



## Individual-psychological characteristics and the state of psychosocial adaptation of combatants with non-psychotic mental disorders who have experienced COVID-19

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**Abstract.** The relevance of the studied subject lies in the importance of investigating the individual-psychological characteristics, coping behaviour, and the state of psychosocial adaptation of combatants who have recovered from COVID-19, to develop personalised therapeutic and rehabilitation measures. The purpose of the study was to determine the pathocharacterological characteristics, coping repertoire features, and psychosocial maladaptation in individuals who participated in combat operations, have non-psychotic mental disorders, and have experienced the coronavirus infection, in a comparative aspect. A total of 132 male combatants with non-psychotic mental disorders who did not have COVID-19 and 120 military personnel with the same mental disorders who had experienced the coronavirus infection were examined using Standardised Multifactor Personality Inventory, questionnaire "Methods of coping behavior", and the Social-Psychological Adaptation Diagnostic Method. It was found that combatants who had experienced COVID-19 exhibited specific personality characteristics that can be considered pathocharacterological transformations and signs of neuroticism. The core pathocharacterological changes included stable anxious-depressive and hyposthenic traits, while the auxiliary psychopathological constructs included stable emotionally labile, asthenic, hypochondriacal, and dysphoric manifestations. They also exhibited changes in coping repertoire with a predominance of non-constructive strategies of escape-avoidance and confrontation, along with a deactualisation of constructive coping strategies such as problem-solving planning, seeking social support, self-control, and positive reappraisal. Furthermore, pronounced manifestations of psychosocial maladaptation were observed in all key domains. COVID-19 acts as a complicating factor, exacerbating psychopathological symptoms, contributing to the formation of pathocharacterological traits, and deepening the psychosocial maladaptation of combatants with non-psychotic mental disorders. The obtained data provide an opportunity to personalise therapeutic, rehabilitation, and preventive measures, considering the pathocharacterological individual-psychological characteristics and coping behaviour, and to improve existing programmes of social-psychological adaptation for combatants.

**Keywords:** combatants; neurotic disorders; pathocharacterological traits; coping behaviour; psychosocial maladaptation

### INTRODUCTION

In the context of Ukraine's ongoing war of liberation, the preservation and restoration of the mental health of Ukrainian soldiers are of exceptional importance. The vulnerability of military personnel (MP) to non-psychotic mental disorders is extremely high and poses a serious threat to both their mental and overall health. In recent years, another fundamental factor contributing to mental disorders is the COVID-19 pandemic. However, the combined impact of war-related stress and the coronavirus

infection on the mental well-being of military personnel remains understudied, making it challenging to develop personalised therapeutic, rehabilitation, and preventive programmes aimed at preserving and restoring the mental health of soldiers who have experienced COVID-19.

Participation in war is one of the most challenging psychosocial stressors, and MP are among the populations most affected by mental disorders. War veterans often develop neuro-psychiatric conditions, including depression,

#### Suggested Citation:

Koval M. Individual-psychological characteristics and the state of psychosocial adaptation of combatants with non-psychotic mental disorders who have experienced COVID-19. *Bull Med Biol Res.* 2023;16(2):8–14. DOI: 10.61751/bmbr.2706-6290.2023.2.8

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post-traumatic stress disorder, and anxiety disorders, which tend to have a chronic nature and impact overall adaptation and functioning [1].

A. Haydabrus *et al.* [2], analysing the psychiatric consequences among Ukrainian military personnel who were hospitalised after the start of a full-scale invasion, note that armed conflicts have led to an increase in the number of mental disorders. The structure of psychopathological manifestations is polymorphic, with a predominance of anxiety, dissociative, stress-related, somatoform, and other non-psychotic mental disorders, and a significant proportion of mental and addictive disorders related to substance use.

I. Pavlova *et al.* [3] note that a considerable portion of Ukrainian MP with non-psychotic mental disorders have reached threshold levels of clinical symptoms of anxiety (44.4%), depression (43.3%), and insomnia (12.4%). The prevalence of psychopathological symptoms varies depending on constitutional-biological, social, individual-psychological, and professional factors.

The role of individual-psychological factors in the development of mental disorders in MPs was highlighted in the studies by Y. Levi-Belz *et al.* [4] and G. Zerach *et al.* [5], which showed that personal characteristics of MPs influence the level of aggression, depression, suicide risks, and resistance to war-related stress.

