue to use this term, claiming that they are veterans and it is wrong of the government not to make this acknowledgement. Merriam-Webster defines a veteran as “a former member of the armed forces;” therefore, the term will be applied to those who have served in these military operations in Chechnya.

² While acknowledging the role of social problems in contributing to the effects of war trauma and social adaptation upon homecoming, this thesis focuses on the appearance of social disadaptation more generally and does not discuss the role played by a lack of benefits or aid.

³ Throughout the remainder of this thesis, for the sake of simplicity and consistency, I will refer to the war veterans’ condition as war trauma or combat trauma, avoiding use of the more general category of post-traumatic stress disorder, in which war trauma is included. This is due to my agreement with the assertion that the case of war or combat trauma differs from other types of trauma grouped under the umbrella term “post-traumatic stress disorder”.

et al. (1998) find that veterans of the Chechen wars suffered from higher values of neuro-emotional stress and experienced more significant difficulties in social adaptation than veterans of the Soviet-Afghan war (pp. 5-7). The conditions of the Chechen wars, such as the intensity of the fighting and that they were local conflicts, along with subjective factors such as the obscurity of official reasoning for the fighting, cause the subsequent issues of rehabilitation, including disadaptation resulting from trauma, to be more complex in the case of veterans of the Chechen wars. Disadaptation is a disruption between an individual and his social environment (Dezadaptatsiia, n.d.) and tends to be a focal point for rehabilitation in Russian psychological literature. Disadaptation implies not that the veteran is completely shattered by the traumatic experience, as in Western trauma theory and must focus mainly on repairing himself through personally coming to terms with the traumatic experience, but rather that the traumatic experience was a breach in adaptation or caused a state of inconsistency between the veteran and his social environment and emphasis in rehabilitation should be placed on mending this disruption.

Serguei Alex. Oushakine states, “the forgotten Chechen war... can be seen as a symptom that helps us understand better contemporary Russian culture, state, and society (pp. 156-7).” Through analysis of literature concerning the difficulties encountered by veterans after returning from the Chechen wars, this thesis aims to highlight the symptoms of war trauma in literature about Chechen war veterans by placing the Russian veterans in the context of a trauma recovery process outlined by Judith Lewis Herman and comparing the symptoms in the Russian literature to those observed in and expressed by both veterans of the Vietnam war and Chechen war veterans, themselves. The literary works serve as a means of highlighting one specific but pervasive problem in

contemporary Russia: the rehabilitation of veterans of the Chechen war, particularly due to the problem of disadaptation. After identifying the symptoms of trauma evident in Chechen war veterans and comparing the conditions of war trauma and recovery in Russian and Western veterans, current discourse on war trauma in Russia as presented in psychological literature is examined and related to the manifestations of war trauma in the Russian literary works discussed. This allows for discussion concerning the connections and disjunctions between the specific case of war trauma in Russian veterans from the Chechen wars and former analyses of war trauma in veterans, particularly focusing on the implementation of recovery processes in Western trauma theory. In explaining the inadequacy of Western trauma theory in the healing process of Gulag survivors, to whom the strategy of narrative was not available, Jehanne Gheith (2012) states that, in the Russian case, “social structures, historical and cultural circumstance, affect one’s experience of trauma and how one copes with it. I assert that the recovery process outlined by Judith Herman is applicable to a certain degree in the narrative literary works analyzed, but doesn’t fully correspond to either the literary narrative or the non-narrative psychological information presented in this thesis⁴.

⁴ Gheith defines non-narrative as “ways of working through a loss that do not involve verbal recovery or where verbal accounts are a secondary or tertiary factor.” The psychological studies in this thesis as a whole are described as non-narrative means of recovery, in comparison to the narrative works of literature presented in this thesis.

2. Manifestations of trauma in contemporary Russian literature

The United States Department of Veterans Affairs' National Center for PTSD (post-traumatic stress disorder) identifies four types of symptoms of PTSD: reliving the event, avoiding situations that reminds one of the traumatic event, problems expressing one's feelings and hyperarousal. The National Center of PTSD further identifies problems that may affect people with PTSD, including: substance abuse, feelings of shame, despair and hopelessness, problems with employment, physical symptoms and problems with relationships ("What is PTSD," 2007). Although not accepted as a disorder of its very own until its inclusion in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in 1980, symptoms of post-traumatic stress disorder have been identified throughout the 20th century (Shephard, 2001, p. 367). Post-traumatic stress disorder is a diagnosis that covers a wide variety of traumatic experiences that differ in nature, including war trauma.

Following the Chechen wars, a wealth of literature concerning war experiences appeared in Russia. Literature in Russia has long acted as a mean of social criticism, and despite the Russian government's official line that the wars in Chechnya were not legitimate wars, those who experienced atrocities and trauma due to the fighting in Chechnya did not want to be overlooked or ignored. Authors began to select Chechen war veterans as protagonists in their stories, or Chechen veterans themselves began to write about their experiences during the wars. Arkady Babchenko's memoir *One Soldier's War* (2007), Denis Butov's story "How Dreams Don't Come True" (*Kak ne sbyvayutsya mechty*) (2004) and Andrei Gelasimov's story "Thirst" (*Zhazhda*) (2002) are

three works in which life following the homecoming of veterans is described⁵. The two former authors are Chechen war veterans themselves and describe their own experiences, while Gelasimov develops a protagonist whose experiences and actions can be compared to those that have been experienced and recorded by true veterans. In focusing on the manifestation of war trauma upon return to civilian life, the examples of Russian veterans will be examined through the use of a recovery process produced and implemented for trauma survivors in the United States.

Judith Herman, MD outlines a recovery plan for victims of trauma in her book *Trauma and Recovery* (1992). Although Herman, Clinical Professor of Psychiatry at Harvard Medical School and Director of Training at the Victims of Violence Program at Cambridge Hospital (Cambridge, Massachusetts), works specifically on sexual and domestic violence, her book is concerned with the study of psychological trauma and PTSD in general (“Judith Lewis Herman,” n.d.). In this thesis, Herman’s commentary about trauma and her recovery plan will be adapted to the Russian context, specifically the manifestation of war trauma in Russian soldiers following the Chechen wars of the 1990s. Emphasis will be placed on the manifestation of war trauma in contemporary Russian narratives about Chechen veterans and Western trauma theory will be used as a means of analysis due to the importance of narration in Herman’s recovery process. The examples identified in the literary texts will be related back to the symptoms observed in

¹ The three narratives used in this analysis represent three different literary genres: memoir, creative non-fiction and fiction. Memoirs form a subclass of autobiographies, and therefore Babchenko’s writing is taken to be factually accurate and a realistic portrayal. Creative non-fiction allows for factual information to be presented while also utilizing literary styles and techniques; as Butov has served in the Chechen wars and his protagonist’s name is the same as his own, I have made the assumption that the author is offering factual information about himself while deciding the distance himself from the protagonist by not using first-person narration. Gelasimov’s story is completely fictional, but his attention to describing the psychological make-up of a veteran specifically, along with the consistencies between his portrayal of a veteran and testimonies by real-life veterans led to my belief that his fiction is permissible in this analysis.

Chechen veterans and also compared to the situation afflicting American veterans of the Vietnam War in order to corroborate the presumption that war trauma is indeed also experienced by Chechen veterans.

Herman's three steps to recovery from trauma include establishing safety, reconstructing and retelling the trauma story, and rebuilding the connection between trauma survivors and their community (Herman, 1992, p. 3). Establishing safety involves both controlling one's body and one's environment. Controlling one's body includes "basic health needs, regulation of bodily functions such as sleep, eating, and exercise, management of post-traumatic symptoms, and control of self-destructive behaviors," while controlling one's environment includes "the establishment of a safe living situation, financial security, mobility, and a plan for self-protection that encompasses the full range of the patient's daily life (p. 160)." Writing about one's experiences in war falls into Judith Herman's second stage of recovery, during which a survivor describes the traumatic experience in full detail (p. 175). In the third step of recovery, reconnection, the trauma victim is ready to engage in the world more actively, incorporating the lessons learned from the traumatic experience into his life and creating new relationships (pp. 196-7).

Explaining the recovery steps, Herman emphasizes that "no single course of recovery follows these stages through a straightforward linear sequence. Oscillating and dialectical in nature, the traumatic syndromes defy any attempt to impose such simpleminded order (p. 155)." This thesis will examine how these steps in recovery are either successfully completed or not by the veteran protagonists in contemporary Russian literature. Issues regarding the establishment of safety and reconnection will be extracted

from the literature and analyzed. The retelling of the narrative will analyze the texts in general regarding the work written by Chechen war veterans Arkady Babchenko; in the cases of Denis Butov and Andrei Gelasimov's stories, analysis will be made of the protagonists' attempts to reconstruct their narratives. I argue that despite the varying stages of recovery of the veterans in these narratives, recovery is not fully completed by any of the protagonists, nor is a Western recovery process sufficient in addressing the issues of rehabilitation for Chechen veterans; rather the literature serves to highlight disadaptation of veterans, an issue that is currently at the center of Russian psychological endeavors to develop adequate methods of rehabilitation and one that is not central or emphasized in Western recovery processes.

Babchenko's memoir serves as an example of writing as a means of therapy, recounting his experiences in Chechnya, and can therefore be seen as a stage of recovery from trauma. Arkady Babchenko (born in 1977) served in both the First and Second Chechen wars, as a conscript in the former and a volunteer in the latter. Babchenko writes that he never intended to write a memoir, but he "just couldn't carry the war within him any longer. [He] needed to speak [his] mind, to squeeze the war out of [his] system (p. xi)" and described that during the process of writing "the lines come with difficulty, each letter tearing your body like a shard being pulled from a wound. You feel this pain physically as the war comes out of you and onto paper (p. 390)." Compared to other war veterans, Babchenko has more or less successfully reintegrated back into civilian life; within his memoir, however, there are still examples of complications that arise during the process of reintegration and recovery from war trauma that are present even after narration and are also expressed in other works concerning Chechen veterans.

Butov's story differs in that there is no reconstruction of specific war trauma by the author or protagonist, and therefore steps toward recovery are not apparent in the work as they are in Babchenko's memoir; rather, the story depicts a returned veteran who is struggling in his return to civilian life and in coping with both the past and present. Denis Butov (born in 1975) served for two years in the First Chechen War and has written stories based upon his experience in Chechnya. In "How Dreams Don't Come True," the author focuses solely on the struggles of homecoming, mainly through the protagonist's relationships with non-veterans, and not on the war experiences themselves that have caused the protagonist to experience the symptoms of war trauma manifested within the story⁶. The focus not on re-telling the traumatic experience but on the need to overcome disadaptation is most apparent in Butov's story, countering the belief that narration is essential for recovery and placing more emphasis on the issue of the protagonist's disadaptation in relation to his environment or society rather than focusing on solely repairing his own psychological state.

