

# Individual psychological features as factors of psychological trauma in police officers–combatants

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## ABSTRACT

**Aim:** The aim is to investigate the peculiarities of the manifestation of psychological trauma symptoms in police officers–combatants depending on their individual psychological features.

**Materials and Methods:** The research, conducted in 2023–2024, involved 138 police officers–combatants (men) with different types of temperament: choleric (Group C, n = 38), sanguine (Group S, n = 34), phlegmatic (Group P, n = 35) and melancholic (Group M, n = 31). Research methods: bibliosemantic, systematic analysis and generalization, survey, statistical

**Results:** The main individual psychological features that are factors in the occurrence of psychological trauma in police officers–combatants have been identified: temperament, character, and personality orientation. It has been established that the most common symptoms of psychological trauma in combatants, regardless of the kind of temperament, are gloomy mood, dissatisfaction with oneself and others, increased aggressiveness, fear, anxiety, sleep problems, and cognitive impairment. At the same time, choleric and melancholic combatants show symptoms of psychological trauma more often than sanguine and phlegmatic individuals.

**Conclusions:** The research shows that police officers–combatants with choleric and melancholic temperament types are more likely to be traumatized than sanguine and phlegmatic police officers. The findings should be taken into account when planning psychological rehabilitation measures for police officers with signs of combat trauma.

**KEY WORDS:** temperament, police officers, war, combatants, psychological trauma, individual psychological features

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## INTRODUCTION

In the context of the Russian-Ukrainian war, combatants and civilians in Ukraine are under the negative influence of events that are stressful for everyone. However, they are traumatic for those who are particularly vulnerable to them due to their individual psychological features. Individual psychological features affect a person's behavior, activities, and life and are manifested in temperament, character, and orientation, which are inter-related [1]. Individual psychological features determine whether a psychological trauma will occur or whether a traumatic event will lead to disorders in a person's mental, physical, and social health [2].

Experts [3] note that a psychologically traumatic event is an extremely significant event for a person that threatens life or health, causes intense fear and a sense of helplessness, and causes substantial emotional stress and further negative experiences. Any stressful event that destroys mental boundaries can become psychologically traumatic [4]. This can be combat,

serious bodily injury, death or injury of a loved one, amputation of a limb, etc. [5].

According to scientists [6], the peculiarities of the psychological nature of psychological trauma include: discrepancy between the threatening factors of the situation and individual capabilities to overcome them; unconscious mental process that seeks to re-live the situation and respond to it; psychological significance of the traumatic event for the individual (subjectivity of perception); violation of the integrity of the psyche; psycho-traumatic action is concentrated within the individual; unfinished physiological process; blocking the process of experiencing a traumatic event by defense mechanisms.

The consequences of a traumatic event can be the following stressful states, which depend on the time after the event: acute stress response (up to 48 hours after the event), which may resolve on its own; acute stress disorder (up to 1 month after the event); PTSD as a prolonged or delayed response to traumatic stress,

diagnosed in a month, sometimes it can develop a year, several years or many years after the event (delayed PTSD); complex repetitive trauma syndrome (complicated or complex PTSD) [7].

According to experts [8], psychological trauma is usually manifested by symptoms such as anger, irritability, mood swings, feelings of guilt, shame, self-blame, difficulty concentrating, anxiety and fear, separation from others, insomnia or nightmares, fright for no reason, palpitations, pain, fatigue, nervousness, muscle tension, etc. The response to a psycho-traumatic event depends on a combination of many factors [9]: external – peculiarities of the traumatic event (intensity, suddenness, duration); social – peculiarities of the social situation, in particular the presence or absence of social support; biological – genetic predisposition; individual psychological – temperament, character traits, psychological defense mechanisms, coping strategies, characteristics of the emotional sphere, etc.; risk factors, such as gender, age, history of mental disorders and traumatic events, low socioeconomic status, etc. However, the main indirect factors in the manifestation of psychological trauma symptoms are individual psychological features of the personality [10].

## AIM

The aim is to investigate the peculiarities of the manifestation of psychological trauma symptoms in police officers–combatants depending on their individual psychological features.

Tasks: 1) to determine the individual psychological features (characteristics) of the personality, which may affect the occurrence of psychological trauma; 2) to study the frequency of manifestation of symptoms of psychological trauma in police officers–combatants depending on their type of temperament.

