

Research article

UDC 159.9

<https://doi.org/10.21702/rpj.2024.3.2>

Self-Esteem and Self-Attitude among Military Conflict Personnel Who Were Physically Injured and Traumatized

Marina S. Romanova^{1*} , Anastasia V. Grishina² 

¹ Don State Technical University, Rostov-on-Don, Russian Federation

² Regional Scientific Centre of the Russian Academy of Education (Southern Federal University), Rostov-on-Don, Russian Federation

* Corresponding author: marinavromanova@yandex.ru

Abstract

Introduction. In a person's life, a traumatic life situation or incidental life experience may lead to various dysfunction on both physiological and psychological levels. The aim of the study is to identify the specifics of self-esteem, self-attitude and attitudes towards life in people who were physically injured as a result of a traumatic event. **Methods.** The study involved 220 men with a variety of physical injuries and traumas. We used Sacks Sentence Completion Test, SSCT by J. Sacks, S. Levy and The Twenty Statements Test (TST) ("Who Am I?") by M. Kuhn, T. McPartland. **Results.** Individuals who had undergone amputations showed normal, healthy levels of self-esteem, while individuals with severe, life-threatening body injuries showed low levels of self-esteem. There are statistically significant differences in self-attitude and attitude towards different aspects of life among people with varying degrees of physical traumas and injuries. Men with severe, life-threatening body injuries showed the most pronounced feelings of guilt; they also had flashbacks to past experiences within the experience of the traumatic situation. **Discussion.** Researches of self-esteem and self-attitude in individuals who have suffered various physical injuries and traumas confirm our results. Studies confirm that people with injuries of moderate and severe forms have different attitudes towards various aspects of their lives and specifics of guilt feeling formation compared to people who have experienced amputation surgeries.

Keywords

incidental life experience, self-attitude, self-esteem, physical traumas and injuries, amputations, varying degrees of physical traumas

Funding

Russian Science Foundation Grant 23-18-00848 "Research of value and meaning sphere and development of technologies of psychological rehabilitation of the population of the region in the conditions of local military conflict and new geopolitical risks".

For citation

Romanova, M. S., Grishina, A. V. (2024). Self-esteem and self-attitude among military conflict personnel who were physically injured and traumatized. *Russian Psychological Journal*, 21(3), 18-33. <https://doi.org/10.21702/rpj.2024.3.2>

Introduction

Self-attitude in psychological perspective

Self-attitude is a substructure of the fundamental psychological category, self-consciousness. Self-attitude is a person's disposition regarding self.

The P.I. Sardzhveladze's concept describes three components of self-attitude (Sardzhveladze, 2003). V.V. Stolin wrote about three emotional self-attitude axes: sympathy-antipathy, respect-disrespect, intimacy-estrangement (Stolin, 1983). Self-attitude is a hierarchical and dynamical system that has a complex structure (Pantileev, 2001). In modern psychological research, the concept of "Self-attitude" is related to "Self-consciousness", "Self-image", "Self-concept".

"Self-consciousness unit" is "*conflict personal meaning that reflects the confrontation of different subject's life relations, the confrontation of his motives and activities*" (Stolin, 1983, p. 152). This confrontation is "*realized through actions that triggers the development of contradictory attitudes toward the Self*". In turn, the "Meaning of Self" triggers further activity of self-awareness that takes place in the cognitive and emotional spheres (Stolin, 1983). This author's position is closest to the context of the present study. We will examine the self-esteem and self-attitude in the different studied groups.

S. R. Pantileev, considering the concept of self-attitude, is largely relying on V.V. Stolin's concepts of self-consciousness as a "conflicting personal meaning".

Self-attitude transformation due to physical trauma

In the current phase of research on the impact of physical trauma, researchers are consistent with the view that enduring physical changes can deeply affect one's sense of Self, thus leaving an imprint on the cognitive and somatic fields of the individual's self-image, self-esteem and self-attitude (Bonkalo, 2022; Lanius et al., 2020; Masaeva, 2008; Potapov., Kipiani, 2011;).

