

PSYCHOLOGICAL AND EDUCATIONAL ASPECTS OF MODERN PROFESSIONAL ACTIVITIES

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CORRELATION OF INDICATORS OF COMBAT STRESS AND PSYCHO-EMOTIONAL STATE OF POLICE OFFICERS DURING THE WAR

Ірина Кофан, Олена Никифорова, Валентина Ляшенко. КОРЕЛЯЦІЯ ПОКАЗНИКІВ БОЙОВОГО СТРЕСУ ТА ПСИХОЕМОЦІЙНОГО СТАНУ ПРАЦІВНИКІВ ПОЛІЦІЇ В УМОВАХ ВІЙНИ. У статті аналізуються психоемоційні та особистісні зміни поліцейських після ротаційного повернення із зони ведення бойових дій. Викладені і проаналізовані результати емпіричного дослідження доводять деструктивний вплив бойового стресу на формування комплексу симптомів підвищеної збудливості. Їх розвиток обумовлений фіксацією поліцейських на надмірній інтенсивності травматичної події, досвіді реальної загрози життю, досвід участі у бойових діях свідчить, що напруженість, часто невідповідність до діяльності в екстремальних ситуаціях, недостатність часу для відпочинку, погане харчування й матеріально-технічне постачання, відрив від родини – потужні фактори, які, накопичуючись, викликають негативні психічні зміни у певній частині поліцейських.

Зазначена необхідність попередження таких змін, зневага ними може привести до незворотних наслідків та викликати серйозні захворювання. Вивчення поширеності станів психічної дезадаптації серед особового складу залежно від строків перебування в районах активних бойових дій на території України свідчить про значне наростання подібного числа випадків при тривалому безперервному знаходженні в такій ситуації. При цьому, в ході дослідження виявлено, що стійко знижувалася кількість осіб, у яких на момент обстеження не виявилися симптоми нервово-психічних розладів. Найбільшою мірою підпадали психологічному впливові бойової

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обстановки ті, хто мав високий рівень освіти, був більш старшого віку, а головне, мав велику кількість соціальних зв'язків. Отже, психіка нормальної людини без спеціальної підготовки до дій в бойових умовах не здатна витримати впливу бойових стрес-факторів.

Ключові слова: *травматичність, бойовий стрес, посттравматичний стресовий синдром.*

Relevance of the study. Immediately after the president of the Russian Federation announced the start of a "special military operation in Donbas" on February 24, 2022, powerful explosions were heard in many cities of Ukraine, Russia resorted to a massive missile attack on our territory and went on the offensive on land from the north (the territories of Belarus and the Russian Federation), the south (from Crimea) and from the east (ORDLO). An active phase of hostilities on the territory of Ukraine began, which continues to this day. However, the problem of post-traumatic stress disorders, psychological rehabilitation of police officers on rotation, adaptation of forced migrants remains relevant and has a permanent nature. The peculiarity of the situation in Ukraine is that the ongoing war has an unpredictable course in time, and powerful modern psychological weapons can lead to a massive negative impact on the mental state of the civilian population.

The problem of studying, diagnosing and correcting negative psychological consequences arising from the influence of stressful factors, the sources of which are various traumatic events (accidents, disasters, military actions, violence), is one of the most urgent. Combat actions in the country affect the formation of combat mental injuries in police officers, which in turn can lead to disorders of mental activity, complete or partial loss of combat capacity, and subsequently, work capacity and maladaptation in society. Many police officers, in particular those who came from the zone of active hostilities (Kyiv direction), encountered a dissonance in the perception of peaceful life in large cities of Ukraine, which are located in the rear, against the background of a large number of cases of torture of the civilian population, the death of fellow citizens, etc. Therefore, the military-political and socio-psychological situation in the country determines the relevance of the issue of the impact of combat stress on the psycho-emotional states of police officers who were in the zone of active hostilities and during the investigation of crimes committed by Russian attackers.

Recent publications review. The research is based on the theoretical propositions of E. Potapchuk on preserving the mental health of military personnel [5], L. Kitaeva-Smyk on the regularities of the influence of chronic stress on the psyche of military personnel [2, 3], M. Korolchuk on psychophysiological principles of stress resistance of police officers in conditions of extreme professional activity [3], etc.

