

A STRUGGLE IN THE SHADOW OF TIME: POST-TRAUMATIC STRESS DISORDER IN BORIS POLEVVOY'S *HE CAME BACK* BASED ON THE DSM-5 CLASSIFICATION

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Abstract

Trauma refers to psychological or physiological damage resulting from an event that is excessively stressful, harmful, or frightening, affecting an individual both physically and emotionally. Trauma manifests in a person's physiological and psychological state and may emerge either immediately or long after the experience, significantly disrupting daily life. In psychology, this condition is classified as Post-Traumatic Stress Disorder (PTSD). The American Psychiatric Association (APA) first introduced PTSD as a formal diagnosis in 1980 in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. This study explores PTSD through the lens of literature, recognizing the interactive relationship between psychology and literary analysis. Specifically, it examines the PTSD symptoms experienced by the protagonist, Kazimov, in Boris Polevoy's post-World War II novel *He Came Back*, using the criteria outlined in the fifth edition of the DSM (DSM-V). Kazimov is depicted as a character who profoundly embodies the psychological aftermath of war and its devastating societal impact on individuals. His traumatic experiences align closely with key PTSD symptoms as defined in DSM-5, including avoidance, emotional numbness, detachment, and insensitivity. Kazimov's individual trauma symbolically reflects the broader psychological condition experienced by the Soviet people in the aftermath of the war. While Soviet ideology during the war often emphasized the image of the "heroic soldier," Polevoy boldly addresses human vulnerability and psychological collapse in this work. Kazimov's trauma underscores that the devastation of war is not solely physical, but also profoundly psychological. This study aims to analyse both the personal and collective dimensions of trauma by investigating Kazimov's psychological struggles. Through a psychological examination of Polevoy's protagonist, this research underscores the enduring effects of trauma on individual psychology while situating the discussion within a scientific framework.

Keywords: Russian literature, trauma, PTSD, DSM-V, Boris Polevoy, *He Came Back*.



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ZAMANIN GÖLGESİNDE BİR “SAVAŞ”IM: DSM-5 SINIFLANDIRMASI TEMELİNDE BORİS POLEVY’UN VE O DÖNDÜ ESERİNDE “TRAVMA SONRASI STRES BOZUKLUĞU”

Öz

Travma, bireyin fiziksel ya da duygusal olarak yaşadığı, genellikle aşırı stresli, zararlı veya korkutucu bir olay sonucunda meydana gelen psikolojik ya da fizyolojik hasarlardır. Kişinin bedensel yapısı doğrultusunda etkisini gösteren travma, deneyimlendikten bazen kısa bazen de uzun zaman sonra ortaya çıkarak bireyin yaşamını büyük ölçüde alt üst eder. Psikolojide bu dönem, “Travma Sonrası Stres Bozukluğu” (TSSB) olarak tanımlanır. Söz konusu tanı, ilk kez 1980 yılında Amerikan Psikiyatri Derneği (APA) tarafından *Psikiyatrik Bozuklukların Tanısal ve İstatistiksel El Kitabı*’nda ayrıntılı bir şekilde (*Diagnostic and Statistical Manual of Mental Disorders*) sunulur. Psikoloji ile edebiyatın etkileşimli alanlar olmaları düşüncesinden hareket edilen bu makalede, II. Dünya Savaşı esnasında hem asker hem de yazar kimliğiyle ön plana çıkan Boris Polevoy’un savaştan sonra kaleme aldığı *Ve O Döndü* eserindeki başkahraman Kazimov karakterinin yaşadığı travma sonrası stres bozukluğu, DSM’nin beşinci revizyonu temelinde çözümlenecektir. Zira Kazimov, savaşın yıkıcı etkileri ve toplumsal travmaların birey üzerindeki psikolojik etkilerini derinlemesine deneyimleyen bir figürdür. Kazimov’un yaşadığı travmatik deneyimler, DSM-V’te tanımlanan TSSB’nin başlıca semptomları olan “kaçınma, duygusal uyuşma, hissiyatsızlık, duyarsızlık” gibi tepkileri doğrudan yansıtmaktadır. Kazimov’un bireysel travması, sembolik olarak Sovyet halkının savaş sonrası yaşadığı daha geniş psikolojik durumu temsil eder. Savaş sırasında Sovyet ideolojisi genellikle “kahraman asker” imajını vurgularken, Polevoy bu eserde insanın savunmasızlığına ve psikolojik çöküşüne cesurca değinir. Nitekim bu çalışma, Kazimov’un içsel çatışmalarını ve ruhsal bozukluklarını, yalnızca bireysel düzeyde değil, aynı zamanda toplumsal bağlamda da ele alarak travmanın şahsi ve kolektif etkilerini keşfetmeyi amaçlamaktadır. Polevoy’un başkahramanı özelinde yapılan bu psikolojik çözümlemeye, travmanın insan psikolojisi üzerindeki kalıcı etkileri bilimsel bir zemine oturtularak tartışılmaktadır.

Anahtar kelimeler: Rus edebiyatı, travma, TSSB, DSM-V, Boris Polevoy, *Ve O Döndü*.



«БОРЬБА» В ТЕНИ ВРЕМЕНИ: ПОСТТРАВМАТИЧЕСКОЕ СТРЕССОВОЕ РАССТРОЙСТВО В ПРОИЗВЕДЕНИИ БОРИСА ПОЛЕВОГО «ВЕРНУЛСЯ» НА ОСНОВЕ КЛАССИФИКАЦИИ DSM-5

Аннотация

Травма представляет собой психологическое или физиологическое повреждение, возникающее в результате физически или эмоционально пережитого, как правило, чрезвычайно стрессового, вредного или пугающего события. В зависимости от физического состояния человека травма проявляется по-разному и может оказать разрушительное влияние на его жизнь как в краткосрочной, так и в долгосрочной перспективе. В психологии этот период определяется как «посттравматическое стрессовое расстройство» (ПТСР). Указанный диагноз впервые был подробно представлен в 1980 году Американской психиатрической ассоциацией (APA) в «Диагностическом и статистическом руководстве по психическим расстройствам» (*Diagnostic and Statistical Manual of Mental Disorders*). Настоящая статья, опираясь на

идею взаимодействия психологии и литературы, анализирует посттравматическое стрессовое расстройство главного героя произведения «Вернулся», написанного Борисом Полевым — писателем и фронтовиком Второй мировой войны. Анализ будет проводиться на основе пятой редакции DSM (DSM-5), поскольку персонаж Казимов является фигурой, глубоко переживающей разрушительные последствия войны и влияние коллективной травмы на психику отдельного человека. Травматические переживания Казимова напрямую отражают основные симптомы ПТСР, определённые в DSM-5, такие как «избегание, эмоциональное оцепенение, притупление чувств и равнодушие». Индивидуальная травма Казимова символизирует собой общее психологическое состояние советского человека в послевоенный период. Несмотря на то, что советская идеология во время войны подчеркивала образ «героического солдата», Полевой в этом произведении смело раскрывает человеческую уязвимость и психологическое разрушение. Травма Казимова подчёркивает, что разрушение, причинённое войной, является не только физическим, но и душевным. Таким образом, данное исследование стремится выявить как личные, так и коллективные аспекты травмы, рассматривая внутренние конфликты и психические расстройства Казимова не только на индивидуальном уровне, но и в более широком социальном контексте. В рамках психологического анализа, проведённого на основе образа главного героя Полевого, обсуждаются долговременные последствия травмы для психики человека с опорой на научную базу.