C. Inoue *et al.* [6] emphasise that participation in combat is associated with a high risk of psychological and social maladaptation, which mutually reinforce and aggravate post-traumatic, depressive, anxiety disorders, suicidal risks, and addictive behaviour characteristic of MPs.

With the onset of the COVID-19 pandemic, reports of acute and prolonged mental disorders associated with coronavirus infection have emerged. Studies have confirmed the presence of short-, medium-, and long-term neuropsychiatric consequences of COVID-19 [7, 8]. While some general (headache) and specific (anosmia, dysgeusia) psychiatric disorders are common in the acute phase but typically resolve within weeks or months, cognitive and affective symptoms, including attention deficit and anxiety-depressive symptoms, tend to increase over time.

Researchers state that the high prevalence of long-term mental health symptoms of COVID-19 is probably due to both biological and psychological and social factors [9, 10]. The morphological changes underlying the psychiatric post-COVID syndrome are associated with systemic inflammation, massive neuroinflammatory reactions including reactive astrogliosis and microglial activation, while psychological reactions to the illness, primarily intense fear and anxiety, considerably increase the likelihood of mental disorders in both individuals with pre-existing mental health problems and mentally healthy individuals [11-13].

However, studies investigating the impact of COVID-19 on the mental health of MPs and analysing the individual-psychological characteristics of such patients have not been found. These studies are crucial for personalising therapeutic and rehabilitation interventions, and developing comprehensive programmes for the prevention of psychiatric consequences in MPs who have recovered from COVID-19 within the context of armed conflicts.

The purpose of this study was to investigate the individual-psychological and pathocharacterological features, coping strategies, and manifestations of psychosocial maladaptation in MPs with non-psychotic mental disorders who have and have not experienced COVID-19.

## ✦ MATERIALS AND METHODS

With adherence to the principles of biomedical ethics, a total of 252 male patients who had participated in military actions (confirmed by relevant documents) and sought psychiatric assistance at the Ternopil Regional Psychoneurological Hospital and received consultative and therapeutic assistance at the Department of Psychiatry, Narcology, and Medical Psychology of the I.Ya. Horbachevsky Ternopil National Medical University from 2020 to 2022 were examined. These patients were diagnosed with non-psychotic mental disorders (NMD) according to International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10). The selection of psychodiagnostic methods was determined by the research objectives and ensured a comprehensive assessment of individual-typological and pathocharacterological features, including the state of socio-psychological adaptation and coping repertoire.

The examination was conducted through personal completion of test questionnaires by the participants in the presence of the researcher. Before filling out the test questionnaire, the purpose of the examination was explained to the participants, and instructions were provided according to the standard procedure outlined in the respective methodology. The psychodiagnostic tools of the study included:

1. Standardised Multifactor Personality Inventory (SMPI) [14], which is the most detailed and informative personality questionnaire based on the leading thesaurus of contemporary differential psychology, adopts a holistic approach to the examination of personality, considering the unity of biological and social factors. Scores on each scale were determined in test scores (T-scores). Scores below 70 T-scores were interpreted as normal, scores between 70 and 80 T-scores indicated personality accentuations, and scores above 80 T-scores suggested more significant changes in mental functioning that required further clarification.

2. Questionnaire "Methods of coping behavior" by S. Folkman & R. Lazarus [15] was used to determine coping mechanisms and strategies for dealing with difficulties in various life situations and establish coping strategies. The questionnaire consisted of 50 statements, and respondents rated each statement on a four-point scale, where 0 represented "never", 1 represented "rarely", 2 represented "sometimes", and 3 represented "often". The test result was presented in points for each of the coping strategies. The strategy with the highest score was considered dominant.

3. The Social-Psychological Adaptation Diagnostic Method by C. Rogers & R.F. Dymond [16] consisted of 101 statements. Participants were asked to rate their attitudes toward each statement on a seven-point scale, where 0 represented "does not concern me at all", 1 represented "does not concern me", 2 represented "doubtful if it applies to me", 3 represented "hesitant to apply it to myself", 4 represented "similar to me, but uncertain", 5 represented "similar to me", and 6 represented "definitely about me". The interpretation of the test results involved determining six indicators: adaptation, acceptance of others, internality,

self-perception, emotional comfort, and the desire for dominance. The results were compared to control values for each scale and interpreted as low below the uncertainty zone and high after reaching the maximum score in the uncertainty zone.

