

# Philosophical Discourse of Military Disability in the Aspect of Altered State of Consciousness

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**Abstract**—In this paper the authors analyze subjective experiences on different levels (cognitive, emotional-sensory, motivational-volitional) of the people with military disability. The authors state the qualitative changes of perception, self-consciousness, body image, activity levels, and expression of emotions which can be viewed as an altered state of consciousness. It serves as a background for the mental activity of a disabled person. The authors consider some of the forms of social alienation of the people with military disability. Based on defining the altered state of consciousness as both adaptive and non-adaptive way for expressing one's feelings, need, wishes, emotions, it can be concluded that a person with military disability can use the adaptive way to change one's state of consciousness to find new ways of harmonizing its inner experience and feelings.

**Keywords**—*disability; person with military disability; altered state of consciousness; subjective experiences; sensory deprivation state; social alienation*

## I. INTRODUCTION

Social disasters play a special part in the development of current world society. First of all, these disasters are manifested by local military conflicts accompanied by active combat actions. Unfortunately, the human psyche is vulnerable to high stress factors of war (danger, high responsibility, death of fellow soldiers, destruction of the enemy, wounds, pain, disabilities and so on) [1].

There different points of view on war, but all of them have one idea in common: war is a tool of the state's policy. However, the question of whether war is moral or not is still important. These concepts act like two sides of a coin. War is immoral, but it is during the war that the highest feats of heroism and self-sacrifice take place. There is nothing scarier than war, but sometimes only war can restore peace. War coarsens the human soul, but at the same time it makes it nobler and lifts it up. These thoughts are confirmed by a

saying of Berdyaev: "The spiritual nature of war also has its goodness. It is not by accident that the great virtues of human character were forged during wars. Wars develop bravery, manliness, self-sacrifice, heroism, chivalry. If it had not been for wars, there would be no chivalry and chivalrous character. The heroism in history is linked to wars" [2].

What makes war terrifying to a person? Death. Yes, war entails physical killing. But the peaceful life has lots of examples of spiritual killing as well: hatred, anger, and envy kill people. The war that kills physically is scary, but the war that reprograms minds is even scarier. Moreover, modern information technology can be used to affect not only the day-to-day lifestyle but also the concepts of good and evil, concepts of justice and sacrifice. These technologies can radically change a person's view of life.

It should be noted that the particularity of the current time is the growing dependence of the real world on the virtual world with differently placed accents of development and confrontation [3]. Open competition characterized by implicit human and material losses can be fully replaced by the confrontation on the level of the human psyche. It can be assumed that new military conflicts of the future will be spiritual given that the intelligence is a part of the human spiritual world which cannot develop without morals and sensory world view. The destruction of the enemy in the modern world can be done not only by damaging it directly but also indirectly by acting on the spiritual space of society. Thus, the era of mind wars is coming. Whoever establishes the information and political dominance will control consciousness and win this war [4]. The goal of this paper is to analyze the special features of disability as a social phenomenon governing different states of the changed consciousness of people with disabilities.

## II. PHENOMENON OF MILITARY DISABILITY IN THE DISCOURSE OF THE CHANGED CONSCIOUSNESS STATES

Wounds and trauma are the consequence of military conflicts, accidents, and disasters. The concept of disability caused by concussion, wounds, illness, mutilation, that occurred during the defense of the Motherland involving being at the battlefield, undergoing military service on the territories of other states or doing other duties of the military service is defined by the Federal Law №166-FZ "On the state pension security in the Russia Federation" (Art. 15), as a disability caused by military injury (further on this will be referred to as military disability). The received disability significantly affects personality and consciousness.

The damaged organ or a lost body part will remind a person with disability about these most tragic events for the rest of the person's life. This trauma cannot be forgotten. The people returning from war can long be haunted by the memories and the experience of the war. They have to learn again how to live a peaceful life, make peace with themselves and with reality. The statistics show that 29-45% veterans of World War II, 25-30% of the American veterans of the Vietnam War to this day are suffering from stress disorders [5]. The studies conducted on Russia indicated that around 70% of the veterans of the Chechen conflict treated in hospitals of the Volga military district had PTSD, while 30% of the ill veterans exhibited symptoms of PTSD: phobias, nightmares, obtrusiveness, depressed mood and so on [6].

