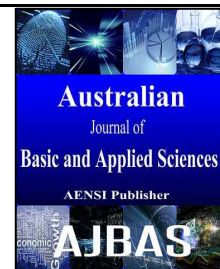




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The Impact of Post-Traumatic Stress among the Physically Affected in the Battlefield during the 17th of February, 2011 Libyan Revolution on their Psychological Adjustment

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ABSTRACT

People who are exposed to trauma as a result of bad events might experience post-traumatic disorder. Among common events that might lead to post-traumatic disorder are earthquakes, hurricanes, wars, rape, car accidents, aircraft accidents and collision of trains. These events may cause people to be exposed to incidents which are very stressful beyond human experience and beyond their imagination which eventually may cause traumatic disorder of which thoughts and memories of scary and disturbing nightmares may be experienced. These disorders may persist for a long period of time and therefore it takes a long time for treatment. Post traumatic stress disorder is part of the psychological anxiety disorders that appears after a person is exposed to traumatic events, which leads to the disturbing nightmares and mood changes. Those physically affected in combat fronts might also suffer disorder in the psychological adjustment. The purpose of this study is investigate the effect of post-traumatic disorder for the physically affected in the 17th February, 2011 Libyan Revolution, and how causes in lack of psychological adjustment. The researcher collected data from a sample of 215 wounded in the Libyan evolution of 17 February, 2011. A structural equation modeling was used to establish the relationship between traumatic disorder and psychological adjustment. Results of the study proved that many Libyans fighters may have suffered from psychological and emotional disorder. In addition, the influence of the degree of injury may affect the intensity of the trauma on psychological adjustment to them.

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INTRODUCTION

A lot of concepts from psychiatric disorders became popular for the first time in the 17th century. However, the therapy has not appeared in the scientific form. With the end of the seventeenth century society's perception changed to disorders from craze, and became seen as a physical phenomenon, which was not related to evil spirits. At the end of the eighteenth century the treatment of patients began in psychiatric clinics. The nineteenth century saw the emergence of the movement of humanitarian Renaissance and the treatment developed in America in general and France (Jong *et al.*, 2005).

The concept of psychiatry has contributed to the progress of psychotherapy although at the time the doctors were known as doctors for the treatment of lunatics. The label of psychiatric clinics was then changed to psychiatric hospitals (Priebe *et al.*, 2005). With the beginning of the twentieth century, a school of psychoanalysis began to appear which was

designed to reorganize the character building through free association, emotional discharge and dreams analysis. The mental health movement also appeared in the United States, this was aimed at preventing mental disorders, and referred to as a specialized Clinical Psychology (Cecilia *et al.*, 2011).

The First World War saw massive increase in the number of cases that became known as the shell shock period, while the Second World War saw the development of psychological manuals to define these disorders, which led to the first diagnostic and statistical Manual of Mental Disorders (Osson, 1998). Here these of electric shocks treatment, insulin therapy and antipsychotic chlorpromazine drug began. In the mid-twentieth century, other types of psychiatric drugs such as psychological tonic gradually began to be used as well as Allithom, and other anti-anxiety drugs and depression (Oken & Wehb, 2013).

Post traumatic stress disorder (PTSD) sparked controversy. From all psychiatric diagnoses there are disagreements about the qualifying events for the

infection(PTSD) and also there is disagreement about the nature of the typical symptoms that follow exposure to shocks. Furthermore, there are disagreements on the the best ways to prevent and treat post traumatic stress disorder (Roperts *et al.*, 2011).

This disorder has been reported in the latest edition of the Diagnostic Statistical Manual(DSM-IV-1994) among the part of Anxiety Disorders which includes phobia, obsessive-compulsive, anxiety, public concern and post traumatic stress disorder. Additionally, the World Health Organization has listed this disorder within the category(f40-f48) erotic stress related and somatoform disorders (Herman& Michel, 2013).