Bonkalo T.I. conducted an empirical study on the transformation of the image of the "bodily Self" in the structure of self-consciousness and self-attitudes of individuals with musculoskeletal disorders. The conclusion was that the transformation of the image of the bodily Self of individuals with severe physical traumas is guided by the laws of self-organization and happens nonlinearly, through the overcoming of certain crisis periods associated with the perception of body (Bonkalo, 2021).

Trufanova S.I. obtained that *"in patients with amputations and major physical traumas, the difference between attitudes to the transformation of the Self-image is based on personal characteristics of respondents: self-attitudes, life style index, coping behavior and expectation to receive an improved or impaired version of their physical self"* (Trufanova, 2017, p. 173).

Each person forms the image of the bodily Self in accordance with the subjective reflection of the appearance, structure and state of one's body. The image of the bodily Self is evolving in the process of self-knowledge, and is connected with the ideas about the specifics of the reflection of one's body in the consciousness of Others. The concept of bodily Self is necessary for studying the transformation of self-attitude in the conditions of physical injuries.

Based on the study of self-attitude and self-esteem, including our previous study (Romanova, 2024), we find it important to study self-attitude and self-esteem in individuals who have experienced a traumatic situation that resulted in severe body injuries and amputation surgeries.

Aim of the study

The aim of the study is to identify the specific features of self-esteem and self-attitudes in people who have experienced physical traumas and injuries of various degrees of severity.

Hypotheses of the study

1. There will be differences in self-esteem and self-attitude among people with varying degrees of physical traumas and injuries;
2. People with injuries of moderate and severe forms will have different attitudes towards various aspects of their lives and specifics of guilt feeling formation compared to people who have experienced amputation surgeries.

Methods

The study involved 220 military personnel aged 23 to 41 years.

Comparison groups:

3. Group 1. 74 men who underwent different types of amputations;
4. Group 2. 79 men who suffered moderate physical injuries (wounds, deep lacerations, bone fractures);
5. Group 3. 67 men with severe, life-threatening body injuries.

The respondents were interviewed by questionnaire. In the questionnaire we asked to state their age, describe the specifics of the received physical injuries that were a form of incidental life experience. Respondents were divided into a certain group according to the severity of their physical injuries and traumas. All respondents were offered standardized blanks for testing and questioning. Participation in the study was anonymous and voluntary.

We used the following psychological tools to explore self-attitude and the personal system of attitudes:

- Sacks Sentence Completion Test, SSCT by J. Sacks, S. Levy (1950) in Russian adaptation by G.G. Rummyantsev;
- The Twenty Statements Test (TST) ("Who Am I?") by M. Kuhn, T. McPartland (1954) in Russian adaptation by V.I. Yurchenko.

To analyze the primary data, we used Microsoft Excel. To examine the statistically significant differences in the groups, we applied the Kruskal-Wallis test. Statistical processing was made using the JASP 0.16 program.

Results

Sacks Sentence Completion Test

The results of quantitative analysis of the obtained data are presented in Table 1.

Table 1

Self-attitude and attitudes to the immediate environment in people with incidental life experience

Domains	Group 1 (participants with amputations)	Group 2 (participants with moderate physical injuries)	Group 3 (Participants with severe physical injuries)
Attitude toward father	0.08	0.4	0.07
Attitude toward own abilities	0.07	0.06	0.07

Domains	Group 1 (participants with amputations)	Group 2 (participants with moderate physical injuries)	Group 3 (Participants with severe physical injuries)
Goals	0.1	0.05	0.1
Attitude toward people supervised	0.08	0.08	0.03
Attitude toward future	0.04	0.01	0.03
Attitude toward superiors	0.06	0.12	0.07
Fears	0.08	0.06	0.1
Attitude toward friends	0.06	0.06	0.03
Attitude toward past	0.02	0.075	0.1
Attitude toward women	0.09	0.063	0.15
Attitude toward heterosexual relationship	0.1	0.12	0.07
Attitude toward family unit	0.05	0.05	0.1
Attitude towards colleagues at work	0.1	0.1	0.4
Attitude toward mother	0.06	0.05	0.4
Guilt	0.4	0.56	0.7

The feeling of guilt ("Guilt") is the most pronounced among other studied parameters in all groups of participants. The feeling of guilt is most pronounced in the Group 3 (respondents with severe, life-threatening body injuries) (0.7), that is reflected in their psychological well-being. Specificity of attitude towards colleagues at work is characteristic for all three groups, this sphere is most expressed in numerical equivalent in Group 3 (respondents with severe, life-threatening body injuries) (0.4).

