Transformation of the soldiers` personality in the International Operation Theatre and in the Post–operational Stage

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Typical changes in the content of soldiers personality during the “Operation Iraqi Freedom” were defined in the research. Derived results indicate on aftereffects left in their psyche through the engagements. It turned out, that psycho facilities compensation loss has a negative influence on trivial round and soldier`s homeostasis as well.

Keywords: Soldiers’ personality, international operation, military environment, psychotrauma, permanent place of deployment, a dangerous situation.

Introduction

The awareness of conditions causing post-fighting psychological traumas is based on recognition of such a particular traumatic factor as a military environment of international operations that affects vegetative and psychic changes in a soldier after a long-term service there. Previously the research has been carried out overseas on testing soldiers - participants of military conflicts with MMPI (Minnesota Multiphasic Personality Inventory) - 2nd methodological assistance and digressions from norms had been identified. Such kind of research has been done both in North America (Elhai et.al., 2000; Frueh et. al., 2000; Ford et al., 2001; Storzbach et al., 2000), and Europe (Kozaric-Kovacic et al., 2001).

The aim of the current research is the perception and analysis of the changes in the soldier’s personality due to the conditions of the international operations. However, the main task is to do a research on changes involving the whole contingent. It also includes the introduction of typology of these changes depending on biological age.

At a post-operational duty and life stage arising and developing psychological problems quite often are invisible. Due to this factor soldiers’ interactive behavior frequently manifests in an unexpected way, even uncharacteristic to an individual before. It is important to detect soldiers at a risk in due time and take preventive measures to lead them out of such risky condition. The problem is connected and created by the dangerous impact of the psychotrauma, as the operation consequences and by the psychological factors of social influence, microenvironment in soldiers’ service and family.

Overall conclusions of scientific research data allows to assert that in every-day life situations manifestation of negative consequences in a soldier occurs only after some years, after a long-term service. It has been found out that post-traumatic consequences increased from 21% to 40% among USA soldiers - participants of Vietnamese War (Horowitz, 1976), among USSR soldiers in Afghanistan military conflict - from 10% to 15% of all casualties, but after the 1st military conflict in Chechnya - from 20% to 25% of uninjured and from 30% to 45% of all casualties among soldiers of Russian Armed Forces (Maklakov et al., 1998).

The aim of the current research - ascertain possible changes in soldier’s personality structure that may develop within 1.5-4 years after returning from the mission in the multinational operational theater. However, the main task is to do the research on dynamics of personality restructuring and its main tendencies.

After having examined the presented materials for XXIX International Congress of Psychology (Berlin, 2008) two trends can be noted concerning the content of modern psychology - research focusing on the analysis of positive personality factors and phenomena of the socially psychological paradigms and research that accentuates negative paradigms and issues of personality and socially psychological analysis. As a matter of fact, the second trend overweighs strongly the first one (themes on terrorism, aggression, psychological violence and negative social tendencies, etc.
vital dominances contemporary content in psychology). Our current research can be relatively considered as representing the second group of the issue since research has been carried out on the personal changes of participants in international operations in Iraq.

Theoretical construction of the research is based on the essential insights of P. Zimbardo compiled in his content of “Lucifer Effect” and its socially psychological determinancies (Zimbardo, 2008) as well as the theoretical guidelines on integrative consequences in an individual direction created by social influence, environment and subjection of an individual to a group. (Asch, 1958; Milgram, 1964).

Theoretical background derives from contemporary research on post-traumatic effects in personal psychology (Bening & Bandura, 2004), social support theory (Schwarzer and Leppin, 1991), overall conclusions of research on stress and effects and process influence that derives from social support content and personality changes in post-traumatic situations (Schwarzer, Knoll and Rieckmann, 2004; Schwarzer and Knoll, 2008) and “Introject Stress Harmonization of Personality” model (Maddi, 2000) as well.

Method

Research has been carried out on professional military personnel of Latvian Land forces (N=171): who served in the international contingent “Operation Iraqi Freedom” from February 2005 to July 2006 as a part of battle active support groups in Iraq. The span of service time in the area of international operations is 6 months. According to the proposed tasks of the research for data acquisition and correct analysis, soldiers were differentiated into two age groups: from 20 to 25 (n=107) and 26 to 33 (n=64).

