

## **Psycho-Information (Psychotronic) Technologies for Overcoming the Effects of Operative-Combat Mental Trauma: Addictive Disorders, Drug-Resistant Major Depression, Anhedonia and Alexithymia. First Report**

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**Background.** In terms of operational-combat activity for the personnel of bodies and troops, the civilian population is affected by a set of intense long-acting stress-related factors leading to the tension and depletion of the adaptive systems of the organism and the emergence of a significant number of persons with operative-combat mental trauma (OCMT) (Bogomolets et al, 2015; Yena et al, 2014; Litvintsev et al, 2005; Rudoy, Sergiienko, 1990; Sergiienko, 1999; Trinka et al, 2013). Adaptation of personality to changed requirements in the performance of professional tasks and, subsequently, in specific conditions of civil life, was and remains the leading problem of medical and psychological support for effective human activities. Addictive disorders in the theater of war operations (TWO) have a distinct stressful nature, are secondary, perform a protective-adaptive function, block for a time stressful symptoms and prevent the launch of heavier registers. The hope for spontaneous, so-called "psychological" rehabilitation is utopian (Bogomolets et al, 2015; Yena et al, 2014; Litvintsev, 1997; Zapadnyuk and Sergiienko, 2004; Sergiienko, 1990; Sergiienko, 2001; Rudoy and Sergiienko, 1990).

**Objective:** to study psychophysiological and psychodiagnostic provision of military manpower, operative staff of the secret search, operational and technical units and operational-combat (partisan) detachments, rescuers, volunteers, in combat zones orders anti-terrorist operation (hereinafter – ATO) and civilian population of the occupied territories (more than 5000 people from April 1986 to January 2018).

**Object of research:** psychological qualities of servicemen, character accentuation, neuro-psychological instability, manifestations of anxiety and depressive disorders, OCMT, altered states of consciousness (A.S.C.).

**Purpose:** to introduce into the practical activity of the military-medical and military-psychological services of the power departments of Ukraine the results of the fundamental and theoretical studies of the former All-Union Problem No. 9, which was approved by the Resolution of the Central Committee of the CPSU and the Council of Ministers of the USSR dated 19.07.1985 No. 700-215 Top-Secret/Cosmic, corresponding to the Top-Secret Order of the KGB of the USSR No. 0060 and the Top-Secret Order of the Ministry of Defense of the USSR No. 00120, at various stages of medical evacuation in the conditions of man-made accidents, natural disasters, armed conflicts, etc.

**Materials and methods.** We studied a statistically significant representative group of soldiers and volunteers. The experimental and control groups were tested according to the standard procedure (16PF). Using personal questionnaire "NPI-A" (neuro-psychological instability – accentuation) of K.N. Poliakov, A.N. Glushko (1985) from standard methods of psycho-physiological selection and selection of military specialists, psycho-diagnostic methods for assessing professionally important qualities of the Navy manpower and the operational staff of the Ministry of Internal Affairs & Security Service of Ukraine (Baranov, 1988; Yena et al, 2004; Kramarenko and Rudoy, 1984; Litvintsev, 1997; Lazutkina et al, 1999; Spivak, 2004). We measured their level of depression and anxiety. Observations were performed by psychiatrists, who took direct part in these operations.

Based on applied research of Doctor's: Meg Patterson (1983), Thomas Budzynski (1986), Eugene Peniston, Paul Kulkosky (1989), we was developed own protocol (E. Krupitsky, V. Nechyporenko, I. Smirnov, A. Safronov, A. Sergiienko et al.) (Zapadnyuk and Sergiienko, 2004; Sergiienko, 1990; Sergiienko, 2001), which, besides psycho-information (psychotronic) technologies (also known as Vibrational (Energy) Therapies), includes stimulation of the brain with a weak electric current (cranial electrostimulation, or CES), repetitive transcranial magnetic stimulation (or rTMS), magnetic resonance therapy (MRT) and audio-light stimulation (ALS), according to some authors audio-video stimulation (AVS) (Serykov et al, 1998; Smirnov and Borodkin, 1979; Smirnov, 2003) with own strategic for altered (changed) states of consciousness (ASC), based on holotropic mind and meditative practices, psychedelic (entheogenes: calypsol (ketamine), LSD-25, MDMA, DMT, ibogaine, etc.) (Kozlov, 2001; Krupitsky and Grinenko, 1992; Krupitsky, 1993; Krupitsky and Grinenko, 1993; Spivak, 2004, Tart, 2003; Cherepanova, 1983) psychoanalysis and psychotherapy by doctor's Ch. & S. Grof, E. Krupitsky, J. Kehoe and other, subliminal/supraliminal communication of doctor E. Taylor and floating (or restricted environmental stimulation therapy – REST by J. Lilly (1977), with systems Rei-Ki (Master Dr. Mikao Usui), Tensegrity (Castaneda's Don Carlos), svasta-runic gymnastics (runic yoga), Stathagaldr (guidelines for