## MATERIALS AND METHODS

The research, conducted in 2023–2024, involved 138 police officers–combatants in the russian-Ukrainian war (men) from the city of Odesa and Odesa oblast with different types of temperament: choleric (Group C,  $n = 38$ ), sanguine (Group S,  $n = 34$ ), phlegmatic (Group P,  $n = 35$ ) and melancholic (Group M,  $n = 31$ ). The type of police temperament was determined by the method of G. Aizenko [11]. Police officers' experience in combat operations ranged from 6 to 12 months. Special ranks, positions, age, length of service, education, and marital status of the study participants were not considered. The main criterion for selecting participants for the study was the presence of combat experience during

the full-scale russian invasion of Ukraine for at least 6 months. The research was organized, and the results were processed by the Department of Psychology and Pedagogy of the Odesa State University of Internal Affairs (OSUIA, Odesa, Ukraine).

Research methods: bibliosemantic, systematic analysis and generalization, survey, statistical. The bibliosemantic method was used to conduct an analytical review of scientific sources on the outlined range of issues (20 sources from PubMed, Scopus, Web of Science, Index Copernicus and other databases were analyzed). The method of systematic analysis and generalization was used to summarize scientific information about the main individual psychological features (temperament, character, orientation), which determine the occurrence and frequency of symptoms of psychological trauma in combatants. The questionnaire method involved surveying policemen using a questionnaire developed by the author's team. The questionnaire contains 10 questions, that are aimed at studying the frequency of manifestation of psychological trauma symptoms in police officers–combatants depending on the type of their temperament. The questionnaire was anonymous, which helped to increase the accuracy of the formulated conclusions. The questionnaire was assessed by the experts in this field (2 professori and 3 associate professors) and was approved by the Academic Council of OSUIA (Protocol No. 05 dated 20.11.2023). Consent to voluntary participation in the survey was obtained from all respondents involved in the study.

Statistical methods. The significance of the difference between the indicators of the frequency of symptoms of psychological trauma in groups of police officers–combatants was determined by Pearson's Chi-square ( $\chi^2$ ) criterion. The significance of the difference was set at  $p < 0.05$ . All statistical analyses were performed using STATISTICA 10.0 statistical package.

The procedure for organizing the study and the topic of the article were previously agreed with the committee on compliance with Academic Integrity and Ethics of the OSUIA. Also this study followed the regulations of the World Medical Association Declaration of Helsinki. Informed consent was received from all participants who took part in this study.

## RESULTS

To solve the first task of the research, we examined the main individual psychological features (characteristics) of a personality that can be factors of psychological trauma. Psychological trauma occurs when the impact of a stressor leads to a disturbance in the psyche (in the affective, cognitive, behavioral, emotional, and

volitional spheres), which depends on the response (experience) of the individual. The speed, pace, and intensity of response depend on the combination of excitement, inhibition, balance, and mobility of the individual's nervous system – the temperament type.

The responses of combatants with different types of temperament to traumatic events were studied: choleric (unbalanced, emotionally excitable, active, anxious extrovert) reacts strongly to influence, has difficulty adapting to new and unexpected situations, in traumatic events shows aggression, irritability, impulsively rushes into battle, cannot find the right solution to a difficult situation, therefore is prone to fussiness, which does not contribute to calming and finding optimal solutions; sanguine (strong type, balanced, low-anxiety extrovert) quickly adapts to new conditions, is stress-resistant, solves problems productively in traumatic situations, cooperates with other people, and can take responsibility if necessary; phlegmatic (strong type, balanced, low-anxiety introvert) has difficulty making quick decisions, orientation in stressful situations, the strength of emotions is not visible behind external manifestations, passively solves problems; melancholic (weak type of nervous system, anxious introvert) is vulnerable to minor influences, reacts painfully to nervous overload and stressful situations, avoids them (depression may be a consequence), in difficult situations is passive, confused, cries, seeks help and support from other people.

Awareness of the key temperamental characteristics of combatants makes it possible to conduct and organize high-quality psychocorrectional and therapeutic work both during military activity and in peacetime. For example, introverted individuals are able to “withdraw into themselves”, immerse themselves in a problem, get stuck, etc., which will require greater control and coordination during professional psychological assistance.