Gelasimov's story centers on a protagonist who exhibits, and suffers from, symptoms of war trauma, but also takes steps along the road to recovery. The protagonist, Konstantin, does not verbally recreate the trauma story, but uses another form of communication, drawing, in order to help come to terms with his trauma. Some Western trauma theory anticipates that non-verbal modes may be necessary in dealing with trauma. Herman states,

² Although Butov's protagonist shares his first name, Denis, I will make the assumption that his narrative is a semiautobiographical account, but will refrain from making a direct association between the author and the protagonist for lack of evidence that this is a true-life, autobiographical account. Instead, I categorize Butov's story as creative nonfiction, in which Butov presents factual information in a creative literary manner (Gutkind, 2005). In order to maintain a separation between author and protagonist, the author will be referred to as Butov in this thesis, and the protagonist will be referred to as Denis.

“As the narrative closes in on the most unbearable moments, the patient finds it more and more difficult to use words. At times the patient may spontaneously switch to nonverbal methods of communication, such as drawing or painting.” (p. 177)

Regarding Vietnam veterans, Jonathan Shay, MD, Ph.D (2002), says, “Often with trauma survivors themselves, the non-verbal arts are the door that is most readily opened.

Creating art has...great...potential for healing trauma...(p. 244);” this further asserts that other veterans, particularly those from the Vietnam War, have also employed the technique of visual art in order to deal with trauma. Also, in addition to being another war veteran who suffers mental trauma from the Chechen wars, Konstantin is physically disfigured due to combat wounds. Konstantin’s use of drawing rather than verbalizing his narrative focuses around the drawing of people, particularly faces; in this way, he is focusing specifically on the trauma he has experienced after receiving burns while trapped in an APC (armored personnel carrier). His drawing, similar to Babchenko’s use of writing, is a form Herman’s second step of recovery involving re-telling the trauma story; however, further issues relating to disadaptation concerning reintegration into normal civilian life are emphasized in the narrative and show that a main element to his recovery, readaptation, is both vital and currently lacking.

Andrei Gelasimov (born in 1966), who did not serve in the Chechen wars, enhances the mental trauma that is exhibited in *Zhazhda* by linking it with a physical manifestation of war trauma in his protagonist. In an interview, however, Gelasimov stated that his story was not concerned with the military experience of the war, but was rather a psychological portrait of a veteran, that this Chechen war veteran is only one of millions of veterans who have a similar psychological portrait (Kormilova, 2005). This

association of physical trauma with mental trauma strengthens the legitimacy of Gelasimov's psychological descriptions, allowing Gelasimov to describe Konstantin's experiences and feelings as genuinely and faithfully as Babchenko and Butov personally describe their own.

Despite describing three separate veterans in three different stages of recovery, these works have overlapping themes and descriptions of veteran life after homecoming. Similarities in the works include mention of the difficulties in returning to civilian life such as strained family relationships, contact with civilians, finding jobs, alcoholism and being haunted by dreams or nightmares, notions of the invaluable comradeship that one feels only with his fellow veterans, and the feeling of only partially returning from Chechnya. These difficulties in adaptation after combat are symptoms of war trauma, supported by examples of similar difficulties following the return of Vietnam veterans and emphasized in Russian psychological literature as a separate, special category for consideration in rehabilitation: disadaptation.

Family relations

In "How Dreams Don't Come True," Denis returns from Chechnya to live with his parents and younger brother. The story includes no dialogue between Denis and his father, and minimal dialogue between Denis and his brother. Conversation occurs only when Denis's screams due to nightmares awake his brother. The members of the family by this time are well aware of Denis's inability to sleep due to nightmares; Denis's mother approaches him after a nightmare, asking if he is all right, to which Denis curtly replies, "No, Mum, I'm fine. Just don't feel like sleeping. Everything is OK, Mum. Go to bed (p. 86)." He does point out that family were the only ones who missed Denis while

he was in the army (p. 87), but his strained, limited interaction with family members is noticeable even in the scarce amount of dialogue in this story. He “[wanders] around the flat like a lost soul, remembering how [he] had lived there two years ago. In a past life (p. 85).” Denis’s brief interactions with family members lack any sentimentality – he is barely responsive and recalls feeling “ashamed” for having to rely on his parents for money after his homecoming (p. 86). It is apparent that there is a barrier separating Denis from his family, due to which communication is difficult; it is as if Denis doesn’t believe that his family can relate to his experiences and he feels it is necessary to keep himself at a distance, despite living under the same roof.

Konstantin, the protagonist in Gelasimov’s story, is physically estranged from his family: he visits his father after 10 years of separation in hopes that he can help locate his friend Seryoga who has gone missing (Gelasimov). Due to Konstantin’s facial burns caused by a bombing in the war, it is difficult for his father, stepmother Marina, half-brother and half-sister to look at him. After being asked about his well being, Konstantin tells his father that he can see for himself, referring to his burned face (Gelasimov). Konstantin also tells his father that he is not his son, that he is a different person; his son was killed in Chechnya when the APC was burned (Gelasimov). The gulf between father and son, already evident due to 10 years of separation, is also seen when Konstantin’s father states that the prestige of the army needs to be raised; in response to this statement, Konstantin’s friend Genka asks Konstantin’s father if he has ever experienced action while in the war. Konstantin’s father replies that he only did personnel work, and Genka then says he has no more questions. This example further

enforces the idea that civilians cannot understand war veterans; if one did not experience similar situations in war, there is no way one can relate to another.

Shay remarks that the construction of Vietnam veterans' narratives arouses a strong feeling of grief, particularly pertaining to "irretrievable losses of prewar relationships, with parents, siblings, wives, and children (p. 174)," and that the core of the third stage of recovery "is the negotiation of safe, nonviolent attachments in the family. This often entails reunion with, or renegotiation of relationships with, long-estranged children and now elderly parents (p. 175);" Shephard states that veterans "built up unrealistic fantasies about their home lives," causing difficulty to readjusting to civilian life (p. 358). Brende and Parson (1985) state that Vietnam veterans may "find it nearly impossible to fill their inner emptiness with new people, spouses, or family members (p. 90)." The problem of reconnecting with family and feeling as if one belongs in the family environment, which recurs in both Gelasimov and Butov's stories, is an obstacle that Vietnam veterans also faced and had to overcome in order to reconnect with the community at large. Both stories show an alienation of the veterans from their families and a complete lack of any possibility or thought of romantic relationships, thus demonstrating exactly the symptoms discussed by Shay, Shephard, Brende and Parson.

Social relations

The situation is similar concerning relationships between the war veterans and ordinary civilians. Denis feels that his old friends don't understand him anymore now that he has experienced the war (Butov, p. 88). When describing life following his return from war, Denis says, "No one missed me...Civilian life, which I had been dying to get back to for two years, which I thought and dreamt of, turned out shitty (p. 87);" he goes

on further to state that “the more I get to know about people, the more I like dogs. I don’t like people, at all...I can’t like people with empty eyes (p. 89).” Most interestingly, Denis describes the separation between himself and a love interest of his; while drinking, he told his friends and this girl why strangling a guard is better than cutting his throat. Following this explanation, she doesn’t see or contact him anymore. After relaying this, Denis surmises, “I suppose she didn’t like the physiological details (p. 88).” Denis is able to recognize that his conversation or behavior is what drove the girl away from him, that not only is it a problem that civilians cannot relate to veterans, but also that veterans are unable to properly communicate with civilians, either. In all interactions in this story, Denis is seen as both misunderstood by the other party and also a recluse who is unwilling to attempt to assimilate with ordinary civilian life.

Gelasimov’s “Zhazhda” begins and ends with interactions between Konstantin, his neighbor, Olga, and her son, Nikita. It is due to Nikita’s fear of Konstantin that we learn about Konstantin’s physical deformity. Olga asks for Konstantin’s help in order to get Nikita to fall asleep by scaring her son: Nikita stares at Konstantin “like a ghost” and Olga proclaims that Nikita is only scared by Konstantin (Gelasimov). In addition to his neighbors, Konstantin is cautious about showing his face in public: he sits so that he is not visible (Gelasimov) and used to refuse to use transportation so that he didn’t scare the passengers (Gelasimov). Even policemen felt that it would be better for Konstantin to sit at home rather than scare passengers at railway stations (Gelasimov). Konstantin suffers even more dissociation because he has a physical deformity that keeps him separated from civilians; the differences that become evident through communication between

veterans and civilians are not even realized in Konstantin's situation as his physical appearance keeps him even further from assimilating into society.

Referring to the third step of recovery, reconnection, Herman states that “[the survivor] is now ready to risk deepening [his] relationships. With peers, [he] can now seek mutual friendships...with lovers and family, [he] is now ready for greater intimacy (p. 205).” This process of reconnection with family and community has been shown to be problematic following the homecoming of both Vietnam and Chechen veterans, and is also described in narratives concerning Chechen veterans. Butov describes a family life in which Denis appears very distant from all members of his family. Denis also recounts failures both in building new friendships and a potential romantic relationship due to the inability of others to understand and connect with him. In Gelasimov's story, Konstantin's only reason for reestablishing connection with his family was because he was seeking help in finding his comrade, Seryoga, who disappeared.

Comradeship

Comradeship is very important among soldiers and veterans, both during and following service in the military. Authors have paid close attention to describing fellow soldiers and the bond formed amongst these men. In Babchenko's memoir, he repeatedly mentions his comrades; following the war, he notes:

The only thing we have left is ourselves and our brothers in arms...we were left with just one virtue – the will to look after those who stood beside us in combat. If anyone ever asks me, ‘What were you fighting for?’ I will reply, ‘For those who clung to the ground next to me.’ (pg. 155)

After being discharged from the Second Chechen War, Babchenko ruminates about the comrades he has lost in the war and those he would be separated from once he returns

home: “I remember all of my comrades; I remember their faces, their names... what will I do without you? You’re my brothers, given to me by the war, and we shouldn’t be separated (p. 333).”