Interpretation of post-traumatic disorder:

When a person is exposed to any type of these shocks it reveals his inability to stop thinking about what happened with him as he has suffered from violent emotions while at the event site. That PTSD changes a lot of the basic brain mechanisms of action, when an individual is exposed to risk sense warning stanches to the brain center of which two things occur. First, the signal goes directly to the amygdale, which is a small area deep in the brain and is believed to regulate the feeling of fear, and coordinate the response to the risk of operations. Here, the amygdale works more and more as a hyper activity in people with Post Traumatic Stress, and the hippocampus which helps to form beautiful pictures, and emotional memories used as a good strategy for survival and living, puts itself on standby when the individual sees someone being attacked, or killed. Second, the signal makes its way to the cerebral cortex, the part responsible for the analysis and addressing information. Here the crust confirms the presence of danger, and then interprets the reason for its occurrence, following in that, the best way to respond to them. Once there is a demise the inspiring of danger, the cortex sends a message announcing the demise of the external threat (Fazel *et al.*, 2005).

Analysis by Cecilia *et al.* (2011)from his study of euro-imaging shows the structural fact which most frequently appears in PTSD patients is the reduction of the size of the hippocampus which in turn may limit the proper assessment of the experience, includes copies of functional changes translated, increased activation of amygdale, which reflects its role in emotional memory and thus leads to reduced activity in Broca's area, which explains the difficulty to describe their experiences living with the bitter event. It seems that people with post-traumatic stress disorder have an increase in adrenal gland activity, and an increase in the secretion of the adrenaline hormone (Ledoux & Joseph, 2009). It also appears that they have high blood pressure, an increase in heart rate, and more superficial breathing., As a kind of response to this tension, the levels of this hormone

may be high with this disorder causing tension and irritation, insomnia and inability to relax. This will prevent the part of the brain responsible for addressing and organizing memories from functioning that in turn can be an exceptional ability to remember and restore what happened to him after exposure to a traumatic event period, to the extent that the person believes that he lives event again.

Statement of the problem and its significance:

This studies aims to discover the psychological disorders experienced by Libyans who participated in 17th February revolution in 2011, and to determine the effect of post-traumatic disorder for participants who have been subjected to physical, and psychological harm during their stay in the battlefield. It also aims to identify the causal relationship between this disorder and lack of psychological adjustment observed after their return from combat.

Some people may have noticed a negative change in the behavior and actions of returnees from the fighting such as isolating themselves for a long time, avoidance of social events, and feelings of extreme anger. In addition they suffer from nightmares of disturbing memories of the death of their friends and the severe trauma they encountered on the battlefield. As these individuals were not of military personnel but of the civilian population, were not qualified to psychologically deal with the horrors of war in which Libya lost more than 5,000 people, and recorded 3,500 cases of amputation of limb and paralysis which were caused from shell fragments. Additionally, hundreds of others who were missing, were found in mass graves after the fighting ended.

Sample and the statistical methods used:

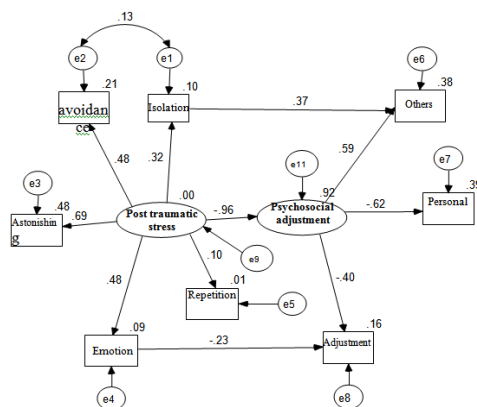
This study was conducted on 325 Libyans physically affected by the 17th of February revolution in 2011. The sample size was randomly selected, to obtain a representative sampling. The researcher designed two types of suitable questionnaires for native Libyans to measure post traumatic stress disorder, and psychological compatibility for the physically affected. These consist of a post-traumatic stress questionnaire with 29questions which includes five dimensions namely, Skirting, Repetition, Astonishing, Emotional and Physical turmoil, Isolation, and a psychological compatibility questionnaire with 12 questions which includes three categories namely Personal Compatibility, Emotional Compatibility, and Compatibility with others. The internal consistency of both questionnaires were tested using Cronbach's alpha. The result of the analysis suggested that the value of Cronbach's alpha for traumatic disorder = 0.86 while its value for psychological compatibility ranged =0.89. These values suggested that the questionnaires are reliable since the value of their internal consistency is high