Ключевые слова: Русская литература, травма, ПТСР, DSM-V, Борис Полевой, Русская литература, «Вернулся».



Introduction

The convergence of various historical, political, and economic dynamics within human societies shapes the emergence of wars. These dynamics are typically driven by factors such as resource distribution, power struggles, ideological conflicts, and nationalist sentiments. However, the impact of war extends beyond physical destruction; it also inflicts profound psychological trauma. The societal and psychological consequences of war lead individuals to experience traumatic events both collectively and individually. On a personal level, war-induced psychological distress often manifests in mental health disorders, most notably post-traumatic stress disorder (PTSD). This condition causes war survivors to persistently relive past violence, loss, and uncertainty, often accompanied by chronic fear and anxiety. Additionally, war compels individuals to confront existential dilemmas, which may contribute to depression and a crisis of meaning in life. At the societal level, war profoundly alters cultural and social structures. Large-scale displacement, economic collapse, and the breakdown of family and community networks result in widespread alienation, loss of trust, and collective trauma. The psychological aftermath of war, therefore, extends beyond individual experiences, shaping the social fabric of entire communities.

Additionally, the new norms and values introduced by war can have profoundly impact on social psychology. These traumas often persist across generations, as post-war societies transmit past traumas through various mechanisms. As a result, trauma

discourse has become a subject of interdisciplinary research, analysed not only by medical professionals and psychoanalysts but also by linguists, cultural scholars, philologists, and experts from diverse academic fields. This study is grounded in the premise that literature and psychology are inherently interconnected. Based on this perspective, the book *He Came Back*, written by the Russian author Boris Polevoy who, personally experienced World War II, will be examined through the lens of Post-Traumatic Stress Disorder (PTSD). PTSD was first formally defined by the American Psychiatric Association (APA) in 1980 in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The protagonist's behaviours and psychological responses in *He Came Back* exhibit key symptoms of PTSD, which will be analysed within the framework of DSM-5, the latest edition of the APA's classification system.

1) What Is Trauma?

The term trauma is defined in similar ways across academic dictionaries. According to the Oxford Advanced Learner's Dictionary, trauma is defined as follows: "a mental condition caused by severe shock, especially when the harmful effects last for a long time"¹ According to the Turkish Language Association, the term 'trauma' is defined in two ways. The first refers to a 'shock,' while the second denotes a 'local injury or impairment caused by an external mechanical impact that disrupts the structure or form of a tissue or organ.'² Trauma, which has a profound negative impact on human life and significantly disrupts an individual's daily functioning, is a critical area of psychological research. As an evolving concept, trauma is continuously redefined through an expanding body of interdisciplinary studies. Expanding beyond its physiological definition, J. Roger Kurtz describes trauma as "a pathological mental and emotional state, a psychological injury caused by catastrophic events or the threat of such events that overwhelm an individual's normal coping mechanisms."³

Similarly, American literary theorist and trauma studies scholar Cathy Caruth conceptualizes trauma as a wound not of the body, but of the consciousness. She argues that trauma, resulting from emotional shock, is so overwhelming that it distorts "the sense of time, self, and the world," later manifesting in dreams and involuntary memories.⁴ Furthermore, American researcher Peter Levine asserts that trauma is not exclusively caused by extreme events such as war, physical, emotional, or sexual violence, or severe accidents, but can also stem from the cumulative psychological impact of seemingly ordinary experiences in daily life.⁵

The term "trauma" is etymologically linked to the word *τραῦμα*, which originates from Greek, Sanskrit, and Persian, dating back to approximately 1500 BCE. References to

¹ Oxford Advanced Learner's Dictionary, managing ed. Diana Lea & Jennifer Bradbery, Oxford: Oxford University Press, 1668.

² *Türkçe Sözlük*, haz. Şükrü Haluk Akalın vd. (Ankara: Türk Dil Kurumu Yayınları, 2019), 2381.

³ As cited in Marina S. Ragachewskaya, "The Persisting Trauma of Dictatorship in The Fictions of Helen Dunmore and Svetlana Alexievich," *Praktiki i interpretatsii* 7/1 (2022): 36.

⁴ As cited in Ron Ayerman, "Sotsialnaya teoriya i travma," *Sotsiologicheskoe obozrenie* 12/1 (2013): 122.

⁵ As cited in Dzmitry Kliabanau, "Travma kak determinant struktury lichnosti i mental'nosti obshchestva v sovremennoy Rossii: na primere obraza Lva Smislova – geroya romana Sashi Filipenko Travlya," *Studia Pigioniana* 5 (2022): 167.

trauma frequently appear in ancient written texts.⁶ Initially, the concept of trauma was predominantly used in medical and surgical disciplines; however, in the eighteenth century, it began to be employed in psychiatry and clinical psychology to describe the overwhelming impact of a stimulus on an individual's coping mechanisms.⁷ In psychiatry, trauma is understood as a response to external factors, manifesting in somatic disorders or psychological disturbances. The term "psychological trauma" specifically refers to damage inflicted on an individual's mental well-being due to intense negative environmental influences or the excessive emotional and psychological strain caused by others. Among the pioneering figures who contributed to the study of psychological trauma are French psychiatrist Jean-Martin Charcot, Austrian psychiatrist Josef Breuer, and their student and colleague Sigmund Freud.⁸

The first scholar to conceptualize trauma within psychoanalytic theory was Sigmund Freud. In Freud's works, trauma is understood as an emotional response deeply embedded in the unconscious, exerting a pathogenic effect on human psychology and forming the basis of neurotic disorders.⁹ Freud argued that the source of trauma lies not solely in external events but within the psyche itself, specifically, in the splitting of the Ego, which leads to traumatic anxiety fueled by unconscious fantasies. This perspective was later expanded upon by Carl Jung, who explored the role of blocked emotions and dissociative states in trauma. Jung posited that trauma is not a singular, universal experience but rather manifests in multiple ways, shaped by individual narratives and unconscious complexes. This perspective contributes to an understanding of the multiplicity of trauma.¹⁰

L. G. Horeva¹¹ observes that it is unsurprising that trauma became a focal point in 20th-century research. According to Horeva, this development was largely shaped by the historical events that defined the century. The 20th century was marked by major global catastrophes that profoundly impacted societies and altered perceptions of reality. These events compelled individuals to reevaluate their understanding of the world and reconsider the direction of human progress. One of the earliest symbolically significant tragedies of the century was the Titanic disaster in 1912. While the number of casualties, estimated between 1,490 and 1,635, was relatively small in comparison to the massive losses incurred during world wars, civil wars, genocides, and famines, the event became a powerful symbol of the era. The Titanic disaster was followed by far more devastating events, including two world wars, the Cold War, numerous civil wars, the rise of fascism in Germany, Italy, and Spain, and the establishment of authoritarian regimes in Eastern

⁶ Nesrin Duman, "Travma Sonrası Büyüme ve Gelişme," *Uluslararası Afro-Avrasya Araştırmaları Dergisi* 4/7 (2019): 179.