For the Group 1 (men who underwent different types of amputations), the scale with the lowest values of expression was "Attitude toward past" (0.02). The "Attitude toward future" scale reached the lowest values (0.01) for the Group 2 (participants with moderate physical injuries), and the following scales reached the lowest values in the Group 3 (participants with severe physical injuries): "Attitude toward future" (0.03), "Attitude toward friends" (0.03), and "Attitude toward people supervised" (0.03). The majority of respondents gave as answers the value "0", showing a neutral attitude to what the sentence is about, as well as the lack of any pronounced emotions about the existing phrasing. Sometimes respondents answered with +1 and -1 values, giving us a small range for assessing emotional intensity in relation to the spheres of self-attitude and attitudes toward the closest environment.

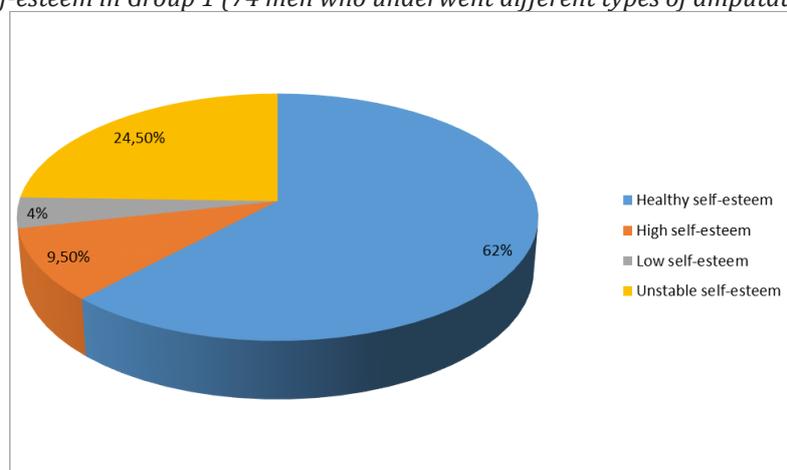
Feelings of guilt ("Guilt") are common to all three groups of military personnel. However, there are differences in attitudes toward various aspects of lives among the groups of military personnel with various types of physical traumas and injury severity.

The Twenty Statements Test

The Russian adaptation of the methodology "The Twenty Statements Test" allows us to present the results of the three groups quantitatively in terms of the 4 self-esteem options (Fig. 1–3), and then in terms of the dominant type of emotional response.

Figure 1

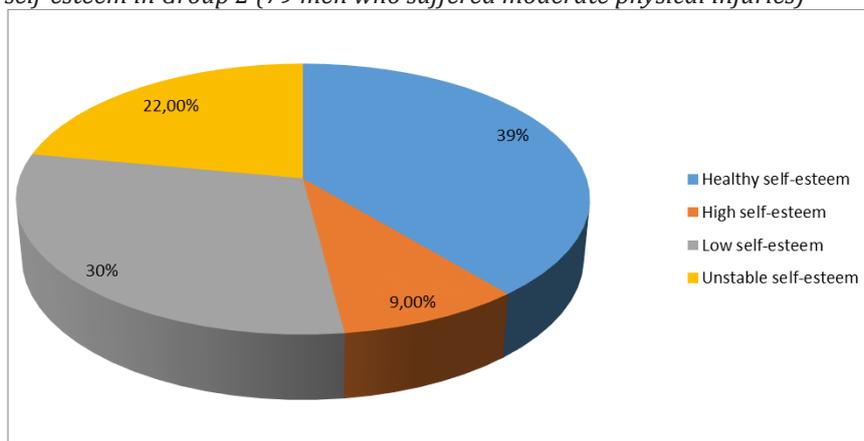
Types of self-esteem in Group 1 (74 men who underwent different types of amputations)



The group of persons who underwent amputations is inherently characterized by healthy self-esteem (62%). However, unstable self-esteem is characteristic of 24.5% of respondents with amputations. It is likely that they regularly change positions when evaluating themselves. High self-esteem was 9.5% and low was 4% of respondents with amputations.