Let's consider character as a factor in psychological trauma. Character traits are manifested in the attitude to oneself, to other people, to surrounding events, and to one's activities. Attitude to oneself (positive or negative) is manifested in self-esteem, level of claims, self-criticism, etc.; to other people – in sociability, empathy, trustfulness, etc., or the opposite traits; to one's activities – in hard work, responsibility, initiative, diligence, etc. or the opposite traits; to the surrounding reality – in purposefulness, principle, conviction, etc. Emotional qualities are expressed in sensitivity, anxiety, distrust, aggressiveness or cheerfulness, optimism, flow of spirits, enthusiasm, etc.; volitional qualities – in a person's attitude to difficulties, overcoming obstacles (courage, determination, self-control, self-possession in different situations, perseverance, determination) and general behavior regulation (organization, punctuality, etc.).

The character traits that lead to combatant maladjustment include shyness, timidity, indecision, uncertainty in new situations, underdeveloped ability to make volitional and physical efforts, increased need for support, low self-esteem, failure, excessively deep feelings when their interests and needs are not met, nervousness and depression in the face of failure, difficulties, problems, and increased need for support. Soldiers' maladjustment to combat activities and constantly changing situations is also affected by uncommunicativeness, inflexibility, irresponsible behavior, and low sensitivity to external stressors. Signs of problems with adaptation include inadequate response to events, such as aggressiveness, irritability, anxiety, apathy, detachment, and substance abuse to relieve emotional stress.

Let's consider personality orientation as a factor of psychological trauma. The orientation is manifested primarily in attitudes to activity and purposefulness, as well as motivation, which generally determines the proactive attitude and behavior of the individual. Thus, life-oriented attitudes arise, are realized, and become relevant or secondary under the influence of character traits, peculiarities of mental cognitive processes, type of temperament (phlegmatic people have more fixed attitudes, choleric people have unstable ones), etc. An important role is also played by the following: the attitude to supplant psycho-traumatic events, unconscious attitude to survival, satisfaction of needs, subjective norms about oneself, one's self-image, etc. Motivational and value attitudes can influence emotions, the desire to obtain certain benefits, and the satisfaction of one's needs. Values, beliefs, ideals, and worldviews are formed based on orientation. The structure of value orientations can be a factor in the emergence of PTSD in combatants (unformed, dominance of material values).

In continuation, it is worth mentioning some other personal factors that lead to the onset of psychological trauma and PTSD. In particular, they include low resilience, stress resistance, and peculiarities in their coping behavior, which again depend on individual psychological features. With low motivation and low will to overcome difficulties, there is a high probability of psychological trauma. The reasons for low-stress resistance are such individual psychological features as lack of purposefulness, volitional self-regulation, irresponsibility, emotional instability, lack of self-confidence in overcoming problems, low proactive attitude, low normativity of behavior, timidity, low intelligence, unsociability, pessimism, lack of orientation to overcome the issues and to the future, low level of performance, low self-control, etc.

An important personal resource of stress resistance (an internal psychological factor of its formation and de-

**Table 1.** The frequency of symptoms of psychological trauma in police officers–combatants (n=138), depending on their type of temperament, number of people / %

Symptoms of psychological trauma	Frequency	Group C (n=38)	Group S (n=34)	Group P (n=35)	Group M (n=31)
Sleep disorders	Often	21 / 55.3	8 / 23.5	10 / 28.6	18 / 58.1
	Sometimes	9 / 23.6	14 / 41.2	12 / 34.3	7 / 22.6
	Never	8 / 21.1	12 / 35.3	13 / 37.1	6 / 19.3
Fear, anxiety	Often	22 / 57.9	10 / 29.4	12 / 34.3	20 / 64.5
	Sometimes	14 / 36.8	13 / 38.2	15 / 42.9	10 / 32.3
	Never	2 / 5.3	11 / 32.4	8 / 22.8	1 / 3.2
Increased aggressiveness, proneness to conflict	Often	24 / 63.2	13 / 38.3	9 / 25.7	16 / 51.6
	Sometimes	10 / 26.3	18 / 52.9	24 / 68.6	13 / 41.9
	Never	4 / 10.5	3 / 8.8	2 / 5.7	2 / 6.5
Manifestations of depression, suicidal thoughts	Often	5 / 13.2	2 / 5.9	0 / 0	3 / 9.7
	Sometimes	7 / 18.4	5 / 14.7	6 / 17.1	5 / 16.1
	Never	26 / 68.4	27 / 79.4	29 / 82.9	23 / 74.2
Gloomy mood, dissatisfaction with oneself and others	Often	19 / 50.0	12 / 35.3	15 / 42.9	22 / 70.9
	Sometimes	16 / 42.1	17 / 50.0	14 / 40.0	9 / 29.1
	Never	3 / 7.9	5 / 14.7	6 / 17.1	0 / 0
Cognitive impairment (difficulty concentrating, memorizing, etc.)	Often	20 / 52.6	8 / 23.5	5 / 14.3	14 / 45.2
	Sometimes	10 / 26.3	15 / 44.1	17 / 48.6	10 / 32.3
	Never	8 / 21.1	11 / 32.4	13 / 37.1	7 / 22.5
Physiological reactions (headaches, muscle tension, chest pain, etc.)	Often	8 / 21.1	5 / 14.7	4 / 11.4	6 / 19.3
	Sometimes	10 / 26.3	9 / 26.5	7 / 20.0	8 / 25.8
	Never	20 / 52.6	20 / 58.8	24 / 68.6	17 / 54.9
Alcohol, drug and/or medication abuse	Often	6 / 15.8	3 / 8.8	4 / 11.4	7 / 22.6
	Sometimes	18 / 47.4	13 / 38.3	13 / 37.1	16 / 51.6
	Never	14 / 36.8	18 / 52.9	18 / 51.5	8 / 25.8