This deep connection is also apparent in Gelasimov’s story: the main action in “Zhazhda” is Konstantin and his fellow veterans’ search for Seryoga, another friend from their battalion. Konstantin spends a great deal of time solely with his fellow veterans, saying that his only remaining friends were Pasha and Genka, who were present when he was burned in the APC and who knew that, prior to being burned, he was a person with a normal face, and not just a roasted piece of meat (Gelasimov). Konstantin only keeps those friends close who have experienced the war with him, and particularly the traumatic event that led to his physical disfigurement, believing that they are the only ones who understand both his experience during the war and the position that he is in after returning. In Butov’s “How Dreams Don’t Come True,” Denis mentions that he was respected in his regiment (Butov, p. 84) and relays both a dream in which he is calling out to his comrade, Harley (p. 83) and a short dialogue about homecoming between himself and Harley (p. 87). Although Denis also points out that many soldiers turned into savage “Rottweilers,” he also notes that in his regiment there were not many (p. 84). Denis displays isolation towards family, friends and the community in general, but hints of his feeling of comradeship and acceptance among his fellow soldiers, through his remembrance of a conversation with Harley, or the nicknames assigned to him by his regiment, or his encounter with a captain as he was returning home, during which they chatted and drank together (p. 85). In one form or another, each of the narratives convey

the special bond and comradeship that the author or protagonists felt with their fellow soldiers, both those with whom they served and with veterans in general.

It is an accepted belief that comradeship between soldiers is perhaps the best and most important protection against psychological breakdown during the war (Herman, p. 25). It is also very important to have such relationships with other veterans upon returning from war. Shay notes that, in order to prevent damage to a veteran's good character, the answer lies in community: "Vietnam veterans came home *alone*. The most significant community for a combat veteran is that of his surviving comrades (p. 33)." Many independent, non-governmental veterans' groups and organizations have been founded by and comprised of veterans following the Vietnam War, continuing the presence and feeling of community with fellow brothers in arms even after returning to civilian life and offering social support. This too has occurred in Russia following the Chechen war, including the founding of Bratstvo and the Union of Veterans of the Chechen War, in addition to other organizations⁷ (Oushakine, p. 172). While this continuation of fraternity after returning home is encouraged in the process of coming to terms with trauma by sharing experiences with those who also experienced similar situations, the problem lies in the fact that numerous veterans do not fraternize with fellow veterans in *addition* to leading a regular civilian life; rather, there is the wish to socialize *only* among veterans, for the veterans to essentially form an enclave and to isolate themselves from the rest of society. Oushakine relates that the "combination of this military solidarity with a perceived (or experienced) rejection by the outside world resulted in a peculiar striving for self-enclosure among veterans (p. 181)," the Chechen

³ Union of Veterans of Chechnya is an umbrella organization assisting veterans, including non-governmental organizations such as Bratstvo (Fraternity), founded in 1997 by Chechen veterans in Barnaul, Russia.

war veterans believed a *zona*, or prison camp, as “the ultimate moral antidote to the lack of public respect and recognition (p. 186).” What was meant to be an additional measure to help reintegrate into society and cope with war trauma has been turned into a means of further separating war veterans from society.

Taking into account the difficulty of reintegration into civilian life after a war, these voluntary steps towards self-isolation are contrary to what needs to occur in order to facilitate acceptance of, and in doing so recovery from, traumatic experiences. As Shay mentions, there is a “paradox” in the fact that the psychological injury has destroyed social trust, and treatment of the psychological injury is prevented or more difficult due to this same loss of trust (p. 166).

Work life

Along with difficulties engaging in conversation or even physically being with civilians, the veterans depicted in these Russian literary works have trouble finding jobs after returning home. Konstantin decides to work alone on remodeling homes rather than searching for more publicized jobs. He notes that his clients are at first surprised that he does his remodeling alone, but once they meet him they are no longer surprised (Gelasimov), understanding that he feels he has no choice but to work alone, away from the rest of society due to his deformity. Denis, on the other hand, gets offers from “various police branches” but “[tells] them all the same thing – sorry, [he has] given the Interior Ministry two years and that is enough (Butov, p. 86).” When interviewing for a job as a security guard, the interviewer says that he cannot hire Denis because “you all come back from there funny in the head, and we handle firearms. Who knows what crazy stuff you might do with a real pistol (p. 87).” Denis is trapped by both his unwillingness

to work in one of the branches that would best utilize his skills from war due to the fact that they are associated with the government, and also passed over for other jobs for which he would be qualified due to the belief that veterans can not be trusted with firearms in case mental trauma from the war would lead to hostility. These examples of difficulties in work life further highlight the disadaptation of veterans following the Chechen wars.

Shephard says that securing jobs was also difficult for Vietnam veterans, as there were fewer jobs available, especially opportunities for full employment “in the sectors of society from which many veterans came (p. 358).” Shay mentions that having a good job is one’s ticket to respect, esteem and recognition in American culture. Vietnam veterans believed that, after serving their country, they would be able to secure these desired traits and employment; however, “to repeatedly lose jobs became a bitter way to lose their homecoming (p. 56).” Inability to acquire jobs was a great concern for veterans and also led to feelings of rejection and humiliation that were not expected.

The situation Shephard describes is repeated or echoed in the experience of Russian veterans’ return from Chechnya. Oushakine describes the veterans’ struggle of finding employment after returning from the Chechen wars, citing both the poor state of economy and the lack of connections and marketable skills of veterans. In addition, Oushakine relates a problem that arose due to psychological examinations that veterans underwent when applying for state jobs, many of which resulted in a psychotherapist deciding that veterans were not fit for the job. One veteran exclaims that he thought “they just had a special policy to get rid of participants [of the Chechen war] during this medical checkup. Simply, they wanted to get rid of us.” This led not only to failure

procuring a job, but also the reluctance of veterans to seek psychological rehabilitation following homecoming (p. 177). Such an experience both interferes with a controlling one's environment through the veteran's inability to set up financial security and establishing safety, thus leading to a distrust in seeking out professional psychological help to treat war trauma.

Youth

All three literary works describe characters feeling dead in their post-war lives, or the notion that the experience of war took away their youth and imposed a feeling of being older than they are in reality. Babchenko writes: "Even those of us who stayed alive – can they really be those same eighteen-year-old laughing boys who once got sent off to the army by their loved ones? No, we died. We all died in that war (p. 155)." In Butov's story, Denis felt like a "lost soul (p. 85)" and remarks, "I won't die young...because it is too late for me to die young. I am not young anymore...I haven't even got to twenty five. But I'm not young any more (p. 90)." As already mentioned, in Gelasimov's story, Konstantin tells his father that his son died in the war when the APC burned (Gelasimov).

Brende and Parson relate:

"Psychologist John Wilson describes Vietnam veterans' perceptions of their own ages as paradoxically both excessively young and excessively old. On the one hand, they still feel like the teenagers they were when they first went to Vietnam. On the other hand, they feel as if they were prematurely aged by the experiences they endured." (p. 86)

Similar to Vietnam veterans, the Chechen veterans described in the narratives also have the same paradoxical view of themselves, remembering that they were still teenagers when sent to the war but returning as if they have had experience beyond their years.

Veterans who experience an emotional shut down “say they feel ‘dead’ and that they watch life through a very dirty window, (Shay, p. 39)” and many veterans with complex PTSD “express the feeling that they died in Vietnam and should not have returned (p. 152).” These feelings lead to further isolation from the community, and also to forms of self-medication, such as resorting to alcohol.

Alcohol abuse

Alcoholism figures prominently in both Butov and Gelasimov’s stories.

Babchenko says that if he didn’t take up writing about his experiences in Chechnya, he would have probably taken to alcohol instead (Clothier, 2007). Discussing other veterans who may write or dictate their experiences similarly to Babchenko, he mentions that, “the written pints appear one after the other. Vodka is downed by the pint while death and madness sit beside you, nudging you and correcting your pen (Babchenko, p. 391).”

Copious amounts of vodka are introduced to the reader in the first sentence of Gelasimov’s “Zhazhda”; Konstantin and his fellow veterans “drink like horses” throughout the story, and after drinking enough, one either doesn’t remember or doesn’t want to remember certain details (Gelasimov). This same sentiment is expressed by Butov when Denis remarks, “Mum asks why I drink so much. Because when I collapse drunk, I don’t dream” (p. 84). This leaves one with a notion that alcohol is very closely associated with veterans, as a means of alleviating the pain of memories of trauma.

Drinking is a tool employed by these veterans to further distance themselves from people and life in general; through the use of alcohol, veterans are able to avoid conscious recollections of former traumatic events, both during the daytime and also when trauma revisits them in their dreams.

73.8 percent of Vietnam veterans with PTSD abuse alcohol, as opposed to 45.6 percent of veterans in general (Shay, p. 36), showing that victims of war trauma are more likely to resort to alcohol than veterans who do not suffer from trauma. Shay mentions that war veterans used alcohol “for forgetting, to suppress nightmares, to get to sleep in the face of unbearable agitation (p. 38);” similar reasons for the use of alcohol by Chechen veterans have been outlined in the Russian narratives. Shay contends that active use of alcohol or drugs disrupts a veteran’s restoration of authority over his process of memory; without sobriety, a veteran cannot restore the authority lost, a process that is important in recovering from combat trauma (p. 38). Alcoholism interferes with the process of controlling one’s body by means of upsetting the control of self-destructive behavior. Concerning the establishment of safety, Herman suggests that when a survivor himself is not reliable in establishing his safety, the prospect of involving one’s family appear (p. 167). In the Russian narratives, both Denis and Konstantin’s families are aware of their alcoholism, but do not intervene and help in the process of establishing safety by preventing drinking. This emphasizes both the problem of alcoholism as impairing a veteran’s establishment of safety, and also the lack of support from family in recovering from war trauma. Oushakine also highlights the binge (*zapoï*) that Chechen veterans undertook after returning from the front; in an interview, a veteran remarks,

“Nobody even tried to find a job during the first couple of months [after returning home] because mainly it was *zapoï*... With veterans, I drank for two-three months. Joy came only in a bottle... We had no time for psychological rehabilitation.” (p. 176-7)

Instead of trying to establish safety through means of psychological rehabilitation or attempting to reintegrate into everyday life by finding employment and reconnecting with

the community, veterans would go on binges in order to numb their pain; the “drug- or alcohol-addicted veteran may be physically at home, but his cognitive and emotional resources are entirely consumed by the next drink or fix” (Shay, p. 38). Alcoholism is both a reaction to war trauma and at the same time a major hindrance in recovering from the trauma.

Dreams

Abram Kardiner asserts that the persistent dream is “one of the most characteristic and at the same time one of the most enigmatic phenomena” encountered in combat neurosis (as cited in Herman, 1992). In describing what Dr. Chaim Shatan deemed the “Post-Vietnam Syndrome,” veterans began to notice many of the signs of PTSD, including insomnia and nightmares (Shephard, p. 357); Shephard mentions that initially VA doctors mistook veterans’ combat flashbacks as symptoms of schizophrenia rather than a direct results of war experiences (p. 362). Difficulty sleeping, repeated nightmares and flashbacks are all symptoms displayed by veterans suffering from war trauma. They are all manifestations of the broader symptom of hyperarousal, the “first cardinal symptom of post-traumatic stress disorder” in which the victim “startles easily” and “sleeps poorly” (Herman, p. 35). Each of the three works of literature includes multiple illustrations of nightmares and flashbacks, the most telltale symptoms of war trauma.