Among the participants, the following groups were identified: individuals who did not have COVID-19, comprising 132 individuals (Group 1 – G1), and individuals who had recovered from COVID-19, confirmed by relevant medical documents, comprising 120 individuals (Group 2 – G2).

The statistical analysis of differences was performed using the non-parametric Mann-Whitney test. Differences were considered statistically significant at a level above 95% ( $p < 0.05$ ).

The study adhered to the ethical norms of the Helsinki Declaration for research involving human participants [17]. All individuals included in the study provided informed consent to participate.

## RESULTS

The analysis of personality profiles using the SMPI revealed that the dominant positions in MP with NMD who have had COVID-19 were occupied by the scales of anxiety and pessimism, with significantly higher scores in Group 2 (G2) compared to Group 1 (G1) (Table 1). These scores indicate a greater manifestation of hyposthenic traits, a passive-suffering attitude, a tendency to intensely experience failures, worry, motivation for avoidance, elevated levels of anxiety, avoidance of active behaviour, decreased mood, heightened sense of guilt, self-doubt, and maladaptive states characterised by confusion, restlessness, intrusive fears, feelings of danger, and sleep disturbances. In combination with elevated scores on the hypercontrol scale, this indicates the formation of signs of neurotic hypercontrol with increased attention to somatic discomfort, suppression of spontaneity, inhibition of active self-realisation, and a desire for control over aggression.

**Table 1.** Scores based on the standardised method of personality assessment (in T-points)

SMPI scales	Indicators on scales, $M \pm m$		P
	G1	G2	
1 (hypercontrol)	64.9 ± 9.6	65.6 ± 9.0	> 0.05
2 (pessimism)	67.0 ± 18.6	74.9 ± 10.0	< 0.05
3 (emotional lability)	59.0 ± 7.1	61.5 ± 8.3	< 0.05
4 (impulsivity)	53.6 ± 4.6	55.7 ± 6.2	< 0.05
5 (masculinity-femininity)	54.3 ± 3.5	55.1 ± 3.3	< 0.05
6 (rigidity)	56.6 ± 5.6	56.2 ± 6.1	> 0.05
7 (anxiety)	72.3 ± 10.8	76.9 ± 10.6	< 0.01
8 (individualism)	62.0 ± 6.6	61.8 ± 7.5	> 0.05
9 (optimism)	43.6 ± 10.1	40.7 ± 6.1	< 0.01
0 (introversion)	60.6 ± 6.2	62.2 ± 6.2	< 0.05

Source: [14]

In MP G2 showed elevated scores on the social introversion scale. These scores deepen hyposthenic traits and weaken sthenic traits, indicating a passive personal stance, reduced level of involvement with the social environment, difficulties in establishing relationships with microsocial surroundings, and interpersonal conflicts. The scores on the emotional lability scale were somewhat elevated (within the range of 60 T-scores) in the examined patients, indicating emotional instability and intrapsychic conflict of divergent tendencies, ambivalence, emotional sensitivity, and unstable self-esteem. Moreover, these scores were notably higher in patients in G2 compared to G1. The individualism scale, which reflects an individual's need for actualising their own identity, inclination towards fantasising, and readiness to oppose others, had slightly higher scores in patients in G1, although the difference was minor compared to patients in G2. On the other hand, the rigidity scale, which reflects increased irritability, feelings of offence, and a tendency towards dysphoria, was slightly higher in patients in G2, but the difference was not significant. The scores on the impulsivity scale, which reflects resistance to social influence, non-conformity, and the predominance of emotions over intellectual control, were generally low in MP with NMD, within the range of 50-60 points, and considerably higher in G2. The indicator on

the masculinity-femininity scale was significantly higher in G2 patients; in the studied contingent, this indicator can be considered as an indicator of masculinity (rigidity of character, lack of sentimentality, tendency to polygamy). The repressive position in the personality profile of the MP with NMD was occupied by the optimism scale, which shows a positive emotional mood, activity, and extroversion, which naturally reflects the negative impact of combat stress, NMD, and COVID-19 on the psyche. The indicator on this scale in patients G2 was significantly lower compared to G1.

The obtained data show the presence of a specific individual psychological profile of MP with NMD who have had COVID-19. The core characteristics of this profile are stable anxiety-depressive and hyposthenic manifestations, which can be considered as signs of neuroticism, while the auxiliary psychopathological constructs are stable hyposthenic, emotionally labile, hypochondriacal, and dysphoric phenomena. The identified features should be considered when planning treatment and rehabilitation measures for MP with NMD who have had COVID-19.