⁷ Giulio Perrotta, "Psychological Trauma: Definition, Clinical Contexts, Neural Correlations, and Therapeutic Approaches," *Current Research in Psychiatry and Brain Disorders*, 1 (2019):1-2.

⁸ As cited in Kliabanau, "Travma kak determinant struktury lichnosti i mental'nosti obshchestva v sovremennoy Rossii," 167.

⁹ Yelena Stepanovna Mazur, "Psihicheskaya travma i psihoterapiya," *Moskovskiy psihoterapevticheskiy jurnal* 1 (2003): 31.

¹⁰ Mazur, "Psihicheskaya travma i psihoterapiya," 31-34.

¹¹ Larisa Georgiyevna Horeva, *Diskurs travmy v literature: k istorii voprosa, yazyki istorii i yazyki literatury* (Nizhniy Novgorod: Natsional'nyy issledovatel'skiy Nijegorodskiy gosudarstvennyy universitet im. N. Í. Lobachevskogo, 2022), 15-16.

Europe. These historical developments resulted in the deaths of millions and inflicted severe social, cultural, and psychological trauma on humanity. In the second half of the 20th century, new traumatic phenomena emerged, introducing humanity to concepts such as “global terrorism” and “technological catastrophe”. These developments further shaped collective psychological distress, reinforcing trauma as a defining experience of the modern world.

According to the researchers Pathak and Dewangan, the primary and most immediate symptom of trauma is the visibly distressed appearance of victims; they may struggle to respond to questions and be unable to engage in ordinary conversation for an extended period. Following the traumatic experience, anxiety emerges as a secondary symptom, often overwhelming the individual. This anxiety can manifest in various ways, including night terrors, irritability, mood swings, difficulty concentrating, and emotional instability. While these are among the most common symptoms of trauma, individual differences play a significant role in their presentation. Trauma may surface days, months, or even years after the initial event, often affecting individuals silently. In some cases, the distress experienced by the victim may go unnoticed by those around them due to the absence of visible symptoms. Behavioural manifestations of trauma can include self-harming behaviours, substance abuse, gambling, and social withdrawal.¹²

According to the another researcher Perrotta, the severity of trauma varies from person to person, depending on the type of trauma experienced and the level of emotional support received from others. An individual may also experience multiple traumatic events. Following a traumatic experience, a person may mentally and physically relive the trauma, leading to an attempt to suppress or avoid its memory—a phenomenon known as “triggering,” as it reactivates the traumatic recollection. This resurgence of traumatic memories can be overwhelming and even painful. To cope with the distressing emotions associated with trauma, individuals may seek relief through the use of psychotropic substances, such as alcohol. Traumatized individuals may also experience intrusive and distressing recollections, including vivid images, thoughts, or flashbacks, which can contribute to frequent nightmares. As a result, they may develop insomnia, hidden fears, and a pervasive sense of insecurity, remaining hypervigilant to potential threats both day and night. In some cases, individuals may re-experience the emotions they felt during the traumatic event without understanding why and struggle to recall specific details of the event. This impaired recollection can prevent them from forming a coherent perspective on their experience, making the trauma feel as though it is perpetually occurring in the present. Over time, such emotional distress can lead to burnout, diminished concentration, and cognitive difficulties, making it challenging or even impossible to think clearly.¹³

As a result of the severe emotional and physical impact, trauma leaves a far more profound imprint on human physiognomy than it may initially appear. It can manifest

¹² Smriti Pathak & Roshan Lal Dewangan, “Psychology of Trauma,” in *Trauma Studies an Echo of Ignored Screams*, ed. Priti Bala Sharma (India: Authorspress, 2020), 66-67.

¹³ Perrotta, “Psychological Trauma,” 1-2.

either immediately after the traumatic event or following a prolonged period. This condition, referred to in psychology as Post-Traumatic Stress Disorder (PTSD), was first formally defined and extensively examined by the American Psychiatric Association in 1980. The study that outlines the behavioural, physical, and cognitive changes experienced by traumatized individuals in the aftermath of a traumatic event will be elaborated on in the following section. Before proceeding with the literature analysis, a scientific foundation will be established to contextualize these findings.

1) Post-Traumatic Stress Disorder (PTSD) in Psychology According to APA Definitions

Emotional disorders resulting from trauma have been a subject of debate for over a century. Post-Traumatic Stress Disorder (PTSD) is a psychological condition that develops following severe trauma. Trauma-related experiences can be categorized under the following headings: natural disasters (e.g., hurricanes, tornadoes) and anthropogenic disasters (e.g., man-made accidents); criminal acts and sexual violence; military operations and related circumstances (e.g., captivity, torture, acts of terrorism); and life-threatening medical conditions. Scientific evidence suggests that there are general similarities among groups experiencing PTSD. However, differences may arise depending on the nature of the stressor. According to the 10th revision of the International Classification of Diseases (ICD-10)¹⁴, PTSD is characterized by a “delayed and prolonged response to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause distress in almost anyone”. Post-Traumatic Stress Disorder (PTSD) develops following an acute reaction to stress. It is characterized by fear, psychomotor agitation, confusion, and, in some cases, stupor, anxiety reactions, panic, narrowed consciousness, and memory disturbances. Acute psychotic episodes with disorientation, as well as auditory and visual hallucinations, sometimes reflecting the traumatic events experienced, may also occur. Unlike an acute stress reaction, PTSD does not necessarily emerge immediately after a traumatic event; rather, it may develop over an extended period.¹⁵

The clinical manifestation of PTSD typically involves recurrent symptoms directly related to the nature of the traumatic event. These may include intrusive memories, distressing and vivid nightmares reflecting the experienced trauma, and perceptual disturbances that evoke sensations of reliving a catastrophic event. Psychogenic illusions and hallucinations may also occur. Similar symptoms can arise during episodes of excessive sleep. In many cases, sleep disturbances and heightened irritability become prominent features. Severe depression and anxiety disorders may develop as PTSD progresses. Patients often appear withdrawn, detached, and emotionally distant, struggling to communicate even with close family and friends due to heightened

¹⁴ See also: The International Classification of Diseases, 10th Revision (ICD-10) is a system developed by the World Health Organization (WHO) for the global classification of diseases and other health conditions. This system categorizes a wide range of medical conditions, including diseases, symptoms, injuries, environmental factors, and genetic disorders. ICD-10 is widely used by healthcare professionals for disease identification and reporting, statistical analysis, and the development of public health policies.