In dreams, the veterans visually reconstruct the traumatic events that they have been trying to avoid through use of alcohol. Butov’s story begins with Denis waking up from a nightmare in which he was burning in an APC (p. 83). After waking from this dream, he does not intend to fall back asleep – he would rather suffer insomnia than be forced to confront such manifestations of the unconscious mind. Similarly to Denis, it is

interesting that Konstantin in Gelasimov's story received his burns due to the bombing of an APC, and that his dreams involve reconstructions of that traumatic experience. Konstantin says that "later," not immediately following the traumatic experience, he begins to have these dreams, and he is scared to sleep, because in his dreams he remembers and sees all; following that statement, Gelasimov describes Konstantin's comrades pulling him out of the burning APC after initially believing he was dead (Gelasimov). Babchenko's dream, chronicled in the chapter "A Soldier's Dream," concerns the return of one of his dead comrades, Igor. The dream involves both landscapes of Chechnya and army life blended together with Babchenko's home life in Moscow and including his wife's presence. In the dream, Igor is beckoning to Babchenko to come with him; Babchenko imagines both his home and the mountains of Chechnya, and imagines the idea of his dead friend Igor having a chat with his living wife. Babchenko wakes up from the dream in a sweat and begins to cry, wanting to die (Babchenko, pp. 335-8). Babchenko's dream reminds him both of his comrades lost in the war and also of the difficulty he has as a veteran to distinguish between home and Chechnya, as both places feel real and false at the same time.

Childhood memories

Gelasimov's "Zhazhda" also presents a different aspect of memory associated with war trauma, that "in their predominance of imagery and bodily sensation, and in their absence of verbal narrative, traumatic memories resemble the memories of young children (Herman, p. 38)." In "Zhazhda," the text oscillates between the present day and Konstantin's memories from childhood. Konstantin remembers a vacation with his parents when he was a child; Gelasimov repeatedly describes Konstantin's mother

rubbing lotion on his face so that it won't burn. When Konstantin has his appendix removed as a child, he remembers specifically that the nurse rubbed something cold onto his face before giving him anesthetic.

Konstantin also remembers playing volleyball on vacation, particularly the sound of the ball being hit ("bang!" [*bats!*]); the repetition of this noise is reminiscent of the blasts or bullets that Konstantin heard during the war. He also describes his time during school: in particular, Konstantin was in art class, drawing a picture of his own face. Following a meeting with the director, Konstantin spent a lot of time with him, encouraged to continue drawing. All of these events either focused upon Konstantin's face, during the time before it was burnt in the war, or, in the case of the volleyball memory, Konstantin's remembrance of the loud noises during combat reminded him of the loud striking of a volleyball (Gelasimov). Gelasimov interestingly ties in memories of Konstantin's childhood that are directly related to his traumatic war experience; in a twist on Herman's statement that traumatic memories resemble childhood memories, Gelasimov introduces Konstantin's childhood memories that resemble his traumatic experience, memories that were not directly related to his war experience, but come to mind when he thinks about his trauma.

Summary

Babchenko, Butov and Gelasimov's narratives involving veterans of the Chechen wars all involve characters that display symptoms of war trauma that have also been observed in Chechen and Vietnam veterans. The three pieces of literature also involve protagonists that experience some of the same struggles in recovery, and are examples of reconstructed trauma narratives, but are at differing stages of trauma recovery as outlined

by Judith Herman. Babchenko's *One Soldier's War*, a memoir, through its detailed autobiographical account is the closest resemblance of the three works to the type of testimony that Herman deems necessary in the second stage of recovery yet signs of trauma such as nightmares, problems sleeping, and grief over fallen comrades are still exhibited. Butov's "How Dreams Don't Come True" does not take the form of a proper testimony, nor does it fully reconstruct the traumatic experience of war, but rather resembles the beginning stages of trauma victims retelling their stories, in which the "narrative language may be partially dissociated" (Herman, p. 177). In "Zhazhda," Gelasimov's protagonist Konstantin progresses throughout the story, from an individual who cannot cope with his traumatic experience, causing him to depend on alcohol and isolate himself from the public, to a person who begins to come to terms with his position, showing progress by contacting his family and spending more time in public. He also resorts to his past time, drawing, as a means of remedial therapy. Through the act of drawing, Konstantin produces visual imagery that pertains to his war experience. He progresses through the story from vague, gray images to finally a full rendering of his own face, which I interpret as a way in which he is beginning to come to terms with his trauma.

Although none of the characters can be said to have fully recovered from their traumatic experiences of war, it is evident in the content of the literature that the problem of war trauma is being addressed and the characters are forging their way towards recovery. These narratives also focus on a main concern in Russian psychology on combat trauma: disadaptation. The narratives in general do not stress the need for narration, or a re-telling of traumatic events, as a vital part of the recovery process, but

highlight the disadaptation that veterans suffering from combat trauma face after homecoming. The major concern lies not in repairing oneself through narration, but with the issue of readaptation to a normal civilian environment. Even in selecting narratives by or about Chechen war veterans, I do not find recovery processes outlined in Western trauma theory to fully address the case of combat trauma in the Russian context. The next section expands upon peculiarities addressed in Russian psychological literature that are not taken highlighted in Western trauma theory, particularly focusing on the issue of disadaptation.

3. Contemporary psychological discourse on war trauma in Russia

In the last chapter, I used literary sources to highlight the recognizable prevalence of war trauma following the Chechen wars. I now turn to current psychological literature related to war trauma and treatment of veterans of the Chechen wars in order to offer insight as to how the issue of war trauma is being approached in the field of psychology today. First, a recent clinical description of war trauma will be described in order to outline the direction that psychological discourse has taken in Russia. Following the clinical description is a reporting of the various psychological studies of Chechen veterans and conscripts being sent to Chechnya that were undertaken from 2000-2011. The results from the studies contributing the most to the understanding of war trauma in Russia will be highlighted and compared with the newly evolving clinical description of war trauma. The steps being taken to prevent war trauma or more comprehensively tackle the issue of rehabilitation of veterans are outlined, highlighting the difficulties that are currently being faced in the field of psychology in Russia involving implementation of proper treatments for war trauma. The psychological literature will give a better understanding of the current discourse on war trauma in the field: where attention is placed, and where improvement needs to be made and the results of studies and assertions by psychologists will be related back to the literary sources analyzed in the first chapter. This psychological literature will also show divergences from the implementation of Western trauma theory, which strongly encourages narration as a step in the healing process and was used as the main source to analyze narrative literary works in the previous chapter. Beyond analyzing narratives about Chechen veterans,

rehabilitation processes outlined by Western trauma theory is not sufficient based on the psychological evaluations and definitions presented in this chapter.

Many of the articles cited in this chapter were printed in the *Military Medical Journal (Voenno-meditsinskii zhurnal)*. The *Military Medical Journal*, first published in 1823, is the oldest medical periodical in Russia. Since 1992, it has been under the control of the Russian Federation's Ministry of Defense and has recently devoted much of its content to the issue of rehabilitation of those who have served in the military. The research for this chapter involved examining the journal's archive spanning the years of 2000-2011 and searching for articles pertaining specifically to mental rehabilitation of veterans. Other articles concerning veterans' mental rehabilitation published in other journals, such as *Counseling Psychology and Psychotherapy (Konsultativ'naiia psikhologiii i psikhoterapiia)* and *Journal of Psychology (Psikhologicheskii zhurnal)*, the leading Russian academic journal of psychology, have also been included. The literature analyzed provides a breakdown of the most current definition and treatments used for post-traumatic stress disorder, data concerning combatants in rehabilitation and conscripts before entering military service, and information about new laws and programs enacted in order to improve mental rehabilitation treatment and implementation for veterans. The literature describes what is currently being addressed in the rehabilitation of veterans and also highlights issues that arise in rehabilitation and suggestions for the improvement of trauma rehabilitation or prevention of war trauma.

Definition of post-traumatic stress disorder

The article "Clinical-diagnostic aspects of combat post-traumatic stress disorder" (*Kliniko-diagnosticheskie aspekty boevykh posttravmaticheskikh stressovykh rasstroistv*)

outlines a clinical description of PTSD and offers advice to doctors on how to diagnose the disorder in its early stages. V.K. Shamrei, V.M. Lytkin, S.A. Kolov, and B.V. Driga (2011) note that, although a definition for PTSD first appeared in DSM-III in 1980, it was only introduced into the tenth edition of the *Internal Classification of Disease (Mezhdunarodnaia klassifikatsiia boleznei)* in 1995, and has since been the diagnostic standard in Russia. Shamrei et al. contend that combat PTSD should be defined as “protracted conventional adaptive mental changes arising from the impact of specific factors of the combat situation” and stress that many of these changes may transform from adaptive changes to forms of social disadaptation upon return from war to civilian life (p. 28). As opposed to Western trauma theory, which asserts that the traumatic experience causes the self to be shattered and therefore must be reassembled, the category of disadaptation outlined in Russian psychological literature implies that the traumatic experience caused a disruption between the self and environment, and emphasis is placed on repairing the rupture between individual and environment, not on a rupture within the individual himself. The first chapter of this thesis pointed out the importance of disadaptation in contemporary Russian literature concerning veterans of the Chechen wars; this reinforces Shamrei’s argument focusing on disadaptation as the problem is also strongly highlighted in literary works, and not only in the field of psychology.

The authors elaborate on the three groups of traditional PTSD symptoms as they are currently outlined: “re-experiencing,” “avoidance,” and “physiological hyperactivity;” these groups echo the groups of symptoms outlined by the U.S. Department of Veterans’ Affairs National Center for PTSD in the previous chapter; however, Shamrei et al. assert that the clinical manifestations of *combat* PTSD are more

complex than the presently accepted symptoms of PTSD. The authors attempt to show the complexity through presenting the example in which some veterans avoid watching news reports concerning war coverage or war movies, while others revere their years of service and seek extreme professions in order to preserve the environment experienced during combat situations (p. 29). Due to the multifaceted nature of PTSD manifestations, as shown in this case, the authors believe that combat PTSD should be given a separate allotment within the broader definition of traditional PTSD. Presenting such examples of the complexities in manifestations of PTSD, Shamrei et al. outline different types of PTSD: “dysphonic,” “anxious,” “somatoform” and “mosaic.” Dysphonic PTSD is aggressive in nature, the anxious PTSD includes anxiety and trouble sleeping, somatoform includes those in a psycho-vegetative state. Combat PTSD fits into the mosaic type of PTSD, which is the result of one of the former types of PTSD transforming into another and involves manifestations of a number of symptoms from the varying types of PTSD. (pp. 31-3).

