

## POST TRAUMATIC STRESS DISORDER AND MILITARY VETERANS MENTAL HEALTH PROBLEMS



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**Abstract.** It takes decades to start to understand PTSD as a mental health problem, fighting stress continues to be affected, the best PTSD available is dissociative disorder, from an intolerable situation. Psychological trauma is a type of damage - a disturbance of the human psyche that occurs as a result of a traumatic event. In the event that trauma results in post-traumatic stress disorder, this damage may involve physiological changes within the brain, thereby disrupting the processes within it, resulting in a reduction, disruption of human ability to adequately cope with stress and adequately. to respond to stress.

**Keywords:** *combat stress, flashback effect and post traumatic stress disorder, traumatic brain*

### **Introduction**

Today, in the diagnosis of "post-traumatic stress disorder", which is a comprehensive term covering a specific response to trauma, whatever the cause, the syndrome of combat against military personnel is not actually there in mind Violent episodes of discomfort and intense concern, for example due to unexpected loud noise triggerre memory of trauma as it continues to reproduce traumatic memories of past events, hear, hear, and smell. They are fired by the exhaust of the car to experience again. Men may mark burning bodies and see comrades civilian casualties or injuries and death again. In extreme cases the symptoms of paranoia carry weapons to protect themselves and their loved ones against fictional aggressors or discharge discharge veterans.

Psychological trauma is a type of damage - a disturbance of the human psyche that occurs as a result of a traumatic event. In the event that trauma results in post-traumatic stress disorder, this damage may involve physiological changes within the brain, thereby disrupting the processes

within it, resulting in a reduction, disruption of human ability to adequately cope with stress and adequately. to respond to stress [1].

### 1. Each trauma can cause PTSD symptoms

Psychological trauma is a type of damage - a disturbance of the human psyche that occurs as a result of a traumatic event [Fig.1]. In the event that trauma results in post-traumatic stress disorder, this damage may involve physiological changes within the brain, thereby disrupting the processes within it, resulting in a reduction, disruption of human ability to adequately cope with stress and adequately. to respond to stress [7]. However, not all trauma must necessarily result in post-traumatic stress disorder.

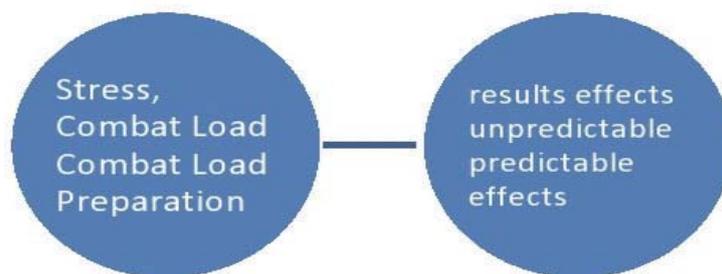


Fig. 1. Combat pressure and PTSD behaviour

Posttraumatic stress disorder is a mental disorder [9]. Traumas that cause post traumatic stress disorder (PTSD) are unique as any individual. Some people who have experienced trauma complain that they live as if they are foggy, there is nothing to do with them and they have trouble concentrating (attention concentration problems) [10]. Each trauma can cause PTSD symptoms.

Trauma can be caused either by human activity or by natural disaster. This includes or may include war, hostage holdings, abuse, brutal bullying, dismissal, excessive violence, earthquake, volcanic eruption (volcano eruption), flooding, tsunami, means of transport accident (car, bus, train, aircraft) or serious health problems.

### 2. Kiss of death

However, not all trauma must necessarily result in post-traumatic stress disorder. Veterans with mental health problems are high risk groups for substance abuse difficulties and are overrepresented in the forensic setting [1].

- *Fighting Stress,*
- *Mild traumatic brain injury,*
- *Post-traumatic stress disorder diagnosed as a veteran*
- *Flashback effect*
- *Problems with traumatic stress,*
- *Traumatic stress research*
- *Focus on disaster response and uniform services*
- *Knowledge of traumatic stress*

Veterans with mental health problems are high risk groups for substance abuse difficulties and are overrepresented in the forensic setting.

#### 2.1. PTSD symptoms

Many World War II soldiers lived almost normal life until their retirement. In the weeks following retirement, many World War II veterans suddenly started to attend medical facilities - hospitals - for war veterans with apparent PTSD "Kiss of death" symptoms [12]. Active labour and

activity hold PTSD symptoms at bay. Plenty of free time and concern awakens and worsens the symptoms of PTSD, or in somatic areas (psychosomatic diseases).