The task of considering specifics of disability as a social phenomenon governing different states of the changed consciousness of the people with disabilities is important and interesting.

Consciousness is a reflection of the reality including both external objects, and phenomena of the subjective reality (a reflection of a reflection). Therefore, each act of consciousness carries its content as well as subjective attitude to the reflection content: emotional-value attitude.

The psyche of a person can assume different states. The American philosopher and psychologist W. James was one of the first to identify states of consciousness differing from normal. He wrote, 'Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different' [7]. It can be assumed that the state of the person's consciousness with military or any other disability is one of the altered consciousness states. If the views O. V. Gordeeva are agreed upon, the state of a person's consciousness can be considered altered if there are changed in attention, perception, reasoning, speech (internal and external), memory, body image, activity levels, experience and manifestation of emotions, self-control, system of motives and meanings, increased suggestibility [8]. These symptoms are mostly exhibited by disabled people (to a variable degree depending on the form and severity of disability). The disability ushers qualitative changed in subjective experiences, reflecting the internal picture of the disease. Practically every disabled person and maybe even members of a family raising a disabled child (unfortunately,

children are also victims of military conflicts; according to UNICEF only over the last 10 years 12 million children received wounds or became disabled) or the people assisting a disabled grown person exhibit a state of sensory deprivation: lack of sensory stimuli, motives, and interactions, lively impressions, problems with movement. The consciousness partially or fully deprived of external stimulation undergoes changes that can lead to diminished activities of the cognitive, social or emotional sphere of a grown person. This can lead to arrested normal mental and emotional development in the case of a disabled child.

This thought is very much in line with the definitions of the altered consciousness states by the American psychologist Ch. Tart and psychiatrist A. Ludwig. They state that the altered consciousness state is characterized by qualitative changes in subjective experiences and psychological functioning compared to generalized baselines for this subject being realized by the person itself or identified by observers. According to a Soviet psychiatrist and medical psychologist V.N. Myasishev, the altered consciousness states can serve as background for psychic activity and reflect the personality characteristics, as well as the somatic status of a person.

The consciousness structure of a person, involving disabled people, includes cognitive, sensory-emotional and motivational-volitional components.

Let us only analyze how a disabled person subjectively perceives the transition from the state of "physical health" to disability. Different individuals perceive this in a different way. According to a classification of crisis situations proposed by F.E. Vasiluyk, a disability can be characterized as a crisis situation. A subject ends up in a situation where it can no longer realize the life premise, thereby paralyzing the need for self-actualization. Based on the fact that limitation of life activities affects the abilities of a person of self-control, self-service, orientation, learning, professional activities, communication, movement, we can state that the disability dramatically changes the person's lifestyle, the meaning, and style of its being.

A person must admit the reality of its new condition and the inevitability of the occurred incapability in order to live on and grow. Therefore, we can call this period an incapability crisis having four stages: shock, denial, acceptance, and adaptation. A disabled person will need other peoples' help during the first three stages. A disabled person during the incapability crisis often views itself as a person without any value, because it had seen people him how before. The last stage can be called a stage of growth largely determined by the reserve personality capabilities. One the one hand, they include individual personal characteristics, inner spiritual potential. On the other hand, they include external reserves determined by the system of interactions an individual is involved in: social, economic, cultural, religious and so on.

Sometimes the inner spiritual potential of a person is enough to go through the crisis period. The reserve potential of personality is determined by the conditions of existence for the limited abilities or a disability. But when a person

does not have sufficient spiritual potential, the living conditions can become a driving force for developing borderline personality disorders.

A representative of the contemporary Kazan psychological school V. D. Mendelevich states, that the type of reaction to a certain illness is defined by two characteristics: objective illness severity (determined by the lethality criterion and a probability of disability) and subjective illness severity (the estimation of condition by the ill person itself) [9]. We should agree with V. D. Mendelevich that making a quantitative estimation of the illness, and compiling a quantified register of illness severity is practically impossible. But we can assert that some illnesses are harder than other based the criteria such as lethality, disability probability and loss of labor capacity.