Shamrei et al. also outline the stages of practices that should be taken into consideration by doctors in order to reach an early diagnosis of PTSD in combat veterans. The first stage involves the doctor’s encouragement of the soldier to recount his military experience in order to actualize the traumatic combat experience and its accompanying symptoms; this follows Herman’s second step in recovery, the reconstruction and re-telling of the traumatic event. The second stage includes identifying the traditional symptoms of PTSD, as outlined in the three groups, but notes that symptoms manifest in a fragmentary nature that is peculiar to combat PTSD. The authors define what they refer to as “combat accentuation” in the early stages of PTSD; combat accentuation is the term

applied to post-war personality changes resulting from the soldier's retaining of those extreme conditions of war to which he has adjusted during combat even after the return to civilian life (p. 30). The identification of combat accentuation symptoms should allow for the possibility of development of diverse clinically defined mental disorders of a differing classification; the authors state the belief that combat accentuation should be regarded as a "dynamic-situational subclinical variant of PTSD" (p. 31).

In addition to the aforementioned suggestions for early diagnosis of PTSD, the authors propose that specialists should use questionnaires and scales, along with the collection of objective data about the patient, in order to aid in specific diagnoses. In particular, the authors suggest the use of the "Questionnaire for the diagnosis of traumatic stress psychological consequences," the SCID (Structured Clinical Interview for DSM), and CAPS (Clinical Administered PTSD Scale) (p. 33).

In the discussion of treatment of PTSD, the authors believe various psychotherapeutic methods are critical should be utilized. They also highlight the issues facing the use of psychopharmacotherapy, such as tendency for long-term use of antidepressants and other serotonin reuptake inhibitors to cause an increase in aggressive behavior; due to the inability to adequately correct personality disorders, which are frequent consequences of combat trauma, pharmacological methods are disfavored in comparison to psychotherapy, which facilitates adaptation to civilian conditions and a restoration of oneself. The authors emphasize that a combination of various forms of psychotherapeutic methods should be employed and individually tailored to the patient's specific needs (p. 34).

Along with offering suggestions for treatment techniques, the authors stress the need that treatment should be carried out immediately after return from combat and should take place in an “atmosphere of care” (*atmosfera zaboty*) in which medical specialists and military commanders collaborate in order to offer psychological support to those affected. Also crucial is the need to address substance abuse in the early stages of treatment and to incorporate the family in the recovery process. Emphasis is placed on both developing an individualized, personality-oriented treatment for the patient, along with opening the lines of communication between patients, families, medical specialists and the military (Shamrei et al., pp. 34-5). The “atmosphere of care” is also lacking in the literary works discussed in the first chapter. Denis’s difficulty in finding employment following his military service in Chechnya or building friendships along with Konstantin’s encounters with strangers highlight the public’s rejection of Chechen veterans after homecoming.

Shamrei et al.’s article shows that specialists in Russia do not fully accept the definition of PTSD that has been adopted from the Diagnostic and Statistic Manual of Mental Disorders, but are actively engaged in identifying and attempting to resolve those peculiarities that do not correspond to the accepted definition of PTSD and are observed in Russian soldiers suffering from combat trauma, along with suggesting new terms and classifications outside of the traditional definition of PTSD. The main focus is centered around the idea of combat accentuation, or the problem of disadaptation afflicting veterans returning to civilian life. The literature from the first chapter supports Shamrei’s discourse on combat accentuation and highlights disadaptation, which have become primary focuses of discourse and studies in the psychology of war trauma today.

The authors also underscore the complexities in creating a standardized form of treatment. Major issues in the Russian context in particular of dealing with PTSD are also evident in this article, such as the lack of collaboration between medical and military professionals concerning the disorder and the need for treatment to expand beyond solely the affected patient but to encompass family members as well, exemplifying the fact that society (such as family) should be involved and aware of combat trauma and also need to learn how they themselves can cope with the manifestation of war trauma from others.

The issues of combat accentuation and disadaptation, raised by Shamrei et al., is also addressed in many of the following psychological evaluations. These studies provide statistics supporting Shamrei et al.'s claims to the importance and existence of this issue particularly in the context of veterans from the Chechen wars along with identification of differing stages of adaptation for soldiers and the issue of disadaptation or maladaptation that arises due to interferences such as combat or injury. After presenting the symptoms of disadaptation and combat accentuation contained in contemporary literature, the next section will place these symptoms into the context of real-life, psychological studies of Chechen veterans.

Clinical observations of veterans in rehabilitation

Beyond the discussion of theoretical definitions and suggested treatment, this section of the chapter provides numerous psychological evaluations of Chechen veterans spanning from 2000-2011. The studies consist of larger-scale evaluations presented in *Military Medical Journal* (in chronological order) along with three case studies from *Counseling Psychology and Psychotherapy*. Results from the studies that are pertinent to Shamrei et al.'s definition of combat PTSD and related to the symptoms presented in the

analyzed contemporary literature in Chapter 1 will be described, along with the psychologists' suggestions regarding treatment options and further rehabilitation of the veterans.

In A.V. Belinsky and M.V. Lyamin's (2000) article "Medico-psychological rehabilitation of combatants in a multidisciplinary hospital" (*Mediko-psikhologicheskaya rehabilitatsiya uchastnikov boevykh deystvii v mnogoprofil'nom gospitale*), 453 soldiers were surveyed: 115 soldiers fighting in Chechnya and 338 soldiers during rehabilitation treatment. Soldiers were separated into five groups, ranging from Group 1 (least affected) to Group 5 (vegetative state). Group 4 was comprised of 14.5% of the soldiers, who exhibited symptoms that developed 3-4 weeks after their initial injuries along with definite signs of PTSD, including a "recognizable stressor, repeated traumatic experience, decreased activity, [and] sense of guilt, anxiety;" further, almost half of the soldiers in Group 4 showed signs of aggression (Belinsky & Lyamin).

Different rehabilitation methods were prescribed for the different groups, depending on the severity of the soldiers' psychological state. Group 1's rehabilitation regimen included vitamin therapy and physical therapy; the treatment plan for Group 2 included additional treatments such as psychopharmacological drugs (20% of patients in Group 3), group psychotherapy (11%), autogenic training (14%), music therapy (21%) and thermorelaxation (13%). Treatment for Group 3 included all of the options available to Group 2 with the addition of antidepressants (51% of patients in Group 3), and other therapies such as halotherapy (21%) and acupuncture (40%). The aim of treatment for Group 4 involved "the relief of post-traumatic stress disorder," adding indirect suggestion (for 14% of Group 4 patients) and bioacoustic correction (47%) to the aforementioned

treatments. Group 5 was treated with the totality of rehabilitation services available (Belinsky & Lyamin).

The effectiveness of these specific treatments for the different groups was assessed according to comparison of psychological states before and after the treatment. In general, the results displayed “sufficient effectiveness” and led the authors to endorse the introduction of these specific rehabilitation programs into the usual clinical practice. The authors made the claim that following the introduction of these various forms of treatment, a patient’s time of recovery will be shortened by at least 6 days. Emphasis in the treatments described by Belinsky and Lyamin is not placed solely on the steps of recovery offered by Judith Herman, particularly the focus on narration as a means of rehabilitation, but includes a multitude of various treatments administered concurrently.

The correlation between the increased severity of mental disorders and the increased length of time that a patient has served in combat was also stated, noting that 100% of soldiers with neurotic disorders and 95.9% of those with PTSD were in the combat zone for more than three months. These statistics are important when keeping in mind that the duration of conscript service was 18 months prior to April 2008, after which it was reduced to 12 months, along with the high number of contract officers (*kontraktniki*) who extend their activity in combat areas in order to receive money. Babchenko writes in his memoir that he spent three months in the combat zone during the first war followed by six months of service during the second war (pp. ix-xi); Butov’s protagonist notes that he spent two years in the regiment (p. 85). The literary works concern protagonists that have spent well over three months in the combat zone;

therefore, the appearance of PTSD was very likely, according to Belinsky and Lyamin's study.

Belinsky and Lyamin sought to ease the treatment of war trauma by providing characterizations in order to allow specialists to place patients into categories and chose the corresponding treatment procedure. The results of the treatment remained vague, with no concrete evidence supporting what is deemed to be a successful and effective treatment, and no mention of the length of rehabilitation or a follow-up on the patients following release from the hospital. Although the research undertaken by these authors was meant to add some order to the diagnosis and treatment of war trauma, it does not take into consideration many of the peculiarities of the disorder outlined by Shamrei et al. or the notion that this personality-oriented disorder must be treated on an individual basis.

M.V. Makhnev's (2000) article "Medical Aspects of Social Adaptation of Soldiers" (*Mediko-sotsial'nye aspekty adaptatsii voennosluzhashchikh*) involved assessment of veterans' adaptation as a whole, combining evaluation of biological, psychological and social factors. Makhnev stresses the importance of evaluating all three of these areas, as prior research on adaptation focused strictly on components of biological adaptation or the physical dynamics of a person's performance. He also states that most of the studies involving Chechen soldiers focused on the surgical care and psychological rehabilitation of the physically wounded, and not on the problems of disadaptation facing unwounded veterans (Makhnev, p. 57).

328 soldiers from various socio-psychological statuses and areas of residence were studied using clinical, physiological, psycho-physiological and psychosocial methods. Results were separated into categories of biological adaptation and military-

professional adaptation, ranking the scores and responses of the veterans and dividing the respondents into groups from 1 (worst outcome) to 6 (best outcome). This study measured the changes in categories such as body weight, rate of infection, physical performance (speed, endurance and force), psycho-emotional status (anxiety, emotional reactivity, conflict) and mental capacity (attentiveness, long and short-term memory) over ½-year intervals starting from 1 month to 2.5 years following combat (Makhnev, pp. 58-9).

From this analysis, Makhnev notes that the most drastic difference was that observed between groups 1 and 2, and three stages of adaptation were distinguishable in 90% of the subjects. The first stage is characterized by physiological strain and a decrease mental and physical performance and lasted from 4-7 months. The second stage involved weight gain, improved health and performance, a decline in infectious diseases and lasted approximately 1-2 years. The third stage showed stabilization of biological components and a continuation of adaptation and improvement of military and professional skills. Makhnev also correlates the three stages of adaptation to the three stages of military service: familiarization with the general terms of military service, professional military training, and finally the daily performance of acquired military skills. Biological adaptation of soldiers was found to take from 4-7 months, whereas psychological and social adaptation took longer. In many cases, the process of adaptation is not completed by the end of service; this contributes to the appearance of disadaptation following military service, in which the first symptoms of various neurotic diseases is observed (Makhnev, pp. 59-60).