The analysis of works [1, 3, 4, etc.] devoted to the study of the impact of combat stress on the occurrence of negative mental states of police officers, on the basis of which post-traumatic stress disorders develop, allows us to clarify the concept of combat stress.

The article's objective. The purpose of the research is theoretical and experimental substantiation of the psychological regularities of the impact of combat stress on the psycho-emotional state of police officers during the war.

Discussion. We understand the multilevel process of adaptive activity of the human organism in combat conditions, which is accompanied by the tension of reactive self-regulation mechanisms and the consolidation of specific adaptive psychophysiological changes. The intensity and duration of combat stress experienced by the policemen determines the probability of developing destructive mental states in him, which can manifest both a few months after leaving a combat situation, and after several decades of peaceful life in the symptoms of post-traumatic stress disorder.

The main focus of our research was on the study of the characteristics of post-traumatic stress disorders and the resources of readaptation to a peaceful life in police officers who are on rotation for 7-10 days. For this purpose, 36 police officers who took part in combat operations were examined. These were male persons aged from 23 to 48 years.

The examination of the research participants was conducted by interviewing the research participants, who were necessarily informed about the purpose of the experiment, as well as about the arbitrariness and requirements for their participation in it. One of the tasks of this stage was to establish a trusting atmosphere of communication. The research included a psychological diagnostic examination using a battery of techniques. The participants were tested after returning from the combat zone. At this stage, discovered post-traumatic stress disorders were reported to each participant of the experiment. To solve the research objectives, a set of methods was used in the work, which includes: a questionnaire for a socio-psychological survey of police officers,

a traumatic stress questionnaire for the diagnosis of the psychological consequences of service by employees, an integrative test of anxiety, a questionnaire for assessing neuropsychological stability and methods of mathematical and statistical analysis.

According to the results of the study of biographical and official data, interviews and questionnaires, it was established that 69 % of the respondents participated in active combat operations, while 31 % of respondents were involved in non-combat tasks. In the studies of the German scientist E. Dinter, it was established that the stay of personnel directly on the front line for 30-40 days is unproductive. This is due to the fact that after reaching the maximum of a moral and mental capability, which occurs after 20-25 days, police officers experiences a rapid decline due to exhaustion of spiritual and physical forces. However, according to the results of our survey, 100 % of the experiment participants were in the war zone for more than 40 days; more than 60 days – 75 % of police officers who performed combat duties and 25 % of police officers who performed non-combat duties.

The results of self-assessment of mental states and properties by police officers, which were included in the self-assessment scales in the questionnaire, showed that participants in combat operations and workers who performed non-combat tasks, in the self-assessment of destructive states, indicate a low level of their severity: from 12.55 % to 25.50 % among police officers and from 16.25 % to 36.65 % among workers who performed non-combat tasks. In the self-assessment of combat stress, 27.33 % of police officers who were at the epicenter of hostilities reflect its pronounced signs, and 18.40 % as those that remind them of themselves situational. Among the policemen who did not participate in active combat operations, only 9.75 % indicate constant signs of combat stress, and 17.54 % as periodically worried.

The highest indicators on self-assessment scales acquired the results of "disappointment". Thus, among the soldiers, 6.87 % of the respondents indicate a strong experience of this oppressive feeling, and 27 %, which is a fourth part of the respondents, also indicate disappointment. Men who did not conduct active military operations also indicated the pain of disappointment in 16 % of the answers, and 11.67 % indicated an average level of disappointment.

Close in content to the previous mental state is the experience of the "senselessness of war". 2.5 % and 7.5 % of soldiers and 10 % of police officers who performed non-combat tasks indicated a strong and pronounced feeling of the senselessness of the events. In our opinion, police officers from the combat zone are witnesses of the horrors of war and concerned about the pain and losses suffered by the country's population. Also, 2.5 % to 5 % of police officers felt guilty. According to the results of self-assessment by police officers of the components of morale and fighting spirit, we can state that for Ukrainian police officers, a sense of brotherhood is a significant value, which has withstood the test in a combat environment (67.5 % – high and 12 % – medium level) and in conditions of intense work in the combat zone actions (62.5 % and 11 %, respectively). Police officers note high indicators in self-assessment of morale – 46 % (high level) and 10.5-13 % (average level). 57.5-62.5 % of respondents indicate high levels of courage and belief in the correctness of actions. At the same time, about 17 % of police officers have low scores for all parameters of morale, which proves the presence of deep destructive conditions caused by extreme conditions of professional activity.