Figure 2

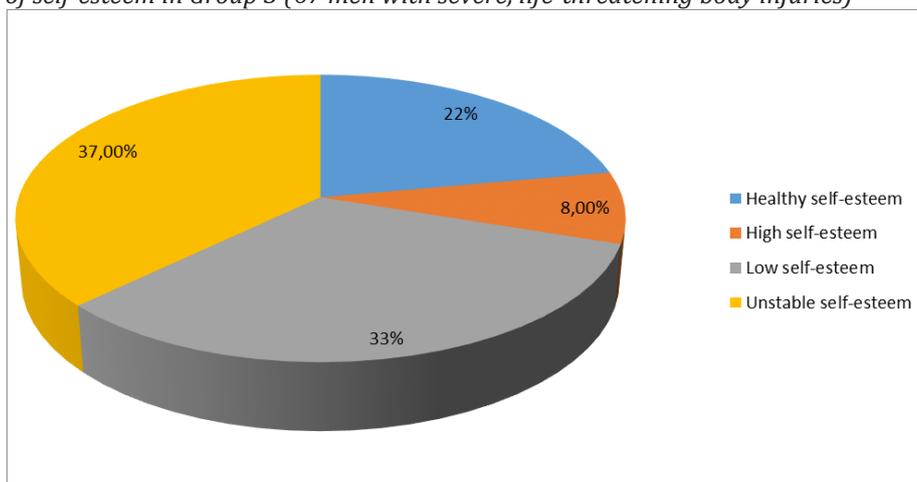
Types of self-esteem in Group 2 (79 men who suffered moderate physical injuries)



In Group 2 (men who suffered moderate physical injuries) healthy self-esteem was revealed for 39% of respondents. Unstable self-esteem is inherent in the 22% of respondents. Only 9% of respondents have high self-esteem. 30% of respondents have low self-esteem, thus indicating a negative attitude towards themselves. In Group 2 the proportion of healthy and low self-esteem is almost equal.

Figure 3

Types of self-esteem in Group 3 (67 men with severe, life-threatening body injuries)



In Group 3 (men with severe, life-threatening body injuries) unstable self-esteem tends to prevail and is characteristic of 37% of respondents. 33% of respondents assessed their self-esteem level as low. Only 22% of respondents have healthy self-esteem. High self-esteem is inherent in 8% of respondents with severe life-threatening body injuries.

Summarizing, we can conclude that negative parameters of self-esteem are most expressed in the group of persons with severe, life-threatening physical injuries. The most favorable analysis on the expression of self-esteem characteristics is presented for the group of men who underwent different types of amputations.

The second part of the methodology "The Twenty Statements Test" allows to present the distribution of emotional response (*incident response scenarios*) types to the incident situation in groups (Table 2).

Table 2

Types of emotional response in Groups with incidental life experience

Type of emotional response	Group 1 (participants with amputations)	Group 2 (participants with moderate physical injuries)	Group 3 (participants with severe physical injuries)
Emotional polarization	34%	29%	34%
Balanced	61%	51%	48%
Unbalanced	5%	20%	18%

The majority of all respondents have a balanced type of emotional response. Emotional polarization is characteristic for 34% of the Group 1 (participants with amputations) and Group 3 (participants with severe physical injuries) and for 29% of respondents of Group 2 (participants with moderate physical injuries). Emotional polarization characterizes individuals who have a dichotomy of thinking and affective response depending on the situation.

The unbalanced type of emotional response is inherent in 20% of respondents of Group 2, 18% of respondents of Group 3 and only 5% of respondents of Group 1. These respondents may be undergoing a crisis in their lives due to physical injuries and trauma.

The differences in the self-esteem and self-attitude parameters

We used the Kruskal-Wallis test to verify the hypothesis that there are statistically significant differences in the self-esteem parameters in people with varying degrees of physical traumas and injuries. The results of Kruskal-Wallis H-criterion calculations are presented in Table 3.