A second study specifically involving soldiers fighting in Chechnya was also performed with 54 subjects, 5 of whom already participated in the First Chechen War. The results showed that all of the subjects except for those who have previously served in Chechnya showed signs of disadaptation *before* arriving in Chechnya. Makhnev relates this to the stress that resulted from news of deployment to Chechnya, exacerbated by the media coverage of events in Chechnya, negative reactions from family members upon hearing about deployment, and the fact that 80% of the subjects had never fired an automatic weapon; however, he also states that there is a significantly higher morale of troops involved in the Second Chechen War in comparison to the First Chechen War, which positively impacts adaptation of troops (pp. 61-2). Babchenko also draws attention to the differences between the two wars, stating, “the first had been a war of liberation...when the people were united and inspired...the second war was even more incomprehensible and dirty than the first (p. xi). Makhnev also notes that most of those serving for the first time are 18-20 year-old boys who are not fully developed mentally or physically, causing adaptation to be even more difficult (p. 61). The issue of age was discussed in the first chapter as all of the authors highlighted the youth and unpreparedness of the protagonists.

Makhnev also discusses the problem of readjustment of soldiers, noting that all soldiers, whether or not they suffered from a physical wound, suffer from varying levels of post-traumatic stress disorder. He states that the occurrence of post-traumatic stress disorder indicates “violations of the deep mechanisms of psychosocial adaptation and the need for psycho-correction” (p. 63) and that medical personnel in military hospitals do not have adequate training in these fields. He offers possible solutions including the

establishment of special rehabilitation clinics resembling the 6th Central Military Clinical Hospital in Moscow, staffed with the appropriate expert psychologists and sociologists to help with veterans' preparation to return to civilian life after rehabilitation. In order to help with adaptation, Makhnev suggests preparatory measures, such as a high-calorie diet and completion of all immunizations in the months prior to military service, along with evaluation of conscripts' psychological qualities and professional skills in order to better place soldiers into appropriate areas of service, the creation of an improved and favorable psychological climate, and a change in the age for conscription from 18 to 20 (p. 63).

Makhnev's studies shed further light on the psychological adaptation or disadaptation that occurs before, during and after military service in addition to biological and physiological components of adaptation. His solutions focus on better preparation for military service and adequate means of ensuring proper rehabilitation following service. Makhnev asserts that proper biological preparation, such as mental and physical development (i.e. changing the age of conscription from 18 to 20) along with adequate nutrition and immunity, before the beginning of military service will help improve adaptation; he also states that a positive psychological environment before, during and following service is crucial to ensuring proper adaptation. The link between biological and psychological components of adaptation is stressed and Makhnev exhibits the dependence that the state of each component is closely related to the other. This prescription differs from Herman's rehabilitation process, taking into account biological and psychological preparation before combat as a means of averting potential psychological problems following a traumatic experience. These instances involving trauma in Chechen war veterans are concerned not only with psychological rehabilitation

following trauma, but also indicate that there is insufficient preparation for a potentially traumatic experience such as military conflict that has not been adequately addressed in the case of these trauma victims.

Published in April 2008, A.M. Reznik's article "Combatants' mental stress and subjective experience" (*Psikhicheskii stress u uchastnikov boevykh deistvii i ego sub'ektivnoe perezhivanie*) attempts to ascertain the frequency of symptoms of mental distress in soldiers participating in counter-terrorist operations. The study was carried out in order to determine the rate of mental distress in combatants who haven't been treated for mental illness. Signs of mental distress included anxiety, involuntary painful memories, sleep disturbance, feelings of guilt, hyperexcitability and *gipotimii* (prolonged depression). The study included both first-time and return combatants to the area of counter-terrorist operations (pp. 44-5).

Using an anonymous survey, Reznik assessed 119 conscripts in the North Caucasus. 91 of the 119 conscripts (76.5%) displayed at least one symptom of distress. 72.4% of those who displayed symptoms have previously participated in combat operations, and 66.7% of those who have already participated in combat have previously served in the Caucasus. 81% of respondents displaying symptoms of distress had received combat wounds, and 27.6% of respondents have been deployed to the North Caucasus for the first time. Further, 33.9% of respondents reported more than one symptom of mental distress and only 13.2% of respondents reported three or more symptoms of mental distress. Of the usual symptoms expected from mental stress, this study found that acute stress reactions were most prevalently reported. Involuntary painful memories were reported by 21% of the respondents, but are 25.9% more likely to

be experienced by those who have previously participated in combat operations; 28.6% of those returning to service in the zone of counter-terrorist operations experience involuntary painful memories in comparison with 13.5% of those who have not seen combat action. Involuntary painful memories were pointed out in the first chapter, particularly concerning nightmares affecting the protagonists of all three works of literature discussed (Reznik, pp. 44-5).

Anxiety was reported by 13.5% of patients. Only 10.8% of those who have already served in the Caucasus reported anxiety in comparison to 16.4% of respondents who have not been involved in combat action and 17.3% of those who are first-timers in the zone of counter-terrorist operations. Reznik ascribes this to “a weakening of anticipatory anxiety and deliberate denial of danger and fear, often inherent in young soldiers” (*oslableniem trevogi ozhidaniia, tak i narochitym otritsaniem opasnosti i strakha, chashche prisushchim molodym soldatam*). (p. 45) The fact that the percentage of respondents reporting anxiety is lower for the group of soldiers who have previously fought in the Caucasus in comparison to the overall percentage is noteworthy as it illuminates the adaptation of soldiers to the area, causing less anxiety even upon return to the Caucasus; this proves Shamrei’s idea of combat accentuation occurring in veterans. The high percentage of first-time soldiers serving in the Caucasus reporting anxiety is also notable as it shows that these soldiers display symptoms of mental stress before any experience of combat trauma.

14.3% of respondents and only 10.8% of those who previously served in the Caucasus reported a depressed mood; the depressed mood of those who previously served in the Caucasus, however, was prolonged depression with a decrease in emotions and

sensations (*gipotimii*). 29.4% of those who previously served in the Caucasus report using alcohol and drugs as treatment for depression. Only 9.2% of respondents reported anger or rage, but with a large difference between the percentage of those who have previously been in combat (15.5%) and those who have not seen combat (3.3%). Of those who reported rage, 45.5% also displayed feelings of revenge; 58.7% of these respondents stated that they used alcohol or drugs to relieve this stress (Reznik, p. 45). It is important to note the correlation between the symptoms of mental stress reported by soldiers in the military and that increase in the use of alcohol or drugs as a remedy for these symptoms; the notion of alcohol as a form of self-treatment for war trauma was shown in connection to the protagonists of the three literary works analyzed in the first chapter.

What is interesting in this study is the low percentage of respondents who reported feelings of guilt. Only 7.6% said that they had feelings of guilt: 28.6% of those respondents were previously wounded, 5.3% had seen military action and 5.1% were soldiers from the zone of counter-terrorist operations. This statistic contradicts the idea of survivor guilt as one of the main effects of combat trauma. The prevalence of sleep disturbance and nightmares was also surprisingly low, with only 10.1% of respondents experiencing sleep disturbance, with a higher percentage of first-time soldiers (13.1%) than those who have previously served in the Caucasus (12.5%). The percentage of those who reported sleep disturbance and had previously served in the Caucasus is significantly higher than the number reported overall by those who have previously been involved in combat (5.3%) (Reznik, pg. 45). Both the findings concerning the infrequency of

survivor guilt and sleep disturbance are contradictory to the emphasis placed on these symptoms in literature concerning war trauma.

Reznik shows that by today's standards of just one symptom of stress disorders affecting adaptation being a sign of subliminal stress disorders, many of those in the military are indeed affected by stress disorders. Both the high prevalence of symptoms of stress disorders reported by those who have not yet even seen combat and a comparison to the low percentage of symptoms of mental distress reported by those who have previously served in the Caucasus are very interesting in that they highlight the idea that there may be underlying problems even with those who have not yet experienced combat, along with the peculiarity in the fact that those who have experienced local conflict report much less than expected. Reznik offers the claim that perhaps "those who find themselves more resistant to combat stress and possible progression of mental disease" are more likely to return to contract service in the Caucasus (pp. 45-6). This statement supports the idea of combat accentuation and provides reasoning for the problem of disadaptation upon return to civilian life.

V.E. Yudin, M.V. Lyamin and V.P. Yaroshenko's February 2011 article "Features of mental disorders and evaluation of quality of life for military personnel injured in local armed conflicts," on the other hand, offers a follow-up, described their study consisting of two stages of examination of 317 wounded combatants ranging from 19-45 years of age. The first phase took place 4 months after combat injury, and a follow-up examination was performed at least 1 year after injury. This study is particularly important and different from the others examined thus far, in that a follow-up study was conducted as well; this is important in tracking the changes that occur in a

veteran over time, as are referred to in adaptive phases. Results from the first phase of the study revealed 59.4% of combatants suffering from neurotic manifestations (p. 22).

Analysis and combination of the results of the two phases of this research discovered and outlined four stages of developmental changes following a traumatic experience: acute reaction, neurotic reaction, neurotic conditions and pathocharacterological disorders. The acute reaction occurs directly after the stressful experience and lasts a few minutes; the first stage is difficult to identify and in 35.4% of the cases was not clearly distinguished. Neurotic reaction begins with the moment of awareness of what has happened and lasts from 1-3 months (on average, 1.7 months); this second stage includes the initial appearance of mental disorders that are polysymptomatic and associated with the traumatic experience. The third stage begins to take shape around 2 months following the traumatic event and is characterized by the development of neurotic disorders including PTSD, phobias and obsessive-compulsive disorder. As these disorders intensify, they lead to the fourth stage of pathocharacterological disorders, which are characterized by deviations in behavior that lead to the disruption of social adaptation (pp. 22-3). In connection with the protagonists discussed in the first chapter, all three have experienced the characteristics associated with the third stage of developmental change. While Babchenko has been successful in social adaptation following homecoming, Denis and Konstantin also display the characteristics associated with the fourth stage and show a degree of disadaptation.

This information provided by Yudin et al. involving the polysymptomatic nature of mental disorders that manifest after a traumatic experience and the difficulty in identifying the first stage echoes and confirms Shamrei's assertion of the fragmentary

nature of PTSD resulting from combat trauma and the difficulties in identification and classification of PTSD that arise due to the peculiar nature of the disorder. The timeframes observed by Yudin regarding the appearance of symptoms corresponding to each stage, and the transition from one stage to the next, also shows that symptoms of PTSD are not manifested until months following the traumatic experience.

The study went further than establishing the different stages of post-traumatic development by including an assessment of veterans' quality of life. Yudin et al. used the Nottingham Health Profile's "Quality of life: Assessment and Application," a scale that is divided into two parts. This scale is a widely used method to evaluate quality of life. The first part measures the subjective health status of the respondents, focusing on energy, pain, emotional reactions, sleep, social isolation and physical mobility; this information is compared to the rates of the normal population. The second part of the assessment examines the extent to which certain aspects of the respondents' lives are being affected due to their current state of health, including occupation, housework, social life, sexual life, hobbies, home life (with family), and relaxation (O'Brien, 1988, p. 232).