Therefore, the subjective estimation of the condition by the disabled person itself has the highest importance for the person. The disability condition is comprehended and self-consciousness is formed by experiencing pain, inconveniences, the negative reaction of other people, the attitude of society, by analyzing the condition through the subjective perception of the severity of an illness. Self-consciousness is formed by realizing one's feelings and thoughts, sensing one's body and its motion, behavior motives, one's position in society, subjective attitude to one's condition and to oneself which is influenced by social factors (sex, age and occupation), as well as individual factors (character and personality traits).

### III. MANIFESTATION LEVELS OF SUBJECTIVE EXPERIENCES

The subjective experience of a disabled person can be manifested on different levels: cognitive; emotional-sensory; emotional-volitional.

On a cognitive level, a person learns that receiving the status of a disabled person entails a smaller circle of possibilities, limitation of the main activity areas. The person realizes that it is not always possible to restore lost health and returning to full life in society. According to a sociological study conducted by T.A. Dobrovolskaya and N.B. Shabalina on the issue of the interactions between disabled and healthy people, the physically healthy people evaluate the quality of life of people with disabilities as much lower compared to theirs, while self-estimation of the quality of life, in this case, can be considered as a life satisfaction indicator [10].

An emotional-sensory level manifests a whole spectrum of feelings, experiences, and reactions that a disabled person has with regards to its disability. Pity, worry fear, loss of hope, feeling of inferiority, inadequacy, and lameness – the whole spectrum of feelings depends on the kind and severity of a disorder. People with partial or full vision loss experience indifference and the feeling of apathy in 7% of all cases. Anger, outrage and self-loathing are felt by 5% of the respondents. Self-shame and self-pity are experienced by 3% and 2% of respondents accordingly. The least experienced feelings (experienced by 1% of responders) are the feelings of vengeance, indifference, and annoyance [11].

A Russian therapist R.A. Luria introduced the concept of an inner picture of a disease when he studied the feelings and experiences of disabled people. This concept includes everything, 'what an ill person feels and experiences, all the mass of its feelings, its general feeling, self-observation, its ideas about the illness, its reasons – all the huge inner world of an ill person consisting of very complicated combinations of perception and feeling, emotions, affect, conflicts, psychic experiences and trauma' [12]. Without a doubt, every disabled person forms a subjective attitude to its condition, being, illness; the person makes a complex of ideas, feelings and experiences about itself as a social subject; this complex is formed under conditions of disabling illness. Consequently, the changes in the health condition in their turn transform the self-consciousness and behavior.

On a motivational-volitional level, the person with health issues reconsiders its needs, interests, aspirations defining its further behavior, plans and prospects of the future life.

First of all, the structure and hierarchy of needs change. Prior to a disability, a person gives less attention to meeting its vital needs, needs to socialize. These needs are not dominant compared to needs to socialize and get meaning in life. However, the priority of the needs of a disabled person changes dramatically. When a person becomes disabled, some of the needs may (interaction needs, self-assertion, the meaning of life, etc.) disappear.

Motivation is one of the most important factors in the structure of a personality with disabilities that define its place in socially meaning activities. It is well known that Russian society is not motivated to employ disabled people. There are not many positions for disabled people. Besides, the employers are not very enthusiastic about employing disabled people. On the other hand, due to the stereotypes that disabled people bring no real value for the society the disabled people themselves do not want to work. They are content with small pensions and allowances. Although the experience of the western countries shows that the limitations of life activities is not an obstacle for the full life for disabled people given that adequate conditions are provided for them.

Thus, the subjective attitude of a person to the disability condition is formed by subjective feelings, perceptions, ideas, general emotional comfort and realization of the subjective needs. This attitude forms the personal attitude to oneself, to the disability condition. In a sense, it is a life activity program. It should be noted that this phenomenon can be considered as an existential life concept of a person in a condition of a disabling illness. In this situation, the altered consciousness state can play a key part in correcting the perception, in experiencing the disability condition and behavior of a disabled person. The practical experience shows that these states can serve as both adaptive and non-adaptive ways for expressing the needs, feelings, desires, and emotions of a disabled person [13].