Table 3

Results of Kruskal-Wallis test to determine the differences in the self-esteem parameters among people with incidental life experience

Score	Group 1 (participants with amputations, N = 74)	Group 2 (participants with moderate physical injuries, N = 79)	Group 3 (Participants with severe physical injuries, N = 67)
Mid rank "Healthy self-esteem"	46.71	31.35	25.50
H Kruskal-Wallis		7.821	
p		0.020 (< 0.05)	
Mid rank «Unstable self- esteem»	17.45	15.83	34.23
H Kruskal-Wallis		8.634	
p		0.013 (< 0.05)	

So, there are statistically significant differences in the self-esteem parameters in people with varying degrees of physical traumas and injuries ($p < 0.05$). Healthy self-esteem was revealed in group of men who underwent different types of amputations, unstable self-esteem was revealed in group of men with severe, life-threatening body injuries.

The results of hypothesis testing that there are statistically significant differences in the expression of self-attitude parameters in people with varying degrees of physical traumas and injuries are presented in Table 4 (Kruskal-Wallis test).

Table 4

Results of Kruskal-Wallis test to determine the differences in the self-attitude parameters among people with incidental life experience

Score	Group 1 (participants with amputations, N = 74)	Group 2 (participants with moderate physical injuries, N = 79)	Group 3 (Participants with severe physical injuries, N = 67)
Mid rank "Guilt"	0,4	0,56	0,7
H Kruskal-Wallis		3.546	
p		0.017 (<0.05)	
Mid rank "Attitude toward past"	0.02	0,075	0,1
H Kruskal-Wallis		2.819	
p		0.011 (<0.05)	

So, there are statistically significant differences in the self-attitude parameters in people with varying degrees of physical traumas and injuries ($p < 0.05$). Men with **severe, life-threatening body injuries have the strongest feeling of guilt and are often disturbed by memories of past experiences.**

Discussion

As a result of the study, we can confirm that there are differences in self-esteem and self-attitude among people with varying degrees of physical traumas and injuries. Attitudes to various aspects of lives and the specifics of guilt will differ between people with moderate, severe physical injuries, and amputations.

The image of the bodily Self includes certain subsystems. The subsystems reflect the external and internal characteristics of the body and consist of four components: 1) cognitive (perceptions, beliefs, knowledge), 2) emotional-judgmental (assessment and attitude), 3) value-meaningful (self-importance), and 4) behavioral (activity in body characteristics transformation) (Bonkalo, 2021).

The study of the essence and structure of the image of the bodily Self in people with various physical traumas has shown that there is a connection between the level of distortion in the perception of their bodily characteristics, the level of their acceptance, the relevance of their claims and activity to change them, and the indicators of the individual's self-attitude, self-esteem and self-confidence (Bonkalo, 2021; Rabon et al., 2019; Salo et al., 2015; Steen et al., 2021).

The conclusions reached by Trufanova S.I. are in line with the results of the study. Thus, she notes 5 main types of manifestations aimed at the expression of a certain attitude to bodyness and its transformation: 1) boundaries and functions of the body; 2) subjective satisfaction of the body, self, life and well-being; 3) attitude to one's body (attention, interest, etc.); 4) attitude to body transformation; 5) image of the body. Each type presents three components of attitudes toward bodyness: cognitive, emotional-behavioral and conative, identical to theoretical foundations (Trufanova, 2017)

The results of other authors validate our results. So, Kelley, Bravo, Davies, Hamrick, Vinci & Redman (2019) consider that from the cognitive perspective, trauma survivors are often haunted by thoughts that reflect highly negative underlying beliefs about themselves, causing the formation of a negative self-image. Trauma can cause lasting somatic disturbances that significantly affect a person's sense of self, self-image, and self-attitude (Kelley et al., 2019). Kelley et al. (2019) found that two-thirds of cases of transformational processes of self-esteem in the presence of posttraumatic stress disorder (PTSD) among military personnel are missed because the checklist of PTSD manifestations for diagnostic and statistical evaluation is DSM-5 compliant. Most military personnel with PTSD report somatic-related changes in self-concept, and related identity disorders (Forkus et al., 2019). In the context of our study, these data highlight the importance of exploring the transformation of self-perception after trauma, both cognitive and somatic, as 90% of military personnel report experiencing these changes (Bonkalo, 2023a, 2023b; Lanius et al., 2020; Daneshvar et al., 2020; Meyer et al. 2019).