The main methodology of the research was the questionnaire of combat traumatic stress, used to diagnose the psychological consequences of serving as a police officer in extreme conditions, developed by O. Kolisnychenko [6]. The most intense combat stress manifested itself in forms that prevented the implementation of combat activities for a relatively long time. The borderline forms of its manifestation are neurotic and psychotic disorders. At the same time, the more police officers experienced the most intense forms of combat stress, the more psychological losses there were in the unit, unit, or unit. A disorder is a clinically defined group of symptoms or behavioral signs that, in most cases, cause distress and interfere with personal functioning. It is obvious that the more intensively a police officer experienced combat stress in a combat environment, the greater the likelihood of negative consequences after the cessation of exposure to combat stressors, including acute psychogenic reactions (acute stress reaction, acute stress disorders), adaptation disorders.

The results of the police survey showed that the psyche of a person who participated in battles for a long time or got into extreme situations undergoes significant changes. These changes are directly related to the level of constructiveness or destructiveness of the behavior of police officers who are in a dangerous situation. In the combination of factors contributing to the development of stress, an important place is occupied by the conditions of service, the

peculiarities of the established daily routine and disciplinary requirements, the organization of life, the degree of satisfaction of the needs and requests of police officers. The character of the moral and psychological atmosphere that has formed in the team, the style of attitude of commanders to subordinates, public opinion, prevailing personal and group attitudes and traditions of the unit are significantly reflected on the mental state of the police officer.

The consequences of traumatic stress, which are observed in police officers, are most pronounced in the complex of symptoms of increased excitability. Almost half of the surveyed police officers rate themselves as high indicators of personal aggressiveness (37.5-39.5%).

At the same time, pronounced symptoms of increased excitability in police officers are problems with sleep (16 % – a high level in police officers who conducted combat operations and 12.5 % in those who were involved in non-combat tasks). Overestimated indicators of the average level of manifestation of sleep problems (insomnia, terrible dreams, dreams with violence, etc.) were also established in 35-37.5 % of police officers. Dreams in the form of nightmares reproduce not only the traumatic situation, but also the reaction to it or convey the horror of the experience in the form of associations. Every time after such dreams; they wake up drenched in sweat and then cannot fall asleep for a long time. Men who see terrible dreams note that it is not the event itself that frightens, but the experienced feelings and emotions that accompanied it: despair, fear and a sense of complete helplessness. A large group of various sleep disturbances was found in the examined workers: difficulty falling asleep, disturbances in the depth of sleep, frequent awakenings. In this category of employees, the basis of sleep disturbances, in our opinion, is the feeling of disorientation, confusion, which they will experience in situations of real threat to their life and health.

Excessive vigilance, which is expressed at a high level in 15 % of police officers who were directly involved in combat operations. And in 15.7 % of those who performed non-combat tasks, also exhausts police officers. The average level of this property is indicated by 40-42.5 % of employees. Men complained of impaired memory and concentration (average level – 37.45-38.50 %), which are also manifestations of symptoms of increased excitability.

According to the results of the application of the questionnaire of traumatic conditions, as well as based on the data of individual interviews, the symptoms of hyperactivation were found in employees who arrived from a business trip, which are expressed in an increased level of excitability, increased aggressiveness, irritability, the appearance of psychosomatic disorders in the form of diseases of the gastrointestinal tract (gastritis, duodenitis, ulcers), headaches and backaches, various dermatitis.

Most of the interviewees noted deep personal changes after returning from the zone of armed conflict. The perception of time for them was divided into events before and after the business trip. Moreover, these changes occur in two opposite directions and depend on the individual, personal and adaptive characteristics of a person. More than 46% of police officers after returning from combat operations had increased irritability and vulnerability, expressed in the readiness to respond with aggression on the slightest pretext.