Arnold Ludwig in his work 'Altered States of Consciousness' identified two groups of functions of the altered consciousness states based on the utility criterion: adaptive functions (getting new experience and new



knowledge, psycho-therapeutic and social functions); disadaptive functions — escape from the current reality (by satisfying one's psychological needs through such states).

One of the ways of producing altered consciousness states is social isolation which includes the following: expulsion, social isolation, escapism, replacing the real world with a virtual world, replacing the world of the social reality with a world a single personality of the disabled person itself. Evidently, there are other forms of social isolation. Moreover, these forms tend to evolve, self-transform and self-complement depending on the objective reasons, as well as socio-cultural and psychological situation a disabled person ends up in.

Aristotle summarized the importance for each individual to participate in public life, the ability to realize one's potential in the state by engaging in politics, the ability to organize the common life of citizens in a well-known phrase: 'Man is a political animal'. In this context, the statement that was written by K. Marx in 'Theses on Feuerbach' that the human essence is the 'ensemble of the social relations' is out of the question.

Alienation occurs and is manifested in different spheres of social life (economy, politics, healthcare, education, etc.), as well as in different fields of activity, for instance, in communication [14]. In the world-view of many disabled people the most important indicators of alienation include self-alienation linked to the loss of self, as well as the sharpened perception of one's loneliness caused by the exclusion of an individual from the system of social relations. Russian researches state that 70% of people with military disability examined in the Center of medical rehabilitation 'Rus' in 2002 exhibit lowered inherent personality value, psychological retreat to the past, loss of sense of the present, and devaluation of the value of the future.

The issue of personality communication with oneself becomes especially important in the conditions of disability (depending on the character and severity of a disorder) by exposing the dialectics of loneliness and solitude. A capability for solitude is considered as a personality maturity indicator, its need for creative work, its conscious self-development, the 'spiritual labor', as it was accurately put by N. Zabolotsky. On the other hand, loneliness acts in a destructive, depressing way, complicates personal development and self-development.

In social practice, there is an objective law of the unity of communication and personality individualization, where both sides of an individual's activity are treated as equally valuable. Individualization is accomplished through both solitude and communication where a person has the opportunity to realize and assert one's individuality. A personality distinguishes itself from others and forms its culture by individualizing itself from society. The dialectically integral process of interaction between individualization and communication is immanent to every person because the individual characteristics are actively developing and manifesting themselves during communication. [15].

Overcoming loneliness is the component of the process of integrating the disabled people in society. A.V. Suvorov, a doctor of psychology, a sight- and vision- impaired person, believes that this task can be solved by 'humanizing' interpersonal relations. He stresses that habitual reaction stereotypes must be overcome, even in the closest relationship. In order to do that someone must initiate the process of 'humanizing' the situation and be the first to start behaving in a more humane way.

It's needed to agree with A. V. Suvorov who being a disabled person and having overcome many obstacles believes that in order to overcome alienation it is necessary to 'humanize' the social space around oneself, as well as oneself within that space by generating humanized relationships. Then the quantitative changes will transform into qualitative changes on the microlevels of each and every one of us. This will allow people to live in Society, not in the social Jungle.

#### IV. CONCLUSION

The consequences of taking part in combat actions and the traumas from military conflicts are various in both substance, form, and dynamics of manifesting themselves. They make their way into personality structures and behavior of people with military disabilities and determine their behavior long after the actual participation in combat actions. The adaptation to a new condition, the adequate activity of a person in the social reality becomes possible due to the presence of a sympathetic or equally-minded consciousness performing a regulatory function [16]. A disabled person is able to find new ways of harmonizing internal experience and feelings by changing the way of existing and proving the multidimensionality of human existence with the goal of overcoming the crushing mundanity and experiencing the fullness of one's life.

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