The investigation of the structure and correlation of different types of coping behaviour in MP, depending on the previous COVID-19 disease, revealed a number of important patterns (Table 2).

**Table 2.** Indicators for the ways of overcoming behaviour questionnaire (in points)

Coping options	Indicators on scales, M ± m		p
	G1	G2	
Confrontational coping	41.4 ± 13.8	49.9 ± 16.8	< 0.01
Distancing	55.0 ± 14.5	48.8 ± 14.2	< 0.01
Self-control	73.1 ± 11.8	66.8 ± 10.8	< 0.01
Search for social support	68.8 ± 15.0	59.6 ± 19.5	< 0.01
Acceptance of responsibility	66.7 ± 18.6	63.0 ± 18.6	> 0.05
Escape-avoidance	37.4 ± 12.1	46.0 ± 10.7	< 0.01
Planning to solve the problem	54.0 ± 17.7	45.1 ± 15.0	< 0.01
Positive reevaluation	48.1 ± 13.9	41.0 ± 11.5	< 0.01

Source: [15]

The rate of confrontational coping was significantly higher in G1 patients. Confrontational coping is aimed at solving a problem through behavioral activity, not always purposeful, projected to resolve the situation or respond to negative emotions that are associated with it. Indicators of distancing coping strategy were significantly higher in MP of G1; this strategy involves levelling the experiences associated with the current situation by subjectively reducing its value and decreasing emotional involvement in the problem. The self-control strategy, which involves attempts to alleviate negative experiences by suppressing and inhibiting emotions, reducing their influence on evaluating the situation and choosing behavioural strategies, was more characteristic of MP with NMD of G1. MP of G1 also showed higher rates for the coping strategy of finding social support, which is considered constructive and involves de-actualisation of the problem by attracting external resources and emotional, informational, and effective support from other people. There were no significant differences between the groups regarding the strategy of taking responsibility. Instead, MP with NMD of G2 were more prone to the coping strategy of escape-avoidance, which involves trying to eliminate negative experiences by avoiding, denying the problem, distracting from it, unjustified expectations, and fantasising.

The most constructive coping strategy of planning a problem solution, which is aimed at solving the situation through purposeful analysis and search for behaviour options, planning one's own actions considering experience, real conditions, and resources, was more inherent in MP

of G1. The positive reevaluation strategy, which involves a positive rethinking of the problem and perceiving it as an incentive for personal development, was also more typical for G1 patients.

The data obtained indicate that non-constructive coping strategies are more pronounced in MP with NMD, in particular, escape-avoidance and confrontational coping, and constructive coping strategies are less pronounced, that is planning problem solving, seeking social support, self-control, and positive reevaluation. These characteristics may be associated with manifestations of neuroticism and pathocharacterological transformations, which are more pronounced in individuals who have experienced COVID-19. It is also important to consider the greater prevalence of persistent depressive and anxious symptoms in MP with NMD who have had COVID-19, as it may also have an impact on the coping repertoire of the examined patients. When interpreting the data on the coping behaviour of MP with NMD, it becomes evident that their coping repertoire combines constructive and non-constructive coping strategies, which is a reflection of both an initially satisfactory state of mental and psychological health (all individuals examined before their NMD development were mentally healthy with a fairly high level of stress tolerance) and pathological changes in the psyche that arose as a result of NMD, the impact of war stress, and COVID-19.

The examination of the state of socio-psychological adaptation of MP with NMD revealed a significantly worse state in all areas in G2 patients (Table 3).

**Table 3.** Indicators based on the method of diagnosis of socio-psychological adaptation by C. Rogers & R.F. Dymond (in points)

Indicator	Indicator, M ± m		p
	G1	G2	
Adaptation	33.0 ± 13.5	27.6 ± 11.3	< 0.01
Self-acceptance	28.5 ± 13.7	21.7 ± 13.1	< 0.01
Accepting others	38.9 ± 15.9	34.6 ± 16.1	< 0.01
Emotional comfort	33.0 ± 13.0	28.4 ± 11.4	< 0.01
Internality	44.3 ± 9.2	42.5 ± 11.0	< 0.05
Striving for domination	22.3 ± 16.3	17.9 ± 15.2	< 0.05

Source: [16]

Thus, the rate of adaptation in MP with NMD was low, and in G2 patients, it was significantly lower compared to G1 patients. Similarly, MPS with NMD of G2 showed

significantly worse indicators of self-acceptance and acceptance of others, internality, emotional comfort, and the desire for dominance.