¹⁵ M. A. Tyotyushkin & O. V. Guskova, “Posttravmaticheskoye stressovoye rassoystro (PTSR),” *TSEMPINFORM* 3-4, accessed 19.12.2024, <https://cemp.msk.ru/files/nd/nj/20144.pdf>

irritability. Over time, they may exhibit unprovoked outbursts of anger and aggression. Their ability to comply with workplace norms, discipline, and authority may diminish significantly, often resulting in conflicts, job loss, or voluntary resignation. Similar patterns can emerge within the family, potentially leading to relationship breakdowns. Many individuals with PTSD tend to drastically shift their personal goals and aspirations, isolate themselves from previously important social activities, and actively avoid discussions on social matters.¹⁶

The recognition of Post-Traumatic Stress Disorder (PTSD) as a distinct diagnosis is relatively recent. It was first introduced in 1980 by the American Psychiatric Association (APA) in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*. Due to the late acceptance of this diagnostic category within the psychiatric community, several critical issues—such as the prevalence of PTSD, its prognosis (identifying individuals who will not recover naturally after trauma), the development of effective treatment methods, and the assessment of their efficacy—remain in the early stages of exploration. PTSD is one of the few mental disorders for which a definitive cause can be identified. It is characterized by the recurrent re-experiencing of traumatic events, along with reduced responsiveness to stimuli, diminished interest in one's surroundings, increased physical agitation, and a range of autonomic, dysphoric, and cognitive symptoms. The fundamental prerequisite for the development of PTSD is the experience of a traumatic event. According to DSM-III, the diagnostic criteria for PTSD include the following: a significant loss of interest in previously important activities, a tendency to withdraw from social interactions or feelings of alienation, restricted emotional responsiveness (e.g., an inability to experience love), a sense of hopelessness about the future, difficulty initiating or maintaining sleep, and persistent difficulty concentrating.¹⁷

According to the DSM-IV (1994), the most significant diagnostic criterion for Post-Traumatic Stress Disorder (PTSD) is the emergence of specific symptoms following an acute traumatic stress event in which an individual is threatened with death or serious injury. Such a traumatic experience implies that the person has either personally experienced the injury or threat of injury or witnessed another individual undergoing a similar traumatic event. The individual's reaction to such an experience must involve intense feelings of fear, terror, and helplessness.¹⁸

The most recent definition of PTSD is provided in the fifth revision of the APA's Diagnostic and Statistical Manual (DSM-5). In the DSM-5 classification,¹⁹ PTSD is categorized into two distinct developmental periods. The first category addresses PTSD in children aged six years and younger. For a diagnosis of PTSD in this age group, the following conditions must be met: direct exposure to a traumatic event (or multiple events); personal witnessing of traumatic events occurring to others, particularly primary

¹⁶ "Posttravmaticheskoye stressovoye rassoystro (PTSR)."

¹⁷ As cited in Münevver Hacıoğlu, Oya Gönüllü & Kirkor Kamberyan, "Travma Sonrası Stres Bozukluğu Tanısının Gelişimi Üzerine Bir Gözden Geçirme," *Düşünen Adam* 15/4 (2002): 210-211.

¹⁸ As cited in Robert L. Lihi & Randy Sample, "Posttravmaticheskoye stressovoye rassoystro: Kognitivno-bihevioralni podhod," *Moskovskiy psihoterapevticheskiy jurnal* 1 (2002): 141-142.

¹⁹ *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders* (Washington, DC: American Psychiatric Association, 2022), 303-305.

caregivers; and learning that a traumatic event has affected a parent or caregiver. After experiencing a traumatic event, children may exhibit various symptoms, including frequent, involuntary, and distressing memories of the traumatic event(s); recurrent, disturbing dreams related to the trauma, either in content or emotional impact and dissociative reactions, where the child feels or behaves as though the traumatic event(s) are recurring (e.g., flashbacks). These reactions exist on a spectrum, and in extreme cases, the child may experience a complete loss of awareness of their current environment: intense or prolonged psychological distress in response to internal or external cues reminiscent of the traumatic event(s) and pronounced physiological reactions to trauma-related reminders. Changes in arousal and reactivity following the traumatic event are also key diagnostic indicators. To meet the PTSD criteria, at least two of the following symptoms must be present: irritable behaviour and outbursts of anger (including severe tantrums), often manifesting as verbal or physical aggression toward people or objects, hypervigilance, exaggerated startle response, difficulty concentrating and sleep disturbances, including difficulty falling or staying asleep and restless sleep. The symptoms of post-traumatic stress disorder observed in the second period, namely in adulthood, will be addressed through quotations from the literary work in the analysis section.

In conclusion, post-traumatic stress disorder (PTSD) is a condition that significantly impairs individuals' ability to cope with the severe psychological and emotional consequences of traumatic events. This disorder is a critical subject of study not only in psychology, medicine, and sociology but also in fields such as literature, which seeks to explore human experiences from a broader perspective. As a powerful medium for depicting trauma, literature provides a unique opportunity to articulate the pain, fear, and loss experienced by individuals while offering an in-depth analysis of the emotional and psychological processes associated with trauma.

Through their works, authors contribute to a deeper understanding of the multidimensional nature of PTSD by portraying how individuals cope with trauma, how societies respond to it, and how trauma exerts long-term effects on individuals. Literature plays a crucial role in rendering the abstract and often inexpressible aspects of trauma more tangible, while also presenting the emotional depths and personal experiences of PTSD to a wider audience. In this context, literature underscores that trauma is not merely an individual experience but also a social phenomenon. Consequently, its contribution to the understanding and treatment of PTSD extends beyond individual therapies, shedding light on broader processes of collective healing.

In the following section, the psychological impact of war on the individual will be examined through the cognitive and behavioural structure of the protagonist in Boris Polevoy's *He Came Back*. As both a soldier and a writer who personally experienced World War II, the protagonist provides a compelling lens through which to explore the tragic inner world of a person who has endured profound trauma. By adopting an artistic perspective, this analysis aims to illustrate the devastating psychological consequences of war.