Source: compiled by the authors of this study

velopment) is self-control over behavior and situation, which largely determines adaptation to the social environment. Self-control is influenced by temperament (internalization-externality) and character traits. The effectiveness of self-control is determined by the locus of control, the type of which determines the assessment of the situation, the attitude to difficulties, and the success of overcoming them. A person with an internal locus of control is more effective in overcoming stress and demonstrates a higher level of social adaptation and adequate family and other interpersonal relationships than externalizers; the higher the personal control over the situation, the lower the level of stress anxiety. The internal locus of control ensures responsibility in decision-making, a proactive social attitude, emotional stability, and awareness of prospects. Individuals with an external locus of control (low level of subjective control) are characterized by emotional imbalance, high tension, helplessness, low motivation, lack of confidence in their abilities, severe anxiety, suspicion,

aggressiveness, decreased proactive attitude, leaving problems unresolved, and stopping in front of obstacles. Thus, the above factors and personality features can determine the course of a police officer's mental activity and their ability to resist stressful phenomena of combat (service) activities.

To address the second task of the research, we have conducted a survey to investigate the frequency of symptoms of psychological trauma in police officers–combatants, depending on their type of temperament (Table 1).

The significance of the difference between the frequency of symptoms of psychological trauma in groups of combatants is presented in Table 2.

Based on the research, it has been found that the most common symptoms of psychological trauma (often manifested) in police officers–combatants, regardless of their temperament type, are: gloomy mood, dissatisfaction with oneself and others; increased aggressiveness, proneness to conflict; fear,

**Table 2.** The significance of the difference between the frequency of symptoms of psychological trauma in groups of police officers–combatants (n=138)

Symptoms of psychological trauma	$\chi^2$ C-S	$\chi^2$ C-P	$\chi^2$ C-M	$\chi^2$ S-P	$\chi^2$ S-M	$\chi^2$ P-M
Sleep disorders	21.188*	14.872*	0.171	1.174	24.782*	18.061*
Fear, anxiety	28.810*	17.406*	1.167	2.318*	37.564*	25.501*
Increased aggressiveness, proneness to conflict	15.192*	36.095*	5.681*	5.172*	3.589*	15.182*
Manifestations of depression, suicidal thoughts	4.022*	14.322*	0.924	5.859*	1.165	5.859*
Gloomy mood, dissatisfaction with oneself and others	5.256*	3.981*	13.886*	2.031	35.156*	25.708*
Cognitive impairment (difficulty concentrating, memorizing, etc.)	18.014*	32.964*	1.219	2.775*	10.462*	22.907*
Physiological reactions (headaches, muscle tension, chest pain, etc.)	1.490	5.864*	0.134	2.079	0.765*	4.287*
Alcohol, drug and/or medication abuse	5.847*	4.415*	3.315*	0.372	17.364*	14.604*