In World War II, the Korean War, the Vietnam War, the number of veterans affected by mental health problems has increased, and diagnostic labels for "retrograde amnesia" and "hysterical paralysis" have been used for US forces in the Vietnam War. Using Agent Orange, who claimed them as victims in time, saw the effects of atrocities, chemical weapons, bombing of phosphorus and falling leaves. Public awareness and anti-war demonstrations into the crisis of identity experienced by many soldiers. In addition, many were among the protesters. There was a sense of betrayal for some, they were sending them to the believing government to fight in an unfair war, in pursuit of the inner conflict of anger.

## 2.2. Dealing with flashback

Flashback is considered one of the symptoms of PTSD re-experience. Even if you are rushing back, there are post-traumatic events [Fig.2]. Flashback is temporary, may maintain a connection with the current moment, and lose all awareness of what is happening around you, for example, when a rape survivor is triggered. It starts to feel a certain smell or pain in her body similar to that experienced during her assault. About dissociation. People with PTSD may also experience separation [2]. Dissociation is an experience that may feel a disconnect from you and / or your surroundings.

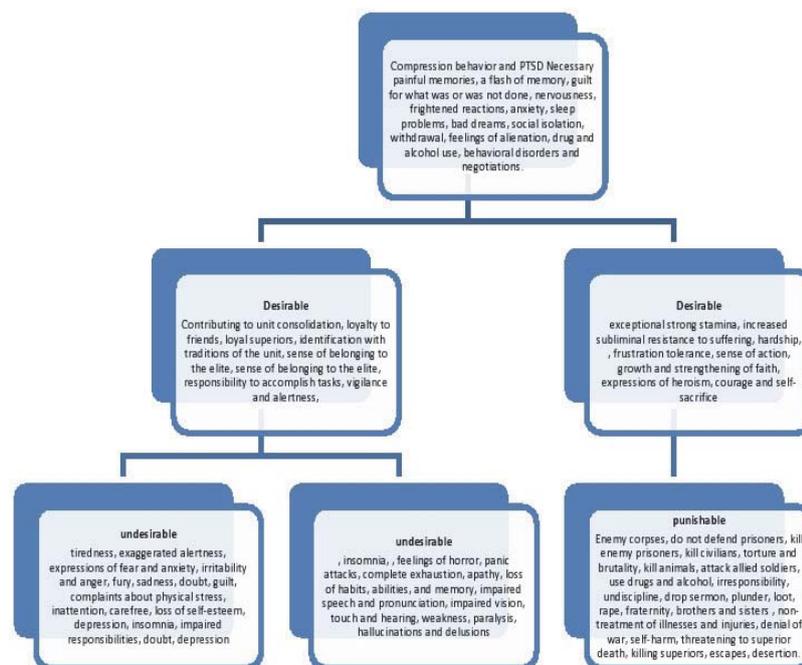


Fig. 2. Compression and PTSD behavior

Prevention is important in dealing with flashback and isolation. Flashback and dissociation often pull off some shocking events, such as encountering a particular person, going to a particular place, or other stressful experiences, thus causing flashback or dissociation. It is important to identify [7]. By knowing that most of you can try triggers and limits these triggers, it is not possible (In addition to reducing flashback and dissociation, knowing your trigger also helps with other symptoms of PTSD, such as memory of intrusive thoughts and trauma events).

## 3. Common symptoms and consequences of PTSD

Within each individual suffering from PTSD, a time bomb is ticking. It is only a matter of time before the symptoms of the disorder begin to manifest [13]. One can show all the symptoms of symptoms in almost everything he does, and still live what is called normal life [Fig.3]. However, little is needed to make all of the PTSD's fully developed manifestations full.

### **3.1. Anger**

Anger can still covertly exist for years before it breaks out. Many think that the conditions for inducing anger have changed, that the original incident in the mind of the suffering individual has fallen back into the background, that it and that, all the manifestations, make no sense, because they lack any logic. However, mental disorder lacks any logical thinking - in chronic PTSD everyone and everything is the cause of anger outburst and the nearest person or subject can become the goal of this anger.

I do not know a more unpleasant situation than being angry without cause, not knowing why, without being particularly angry with someone.