and thus they can be used for any meaningful academic study. The researcher used the discriminant validity, convergent validity to test the validity of the used instrument. Moreover, an Exploratory Factor Analysis was used to digest the item of the scale into the latent variables. The researcher used exploratory factor analysis (EFA) instead of Principal Component Analysis to extract the factors from the common variance only. Unlike the Principal Component Analysis which extracted factors from common variance, unique variance and error variance, EFA is only extract factor from common variance alone. Therefore, this technique gives EFA superiority of PCA because the significant of the contribution of each item into the factor can be exactly identified (Kline, 2013).

Furthermore, Structural Equation Modeling was also used to identify the causal relationship between post-traumatic stress and psychological compatibility and the extent of effect from the degree and type of injury, vulnerability to physical and psychological compatibility with self and with others. This is because the statistical method is able to study the dependent variables, and several independent variables simultaneously and in parallel.

The figure (1) is an illustration of the model which was used to establish the relationship between different components of the study. The figure shows the causal relationship between post-traumatic stress and psychological compatibility.

Structural modeling of post-traumatic:



Results:

The results indicated that the analysis of structural equation model was that post-traumatic disorder causes lack of psychological adjustment for those affected physically. The data also showed that most of the astonishing fighters had the following results (PTSD) ($r=0.69$), followed by avoidance ($r=0.48$), emotional turmoil ($r=0.48$), and isolation ($r=0.32$).

This confirms that the psychological trauma was severe for fighters, and most of them suffered during the shocking war. So they complain of emotional disturbance in their behavior and preferred avoidance and isolation from others. In addition to that

indicated as a result of descriptive analysis 319 fighters among the total of 325 were injured by shrapnel from shells and suffered the loss of a limb. The result of a month's experience in the combat front discovered that 240 fighters were young in age, between the ages of (18-36). This led to their suffering from symptoms of post-traumatic disorder such as disturbing nightmares, isolation and lack of emotional balance with others.

This finding is in accordance with many previous studies. According to MikulinCer, Solomon, Shaver and eiN-Dor (2014) indicated that involvement in war affected psychological adjustment. The emotional abuse inflicted on the victims can become an attachment-related trauma that disrupts trust in others' goodwill and reduces the ability to rely on others, even benign others, in times of need. Additionally, a series of studies, Mikulincer, Gillath, *et al.* (2001) and Mikulincer, Gillath, and Shaver (2002) showed that threatening stimuli can automatically activate security-related mental representations (e.g., names of security enhancing figures, security-related words).

Discussion:

The current study examined the effects of involvement in war on low psychological adjustment among the Libyan participated in the 17 of February revolution. More specifically, it tested a model in which post-traumatic disorder contributed to psychological disorder.

The results of the study demonstrate that participated in the war have enormous impact on psychological disorder and disability to cope with social and psychological demands. These findings support previous studies documenting the long-term impact of war captivity on both PTSD (e.g., Engdahl, Speed, Eberly, & Schwartz, 1991) and marital adjustment (e.g., Dent *et al.*, 1998). Furthermore, other studies have shown that war-related PTSD casualties report greater impairments in spousal intimacy (Carroll, Rueger, Foy, & Donahue, 1985) and satisfaction (Cook, Riggs, Thompson, & Coyne, 2004), they are more prone to outbursts of rage and aggression (Beckham & Moore, 2000), and they report reduced sexual desire and more sexual dysfunction (Johnson & Williams-Keeler, 1998; Solomon, 1993). As a result, this population tends to report lower levels of family functioning (Ford, Shaw, & Sennhauser, 1993) and low psychological adjustment.

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