The two-step method was used in the process. Soldiers were first subjected to various tests in the permanent bases in Latvia prior to deployment. They were later tested again in the neighboring country after leaving the operational area in Iraq.

Results have been compiled in three data bases from which graphic personality profile images were obtained:

1. An overall profile for all contingents of military personnel prior to mission and after mission.
2. An overall profile for the age group of 20-25 prior and after mission.
3. An overall profile for the age of 26-33 prior and after mission.

The results of research analysis and the main tendencies deriving from them have been divided into two stages:

Stage 1 - overall propensities have been found for the whole contingent and individual age groups;
Stage 2 - explanation has been attempted for the causes of these tendencies and other results derived from the research.

Mann-Whitney U ratio method has been applied for the overall data development and analysis according to the age groups within the contingent, but Wilcoxon Z ratio method for the whole contingent and any group singly.

Basing on this method the 2nd block - research has been carried out on the control group of the professional military personnel of Latvian Land forces (n=23), who served in the international contingent “Operation Iraqi Freedom” from February 2005 to July 2006 as a part of different companies in Iraq. According to the proposed tasks of the research for data acquisition the two-step method was used for soldiers who were subjected to testing in the neighboring country of Iraq immediately after the withdrawal from the international operational zone, but the second time - in the period from the year 2008 to the beginning of the year 2009 (April). Results have been compiled in two data bases from which graphic personality profile images were obtained: an overall profile for the control group of all the contingent of military personnel right away after mission and in the span of post-operational (post-mission) service time 1.5-4 years.

The results of research analysis and the main tendencies deriving from them have been divided into three stages:

1. Changes in soldier’s personality structure in the post-operational period of time and as well as in the life span were identified;
2. Theoretical explanation has been searched for the personality changes and involving prognosis in soldiers’ microenvironment;

3. Comparison of the data between the control group and overall pilot data packages were carried out.

Comparing overall data of the profile of the control group right after the mission and then after a longer period of time Wilcoxon Z ratio method was applied. Mann-Whitney U ratio method has been applied for the identification of typical changes comparing the control group with the overall pilot data. All research data has been acquired with the MMPI-2 methodology, whereas their electronic improvement has been done by SPSS 13th modification program system.

Results

The summary of the overall profile of the contingent

By using Wilcoxon Z ratio, the changes within the whole contingent during the mission have been defined (Table 1). It was found that statistically significant (p<0.01) alterations have been revealed on all clinical scales with the exception of scale 7 (Pt).

It can be derived from the results that pre-operational profile (see Figure 1) is balanced, because the points of the scales are between “poor - mean expression” with the exception of scale 7(Pt), where it is on the verge between “mean and strong”. Scales 4 (Pd), 5 (Ml/f) and 8 (Sc) show the profiles on the minimal zone of manifestation.

Mean statistical for all military before and after international operation (Figure 1) indicate distinction of profiles and confirms the assumption stated in the research that alterations occur in the soldier’s personality.

<table>
<thead>
<tr>
<th>Hysteresis</th>
<th>Hypochondria</th>
<th>Depression</th>
<th>Psychopathy</th>
<th>Digression</th>
<th>Mask/fem</th>
<th>Psychasthenia</th>
<th>Paranoia</th>
<th>Sczofrenia</th>
<th>Mania</th>
<th>Social introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>-11.281&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-9.189&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-9.830&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-9.707&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-7.494&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-11.348&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-11.174&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-6.986&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-10.396&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.000 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>.000 &lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Figure 1. Mean statistical for all military before and after international operation (Figure 1) indicate distinction of profiles and confirms the assumption stated in the research that alterations occur in the soldier’s personality.
Overall changes within contingent (N=171) that occurred during international operations are statistically significant (p<0.01 level) at all clinical scales, with the exception of 7 (Pt).

At a post-operational stage as the first general tendency within the contingent, the decrease of the possibility of neurotic reactions is observed since profiles normalize on the scales of the neurotic triad - 1 (Hy), 2 (D), 3 (Hs).