2) Post-Traumatic Stress Disorder in *He Came Back*

During periods of war and terrorism, individuals who are directly exposed to physical injuries, as well as those who witness such events or learn about the experiences of their relatives, may suffer both acute and chronic psychological consequences. In particular, trauma-induced psychological disorders during wartime became a significant focus of medical professionals throughout the 20th century. However, it was only in the past four decades that these disorders gained widespread recognition as diagnostic categories in psychiatry, largely due to accumulating research findings. This growing acknowledgment is not only a result of the severe psychological and social devastation caused by war but also stems from the realization that other major stressors in societal life, such as domestic violence, sexual assault, natural disasters, and traffic accidents, can lead to similar psychological effects.²⁰

A significant portion of the world's population is exposed to traumatic experiences, increasing the risk of developing post-traumatic stress disorder (PTSD). Individuals suffering from this disorder encounter a wide range of challenges, including difficulties in maintaining employment, social dysfunction, and various physical health complications. The earliest documented symptoms of PTSD were described in 1688 by Swiss physician Johannes Hofer, who observed them in Swiss mercenaries. According to Hofer, these symptoms stemmed from soldiers' thoughts and their longing to return home. The primary objective of treating such conditions in soldiers was to help them endure the hardships of war by fostering a more realistic perception of their surroundings.²¹

Academician Tatyana Ivanovna Bonkalo provides a detailed analysis of post-traumatic stress disorder (PTSD) observed in war participants in her works. According to Bonkalo, participation in warfare constitutes an extreme stress event that manifests similarly in nearly every individual. Unlike many other stressful experiences, exposure to war can result in psychological trauma with long-term consequences. In her book *Post-Traumatic Stress Disorder*, Bonkalo incorporates the classification developed by clinical psychologist and academician V. G. Romek for this diagnosis. Romek identifies four personality types based on their psychological responses to war and extreme stress. The first group consists of compensated personalities, requiring minimal psychological support from friends or family. The second group, mildly maladaptive personalities, includes individuals whose adaptation is impaired and who need both social support and professional psychotherapy, yet can recover without significant complications under suitable conditions. The third category, moderately maladaptive personalities, refers to those who require comprehensive psychological help, including pharmacological intervention, when necessary, as they may exhibit borderline psychological disorders, persistent fear, severe anxiety, or aggression. Finally, severely maladaptive personalities experience profound psychological disturbances affecting all aspects of their lives, necessitating long-term treatment and rehabilitation. This category includes individuals

²⁰ Vedat Şar, "Savaş ve Terör Yaşantılarında Travma Sonrası Stres," *Okmeydanı Tıp Dergisi* 33 (2017): 115.

²¹ A. V. Vasilyeva, T. A. Karavayeva & D. S. Radionov, "Psihoterapiya posttravmaticheskovo stressovogo rasstroystva – integratsiya opyta chrezvychaynoy situatsii," *Konsul'tativnaya psihologiya i psihoterapiya* 3 (2023): 50-52.

suffering from severe psychiatric disorders requiring medical intervention, as well as those who have sustained physical trauma leading to disability, which in turn may result in inferiority complexes, depression, and suicidal ideation.²²

World War II, referred to as the “Great Patriotic War” in Russian sources, remains one of the most significant events in the modern history of the former Soviet territories, not only due to its immense human casualties but also because of its far-reaching political, economic, and psychological consequences. The memory of the war has long served as a unifying element of national identity, and even after the collapse of the Soviet Union, it continues to function as a common reference point. In this context, World War II provides a crucial framework for studying post-traumatic stress disorder (PTSD). Indeed, PTSD is a key diagnostic tool for understanding the psychological states of individuals who endured the war and survived its brutal realities. This theme is central to Boris Polevoy’s work, *He Came Back*, which offers valuable literary material for examining the long-term psychological effects of war.

The literary career of Boris Nikolaevich Kampov, one of the most prominent war writers of the 20th century, began at an early age. Having spent most of his childhood in Tver, he was an avid reader and keenly interested in nature, actively participating in young naturalist activities. During his school years, he became enthusiastic about journalism, contributing satirical pieces to the wall newspaper under the pseudonym “B. Ovod.” In 1927, he published his first book of essays, *Memoirs of a Pointed Man* (*Мемуары вшивого человека*), which depicted the lives of individuals from the lower social classes. Notably, this was the only work published under the name B. Kampov. His later pseudonym, “Polevoy,” emerged when an editor suggested translating his surname from Latin (*campus*, meaning “field” or “area”) into Russian, thus giving rise to the name under which he would gain literary fame. Maxim Gorky highly praised the book, recognizing its literary and thematic significance. From 1928 onward, B. N. Polevoy pursued a career as a professional journalist, contributing to newspapers such as *Tverskaya Derevnnya*, *Tverskaya Pravda*, *Proletarskaya Pravda*, and *Smena*. During the Great Patriotic War, he served as a war correspondent for *Pravda*, actively engaging with frontline units, including those on the Kalinin Front in 1942. His extensive work as a journalist resulted in numerous military essays, interviews, news articles, and short stories, which not only documented the resilience and heroism of the Soviet people but also captured the brutal realities of war. These writings later formed the foundation of his books *We Are Soviet People* (*Мы — советские люди*) and *Contemporaries* (*Современники*). In 1941, Polevoy compiled his essays written on the Kalinin Front into the collection *In That Hard Winter* (*В my тяжёлую зиму*). The enduring impact of war remained a central theme in many of his works, including *From Belgorod to the Carpathians* (*От Белгорода до Карпат*), *The Story of a Real Man* (*Повесть о настоящем человеке*), *We Are Soviet People*, and *Gold* (*Золото*). Beyond his role as a journalist, Polevoy was also a soldier who bravely fought on the front lines. This firsthand war experience profoundly shaped his literary career,

²² As cited in Tatyana Ivanovna Bonkalo, *Posttravmaticheskoye stressovoye rasstroystvo* (Moskva: GBU «NII OZMM DZM», 2023), 16-17.

making the themes of war and Soviet heroism a defining feature of his later works. These themes are particularly prominent in his novels *Deep Front* (Глубокий тыл), *Doctor Vera* (Доктор Вера), and *Anyuta* (Анюта).²³