There is a correlation between satisfaction with one's body and the level of severity of depressive states, anxiety and subjective feeling of loneliness, the level of hope for recovery, life activity and the degree of experiencing existential problems caused by the trauma. This was found out as a result of the study of the transformation of the image of the bodily Self as a factor of adaptive resource of the personality of athletes who received severe physical injuries (Kartashev, Goltsov, Ivanova & Semiryazhko, 2021). Studying the attitude to various aspects of their lives and the specifics of guilt formation in military personnel with various types of physical traumas, we found related studies confirming the patterns identified at the empirical level (Kartashev, Goltsov, Ivanova & Semiryazhko, 2021; Polushina, Ramazanov, 2022; Sklyanko, 2020; Baksanova, Obedin, Karpov, 2022; Maslyakov, Polidanov, Sidel'nikov & Kokareva, 2023; Kadyrov, Rodnikova, 2022; Saraiya, Lopex-Castor, 2016; Faccini, Gazzillo, Gorman, De Luca, Dazzi, 2020; Li, et al. 2019).

The study by Serkin V.P. provides a descriptive characteristic of the transformation of the image of the world and lifestyle in military personnel who suffered traumatic and incidental life experience (Serkin, 2016). The author points out the irreversibility of changes in these spheres and suggests that they should be considered as basic concepts in the development of rehabilitation programs (Serkin, 2023).

Trauma-damaged body image has a negative impact on quality of life, a fact that also supports the findings of our study (Vildgrube, Kramarenko, Firsova, 2020, p. 45; Woodfin, Molde, Dundas, Binder, 2021; Braun, Park & Gorin, 2016; Gawande & Schuman-Olivier, 2022).

Conclusion

For war survivors and participants, life is divided into two phases: "before" and "after". Often a significant part of people who experienced traumatic experiences have both physical and psychological trauma.

Self-esteem and self-attitude are basic targets of rehabilitation measures and psychological support of individuals who have experienced a traumatic life situation and incidental life experience.

We have statistically confirmed that there are differences in self-esteem and self-attitude in persons with varying degrees of physical traumas and injuries. Attitude to various aspects of lives and the specifics of guilt will differ between people with moderate physical injuries, severe physical injuries and people who undergone amputations.

References

- Baksanova, D. R., Obedin, A. N., & Karpov, S. M. (2022). The state of mental health of participants in military operations. *Military and Tactical Medicine. Emergency Medicine*, 4(7), 18–20. <https://doi.org/10.55359/2782-3296.2022.93.64.004>
- Bonkalo, T. I. (2021). Transformation of the image of the Body "I" in the structure of self-consciousness of persons with disorders of the musculoskeletal system. *HUMAN CAPITAL*, 8(152). <https://doi.org/10.25629/HC.2021.08.10>
- Bonkalo, T. I. (2023a). *Posttraumatic Stress Disorder: The Digest*. Research Institute of Health Care Organization and Medical Management of the Moscow City Health Department.
- Bonkalo, T. I. (2023b). *Complex rehabilitation of participants of the special military operation in Ukraine: digest January-February 2023*. [Electronic resource]. State Budgetary Institution "Niiozmm Dzm".
- Braun, T. D., Park, C. L., & Gorin, A. (2016). Self-compassion, body image, and disordered eating: A review of the literature. *Body Image* 17, 117–131. <https://doi.org/10.1016/j.bodyim.2016.03.003>
- Daneshvar, S., Shafiei, M., & Basharpour, S. (2020). Group-based compassion- focused therapy on experiential avoidance, meaning-in-life, and sense of coherence in female survivors of intimate partner violence with PTSD: a randomized controlled trial. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260520958660>
- Faccini, F., Gazzillo, F., Gorman, B. S., De Luca, E., & Dazzi, N. (2020). Guilt, shame, empathy, self-esteem, and traumas: New data for the validation of the Interpersonal Guilt Rating