Individuals suffering from PTSD retain a lot of anger and anger [3]. It is a loose wrath that is not specifically aimed at any real goal and breaks out without obvious causes. This anger boils under his hood and can break out at a totally awkward time, targeting the wrong, innocent people for no reason, petty things

### **3.2. Memories and Delusions (hallucinations, ideas)**

The common denominator for all individuals suffering from PTSD is memories. The longer the trauma lasted or the stronger the trauma, the more intense the memories. It is difficult for an individual who suffers from PTSD to explain the nature and origin of their memories. Delusions and memories are connected. But an individual may also have hallucinations that transcend memories [4]. The diagnosis of hallucinations makes it unlikely that people will experience hallucinations. No diagnosis to cure the disease. But one can strive to heal from it.

### **3.3. Fear**

Even after years of trauma, one is constantly feeling fear. As with anger, there is no obvious cause for this fear. If an individual can get rid of fear, he will never return. However, a person who suffers from chronic PTSD lives in constant, unreasonable fear, and often this fear is diagnosed by experts as paranoia, a general fear that never goes away and is deep inside this person.

It is pointed out that fear is an essential prerequisite for an individual to ignite anger, and that all other symptoms of PTSD are out of fear. Perhaps the most important thing is to know that any decision, any activity of an individual suffering from PTSD, contains a certain amount of fear, both in the motivation itself and in the subsequent realization.

### **3.4. Terrible fear**

An individual with PTSD suffers from a feeling of dying shortly. Because the soldiers know death from the immediate vicinity, they are constantly devoured by fear of death and fear of dying. If someone is late for an appointment, the first idea that an individual - who suffers from PTSD - thinks the person is lying somewhere dead (had a car crash, fell off a bridge, was ambushed or murdered, etc.). Whenever soldiers say goodbye to a family, even briefly, they assume that they will never have to see their loved ones again [5]. This is not a conscious, active thought, but just something like a frightening premonition set deep in the mind of a man: "I will die, my family will die, we will all die and we will never see each other again."

These and similar thoughts can cause very dangerous behavior in some individuals. War veterans with adrenaline addiction who believe that they no longer have much life to live in, and therefore have to enjoy something in this world, is very dangerous a combination that can be a source of very dangerous behavior and behaviour, that can lead to dangerous and serious crime.

### **3.5. Excessive vigilance**

War veterans do not like to show themselves in public. Veterans who suffer from PTSD feel insecure among people, especially Vietnamese veterans because the enemy was all around them. "By day, they cut bamboo for you on the fence, they cut your throat at night." Anytime, anywhere, someone can come and throw your unlocked grenade into the window. These soldiers, who had the task of securing space and lurking for the enemy, would never cease to look in their lives and expect the enemy to come.

The situation of former air force members is different from infantry soldiers. The pilots are also overly vigilant, vigilant and somewhat paranoid (they still look for intruders out of the window), but they are not as tense as pawns. When they found something suspicious as a helicopter pilot, they simply killed a person who didn't like them. Infantry soldiers have sometimes never seen an enemy, have never seen flashes of enemy weapons, just hear bullets whistling over their heads. Their fear was sometimes ubiquitous and overwhelming, insurmountable, because all they could see was the bodies of their comrades shot to pieces.

### **3.6. Anxiety**

Fusion of fear, horror and uncertainty, which is combined with several memories and hallucinations, creates a precondition for certain and fully developed anxiety. But the positive aspect is that a person's anxiety level can be an indicator of what's happening inside an individual who suffers from PTSD.

When you stand behind a former infantryman and tap his shoulder, you will see that he immediately leaves the room. Most of the former infantry soldiers sit close to the wall, or directly back to the wall. They sit near the exits. They're always on alert, their "Alarm reflex" is increased: "The danger to them lurks everywhere."

One has to learn to follow the symptoms of his or her own PTSD and know what to do if these symptoms begin to grow. The main symptom (common to all) is the overall level of human anxiety. In general, the level of anxiety can become a barometer for measuring PTSD range. When anxiety attacks become too frequent, all symptoms of PTSD begin to increase. Thus, the best way to keep PTSD under control is to be aware of the level of your own anxiety. The level of anxiety becomes a sign of when to call a friend, visit a therapist or go to a hospital, medical facility and seek professional help.

### **3.7. Confidence issues**

It is very difficult for war veterans to re-establish intimate relationship, similar to rape victims. The fear of intimate relationship on one hand and the need for intimate relationship on the other can lead to the formation of superficial non-binding relationships, short-term acquaintances with many, and also extramarital relationships (infidelity). This issue is very complicated, irreparable, harmful and painful for someone who does not understand it, for someone who would like to grab PTSD patients by collar and shout at them: "Stand up and overcome it"! Believe it, we wish to make it so easy.