Another work by Boris Polevoy that explores the theme of war is *He Came Back*. The novel's central theme, war, is intricately woven into a pattern of traumas, as it was written in the aftermath of World War II. In this context, war serves as the unifying force that brings the characters' lives to a common intersection, while simultaneously acting as the primary source of trauma that shapes the overall atmosphere of the work. In world literature, trauma is fundamentally defined by a crucial element: human experience. This concept manifests in various forms across literary works, including childhood trauma (as seen in the stories of A. Beattie and J. C. Oates), war trauma (in the novels of P. Barker), the trauma of loss and humiliation (*The Catcher in the Rye* by J. D. Salinger; *Never Let Me Go* by K. Ishiguro), grief and despair (*The Other Side of You* by S. Vickers), rejection (*Atonement* by I. McEwan), and the guilt of witnessing violence (as depicted in the novels of J. C. Oates and D. Mitchell). Additionally, themes of sexual abuse, bullying, persecution, and survival in the face of disaster are explored in works such as *Sophie's Choice* by W. Styron and *The Painted Bird* by J. Kosiński. In these texts, trauma is represented through various literary techniques, including altered states of consciousness, fragmented identities, psychological disturbances marked by obsessive behaviours, ritualistic repetitions, and inexplicable perversions.²⁴ Since all the characters in the novel are exposed to the same trauma, their emotions, behaviours, and even physical appearances exhibit striking similarities. As a result, individuals who were strangers just a day before can quickly form bonds and develop a deep sense of empathy for one another. This dynamic is exemplified in the novel when Klavdiya, upon seeing Kazimov for the first time, reacts with neither fear nor suspicion but with immediate understanding: "Klavdiya was shocked, her hands pressed to her chest. She had seen and experienced a lot during the war years and had endured many hardships. So now she knew exactly what it felt like to be that man who had lost everything when he returned to the place where he was born and raised, where he'd spent his whole life happily and successfully."²⁵

Klavdiya's willingness to help Kazimov, despite the social risks of inviting a stranger into her home as a single woman, can be understood through the shared trauma they both carry. She recognizes the same suffering she has endured in him, which fosters an immediate sense of solidarity. In this period, when people are bound together by a collective trauma, their primary motivation for survival is the urgent need to rebuild their homeland, which has been left in ruins. Achieving this goal requires trust, mutual support, and cooperation. Klavdiya's actions reflect this necessity—rather than treating Kazimov as an outsider, she sees him as a fellow survivor. She extends a helping hand, driven by the same resilience and determination that define the post-war era.

²³ Dina Aleksandrovna Shklyayeva, "«I slovo — Orujie!» (Tvorchestvo B. N. Polevogo)," *Massovyje meropriyatiya* 4/4 (2013): 29-31.

²⁴ As cited in Ragachewskaya, "The Persisting Trauma of Dictatorship in The Fictions of Helen Dunmore and Svetlana Alexievich," 36.

²⁵ Boris Nikolayevich Polevoy, *Ve O Döndü*, çev. Zeyyat Özalpsan & Mahir Ulaş Yeşil (İstanbul: Yar Yayınları, 2021), 12.

In the novel, the protagonist Kazimov is introduced to the reader in a state of profound emotional exhaustion. From the very first pages, his physical appearance signals that he has endured significant trauma. Before analysing his traumatic behaviours in detail, it is essential to first examine the origins of his psychological collapse by considering his experiences as a soldier during the war, as documented in Russian sources, and assessing the psychological toll he suffered. With the onset of the Great Patriotic War, the Soviet Union swiftly transitioned into a wartime regime through a series of decrees. This mobilization, which required all able-bodied men to report for military service, had a particularly detrimental effect on soldiers' psychological well-being, especially in the early months of the war. Beyond the harsh conditions on the battlefield, the prolonged separation from their families, relatives, and loved ones significantly impacted their mental state.²⁶ Kazimov's narrative throughout the novel reflects this psychological burden, as his greatest source of distress during the war was his longing for and anxiety about the family he had left behind. Even though he later attained a more stable and respectable position after the war, he remained unable to overcome the weight of these emotions, ultimately expressing a desire to return to military service.

The Red Army, the military force of the Soviet Union that had achieved significant successes in various conflicts throughout its history, faced severe setbacks in the early stages of World War II when it was unexpectedly drawn into the war. Due to a lack of preparedness, the army experienced numerous logistical and operational disruptions, forcing soldiers not only to engage in combat with enemy forces but also to endure the extreme hardships of life on the frontlines. When Germany violated the non-aggression pact and declared war on the Soviet Union, Soviet soldiers suddenly found themselves in an intense and chaotic struggle. One of the most pressing challenges in the early phases of the war was widespread famine. An irregular and inefficient food distribution system across the various fronts left many soldiers physically weakened, reducing their ability to resist enemy forces effectively. As a result, a significant number of experienced commanders and officers perished, and in their absence, the civilian population, rapidly mobilized and transformed into military units, was deployed to the frontlines. Over time, government regulations introduced a more structured food supply system, yet new difficulties soon emerged, particularly regarding military uniforms. Soldiers struggled with inadequate clothing, which failed to provide protection against the freezing cold of winter or the extreme heat of summer. Additionally, harsh environmental conditions, mud, dust, rain, and snow, further intensified the challenges faced by Soviet troops, making survival increasingly difficult. Beyond these physical hardships, the psychological toll of war on Red Army soldiers was profound. Surviving relentless battles, witnessing the deaths of close comrades, and eventually becoming desensitized to the sight of hundreds of unburied corpses all contributed to severe psychological distress. Moreover, the lack of basic necessities, including a place to sleep, sufficient food, the ability to maintain personal

²⁶ I. S. Ivanova, "Soldatskiy bit v gody velikoy otechestvennoy voyny," *Mejdunarodnaya nauchno-prakticheskaya voenno-istoricheskaya konferentsiya "Salyut, Pobeda!"* (2020): 53.

hygiene, and even the opportunity to bathe, exacerbated their suffering, adding another layer of hardship to their already gruelling existence.²⁷

The protagonist, Kazimov, who personally experiences the historical events documented in various sources, struggles to process his wartime experiences and suffers from severe post-traumatic stress disorder (PTSD) in the aftermath of the war. The novel offers a striking portrayal of the post-war period, emphasizing the profound depression that Kazimov faces as he attempts to reintegrate into his former life. Trapped in the psychological turmoil of past and present, he conflates pre-war and post-war timeframes, finding it difficult to accept the tragic reality unfolding before him. Kazimov's deep psychological distress aligns with the symptoms of PTSD observed in adults, as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* by the American Psychiatric Association (APA). According to the DSM-5,²⁸ direct exposure to traumatic events is a fundamental criterion for PTSD diagnosis. Indeed, Kazimov, who was a highly skilled steel melter before the war, is abruptly forced to leave behind his family and loved ones when he is called to the front. The protagonist's transformation from a steel melter to a warrior already constitutes a significant trauma; moreover, being forced to abruptly leave behind his family, who are the center of his life, and transition from a peaceful existence to the harsh conditions of war marks the beginning of events that profoundly destabilize Kazimov's psychological world. As a soldier, he experiences the war firsthand, making combat the primary source of his trauma. Furthermore, the DSM-5²⁹ states that individuals suffering from PTSD often exhibit a persistent inability to experience positive emotions, such as happiness, contentment, or love. This is evident in Kazimov's post-war struggles. Despite being appointed to prestigious positions after the war ended and the USSR declared victory, he finds no solace in the newfound peace. Instead, he becomes overwhelmed by nostalgia for his former life—his profession, his comrades, and the homeland he left behind. His longing for the past suggests that his psychological wounds remain unhealed, illustrating the lasting impact of trauma on individuals attempting to readjust to civilian life: "Kazimov began to feel under a stubborn pressure that increased day by day. He really wanted to take leave and come back to his work with a longing he couldn't control."³⁰ Whereas "...the shining squares with mown heaths that had lost their natural beauty, the uniform houses, the magnificent bell towers of the old Gothic architecture opposite his window, like fingers raised towards the sky, everything was fine, pleasant, perfect, instilling a sense of respect in man, but still it was all utterly alien to him. So, it all soon began to seem dull and boring to Kazimov."³¹