The second general propensity - although the point decreases on scale 6 (paranoia) (see Figure 1), the increasing personality profiles on other scales of psychotic behavior: 4 (Pd), 8 (Sc) and 9 (Ma) after the mission develop inadequate, spontaneous, deviant preconditions of behavior. This propensity is similar to the results that had been obtained from another research on military personnel with MMPI-2, because rapid increases of profiles have also been observed in these factors of psychotic behavior, as well as on the scale 7 (Pt) (Butcher et al., 1990).

However in the pre-operational profile 4 (Pd) and 5 (Ml/f) the points on scales are below minimum with the propensity towards ‘poorly expressed’, but in the post-operational profile, the increase is seen in both. The point on the scale 9 (Ma) also gains the increase in the post-operational profile, however, the profile on scale 10 (Si) escalates up to the critical level.

At the pre-operational stage predominantly within the framework of common profiles between “poor - mean expression” allow to anticipate the general integration factors of military personnel in the area of international operations as an optimistically positive, i.e., the adaptation to operational conditions should not cause big psychosomatic difficulties as indicated by the results on scale 1 (Hs), in which, like on other scales of neurotic triad (D and Hy), the bend of personality profile remains at the level between “poor - mean expression” in all pre-operational profiles, i.e., it is not expressively large in any of data packages obtained during the research and it indicates that soldiers are not subjected to an excessive anxiety somatization. It is positive since it has been found out in another research; anxiety somatization determines physical changes in the soldier’s body by developing more rapidly post-traumatic stress syndrome (Ford et al., 2001).

**The summary of soldier profiles at the age of 20-25**

In the group of youngest soldiers (20-25 years old, see Table 2) significant statistical alterations (p<0.01) occurred on all scales, except on scale 7 (Pt).

**Figure 2. Mean statistical (age 20-25) before and after international operation**

Mean profiles 20-25 age military before and after international operation (Figure 2) indicate distinction of profiles and confirms the assumption stated in the research that alterations occur in the soldier’s personality.

On the whole the alterations in soldiers at this age group are statistically significant (p<0.001) on all clinical scales, with the exception of scale 7 (Pt).

At the pre-operational profile (Figure 2) the points of all scales are nominally between ‘poor and mean expression’, with the exception of scale 7 (Pt), where the scale point is beyond ‘mean level’ and scale 6 nominal that is between “mean - strong”. Yet the profiles 4 (Pd), 5 (Ml/f) and 8 (Sc) remain below minimum and is very “poorly expressed.”
At the post-operational profile an increase is observed on scales 4 (Pd), 5 (Ml/f) and 8 (Sc), but a strongly defined propensity towards maximum is on scales 9 (Ma) and especially 10 (Si).

Comparing the profiles of the ages 20-25 prior and after operations, a vital decrease is observed on all the scales of neurotic triad at the post-operational stage: 1(Hy), 2 (D) and 3 (Hs). On the other hand, the propensity is observed in nominal increase on the scale of psychotic behavior 4 (Pd), 8 (Sc), 9 (Ma). On another scale of the psychotic behavior 6 (Pa) the alterations are essential with the tendency to decrease of the profile at the till the sector “poorly expressed” at the post-operational stage.

**The summary of profiles for ages 26-33**

In this group of military personnel, statistically significant changes have occurred on all scales (Table 3), with the exception of 7 (Pt). The propensities of profiles at this group level (Figure 3) are similar to the previously examined.

The alterations in military personnel of this age group (N=67) on clinical scale (Figure 3) confirm the data obtained in previous research concerning the fact that soldiers are less subjected to changes in their personality than younger soldiers, although they all share the same conditions of international operations.

Wilcoxon’s Z-coefficients method has been applied to define the changes in soldiers’ personality that show statistically significant changes (p<0.01) on all clinical scales except scale 7 (Pt).

The pre-operational profile at this age group similarly to other groups, is proportional and balanced because the points are in between ‘poor and mean’, except 4 (Pd), 5 (Ml/f) and 8 (Sc) where profiles are very little expressed.

At the post-operational profile the propensity indicates the decrease of neurotic manifestations, i.e., the profile points drastically decrease on scales 1 (Hs), 2 (D) and 3 (Hy).