Again it is necessary to repeat: What a person experiences in war will never forget. Who can a soldier ever fully trust, as he trusts his friend with whom he shares a fire station? Or a pilot in the air who knows that the enemy is dangerously close, yet his destructive fire at the target is accurate, so he may not be worried? Whom the pilot can always trust as much as he trusts his on-board gunner, his second pilot or crew, who keeps the plane safely in the air.

In normal life, if someone says they will come in fifteen minutes, no one cares when it comes half an hour later. However, seconds are counted in combat. No pilot is fifteen minutes later. No artillery fires a target with a delay of ten minutes. And if the soldier does not show up in fifteen minutes, his friends go looking for him.

### **3.8. Alcohol and drug use**

They think that problems cannot be solved differently than under the influence of alcohol or drugs. At least it seems to him. But in fact, the symptoms in a person suffering from PTSD, alcohol or drug use are only getting worse. Even the best psychologists are unable to act or work with someone who is in the long run of drunkenness or stealing. Such a patient is completely apathetic, with a reduced level of perception and a temporary absence of proper motivation. Therefore, alcohol treatment and drug addiction treatment (cessation cure) must precede therapy that only in this way has the chance of success.

### **3.9. Escape, avoidance, and deepening into a state of affairs-a defensive reaction**

The diagnosis of PTSD is the determination of the patient's attitude due to the original trauma [6]. As a rule, a PTSD soldier chooses one of the following options:

1. Either try to avoid everything and anything that has to do with the armed forces, the army, the war, the fight, etc. and what reminds them of it.
2. Or try to get involved in the armed forces, the army, the war, the fight, etc.

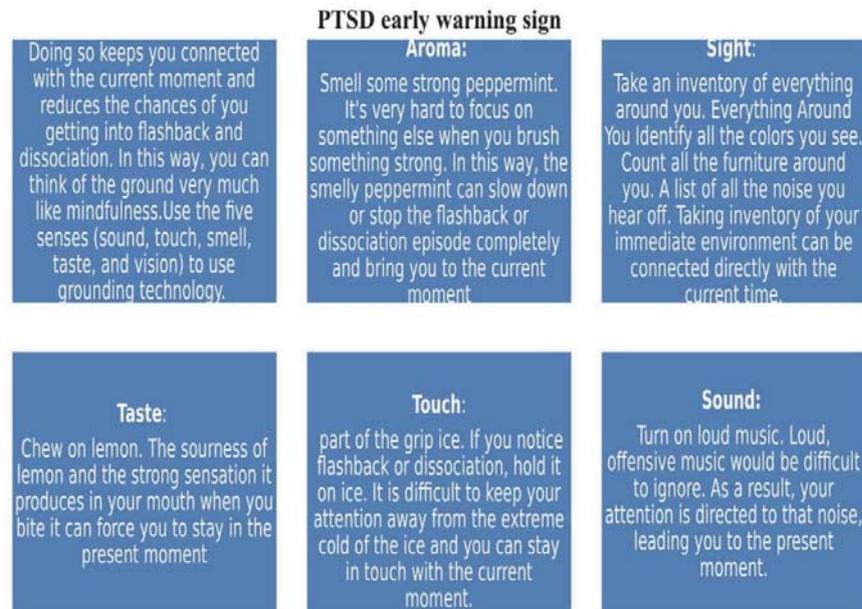


Fig. 3. PTSD early warning sign

### 3.10. Sleep Disorders

Many war veterans need to sleep in separate beds, sometimes in separate rooms. They fear that they might hurt someone close to them during their dreadful dreams.

Insomnia may take several weeks. Even if a person suffering from PTSD falls asleep, normal sleep is not guaranteed. PTSD patients suffer from nightmares, nightmares, heavy dreams, and night sweats. A person with PTSD that someone watches, such as a household member or a dog, may allow him a few hours of sleep.

Psychologists who work with wives, partners, and partners of war vendors usually warn them of their methods of waking a war veteran. Usually, the best way is to wake the distance - from the opposite or next room. Above all, the sleeping veteran must not be afraid, especially since most of the war veterans in their dreams return to battle and could unexpectedly, inadequately respond.