Kazimov, who was passionately gripped by the longing for his old life and profession, when he arrived in his homeland, to which he insistently wanted to return, the

²⁷ Ravilya Rahimyanovna Hisamutdinova, *Velikaya otechestvennaya vojna sovetskogo soyuza (1941-1945 gody)* (Orenburg: OGPU, 2014), 112-120; Aleksandr Viktorovich Gafurov, "Bit i povsednevnyaya jizn boytsov krasnoy armii v gody velikoy otechestvennoy voyny," *Izvestiya* 5/22 (2014): 63-71; Ivanova, "Soldatskiy bit v gody velikoy otechestvennoy voyny", 53.

²⁸ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 301.

²⁹ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 302.

³⁰ Polevoy, *Ve O Döndü*, 15.

³¹ Polevoy, *Ve O Döndü*, 15.

sight he encountered was not at all what he had imagined: "When he arrived, the day had turned into evening and a hard blow was waiting for him: All of his friends, comrades, and workers he worked with, together with the steel mill they'd worked so hard to build up, had gone to the Urals, settled down there, and started working in the production plants they'd rebuilt in the depths of the forest during the war years."³² Neither the town where Kazimov had spent his life remained unchanged, nor were the people among the ruins those he once knew. The sight that confronted him, where the massive debris was being cleared away by strangers, struck him like a harsh blow, marking the second major trauma he experienced after the war. From this perspective, it is evident that Kazimov grappled with not just one, but two profound traumas. Indeed, according to the DSM-5, an individual can experience multiple traumatic events either simultaneously or at different points in time. Throughout the novel, Kazimov is repeatedly caught between the trauma of war and the trauma of *disappointment*, and the psychological rupture he endures is reflected in nearly all of his actions.

As defined by the DSM-5,³³ individuals who experience trauma often exhibit *reckless or self-destructive behaviour*. Kazimov embodies this very pattern early in the novel, particularly in a scene where he shows complete indifference toward the vehicle driven by Klavdiya—a female driver working to help rebuild the devastated region after the war. Even in the midst of a violent storm, he remains unresponsive, and after being run over by the vehicle, he does not react with *anger, frustration, or any harsh response* toward her: "... Still, Klavdiya was able to pay attention to one thing: the man wasn't running to cross the road, but he was standing in the middle of the road, in the middle of the storm, as if deep in thought... The man slowly crawled out from under the truck without making a sound. He neither threatened, nor cursed, nor asked to see the woman's driver's license."³⁴ From this, it is also evident that Kazimov exhibits "a markedly reduced interest or participation in important activities," as outlined in the DSM-5. His failure to defend himself even in life-threatening situations clearly demonstrates the profound impact of the trauma he struggles with in his inner world. Klavdiya's initial frustration with this unresponsive man gradually transforms into a sense of pity, leading her to help him—an encounter that marks the beginning of the intersection of their lives. Over time, Klavdiya emerges as a key figure in Kazimov's battle with trauma. She takes in this man, who has nowhere to go, only for the novel to later reveal that she is the widow of a close friend whom Kazimov had cherished in his past life.

According to the DSM-5,³⁵ trauma can be further intensified by "learning that the traumatic event(s) occurred to a close family member or close friend." This concept is powerfully illustrated in the following passage: "The stranger asked, showing the enlarged picture: Who is this? Traces of a strange pain could be heard in his voice. My husband, the woman replied. He died in the battles of Stalingrad. In the autumn of 1942. The pain in the

³² Polevoy, *Ve O Döndü*, 18.

³³ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 303.

³⁴ Polevoy, *Ve O Döndü*, 7.

³⁵ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 302.

man's voice affected the woman as well."³⁶ Kazimov is taken aback when he recognizes a photograph from the days before the war, in which he stands happily alongside his friends. However, Klavdiya is equally shocked when she realizes that the strong, smiling man in the picture, her husband's friend, is the same frail, broken figure standing before her. This photograph serves as one of the most striking representations of war's cruelty, both on a societal and individual level, reinforcing the depth of trauma it inflicts. Upon seeing the photograph, Kazimov becomes even more consumed by his trauma, retreating further into himself. This withdrawal leaves him trapped in a state of persistent emotional distress. Indeed, according to the DSM-5,³⁷ individuals suffering from post-traumatic stress disorder often struggle to reintegrate into daily life, as they experience "persistent negative emotions such as fear, horror, anger, guilt, or shame." This is vividly reflected in the novel: "His behaviour was so weary and sorrowful that the woman suddenly felt sorry for him."³⁸ Kazimov's deep depression is further emphasized in the following passage from the novel: "He felt like a passenger who had arrived at the station, put his foot on the last step of the departing train, and was able to catch the train. The passenger knew that he had to hurry. He had to tense all his nerves and muscles to catch the train. And he had to jump on the train, but it felt like he was running out of strength."³⁹

Kazimov had so deeply internalized the trauma he experienced that the mere thought of being separated from his loved ones intensified the anguish that consumed him. Even though the war had been won, the possibility of losing his family, friends, and the land he cherished exacerbated his emotional suffering, offering a clear indication of the post-traumatic stress disorder he was enduring: "His wife and children had been buried far, far away, in the Urals, in a city he didn't even know the name of, but he was still thinking that one of these concrete structures was rising above the ground where his loved ones were buried, and these painful thoughts were shaking the middle-aged man with the thinning hair even more."⁴⁰

Upon returning to the places he once knew so intimately, Kazimov is confronted with the devastating impact of war on everything he once valued, and he cannot suppress his growing anger. As noted in the DSM-5,⁴¹ "continuous or excessive exposure to negative details of the traumatic event(s) can lead to defiance, heightened irritability, and unprovoked outbursts of anger." This pattern is reflected in Kazimov's response to the irreversible changes he witnesses.

"I was born and raised in this city, but I did not know of it at all. I went to the hotel, but it was gone, I couldn't find a trace of it. God damn it, there was only a huge empty plot of land left. Then I headed for the factory's guesthouse, hoping they would welcome me for old times' sake. But that had become the administration building. I guess the old building had burned down."⁴²

³⁶ Polevoy, *Ve O Döndü*, 11.