- Scale-15 Self-Report (IGRS-15s). *Psychodynamic Psychiatry*, 48, 79–100.
- Forkus, S. R., Breines, J. G., & Weiss, N. H. (2019). PTSD and alcohol misuse: examining the mediating role of fear of self-compassion among military veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12, 364–372. <https://doi.org/10.1037/tra0000481>
- Gawande, R., & Schuman-Olivier, Z. (2022). "Today I Can Look in the Mirror and Like Myself": Effects of a Trauma-Informed Mindful Recovery Program on Self-Compassion. *Frontiers in Psychology*, 13, 780383. <https://doi.org/10.3389/fpsyg.2022.780383>
- Kadyrov, R. V., & Rodnikova, E. A. (2022). Survivor's guilt in psychotherapy of PTSD. *Personality in Extreme Conditions and Crisis Situations of Life Activity*, 12, 10–23.
- Kartashev, V. P., Goltsov, A. V., Ivanova, O. S., & Semiryazhko, M. S. (2021). The image of the physical self as a factor of adaptive resource of the personality of athletes who have suffered severe physical injuries. *TiPFC*, 7
- Kelley, M. L., Bravo, A. J., Davies, R. L., Hamrick, H. C., Vinci, C., & Redman, J. C. (2019). Moral injury and suicidality among combat-wounded veterans: The moderating effects of social connectedness and self-compassion. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11, 621–629. <https://doi.org/10.1037/tra0000447>
- Lanius, R., Terpou, B., & Mckinnon, M. (2020). The sense of self in the aftermath of trauma: Lessons from the default mode network in posttraumatic stress disorder. *European Journal of Psychotraumatology*, 11, 1807703. <https://doi.org/10.1080/20008198.2020.1807703>
- Li, J., Tendeiro, J. N., & Stroebe, M. (2019). Guilt in Bereavement: Its Relationship with Complicated Grief and Depression. *International Journal of Psychology*, 54(4), 454–461.
- Masaeva, Z. V. (2008). Social and psychological situation in the Chechen Republic after the end of long military actions. *North-Caucasian Psychological Bulletin*, 6(1), 22–27. EDN SIVZRP
- Maslyakov, V.V., Polidanov, M.A., Sidel'nikov, S.A., & Kokareva, A.A. (2023). Dynamics of the emotional state of the participants of a special military operation after medical-psychological assistance in an armed conflict. *Psychology. Historical-critical Reviews and Current Researches*, 12(9–1), 81–89. <https://doi.org/10.34670/AR.2023.24.24.012>
- Meyer, E. C., Szabo, Y. Z., Frankfurt, S. B., Kimbrel, N. A., DeBeer, B. B., & Morissette, S. B. (2019). Predictors of recovery from post-deployment posttraumatic stress disorder symptoms in war veterans: The contributions of psychological flexibility, mindfulness, and self-compassion. *Behaviour Research and Therapy*, 114, 7–14. <https://doi.org/10.1016/j.brat.2019.01.002>
- Potapov, M. V., Kipiani, A. Y. (2011). Psychology of Safety and Resistance to Terrorism. *Psychology in Russia: State of the Art*, 4, 371–382.
- Pantileev, S. R. (2001). *Self-attitude as an emotional-evaluation system*. Moscow State University Press.
- Polushina, O. B., & Ramazanov, M. V. (2022). Features of military injury of wounded servicemen who performed a tasks during a special military operation. *Vestnik Sankt-Peterburgskogo voennogo instituta vojsk nacional'noj gvardii*, 3(20), 59–62.
- Romanova, M. S. (2023). Transformation of Parameters of Volitional Self-regulation and Dominant Mental State in Servicemen with Amputations as a Result of an Incident Situation. *Innovative science: psychology, pedagogy, defectology*, 7(1), 78–87. <https://doi.org/10.23947/2658-7165-2024-7-1-78-87>
- Rabon, J. K., Hirsch, J. K., Kaniuka, A. R., Sirois, F., Brooks, B. D., & Neff, K. (2019). Self-compassion and suicide risk in veterans: when the going gets tough, do the tough benefit more from self-compassion? *Mindfulness*, 10, 2544–2554. <https://doi.org/10.1007/s12671-019-01221-8>