### 3.11. Guilt feelings

During the war, the soldiers commit acts they are not proud of. Some soldiers are also doing things they can never mention to anyone, not even their therapists, because they are so horrible and they are war atrocities. Guilt is an interesting emotion because it even occurs in rape and incest victims as if the victims themselves were the cause of their abuse. This fits within the scope of the above quotation because many victims of abuse feel as if they were their punishment for something wrong. They feel guilty without being able to express clearly what they are for.

The question is: Can someone kill and stay guilty? Of course, we can always rationally justify our actions: we only fulfilled our duty (which will probably be hard to pay for war criminals), we only protect people's lives, they were what they started, not me ... etc.

### 3.12. Memory Loss and Perception Failure

In addition, when an individual loses control, explodes, and has a psychotic attack, the loss of memory is absolutely certain, and there may be a subsequent perception disorder. Recent research has shown that up to 30% of hippocampus disorders (a strip of tissue in the ventricle) occur in veterans suffering from PTSD. Hippocampus is important for memory and new learning (cognition, learning new things).

Loss of memory, inability to "think clearly", the feeling that a person is "lost in the fog": these are the most distinctive characteristics of PTSD - the most common difficulty. Immediately after the trauma experienced, "fog" begins to roll on man, and that is the moment when the patient has to seek immediate help, because if he does not seek help, the situation in which he finds himself will only get worse.

### 3.13. Compulsive, intrusive, persistent thoughts - obsession

In fact, this PTSD symptom belongs to the aforementioned perception disorder, because compulsive (intrusive, persistent) thoughts are an essential element of the manifestation of

perception of perception: How can one maintain the flow of thought when it is constantly under the strain of unwanted, compulsive thoughts?

Once at midnight, having a fever and contemplating the strange ties of science ancient and meritorious - when I was drooping in sleep, suddenly a very soft knock on the door - and then no more.

Patients with a solid family background who use healthy and proven therapeutic techniques recommended by specialist specialists can, in the onslaught of compulsive thoughts, mend themselves out (with a little help) from the vicious circle only by changing the form of activity when compulsive thoughts reach them. The wife can suggest a small walk, a ball game, a shopping mall, a garden or a trip

### **3.14. Depression**

Given all that has been mentioned about PTSD, it is no wonder that most people suffering from this disorder are also subject to depression.

Fortunately, depression is completely treatable and can be kept under the control of proper nutrition, prescription medication, communicative therapy and a loving, safe family environment.

## **4. The psychological service for Czech and British veterans**

Looking for a positive path to care for British military members being treated for a qualitative PTSD study [8]. The researcher in charge of this research seeks help in the wake of mental health problems, such as the point of the crisis, overcame shame, felt in control, so to find a psychological explanation of the symptoms and received good social support. Significant reductions were found at the level of anger and aggression after completing the program. The average level of anger after the program was below the threshold. The decline was also seen in PTSD, depression and anxiety symptoms. It was not a veteran who was unemployed, but had a poor treatment result who was in a relationship, who left the army early.

Today, there are much more frequent negative reports about problems in the Czech Armed Forces, the misconduct of ministerial officials and the failure of individual commanders than the positive results achieved by the ACR as a whole. Foreign armies and organizations that care for war veterans regularly publish information about the problems that war veterans have to return from combat missions. According to the Ministry of Defense, the Czech Republic's special forces are among the best in the world.

### **4.1. The Czech Situation in PTSD Psychological Service**

The Ministry of Defense's Psychological Service was established by order of the Minister of Defense of the Czech Republic No. 2/2000 of 10 December 1999, to support the protection of mental health, to increase psychological preparedness and to improve the life of soldiers in active service and civilian employees of the Ministry of Defense [11], to deepen the prevention of socio-pathological phenomena, to improve the overall quality of the work of military psychologists and to ensure the necessary compatibility with the psychological services of the armies of the States of the North Atlantic Treaty Organization.

It is headed by a major MO psychologist who sets up a council for psychological service as an advisory body. The main task of the council is to ensure high professionalism and guarantee the professional quality of the psychological services provided. It develops the necessary methodological materials, proposes long-term and short-term goals and tasks of the psychological service.