The identified patterns show that there are pronounced manifestations of psychosocial MA in MP with NMD, who have had COVID-19, in all key areas. Notably, the contingent of examined MP with NMD is generally characterised by low indicators of psychosocial adaptation, which proves the association of NMD in MP with manifestations of psychosocial MA.

## ◆ DISCUSSION

The data presented in this study coincide with the results of N. Jain *et al.* [1], which confirm the presence of persistent adverse changes in the psyche of MP, in particular, in the affective sphere, as well as with the information provided by A. Haydabrus *et al.* [2] on the change of the structure of neuroticism in Ukrainian soldiers defending against Russian aggression.

The information obtained in this study regarding specific changes in the psyche of individuals who have experienced COVID-19 is consistent with the findings of J.B. Badenoch *et al.* [7], L. Premraj *et al.* [8], M. Colizzi *et al.* [9], which demonstrated a predominance of depressive and anxiety symptoms in the structure of psychopathology. The results also support the findings of L. Steardo *et al.* [10] regarding the role of COVID-19 in the manifestation of psychopathological symptoms in individuals with a predisposition to psychopathology, and the data from M. Colizzi *et al.* [11] regarding the association between COVID-19 and pathological personality deviations.

This study also confirms and expands upon the results regarding the transformation of coping repertoire in patients who have experienced COVID-19, as presented in the work of Y. Pigaiani *et al.* [12], by identifying the structure and evaluating the quantitative expression of maladaptive coping strategies specific to the post-COVID period.

The data obtained in this experiment complement the scientific knowledge about the relationship between individual-psychological characteristics and non-psychotic mental disorders in combatants, as reported in the works of Y. Levi-Belz *et al.* [4] and G. Zerach *et al.* [5]. These studies found that psychological rigidity and elevated levels of aggression can be considered predictors of non-psychotic post-traumatic disorders. The results also align with the findings of G. Zerach *et al.* [18], which reported that pre-existing character deviations are associated with a higher risk of mental disorders and psychological problems following combat-related psychological trauma. The results obtained are also consistent with studies of D. Assonov [19], which showed that experiencing positive emotions is a significant factor in the recovery of normal mental functioning in war veterans in the long term, as well as the information provided by M. Nieto *et al.* [20] on the influence of individual psychological characteristics on psychological adaptability and the ability to resist psychological stress. The findings presented in this study contribute to the understanding of the spectrum of individual-psychological characteristics associated with combatants with non-psychotic mental disorders and provide a comprehensive characterisation of pathological personality manifestations in MP in the context of COVID-19.

These findings complement the results of studies on coping behaviour among war veterans, which have shown that maladaptive behavioural patterns contribute to the

development and exacerbation of post-traumatic stress, depressive symptoms, and other psychopathological manifestations, as well as psychosocial maladjustment [21, 22]. The prevalence of psychosocial maladaptation in MP with NMD aligns with the findings of N. Jain *et al.* [1], A. Haydabrus *et al.* [2], and indicates an association between maladaptive manifestations and depressive, anxious, and post-traumatic disorders.

Furthermore, for the first time, patterns of pathological personality characteristics, coping repertoire, and psychosocial maladaptation were identified in MP patients who have had COVID-19. The association between depressive and anxious symptoms and a history of coronavirus infection has been demonstrated by several authors, which is consistent with the findings presented in this study [7-9]. The difficulties of adaptation and distortion of coping repertoire in the post-COVID period, as observed by other researchers [10-12], were also confirmed. However, the findings of these authors were obtained from the general population, while the sample in this study consisted of MP individuals characterised by specific psychopathological, pathoperonological, and individual-psychological characteristics.

Thus, this study provides the first insights into the patterns of pathological personality, individual-psychological characteristics, coping repertoire, and psychosocial maladaptation in MP patients with a history of COVID-19, offering a comparative perspective on these aspects.

## ◆ CONCLUSIONS

The study identified individual-psychological and pathoperonological patterns, coping repertoire characteristics, and psychosocial maladaptation in MP with non-psychotic mental disorders who have experienced COVID-19, in a comparative aspect.

It was established that MP with NMD who have suffered from COVID-19 are characterised by specific personal changes, which can be considered as persistent pathoperonological transformations caused by the stress of combat operations, and post-specific neuropsychiatric disorders. The core features of these pathoperonological changes include stable anxious-depressive and hyposthenic traits, while the auxiliary psychopathological constructs include stable hyposthenic, emotionally labile, hypochondriacal, and dysphoric manifestations. The experience of COVID-19 exacerbates the pathoperonological traits inherent in MP with non-psychotic mental disorders and contributes to the formation of a specific individual-psychological profile in this population.