³⁷ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 302.

³⁸ Polevoy, *Ve O Döndü*, 4.

³⁹ Polevoy, *Ve O Döndü*, 38.

⁴⁰ Polevoy, *Ve O Döndü*, 84.

⁴¹ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 303.

⁴² Polevoy, *Ve O Döndü*, 7.

The complete loss of the familiar landscapes and landmarks he once knew by heart further exacerbates his post-traumatic stress disorder, intensifying his emotional turmoil. This overwhelming transformation fosters a profound sense of “*alienation*,” as described in the DSM-5, leaving Kazimov increasingly detached from both his surroundings and himself.

“There was a new and foreign steel mill in the place of the old one. And no one among them could’ve guessed that this middle-aged former officer was one of them. No one welcomed him, no one hugged him, and no one hugged or kissed him on both cheeks like his old friends did. The name he gave to introduce himself had no meaning here. Yes, the looks he got were polite, attentive, and caring. But none of them were like the looks of his old friends.”⁴³

According to the DSM-5,⁴⁴ “the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.” This is reflected in Kazimov’s case: “Kazimov, the once-famous steel melter, who had astonished everyone with the methods he’d invented, leaving people in awe, was now a shadow of his former self. The techniques he had once pioneered were long outdated.”⁴⁵ His post-traumatic stress disorder is particularly evident in the distress he experiences at the mere thought of returning to his profession—one that he had once mastered with ease: “What if it becomes clear that he’s way behind? What if he can’t keep up with the younger workers who’ve risen in his absence and taken his place in the open pit? What will he do then?”⁴⁶ Rather than attempting to reclaim his former expertise and adapt to the new technological advancements in steel production, Kazimov is paralyzed by fear and anxiety. The psychological crisis he endures not only prevents him from reintegrating into his profession but also deepens his sense of inadequacy and alienation.

According to the DSM-5,⁴⁷ “exposure to internal or external stimuli that symbolize or resemble an aspect of the traumatic event(s) may cause intense or prolonged psychological distress, sleep disturbances (e.g., difficulty falling asleep, staying asleep, or experiencing restless sleep).” This is particularly evident in Kazimov, who suffers from severe insomnia and restlessness after returning to his hometown, witnessing the new social order, and, most notably, observing the changes in the factory: “When Klavdiya noticed that her soft pillow remained untouched, she realized that the man had not slept all night.”⁴⁸ Spending the night seated in the section reserved for him, smoking continuously, Kazimov manifests his post-traumatic stress disorder by resorting to cigarettes, which serve as a means of numbing his emotional turmoil.

Furthermore, the DSM-5⁴⁹ states that individuals suffering from trauma “avoid or attempt to avoid distressing memories, thoughts, or feelings related to or closely associated with the traumatic event(s).” This avoidance is reflected in Kazimov’s

⁴³ Polevoy, *Ve O Döndü*, 18.

⁴⁴ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 303.

⁴⁵ Polevoy, *Ve O Döndü*, 35.

⁴⁶ Polevoy, *Vernulsya*, 39.

⁴⁷ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 301.

⁴⁸ Polevoy, *Vernulsya*, 22.

⁴⁹ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, 303.

behaviour: “Kazimov wanted to escape from these very places as fast as he could— the places he had once rushed toward with great enthusiasm.”⁵⁰ His overwhelming desire to escape from the land he had once longed to return to, now consumed by disillusionment and despair, perfectly aligns with the behavioural dimensions of post-traumatic stress disorder as outlined in the DSM-5.

Conclusion

Trauma refers to a state in which an individual experiences extreme physical, psychological, or emotional distress, significantly impacting their life, health, and overall functionality. It typically arises from unexpected, frightening, dangerous, or life-threatening events. Such events may include wars, natural disasters, severe accidents, sexual assaults, domestic violence, or the loss of a loved one. Post-traumatic stress disorder (PTSD) is a long-term psychological condition that develops in response to such traumatic experiences. PTSD can manifest through persistent fear, anxiety, depression, recurring and intrusive traumatic memories, insomnia, hyperarousal, and the sensation of reliving the traumatic event. These symptoms can profoundly affect an individual’s social, professional, and personal life, leading to increasing isolation and dysfunction over time. PTSD is most commonly diagnosed following wars, as war is one of the most devastating and traumatic experiences for both individuals and societies. The psychological and physical consequences of war can be long-lasting, leaving profound scars on those affected. During wartime, individuals are often subjected to extreme trauma, including death, injury, forced displacement, family losses, and violence. Such traumatic experiences can lead to severe psychological distress and significantly increase the risk of developing disorders like PTSD.

In *He Came Back*, Boris Polevoy explores the aftermath of World War II, vividly depicting the devastating effects of war. While the conflict serves as a common trauma for all the characters in the novel, the protagonist, Kazimov, stands out due to the severity of his psychological distress. Unlike others who strive to rebuild their homeland from the ruins, Kazimov remains trapped in the psychological aftermath of his experiences, suffering from post-traumatic stress disorder (PTSD). The psychological disorder Kazimov develops as a result of war and the traumatic events he has endured closely aligns with the core symptoms of PTSD as outlined in the APA’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). As revealed in the analysis of the novel, Kazimov succumbs to the trauma of war, and despite the return of peaceful days to his homeland, he remains indifferent, emotionally numb, and alienated from his surroundings due to the psychological crisis he faces. Polevoy provides a profound exploration of Kazimov’s inner world, illustrating the long-term effects of war on the individual and highlighting how trauma is shaped by personal experiences. The symptoms of PTSD, as detailed in the DSM-5, are deeply embedded in Kazimov’s character and behaviour, offering a compelling case study of how social traumas manifest on an individual level. Kazimov’s individual trauma symbolically reflects the broader psychological condition experienced by the Soviet people in the aftermath of the war. While Soviet ideology during the war often emphasized

⁵⁰ Polevoy, *Vernulsya*, 85.

the image of the “heroic soldier,” Polevoy boldly addresses human vulnerability and psychological collapse in this work. Kazimov’s trauma underscores that the devastation of war is not solely physical, but also profoundly psychological. In conclusion, *He Came Back* contributes to a broader understanding of PTSD by demonstrating how it is shaped not only by clinical symptoms but also by the individual’s internal and social context. This analysis of Kazimov offers a valuable perspective on the relationship between war and trauma, extending beyond a purely medical diagnosis to a more comprehensive exploration of its psychological and societal dimensions.



Beyanname:

1. **Etik Kurul İzni:** Etik Kurul İzni gerekmemektedir.
2. **Katkı Oranı Beyanı:** Yazar, makaleye başkasının katkıda bulunmadığını beyan etmektedir.
3. **Çıkar Çatışması Beyanı:** Yazar, herhangi bir çıkar çatışması olmadığını beyan etmektedir.

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