In the first part of this assessment, the wounded war veterans exhibited very significant rates ($p < 0.05$) in the category of physical activity and extremely significant rates ($p < 0.01$) for the categories of energy, pain, emotional reactions, sleep and social isolation, in which the mean values were significantly lower in each of these categories for wounded veterans in comparison to the normal population. In the second part of the assessment, the largest quality of life problems experienced by the wounded veterans occurred in work life, followed by hobbies, family life, housework, relaxation, social life

and sexual life. This assessment shows that both the veterans' personal health and social aspects of their lives differ significantly from the health and quality of life of the normal male population ages 20-44 and emphasizes the degree to which there is difficulty for the wounded veterans to become incorporated into regular civilian life following military service (Yudin et al., p. 24). Quality of life issues figured prominently into the literary works and were discussed in the first chapter, particularly concerning the work life, family life and social life.

These analyses led to the conclusions that neurotic disorders had a tendency to develop within the first year following service in a combat zone, along with a decline in quality of life. Yudin et al. suggest that more work needs to be accomplished in providing proper medical and psychological assistance, along with the implementation of long-term, socially-oriented programs for rehabilitation in order to increase quality of life for wounded veterans. Most importantly highlighted is the length of time between the different stages of developmental change, showing that many of the psychological results of combat do not manifest themselves completely for a long duration of time (Yudin et al., p. 25).

The individual is emphasized in Ivanov et al.'s 2003 article "Psychological effects of military participation in combat operations in Chechnya". Ivanov notes that the 6th Central Military Clinical Hospital, the country's largest multi-rehabilitation center for soldiers, provided treatment for a year following the end of the conflict in Chechnya, until the last soldier from Chechnya was deemed healthy. The need for professionalism on the part of the attending doctors, including full knowledge of psychological evaluation methods and the ability to adapt treatment to a patient's specific needs, is stressed in this

article. Ivanov mentions that many soldiers participating in combat in Chechnya were susceptible to prolonged psycho-emotional stress and trauma, causing negative consequences on personal qualities of the soldier and that this experience of a stressor beyond ordinary human experience has been termed PTSD. Ivanov outlines the symptoms of PTSD, keeping in agreement with those three groups of symptoms (re-living, avoidance and hyperactivity) outlined in the Diagnostic and Statistical Manual, just as Shamrei et al. also did. The development of character accentuation such as growing suspicion, increased anxiety or reduced ability to control emotions was deemed to be the reaction to the patient's experience and evidently showed the need for group support as a method of treatment (Ivanov).

Ivanov describes the "dual picture" of patient's health rapidly improving following the initial treatment period (ranging from 30-50 days), but at the same time show decreased levels of behavioral self-regulation and communication skills (Ivanov). This observation supports Shamrei et al.'s characterization of a transformation in PTSD following homecoming, or the "mosaic" form of PTSD, in which symptoms not originally identified in the patient appear; in particular, these reported symptoms follow the path from adaptive changes to disadaptation as outlined by Shamrei and the existence of the phenomenon characterized as combat accentuation, which manifests only after a soldier has been removed from the combat situation for a period of time.

The three main stages of rehabilitation put forward in Ivanov's article are diagnosis, therapeutic rehabilitation and social adaptation, and the methods employed in rehabilitation are dependent on the patient's individual psychological characteristics and the specific psychological adjustment needed by the patient. De-briefing is

acknowledged as one of the most effective forms of rehabilitation, allowing soldiers to form an understanding of the traumatic experience and share reactions and feelings within a group setting, in order to “reduce feelings of uniqueness and eccentricity” and “create an atmosphere of group support, solidarity and understanding.” While proving helpful, Ivanov notes difficulties in the patients’ abilities to engage in these unfamiliar types of interpersonal relationships and the fact that this form of group support reduces the subjectivity of the patient’s experience (Ivanov). This comes into conflict with the earlier emphasis on tailoring treatment programs to an individual’s specific needs by implying that instead of focusing on the subjectivity and individuality of each particular patient’s traumatic experience, much can be said for the similarity of patients’ experiences and the support network that patients can offer to one another. This again highlights the tension between the decision to take a very individualized approach to rehabilitation or to take a normalizing approach to treatment.

Contributions made by the public are highlighted by Ivanov, noting the thousands of Muscovites who visit the wounded in the hospital, offering charitable assistance and moral support and displaying a welcome public environment to soldiers suffering from trauma. One of the most important innovations in the treatment of soldiers following trauma is the focus of not only concentrating on health rehabilitation, but also providing basic computer literacy classes in order to facilitate a patient’s return to civilian life by offering the possibility for further education and employment. Ivanov mentions that 450 patients successfully completed the computer-training course offered in the hospital within the past 3 years.

Following this summary of diagnostic methods, treatment methods and the support for patients' adaptation outside of the realm of merely improving one's health, Ivanov offers the case studies of Oleg A., a 26-year old contract sergeant serving in special forces of the Ministry of the Interior, Nikolai B., a 22-year old non-commissioned officer, and Konstantin L., a 20-year old private. Oleg A.'s case was characterized by the loss of his parents during childhood, served as a conscript at 18, during which time he was first sent to Chechnya, and experienced difficulty obtaining a job following homecoming due to his service in Chechnya. A change in character was noted after returning from service, but Oleg decided to sign another contract with the army and return to Chechnya, after which he returned to a job of manual labor, got married and had a son. After he and his wife divorced, Oleg signed another contract to serve in Chechnya and, after receiving a leg injury resulting in amputation, Oleg was put into an individualized social and psychological rehabilitation program at the hospital; the psychological rehabilitation program was completed in 3 months, while his entire stay in the hospital spanned more than 13 months due to operations. After a successful recovery, Oleg decided once again to extend his contract and continue service in Chechnya, with plans to start a new family and find a job upon returning from Chechnya (Ivanov).

Nikolai B. served in Chechnya once reaching conscription age and decided to continue service following his first tour, which resulted in the loss of a leg. He ended up in numerous hospitals before being sent to the 6th Central Military Clinical Hospital where he received social and psychological rehabilitation that was individually tailored to his needs, including the computer literacy program. After the course of 3 months, "positive indicators" were noted such as sociability and the lack of primary symptoms of

PTSD. Following rehabilitation, Nikolai decided to return to the service and expresses the desire to engage in long-distance study in the university. Konstantin entered the army as a conscript while still in the 11th grade and sent to Chechnya and was injured during service due to a landmine explosion, costing him the loss of an eye, arm and leg. During treatment in the hospital he was diagnosed as suffering from deep depression due to his injuries, along with other symptoms of PTSD. This warranted an individual program of rehabilitation including the computer literacy program; after 7 months of rehabilitation he was deemed to have no primary symptoms of PTSD. Konstantin was subsequently dismissed from the armed forces, returned home where he was provided an apartment, found a fiancée and uses the computer skills acquired during rehabilitation in his new job (Ivanov).

Of the three cases presented, Konstantin appears to have re-adapted to civilian life most easily; it is difficult to measure the degree of adaptation of Nikolai or Oleg, as their plans following rehabilitation included signing a further contract with the military. The case studies all employed the same language describing “an individual rehabilitation program” for the three patients and the finding of “no primary symptoms of PTSD” following the rehabilitation program that included the computer literacy program along with therapeutic methods such as biofeedback, group de-briefings and psychological counseling (Ivanov). The general psychological rehabilitation was not very clearly described, but emphasis was placed on the skills acquired through the addition of the computer literacy program, opening up employment possibilities following release from the hospital. Ivanov states that 109 patients applied for admission to Moscow State Open University in 2009, in which 90 soldiers were enrolled in distance-learning, 9 enrolled

full-time and 10 of whom did not have secondary education were enrolled in the College of Law (Ivanov). These statistics offer a positive outlook for the future of traumatized patients as the 6th Central Military Clinical Hospital offers the opportunities for patients to acquire new skills that help with the reintegration to civilian life following the traumatic experience of serving in a combat situation. The recovery process presented by Ivanov et al. does not focus on repairing solely the individual through ways commonly suggested in Western trauma theory such as narration, but addresses issues of disadaptation and reconnecting the individual to the environment or society, particularly through the implementation of computer literacy courses. Despite the vague description of the effectiveness of the psychological treatments, the social treatments provided are shown to be very advantageous in helping with post-war adaptation.

These articles offer a mixture of statistical data and case studies of veterans. The data provided offers insight into how medical professionals are seeking to find suitable ways of classifying different severities of trauma and applying different combinations of treatment methods based on those classifications, also stressing that mental disorders should be approached individually, as each case varies in its symptoms and successful treatments. Analysis of the treatment processes are not detailed, nor were the qualities that were measured or taken into consideration when deeming a treatment effective. There is a lack in adequate follow-up evaluations of the soldiers upon completion of treatment programs in all evaluations except for Yudin's study. However, the data collected and observations made in these studies show the attention being paid to evaluating and treating war trauma in the hospital setting during the present time.

The results of the studies support Shamrei et al.'s emphasis on combat accentuation and disadaptation, as was shown in the symptoms displayed by the patients. The symptoms in these psychological evaluations are also generally in line with the symptoms described in the literature from the previous chapter. The aims of the studies and rehabilitation have become more focused on how to fight against the problem of combat accentuation and disadaptation that results from accentuation, without a large focus on Herman's emphasis of one's self-expression of the traumatic experience through narrative; rather, the studies focus primarily on the integration of society and individual rather than concentrating on individual experience. The next section looks at how the government is seeking to improve the state of Chechen veterans' rehabilitation or prevent or lessen traumatic experience in the future.

Laws, programs and suggestions for prevention and treatment of trauma

S.A. Trushchelev's article "On improving the mental health of soldiers" (*O sovershenstvovanii okhrany psikhicheskogo zdorov'ia voennosluzhashchikh*) concentrates more poignantly on the prevention of mental illnesses in soldiers by both screening recruits prior to their enlistment and also training soldiers before combat in order to be more accustomed to war conditions and reduce the amount of traumatizing experiences through prior education. He mentions that 40% of military recruits were unfit for service due to mental health issues, along with 30% of conscripts being discharged from the military due to mental illness. Numerous studies are said to show that recruits' mental illnesses may occur much earlier than their military service, but due to lack of a system for adequately evaluating the mental health of recruits, identifying mental illnesses before military service and the lack of training for the extreme conditions of military service,

this problem of taking precautionary measures hasn't been satisfactorily addressed (Trushchelev, p. 39).