Similarly, although not so obviously as in the other age groups, the increase of profile points (scales 4, 8, and 9) of psychotic behavior is also observed in this group, except scale 6 where a drastic decrease of profiles occurs.
The comparison of profiles among the age groups

Mann and Whitney U ratio method has been applied to define and compare typical changes within and among all groups. Results are statistically significant (p<0.01).

At the pre-operational stage both age groups (see Figures 2, 3, and Tables 2, 3) are characterized by mean bend and similar configurations of profiles, thus hypothetically indicating that the contingent is psychologically balanced and compensated when going to mission. Comparatively high indicators on scale 7 show that anxiety still exist and gets fixed at sub sensory level. In addition, as it has been revealed in the current and one other research, it manifests more in younger soldiers (20-25) because of not a completely matured nerve system. They are also more subjected to psychological traumas and due to psycho-traumatic consequences they develop psychogenic (Hoge et al., 2007) and creates a higher probability in the development of suicidal tendencies and their commitment at particularly this age group (Rathbun, 2007).

By comparing the level of neurotic manifestations according to age groups, the profile amplitude according to its configuration within the age group of 26-33 and the age group of 20-25 on scales is similar, but within the age group of 26-33 the level is higher on scales 2 (D), 3 (Hy) of neurotic triad, but in its turn within the age group of 20-25 the level is higher on scale 1 (Hs).

At the post-operative scale a strong (visible) amplitude and almost maximum rise is observed on scale 10 (Si) for both age groups (see Figures 2, 3), although the bend on the scale Si was between ‘poor-mean’ prior to operation. The propensity towards maximum in profiles is also characteristic to both age groups on scale 9 (Ma).

By comparing soldiers according to age groups, one draws a conclusion that clinical factors are expressed differently. Moreover, the changes in younger soldiers are more widespread because after the mission the age groups of 20-25 dominate both on neurotic scales 2 (D), 3 (Hy) and psychotic behavior scales: 4 (Pd), 8 (Sc), 9 (Ma).

The changes occur more intensively in younger soldiers before operations as well as after operations. They are more decompensate, especially, in contrast to older soldiers, it is revealed on scales 4 (Pd), 8 (Sc), 9 (Ma) and 10 (Si). From our point of view, although it presents a problem, it is characteristic to such functional environment of military service. As the results of research of one of the NATO member countries shows, it is precisely among war veterans at the age group of 20 – 24 where the suicide rate is about 2 - 4 times higher than among individuals of the same age group that have not participated in military operations. (Rathbun, 2007)

The comparison of profiles within the control group

By using Wilcoxon Z-coefficients method, the changes within the soldiers of the control group during the post-operative period and on the intimate level have been defined (see Table 1). It was found that statistically significant (p<0.01) alterations have been revealed on all clinical scales, including neurotic triad scale: hypochondria (Hs), depression(D), hysteria (Hy), as well as on the scales paranoia (Pa) and psychoastenia (Pt).

It can be derived from the results that post-operative profile in the period of time 1.5-4 years (see Figure 1) is more balanced, for the nominal dispersion of the scales is not so radical as it is observed in the profile right after the mission. In the profile of time 1.5-4 years the points of the scales are between “poor - mean expression” with the exception of scale hysteria (Hy), where it is on the verge between ‘mean and strong’ as well as scale psychoastenia (Pt), where its point is in the middle part of the same range.
Mean profiles for control group after international mission at once and 1.5-4 years after international operation (Figure 4) show the difference between profiles and proves concession about the changes in soldier’s personality.

**Table 4. Overall alterations within control group; after mission at once and 1.5-4 years after mission (Wilcoxon Z coefficient)**

<table>
<thead>
<tr>
<th></th>
<th>Hypochondria</th>
<th>Depression</th>
<th>Hysteria</th>
<th>Psychopathic depression</th>
<th>Mask-fem</th>
<th>Paranoia</th>
<th>Psychasthenia</th>
<th>Schizophrenia</th>
<th>Mania</th>
<th>Social introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>After mission at once</td>
<td>-4.109(a)</td>
<td>-4.111(a)</td>
<td>-4.170(a)</td>
<td>-2.106(a)</td>
<td>-0.35</td>
<td>-0.00</td>
<td>-0.00</td>
<td>-0.00</td>
<td>-0.371</td>
<td>-0.00</td>
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<td></td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.035</td>
<td>.371</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.371</td>
<td>.000</td>
</tr>
<tr>
<td>After mission &gt;1.5 - 4 years</td>
<td>-4.200(a)</td>
<td>-2.973(a)</td>
<td>-1.772(a)</td>
<td>-1.577(b)</td>
<td>-0.895</td>
<td>-0.00</td>
<td>-0.00</td>
<td>-0.00</td>
<td>-0.990</td>
<td>-0.115</td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.000</td>
<td>.076</td>
<td>.000</td>
<td>.371</td>
<td>.000</td>
<td>.000</td>
<td>.003</td>
<td>.322</td>
<td>.371</td>
</tr>
</tbody>
</table>