Notes: \* – statistically significant differences between groups

Source: compiled by the authors of this study

anxiety; sleep problems (nightmares, dreams, difficulty falling asleep, intermittent sleep); cognitive disorders (difficulty concentrating, memorizing, mental activity, logical thinking). At the same time, it has been found that choleric and melancholic people show symptoms of psychological trauma more often than sanguine and phlegmatic ones. Thus, increased aggressiveness and proneness to conflict are frequently detected in 63.2 % of choleric people and 51.6 % of melancholic people; gloomy mood, dissatisfaction with oneself and others – in 70.9 % of melancholic and 50.0 % of choleric people; fear and anxiety – in 64.5 % of melancholic and 57.9 % of choleric patients; sleep problems – in 58.1 % of melancholic and 55.3 % of choleric people; cognitive disorders are inherent in 52.6 % of choleric and 45.2 % of melancholic patients. A fairly high number of combatants sometimes abuse alcohol, drugs and/or medications (51.6 % of melancholic, 47.4 % of choleric, 38.3 % of sanguine, and 37.1 % of phlegmatic patients). Frequent manifestations of depression and suicidal thoughts are observed in 13.2 % of choleric, 9.7 % of melancholic, and 5.9 % of sanguine people. Even disorders in the physiological sphere (headaches, muscle tension, chest pain, problems in the cardiovascular system, digestive system, etc.) are most common in choleric and melancholic (21.1 % and 19.3 %, respectively) people. Combatants of sanguine and phlegmatic temperament types most often, but less pronounced than choleric and melancholic types, show symptoms of psychological trauma such as dissatisfaction with themselves and others, gloomy mood, aggressiveness, anxiety, and sleep problems. The results obtained are confirmed by statistical analysis, which showed statistically significant differences between groups S, P and C, M by all indicators (Table 2). All of this indicates that temperament, as one of the main characteristics of individual psychological features, is a factor that deter-

mines the occurrence and manifestation of symptoms of psychological trauma. That is, police officers–combatants with choleric and melancholic temperaments are more likely to be traumatized than sanguine and phlegmatic police officers.

## DISCUSSION

Study [12] shows that psychological reactions to a stressful event occur in all combatants but may differ in severity and consequences. Scientists [13] point out that the level of influence of a psychological traumatic event on a person depends on the strength of affect and personal reactions to a stressful situation. Stress becomes psychologically traumatic if its level exceeds the defense mechanisms of the psyche, stress resistance, and individual adaptive capabilities. The authors [14] emphasize that a psychologically traumatic event violates the integrity of the functioning of the four spheres of personality (physical, emotional, cognitive, and spiritual), which form an integral system of personality. A psychological traumatic event, having violated the integrity of the psyche, causes traumatic stress, which then turns into psychological trauma [15].

There are several approaches to understanding psychological trauma [16]. In the psychoanalytic approach, the source of trauma is the affective experiences of the individual caused by external stimuli and the inability of the psyche (defense mechanisms) to cope with the shock. The nature of trauma is understood as an unconscious mental process that seeks to re-live the situation and respond to it. In the psychoanalytic approach, trauma is caused not only by external events but also by internal factors: the psyche continues to traumatize itself with obsessive repetitions of memories of the event (intrusions) and experiences (flashbacks), which leads to re-traumatization. In the cognitive approach,

the source of psychological trauma is the individual psychological significance of the traumatic event, its maladaptive meaning that a person attributes to the event (subjectivity of perception), and loss of control over the situation. In the existential approach, events become traumatic due to the horror experienced by a person, as the basic perception of life is destroyed at the time of the event. In the body-oriented approach, the nature of trauma is considered to be an incomplete physiological process (an incomplete bodily reaction to a traumatic event): the energy that was mobilized by the body in a situation of shock has no conditions for use, so it remains (is blocked) in the body. In the Gestalt approach, the nature of trauma is considered to be the result of interruption of the process of experiencing a traumatic event (the effect of an "unfinished action/situation," an unfinished reaction to a traumatic event), accompanied by a complex of mental states.

According to scientists [2], in addition to external and social factors, the main factors that influence the occurrence of psychological trauma are a person's individual psychological features, including temperament, character, and personality orientation.

Behavior and activity – the course of all mental processes and individual stable features of all personality substructures – depend on temperament [17]. Individual peculiarities of responses are manifested in such properties (manifestations) as sensitivity – the least force of influence for the occurrence of a response, the speed of its occurrence; response rate – speed of mind, ingenuity, movements, etc.; responsiveness (the opposite of passivity) in overcoming difficult conditions and situations to achieve the goal (purposefulness, perseverance, etc.); rigidity (the opposite of plasticity) – difficulty in adapting to new and unexpected situations, influences, inertia of behavior, habits, judgments; plasticity – ease of adaptation, flexibility of behavior; extraversion (opposite – introversion) – outward orientation of proactive attitude under the influence of current events; introversion – inward orientation under the influence of past and future feelings, thoughts, images; that is, the behavior of an extrovert depends on the influence of the surrounding situation at a given moment and in a given place of an introvert – on his/her inner world; emotional excitability (the opposite property is emotional stability) – a measure of the force of influence for the emergence of an emotional response, the speed of its occurrence. Therefore, according to the authors [3], each person will react individually to the same traumatic events (influences).