To solve the problems and problems of war veterans of the Czech Republic, it is necessary that the Ministry of Defense, in cooperation with the Czechoslovak village of Legionnaires and the Association of War Veterans of the Czech Republic, quickly develop a comprehensive program of versatile care for war veterans and this program was implemented without delay. In this respect, the Ministry of Defense of the Czech Republic must respect CSN and JHA CR and act as equal partners with both organizations. Furthermore, it is necessary to:

The Ministry of Defense Psychological Service performs the following main tasks:

- *planning, providing and coordinating psychological training;*
- *provides lecturing and teaching activities in military schools;*
- *take part in the recruitment of career seekers;*
- *provides complete psychological diagnostics for the needs of the Ministry of Defense;*

- *provides psychological counselling;*
- *provides psychological therapy;*
- *coordinates psychological research throughout the MoD;*
- *participates in the work on the prevention of socio-pathological phenomena;*
- *cooperates with the spiritual service in the care of the human potential of the Czech Army;*
- *cooperate with non-departmental civilian psychological workplaces.*

Improve the preparation and training of members of the Czech Armed Forces sent to foreign missions in order to increase their level of resistance to stress and teach them to adequately manage the probable and possible stress situations they will face in war conflict zones.

In military hospitals and medical facilities of the ACR, train and prepare professionals who will be able and fully qualified to provide therapeutic assistance to PTSD-afflicted military personnel. Launch a broad awareness campaign on the symptoms and harmfulness of PTSD among members of the armed forces. To establish a special consultancy advisory service within the Czech Armed Forces, which will be readily available and will provide urgent assistance to people suffering from PTSD. To publish in the mass media reports on the positive results of the work of the Association of War Veterans of the Czech Republic and members of the CSOL and their activities in the society [11].

#### **4.2. Assistance to British military veterans**

The British studies have suggested that both mild traumatic brain injury (mTBI) and PTSD have high prevalence in the population of former service personnel. However, there is an issue of precisely defining the long-term effects of mTBI and how this relates to mental health difficulties, particularly PTSD, and overlaps.

Several connections have been found between everyday functions such as closely related disorders, home care, and PTSD symptoms. Targeting core symptoms may speed up recovery by destroying the network of other interacting symptoms, so core PTSD disease.

Veterans had significantly higher suicidal ideation after controlling relevant variables. Analysis was used to identify the core symptoms of PTSD and how they lead to different elements of daily function [8]. Symptoms of core PTSD identified were recurrent thinking, nightmares, negative emotional status, detachment, exaggerated startle response. Veterans of samples for the slightly different core symptoms are most commonly found in negative emotional states.

The needs of families and friends are often very important in providing support to veterans on the road to recovery [8]. We are interested in the experiences of people close to veterans and what they can do to help. to explore the experiences and needs of Veterans' female partners. Experience and needs were barriers to seeking common challenges, desired support and support. Common issues separated from feelings of inequality in relationships, their own identity and combined loss, volatile environment and mental distress. The type of support desired from the partner shared with partner experts and care tailored to the partner and included a practical focus on improvement. The barriers to help were found to be practical barriers and ambivalence for the involvement of others in treatment.

## **Conclusions**

According to foreign experts on combat stress, war vendors often suffer from mental health problems. Hundreds and thousands of soldiers are returning from combat missions, or operations with permanent mental health consequences.

The mental health of soldiers, especially in Iraq and Afghanistan, is marked by the ubiquitous danger of roadside bomb explosions, as well as unexpectedly fierce fighting with insurgents. After returning, many soldiers face various types of mental illness and others have serious problems with adapting to civic life.

Some soldiers suffer from post-traumatic stress, which can develop into severe and persistent manic depression, addiction to drugs, alcohol, antidepressants, and suicidal tendencies. War veterans often conceal their troubles, making them a mental time bomb for society.

Many new methods of PTSD treatment are currently being studied in the world. But the simplest and most direct means of coping with PTSD by man is his consciousness of his own mental state (knowing his own mental conditions), having a place - a home where he can resort and have friends he can confide to when he is badly off. Conflicts in the world and especially the current struggles in Afghanistan will create and bring home a new generation of veterans who will suffer from PTSD.

Nowadays, we often witness that a corrupt or arrogant ministerial officer has a higher legal status, greater convenience, better security, and advocacy than a crippled war veteran. Worrying about their health is the last thing that ministerial officials are interested in, and using a professional knowledge and experience of war veterans is absolutely no account, nor has any meaningful program been developed yet.

There are many ways to learn how to handle PTSD, whether you, your spouse or your partner or your partner. As a PTSD spouse or patient partner, you need to learn kindness and patience, which is the first prerequisite to help your partner: you have not caused or caused it, nor can you cure what you can do to provide support to your partner and guide him or her along the right path of healing.

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