Wilcoxon Z-coefficients method has been applied to define the changes in soldiers’ personality that show statistically significant changes (p<0.01) on clinical scales Hs (hypochondria), D (depression), Hy (hysteria), P (paranoia), Pt (psychoasthenia).

**Manifestation of neurotism**

At a post-operational stage as the first dominant tendency within the control group, the increase of the possibility of neurotic reactions is observed since profiles increase on the scales of the neurotic triad - 1 (Hs), 2 (D), 3 (Hy). The second general propensity - the point significantly rises on scale Pt and rises radically on one of the psychotic scales - Pa (see Figure 4).

From our point of view such configuration of profile warns about neurotic problems that arise and develop by the influence of problems at the post-mission service period as well as everyday life situations. Moreover, the factor determining such neurotic problems would be soldiers’ previous deployment in an extreme environment, such as the international operational zone that caused psychological problems. The results derived from the previous research done on soldiers in Iraq prove it (Buls, Vorobjovs, 2008).

Reposing on the results of the mentioned research we are of the opinion that post-traumatic consequences usually manifest as neurotic reactions imposing a blockade upon preconditions of motivated behavior. These consequences might be the direct factor of increased psychotic and physiological sensitiveness that develops acute perception of socially psychological phenomena in everyday life yet more, these consequences develop inadequate interpretation, as well as problems concerning service and family relationships accordingly promoting soldier’s existence in sustained frustration. Unfortunately, it has negative influence on both soldier’s intrapsychic adaptation and soldier’s re-adaptation in habitual microenvironment after returning from the international operations.

This assertion is correct since USA has published facts derived from other scientific research done on more than 220 000 Iraq war veterans and more than 16 000 war veterans from military conflict in Afghanistan, and nearly 65 000 soldiers who were deployed in other zones of military conflict; soldiers were inquired by means of questionnaire after returning from the operational zone in the period of time at least one year. As the results of research show, it is precisely among Iraq war veterans where post-traumatic stress disorders were manifested more vividly, because these
soldiers were more frequently exposed to combat and were subjected to life threat.

Hoge, Auchterlonie and Milliken (2006), researchers from Army Institute of Research in Silver Spring, suggested that 80% of all soldiers with a diagnosis of post-traumatic stress had witnessed the dead and the injured or had killed enemy themselves during military conflicts. More than one half of the soldiers who were deployed in Iraq have admitted that they experienced great fear of being killed but more than 1400 soldiers declared that they had experienced suicidal tendencies. Overall, increased mental disorders - post-traumatic stress or depression - had 19.1% Iraq war veterans, comparing with 11.3% veterans of Afghanistan and 8.5% veterans from other deployment zones.

More than 1300 British soldiers had returned from the service in Iraq with serious mental problems and at least 1333 soldiers were diagnosed mental health disorders in the span of service time – 182 soldiers suffered from post-traumatic stress disorders, 601 had combat stress or adaptation problems, 237 had depression and 167 suffered from other mental disorders.