The investigation of coping repertoire characteristics in MP with NMD who have had COVID-19 revealed their predominant use of maladaptive coping strategies such as escape-avoidance and confrontational coping. There was also deactivation of constructive coping strategies such as problem-solving, seeking social support, self-control, and positive reappraisal. In contrast, MP individuals with NMD who have not had COVID-19 were more likely to exhibit coping strategies involving self-control, seeking social support, and taking responsibility. The distortion of coping repertoire in MP with NMD who have had COVID-19 can be explained primarily by the influence of psychiatric consequences of coronavirus infection, although the negative impact of combat stress is also significant.

The examination of the state of socio-psychological adaptation revealed generally low rates of adaptation in key areas inherent in MP with NMD. Also, MP with NMD, who suffered from COVID-19, demonstrated significantly poorer indicators in the areas of adaptation, acceptance of others, self-acceptance, emotional comfort, internality, and the desire for dominance, which confirms the negative impact of coronavirus infection on the social-psychological adaptation of MP in the post-COVID period.

Individual-psychological characteristics, coping repertoire characteristics, and manifestations of psychosocial maladaptation need to be considered when developing and planning treatment and rehabilitation measures for MP

with NMD. Prospects for further studies are related to psychopathological reactions in MP with NMD in the context of the experienced COVID-19 infection and the development of personalised therapeutic, preventive, and rehabilitation interventions based on the findings of these studies.

#### ✦ ACKNOWLEDGEMENTS

The author expresses gratitude to their research supervisor, Professor Olena Venger, for valuable comments and suggestions to improve this paper.

#### ✦ CONFLICT OF INTEREST

The author declares no conflict of interest.

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## Індивідуально-психологічні особливості та стан психосоціальної адаптації учасників бойових дій з непсихотичними психічними розладами, які перенесли захворювання на COVID-19

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**Анотація.** Актуальність теми визначається важливістю результатів дослідження індивідуально-психологічних особливостей, копінг-поведінки та стану психосоціальної адаптації учасників бойових дій, які перехворіли на COVID-19, для розробки персоналізованих лікувально-реабілітаційних заходів. Метою дослідження було визначення патохарактерологічних характеристик, особливостей копінг-репертуару та психосоціальної дезадаптації в осіб, які брали участь у бойових діях, хворіють на непсихотичні психічні розлади, і перенесли коронавірус, у порівняльному аспекті. Обстежено 132 чоловіка-учасника бойових дій з непсихотичними психічними розладами, які не хворіли на COVID-19, та 120 таких же військових, які перенесли коронавірусну інфекцію, з використанням Стандартизованого методу дослідження особистості, опитувальника «Способи долаючої поведінки» та методики діагностики соціально-психологічної адаптації. Встановлено, що бійцям, які перенесли захворювання на COVID-19, притаманні специфічні особистісні характеристики, що можуть розглядатися в якості патохарактерологічних трансформацій і ознак невротизації. Стрижневі патохарактерологічні зміни представлені стійкими тривожно-депресивними та гіпостенічними рисами, а допоміжними психопатологічними конструктами є стійкі емоційно-лабільні, астеничні, іпохондричні та дисфоричні прояви. Для них також характерні зміни копінг-репертуару з переважанням неконструктивних стратегій втечі-уникнення та конфронтації, із дезактуалізацією конструктивних копінг-стратегій планування вирішення проблеми, пошуку соціальної підтримки самоконтролю, та позитивної переоцінки, а також виражені прояви психосоціальної дезадаптації в усіх ключових сферах. COVID-19 є чинником, що обтяжує психопатологічні прояви, сприяє формуванню патохарактерологічних рис і поглиблює психосоціальну дезадаптацію учасників бойових дій з непсихотичними психічними розладами. Одержані дані дають можливість персоналізувати лікувально-реабілітаційні та профілактичні заходи з урахуванням патохарактерологічних індивідуально-психологічних особливостей та копінг-поведінки, а також удосконалити існуючі програми соціально-психологічної адаптації учасників бойових дій

**Ключові слова:** комбатанти; невротичні захворювання; патохарактерологічні риси; копінг-поведінка; соціально-психологічна дезадаптація