Two of Trushchelev's concerns in regards to the identification of mental disorders in recruits include "the general state of society and the negative image of the army, which was formed as a result of the media's directed influence" and the societal stigma attached to mental illness (p. 40). Both serve as barriers to the identification and treatment of mental disorders in Russia and contribute to the notion that society, through common beliefs or the influence of the media, impedes the acceptance of mental health treatments. This opinion relates the traditional views on mental illness in Russian society that are currently being addressed through opening up communication between mental health patients, doctors, the military and the general public, along with the application of new laws concerning the mental health of soldiers.

Trushchelev outlines federal laws and programs that have been implemented in order to address the preserve and strengthen the mental health of Russian military servicemen. The Ministry of Defense, Main Military Medical Directorate and Strategy for Social Development of the Armed Forces developed a program entitled "Improving health of the armed forces of the Russian Federation for the period 2008-2020" (*Sovershenstvovanie meditsinskogo obespecheniia Vooruzhennykh Sil Rossiiskoi Federatsii na period 2008-2020 gody*), comprised of 15 subprograms including "Preservation and promotion of mental health of soldiers of the armed forces of the Russian Federation" (*Sokhranenie i ukreplenie psikhicheskogo zdorov'ia voennosluzhashchikh Vooruzhennykh Sil Rossiiskoi Federatsii*). This subprogram includes provisions including the improvement of legal framework and candidacy for

military service, rapid testing for drugs and alcohol in the field, mental health screening, improving the military medical training of medical specialists and adequate education on mental health practices, and the expansion of specialized care including psychotherapy and drug treatment (pp. 40-1).

Federal Law N 203-FZ, entitled “On amendments to certain legislative acts of the Russian Federation for medical and psychological rehabilitation of military personnel” (*O vnesenii izmenenii v otdel'nie zakonodatel'nie akty Rossiiskoi Federatsii po voprosam medico-psikhologicheskoi rehabilitatsii voennosluzhashchikh*) was passed on November 8, 2008 and enforced on January 1, 2009. The law states that a mental and psychological rehabilitation course will be provided for soldiers with health issues for 30 days upon fulfilling military duty (p. 41). This is a step forward in the attempts to curb the manifestation of PTSD by offering rehabilitation to all veterans following deployment.

Trushchelev highlights the current issues facing the identification and treatment of soldiers' mental illnesses arising from war trauma by taking into account the ordinary stigmatizing nature of seeking mental health treatment along with the concern that medical specialists may not presently be fully equipped to treat the disorders that arise from extreme conditions such as local wars. He also underlines the issue of the state of recruits' mental health before entering into service, stressing the need for complete mental health screening before service and training to adapt and cope with the extreme conditions that soldiers will face during combat. These issues are being addressed not only among medical and military professionals through the development of programs, but also within the framework of the law.

Summary

In the psychological literature analyzed from 2000 to the present, a lot of attention has been given to finding better ways of treating and identifying war trauma. The field of psychology has embraced the Western definition of PTSD and its legitimacy as a result of war trauma, but has researched further into the inconsistencies that exist in the currently accepted definition, highlighting the complexity of disorders relating to war trauma and therefore also highlighting the complexity in treating mental disorders resulting from war trauma. There is a resulting tension or unresolved area between the medical classifications and prescribed treatments and the fact that there is no one-size-fits-all treatment for such a complex disorder, but rather that it insists that treatments and evaluations are individually-oriented. Underlying issues relating to the training and capabilities of the mental health professionals is addressed, along with a critique concerning the need for communication between military and medical professions in order to facilitate the proper environment for prevention, identification and treatment of soldiers.

The need for immediate rehabilitation options following combat, such as debriefings or psychological evaluations, is stressed, although the possibility that symptoms of war trauma may take months to years to develop following service is also noted, and combat accentuation is also realized as a possible consequence of war trauma. Disadaptation, resulting from combat trauma, has been a major field of exploration for psychologists studying veterans of the Chechen wars. This specific result of combat trauma has also been described and discussed in the literary works mentioned in the previous chapter. The acceptance of the need to deal with mental health issues relating to

war trauma has been increasing and observations made in the psychological studies have been taken into consideration in forming new laws and programs aimed at improving the mental health of the military.

4. Conclusion

Discourse on war trauma affecting veterans of the Chechen wars is ongoing and dynamic in Russia today. The problem of social adaptation following homecoming is not only addressed in literary works, but also actively researched in the psychological field. Russian psychologists stress the unique nature of the veterans of Chechen wars and the severity of war trauma among these veterans. An article in the U.S. *Army Medical Department Journal* states that the Chechen wars “reinvigorated Russian military medical service to...find new methods to rehabilitate those affected” and asserts that “lessons learned by the Russian medical services offer a smorgasbord of options and treatments that should be examined closely for other relevance and potential applicability” (Thomas & O’Hara, 2000, p. 46). The Russian case offers a means of rehabilitating veterans that differs from accepted Western trauma theory by focusing not on repairing a shattered self, but rather correcting a trauma victim who has been altered, but not broken, by the traumatic experience through readaptation to society. Russian psychologists are working to address both means of preventing war trauma and also the complications that arise from trauma, which were noticeably highlighted in the narrative works examined as a widespread health concern in today’s Russian society.

Psychologists note the problem of disadaptation resulting from “a war infested with a special psychological flavor” (Thomas & O’Hara, p. 53), previously un-encountered in studies of war trauma, and are supported by the prevalence described in contemporary narrative works. This elicited further study on effects of war trauma and pioneering work suggesting that the area of combat trauma experienced by these veterans and its treatment is more complex than what has been previously described, and is not

fully covered by the present-day definitions and treatments of war trauma, such as Herman's recovery process outlined earlier in this thesis. Jehanne Gheith states that Western ideas of trauma recovery "assume a universalized notion of self" (2012) and, similar to her focus on Gulag survivors' experiences, I argue that the experience of Chechen war veterans, as shown through the psychological literature, questions the commonly accepted rehabilitation practices stressed in Western trauma theory. The special case of war trauma in veterans of the Chechen wars has also brought about recent laws and programs developed by the government in order to address these extensive problems. Literary works have allowed for the problem of social adaptation following combat to become widespread publicly, along with psychological studies aiming to fully comprehend and develop treatment for this problem and new laws and programs to facilitate in the prevention and treatment of the issue.

References

- Babchenko, A. (2007). *One soldier's war* (N. Allen, Trans.). New York, NY: Grove Press.
- Belinsky, A.V. & Lyamin, M.V. (2000). Mediko-psikhologicheskaiia reabilitatsiia uchastnikov boevykh deistvii v mnogoprofil'nom gospitale. *Voенno-meditsinskii zhurnal*, 1.
- Brende, J. O. & Parson, E. R. (1985). *Vietnam veterans: the road to recovery*. New York, NY: Plenum Press.
- Butov, D. (2004) "How dreams don't come true." In N. Perova and J. Turnbull (Eds.), *War and peace: contemporary Russian prose* (pp. 83-90). Chicago, IL: Northwestern University Press., 83-90.
- Clothier, Meg. (2007, November 21) No quiet on the Chechen front. *The Guardian*. Retrieved from <http://www.guardian.co.uk/>
- Gelasimov, A. (2002). *Zhazhda*. Retrieved from <http://magazines.russ.ru/>
- Gheith, J. (2012) "The doctors said I was normal...": trauma, the non-narrative, and the gulag. Manuscript submitted for publication.
- Gutkind, L. (2005). "What is creative nonfiction?" Retrieved from <http://www.creativenonfiction.org>
- Herman, J. L. (1997). *Trauma and recovery: the aftermath of violence from domestic abuse to political terror*. New York, NY: Basic Books.
- Ivanov, A.L., Rubtsov, V.V., Zhumatii, N.V. & Davletshina, M. (2003). Psikhologicheskie posledstviia uchastiia voennosluzhashchikh v boevykh deistviiax v chechenskoi. *Konsultativnaia psikhologii i psikhoterapiia*. 4.
- Judith Lewis Herman biography*. Retrieved from <http://www.beyondreconciliation.co.za/>
- Kormilova, Mariia. (2005, March 31) Pisatel' Andrei Gelasimov: "Literatura uchit letat". *Novye Izvestiia*. Retrieved from <http://www.newizv.ru/>
- Makhnev, M.V. & Makhnev, A.V. (2000). Mediko-sotsial'nye aspekty adapttsii voennosluzhashchikh. *Voенno-meditsinskii zhurnal*, 9, 57-64.
- Maklakov, A.G. (1998) Psikhologicheskie posledstviia lokal'nykh voennykh konfliktov. *Psikhologicheskii zhurnal*. 2.

- O'Brien, B. J., Banner, N.R., Gibson, S. & Yacoub, M.H. (1988). The Nottingham Health Profile as a measure of quality of life following combined heart and lung transplantation. *Journal of Epidemiology and Community Health*, 42(3), 232-4.
- Oushakine, S. A. (2009). *The patriotism of despair: nation, war, and loss in Russia*. Ithaca, NY: Cornell University Press.
- Reznik, A.M. (2008). Psikhicheskii stress u uchastnikov boevykh deistvii i ego sub'ektivnoe perezhivanie. *Voенno-meditsinskii zhurnal*, 4, 44-6.
- Shamrei, V.M. Lytkin, V.A., Kolov, S.A. & Driga, B.V. (2011). Kliniko-diagnosticheskie aspekty boevykh posttravmaticheskikh stressovykh rasstroistv. *Voенno-meditsinskii zhurnal*, 8, 28-35.
- Shay, J. (2002). *Odysseus in America: combat trauma and the trials of homecoming*. New York, NY: Scribner.
- Shephard, B. (2001). *A war of nerves: soldiers and psychiatrists in the twentieth century*. Cambridge, MA: Harvard University Press.
- Thomas, T.L. and Charles P. O'Hara. (Jan/Mar 2000) "Combat stress in Chechnya: 'the equal opportunity disorder'," *Army Medical Department Journal*: 46-53.
- Trushchelev, S.A. (2010). O sovershenstvovanii okhrany psikhicheskogo zdorov'ia voennosluzhashchikh. *Voенno-meditsinskii zhurnal* 2, 39-41.
- Yudin, V.E., Lyamin, M.V. & Yaroshenko, V.P. (2011). Osobennosti psikhicheskikh narushenii i otsenki kachestva zhizni u voennosluzhashchikh, poluchivshikh raneniia v lokal'nykh vooruzhennykh konfliktakh. *Voенno-meditsinskii zhurnal*, 2, 21-25.
- (2011, September 26). *Voенno-meditsinskii zhurnal*. Retrieved from <http://www.imha.ru/>
- (2007). *What is PTSD?*. Retrieved from <http://www.ptsd.va.gov/>
- (n.d.). *Dezadaptatsiia*. Retrieved from <http://vocabulary.ru/>