- Salo, O., Lindberg, M. & Stenius, J. (2015). *Psychological Trauma*. Duodecim.
- Saraiya, T., & Lopex-Castor, T. (2016). Ashamed and afraid: a scoping review of the role of shame in post-traumatic stress disorder (PTSD). *Journal of Clinical Medicine*, 5. <https://doi.org/10.3390/jcm5110094>
- Sardzhveladze, N. I. (2003). Self-attitude of personality. Psychology of self-consciousness: a textbook. D. Y. Raigorodskaya (ed.). Samara.
- Serkin, V. P. (2016). Changing the self-image, the image of the world and way of life experiencing an emergency situation. *The Humanities and Social Studies in The Far East*, 51(3), 75–83.
- Serkin, V. P. (2023). Methodological scheme of work with PTSD of military personnel: new image of the world and way of life. *Bulletin of K.G. Razumovsky Moscow State University of Technology and Management (First Cossack University). Series of Applied Science Disciplines*, 1, 128–142.
- Sklyanko, V. V. (2020). Adaptation of participants of military operations to peaceful life: general theoretical characteristics. *The Journal Lugansk Academy of Internal Affairs Named by E.A. Didorenko*, 2(9), 243–251.
- Steen, M. P., Di Lemma, L., Finnegan, A., Wepa, D., McGhee, S. (2021). Self-compassion and veteran's health: A scoping review. *Journal of Veterans Studies*. 7, 86–130. <https://doi.org/10.21061/jvs.v7i1.219>
- Stolin, V. V. (1983). *Self-consciousness of personality*. Moscow State University Press.
- Trufanova, S. I. (2017). A comparative analysis of the transformation of attitudes towards physical self-concept among amputation and aesthetic surgery patients. *Society: Sociology, Psychology, Pedagogy*, 2, 48–54.
- Vildgrube, S. A., Kramarenko, E. V., & Firsova, G. M. (2020). Features of the psychological and physical components of the "i" -the concept of personality in PTSD. *Bulletin of urgent and recovery surgery*, 5(3), 32–47.
- Woodfin, V., Molde, H., Dundas, I., & Binder, P.-E. (2021). A Randomized Control Trial of a Brief Self-Compassion Intervention for Perfectionism, Anxiety, Depression, and Body Image. *Frontiers in Psychology*, 12, 751294. <https://doi.org/10.3389/fpsyg.2021.751294>

Received: February 01, 2024

Revised: August 12, 2024

Accepted: August 12, 2024

Author Contributions

Marina S. Romanova – research planning, literature review, preparing and writing text of the article, data processing, analysis of the results, final approval of the version for publication.

Anastasia V. Grishina – critical revision of the article's methodology, critical revision of the article's content.

Author Details

Marina S. Romanova – Master of Psychology, Researcher in the field seeking to earn a Candidate of Psychological Science Degree 5.3.1 "General Psychology", Don State

MARINA S. ROMANOVA, ANASTASIA V. GRISHINA
SELF-ESTEEM AND SELF-ATTITUDE AMONG MILITARY CONFLICT PERSONNEL WHO WERE PHYSICALLY INJURED AND
TRAUMATIZED
RUSSIAN PSYCHOLOGICAL JOURNAL, 21(3),2024

GENERAL PSYCHOLOGY, PERSONALITY PSYCHOLOGY, PHILOSOPHY AND PSYCHOLOGY

Technical University, Rostov-on-Don, Russian Federation; Researcher ID: JOK-0350-2023, Author ID: 1207932, ORCID ID: <https://orcid.org/0000-0003-0016-9052>; e-mail: marinavromanova@yandex.ru

Anastasia V. Grishina – Cand.Sci. (Psychology), Regional Scientific Centre of the Russian Academy of Education (Southern Federal University), Rostov-on-Don, Russian Federation; ORCID ID: 0000-0003-4005-8744, e-mail: avgrishina.donstu@gmail.com

Conflict of Interest Information

The authors have no conflicts of interest to declare.