At the post-operational stage (1.5-4 years) predominantly within the framework of common profiles between “poor - mean expression” allows to anticipate the general integration factors of military personnel in the area of international operations as an optimistically positive, however, the concern is vital increase on neurotic scales (Hs, D, Hy) and on the scale of psychotic behavior (Pa) in the comparison with the data right after the mission. The increase in the post-operational stage is almost one level (see Figure 4.). Although such profile does not escalate to the critical level still it indicates that soldiers (at the moment of questionnaire) are subjected to excessive anxiety somatization. It is also indicated by the increase on scale Pt warning about a constant anxiety; anxiety somatization determines physical changes in the soldier's body by developing more rapidly post-traumatic stress syndrome (Ford et al., 2001)

Unfortunately, anxiety is not the only manifestation of metal disorder that might cause the increase of the profile on scale D. The increase of the profile on scale D might be based on a sense of inner stress when an individual is exposed to the irritations that previously seemed neutral and trivial. Such situation develops in a soldier a fear of making a mistake and a sense of uncertainty concerning future. The disharmony of the structure of psychophysical homeostasis develops in both cases. Drastic increase of the profile on scale Hs with the simultaneous increase on scale D hypothetically indicates the concern about individual's physical health because “1-real- physical” is a vitally essential element of the soldier's personality construction.

Essential increase on the scale of Hysteria (Hy) indicates predisposition to deny failures in the social adaptation because of somatization. The higher is point on scale Hy, the more vivid is signal about soldier’s problems concerning social contacts. Such people prefer exuberant behavior style frequently blocking negative external signals, as well as behave inadequately and interpret consequences of their behavior inadequately. They care for being in the center of attention, even if the goal is not reached a sense of pseudo-unwanted person might proceed in their personalities. The soldier who has served in a mission and is convinced of his highly trained individual fitness is not satisfied with such course of events for his egocentric orientation prevails; it bothers his cooperation in a team. In this case so called “active loser” has been created because a soldier having such attitude towards his comrades disassociate from them, and he is driven out of the group.

The other problem develops when the decompensating situations are created because of the commander's too high requirements; it leaves negative impact on such soldiers. Exactingness is being perceived sickly, especially in the situations where the commander is younger and has less service experience. It is observed that such service relationships determine soldier’s cognitive dissonance and increase depression.

**Manifestation of psychotic and anxiety**

A drastic increase is observed on scale Pa (paranoia). Taking into consideration that on the other scales of psychotic behavior the point of schizophrenia (Sc) and manic manifestation (Ma) rises in comparison with the profile right after a mission; the essential decrease is not observed, but on scale of psychopathic deviances (Pd) the profile is slightly escalated, we may affirm that the preconditions of abnormal behavior affecting personality still exist - the personality profile develops inadequate, spontaneous, deviant preconditions of behavior. Rapid increases of profiles have also been observed in these factors of psychotic behavior, as well as on the scale 7 (Pt) (Butcher et al., 1990).

The tendency to increase of the profile on scales paranoia (Pa) and hysteria (Hy) indicates that a soldier is able to control aggression and suspiciousness in social contacts thus declaring a positive attitude towards his comrades and a life situation in general. However, in the conditions of strong
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Statistically significant alterations have been observed on scale of psychoastenia (Pt). The strongly defined propensity towards maximum indicates an individual’s own dominant instead of achieving progress with a hard work. Such individuals attempt to avoid mistakes and to reduce failures in his activities to minimum. The demonstration of initiative is not their strong point in addition to tension, uncertainty simultaneously with punctuality and honesty in their performance, even though a task is performed without enthusiasm.

Conlusions

The results currently obtained and presented show that:

1. The alterations occur in the soldiers’ personality that confirms the correctness of the aim proposed by the current research.
2. Although the profiles are similar to both age groups in terms of their configuration, they differ in content of manifested changes. The age group of 20-25 is characterized by more negative changes than the age group of 26-33.
3. A common tendency is observed among the military personnel - at the post-operational stage the neurotic manifestations decrease, however, the possibility of psychotic behavior increases.
4. A high indicator of anxiety (scale 7) in all test groups in the course of complete research.
5. Critically high indicator of social introversion (scale 10) at the post-operational stage.
6. Highly expressed hypo maniacal (scale 9) tendencies at the post-operational stage.
7. The configuration of the profile (1.5-4 years after a mission) indicates negative manifestations on the neurotic scales - Hs, D, Hy.
8. The results revealed by the research allow us to conclude that although at the post-mission stage and in the life span the tendencies of the psychotic behavior manifestations decrease - scales Ma, Sc, however, the level is still high, but scale Pa significantly increases. It creates a probability of interference of normal progress in the span of service and, definitely, determines atmosphere on the intimate level.
9. A high indicator of anxiety has still been observed - scale Pt.

References