According to experts, the character traits of combatants [18] also play an important role in the response to a traumatic event. First, it is worth talking about

overdeveloped character traits (accentuation) that manifest during a traumatic event. Thus, scientists point to the possible development of combatants' negative mental states depending on their character accentuation [19]. In particular, the emotional type, due to excessive emotions, sensitivity, tearfulness, extremely deep and prolonged experiences of any event, is prone to intrusion during a traumatic event; the neurotic (anxious and fearful) type, due to increased fearfulness, anxiety, and low self-esteem, is prone to psychological trauma with phobic experiences, PTSD, and adaptation disorders; cyclothymic type (affective-labile) due to constant instability of mood and emotions has a high probability of PTSD; pedantic type (rigid accentuation) due to the inability to displace traumatic experiences is at increased risk of PTSD. At the same time, the demonstrative type of character accentuation is prone to PTSD and adjustment disorders due to increased feelings of indifference from others and an increased ability to displace negative experiences [20]. Given this, being aware of a combatant's dominant character traits makes it possible to predict how they will act in various service and off-duty situations [9, 12]. Thus, temperament, character traits and accentuations, and personality orientation can influence the choice of a certain protection mechanism from a traumatic event.

The results of our research confirm the above conclusions of many scientific works. Thus, in our study it was found that symptoms of psychological trauma are more common in choleric and melancholic people than in sanguine and phlegmatic people. Thus, increased aggressiveness, conflict, gloomy mood, dissatisfaction with oneself and others, fear and anxiety, sleep problems, cognitive impairment are often found in more than half of choleric and melancholic people. Alcohol abuse, frequent manifestations of depression, suicidal thoughts are also more pronounced in representatives of choleric and melancholic temperaments.

Scientists [10, 20] argue that police officers' response to the impact of combat (service) stressors depends on their significance for a particular person and their ability to control behavior. The degree of influence on the psyche depends on individual characteristics, namely, the type of nervous system, character traits, level of motivation, etc. The results of our research confirm the conclusions of the works of many scientists and complement and expand them. [2, 4, 6, 16].

## CONCLUSIONS

The main individual psychological features (characteristics) that are factors in the occurrence of psychological trauma in combatants have been identified: tempera-

ment, character, and personality orientation. It has been found that the emotional experiences of combatants of traumatic events depend on the type of temperament and, therefore, the likelihood of psychological trauma. The frequency of manifestation of symptoms of psychological trauma in police officers–combatants, depending on their type of temperament, has been investigated. It has been established that the most common symptoms of psychological trauma in combatants, regardless of the kind of temperament, are gloomy mood, dissatisfaction with oneself and others, increased aggressiveness, proneness to conflict, fear, anxiety, sleep problems, and cognitive impairment. At the same time, choleric and melancholic combatants show symptoms of psychological trauma more often than sanguine and phlegmatic individuals. Thus, increased aggressiveness and proneness to conflict are frequently detected in 63.2 % of choleric people and 51.6 % of melancholic people; gloomy mood, dissatisfaction with oneself and others – in 70.9 % of melancholic and 50.0 % of choleric people; fear and anxiety – in 64.5 % of melancholic and 57.9 % of choleric patients; sleep problems – in 58.1 % of melancholic and 55.3 % of choleric

people; cognitive disorders are inherent in 52.6 % of choleric and 45.2 % of melancholic patients. A fairly high number of combatants sometimes abuse alcohol, drugs and/or medications (51.6 % of melancholic, 47.4 % of choleric, 38.3 % of sanguine, and 37.1 % of phlegmatic patients). Frequent manifestations of depression and suicidal thoughts are observed in 13.2 % of choleric, 9.7 % of melancholic, and 5.9 % of sanguine people. The research shows that police officers–combatants with choleric and melancholic temperament types are more likely to be traumatized than sanguine and phlegmatic police officers. Therefore, individual psychological characteristics influence the choice of the type of psychological defense mechanisms in a stressful situation, which must be taken into account when planning and organizing psychological rehabilitation measures for police officers with signs of combat trauma.

## PROSPECTS FOR FURTHER RESEARCH

It is planned to study the frequency of symptoms of psychological trauma manifestation in the civilian population depending on their individual psychological features.

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## CONFLICT OF INTEREST

The Authors declare no conflict of interest

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