Kyummer, F. Marbach, K. Shpysberher) or asanas Slavic runic, "charomutik" (magic) psycholinguistic effects (Litvintsev, 1997; Litvintsev, 2005; Lazutkina et al, 1999; Sergiienko, 1990; Rudoy, Sergiienko, 1990; Smirnov, 2003), aromatherapy (Soldatchenko, 2002), vegetotherapie (Spivak, 2004), cut more (Andari et al, 2018). Also, methods of debriefing, psychological decompression and crisis intervention, group and individual psycho-psychiatric consultations were used.

**Results.** Studies show that the organization psychodiagnostic, medical rehabilitation and maintenance personnel in war and peace time, on such extreme and dangerous conditions, the experience ATO has the following features:

1. The effect of stress factors on combatants causing manifestations of OCMT in the form of acute reactions to stress, post-traumatic stress disorder, physical and mental disorders, chronic psychopathological personality changes, social disadapted and antisocial behavior, various variants of aesthetic and depressive syndrome with suicidal tendencies, dependence on psychoactive substances, etc.
2. Among them there is a hidden phenomenon disability, therefore particularly important preventive measures.
3. The main factors that lead to the emergence and growth of OCPT in real combat conditions are studied. Mathematical models and methods for timely recognition of such factors are developed (Andari et al, 2018; Zapadnyuk and Sergiienko, 2004; Sergiienko, 2001; Rudoy and Sergiienko, 1990).
4. Introduced military-medical psycho-informational (psychotronic) technologies A.S.C. on prevention of OCPT, in order to preserve and enhance the combat capability of the vowel and the secret apparatus of internal and external intelligence through: meditative practices, drug analysis, narcosis psychotherapy, legend programming of the future biography, holotropic transformation a worldview, intensive psycho-informative treatment recovery, and so on.
5. The participants in the activities of ATO need MPR on such phases: recruitment and training in the training center; participation in combat operations; period of output from the battle area for rest and overhaul; treatment in health facilities; adapting to civilian life.

Based on the long-term use of the own protocol in combat conditions, we can draw the following

#### **Conclusions:**

1. Feasibility of application psycho-information (psychotronic) technologies with strategic for ASC and Protocol "CES&ALS&MRT" in TWO have been proved.
2. CES&ALS&MRT with strategic for ASC are not a cure or not only cure, but brain training, which greatly expands its abilities and abilities to cope with various dysfunctions by himself.
3. CES&ALS&MRT with strategic for ASC cause a rapid recovery of the normal level of neuro-chemicals suppressed by combatants with drugs and alcohol. Get rid of the painful feelings of anhedonia and alexithymia.
4. CES&ALS&MRT in combination with psycho-information technologies for ASC allow quickly to overcome the consequences of operative-combat mental trauma in the form of drug-resistant major depression, asthenic-depressive disorders with a high level of anxiety, neutralize addictive and suicidal (homicidal) manifestations, antisocial behavior and soften distant manifestations of PTSD.
5. The CES&ALS&MRT with strategic for ASC method expands the traditional tools of psychologists and psychotherapists, allows them to maintain high performance, prevent mental burnout and professional deformation.
6. The method has practically no contra-indications, it does not cause addiction and dependence, it is easily accessible, after brief briefing it can be used by the combatants themselves, both directly in TWO conditions, and at the stages of medical and psychological-psychiatric rehabilitation.

**Keywords:** operative-combat mental trauma, anhedonia, alexithymia, psycho-information (psychotronic) technologies, altered (changed) states of consciousness, professional psycho-physiological qualities, personnel reliability, treatment resistant depression, mental burnout, combat mental trauma, mental health, trauma, military conflict.

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