We would like to draw attention to the fact that men who did not directly participate in hostilities have higher rates of "rage attacks", "sleep problems", "excessive vigilance" and "exaggerated reaction" compared to those who were in the vanguard of the Ukrainian resistance. In our opinion, the higher level of excitability of these boys is related to the unresolved contradiction, which is that the policemen were simultaneously immersed in the traumatic situation of the combat zone, but did not have the opportunity to be actively in combat positions. They were forced to act in liberated settlements, taking part in the recording of thousands of war crimes committed by Russian policemen and not being able to influence the reduction of the consequences of the illegal actions of the attackers, thereby simultaneously accumulating a significant level of internal tension. Police officers were especially annoyed by the bureaucratic component of their professional activities. Therefore, it is possible that the symptoms of increased excitability reflect excessive internal tension that was stimulated in the combat zone.

Police survey results also indicate high rates of avoidance symptoms on the "emotional blunting" scales. Among the typical reasons is the police's lack of constructive resources to overcome traumatic stress, relieve tension in the conditions of martial law. Unfortunately, the unfavorable circumstances of being forced to stay in a combat zone, quite difficult living conditions, and psychological overload often lead them to the possibility of drinking alcohol. Alcohol consumption is mostly associated with phobic reactions ($r = 0.343$; $p \leq 0.01$) and anxious assessment of prospects ($r = 0.399$; $p \leq 0.01$); complex of PTSD symptoms: anxiety ($r = 0.675$; $p \leq 0.01$), exaggerated response ($r = 0.601$; $p \leq 0.01$), flashbacks ($r = 0.376$; $p \leq 0.01$), dream

disturbances ($r = 0.640$; $p \leq 0.01$), depression ($r = 0.508$; $p \leq 0.01$), guilt ($r = 0.322$; $p \leq 0.01$).

The symptom of "dullness of emotions" is a consequence of distress, which is expressed at a high level in 18 % of police officers who have returned from combat operations and in 22.43-34.75 % at an average level. The mechanism of the disorder is related to the brain's response to stress: there is an active production of endorphins with a high affinity for μ -opioid receptors. Strong activation of these receptors leads to a violation of feedback mechanisms (negative changes to positive), necessary for maintaining neurochemical homeostasis. These disturbances lead to cascade changes in other receptor systems. As a result, according to scientists, the center of pleasure is blocked, the limbic system, which is responsible for emotions, cannot adequately respond to its chaotic stimulation and is turned off (also with the help of feedback mechanisms), which leads to the emergence of depressive symptoms [7, 8, 9].

The group of examinees with pronounced manifestations of avoidance symptoms often experience difficulties in establishing social contacts, they urgently need solitude and communication. About 9 % of respondents noted difficulties of this kind. These workers had the symptom of avoidance, which manifests itself in the desire to avoid situations that provoke difficult memories, from thoughts and worries about traumatic events. At the same time, the length of stay in the combat zone does not affect this type of behavior; it depends entirely on the adaptive abilities of the individual. In addition to the outlined symptoms, 30-40 % of policemen who have returned from the combat zone are disturbed by obsessive experiences: flashbacks and obsessive thoughts about guilt for the death of a brother. The symptom of "survivor's guilt" is extremely rare, although there is a feeling of resentment for a dead colleague from the service, but the policemen almost always shift the blame for this to the enemy, not to themselves. The indicated symptoms testify to the acuteness and intensity of the impact of the traumatic situation on a person's adaptive capabilities.

Flashbacks are memories that appear in police officers unexpectedly, causing severe stress. According to the results of the traumatic stress test, two poles can be distinguished on the scale of psychological shifts, which relate to the change in the psychological orientation of the individual during the period of readaptation to peaceful conditions. For police officers were with a constructive stress transformation of the personality, an increased awareness of the value of life, both of its and that of others is characteristic. Representatives of this group of interviewees tend to rethink their past. They regret that they used to waste time, treated their girls and wives badly, caused grief to their parents, and drank alcohol. They use the skills acquired in combat operations in their professional activities. They do not have pronounced post-traumatic symptoms, and if there were signs of acute stress disorders, they cope with them themselves [10, 11].

The main and most typical reactions to the stress factors of the combat environment, which were observed in the police officers who participated in the combat operations, are as follows: increased sensitivity to noise 82 %, anxiety 91 %, movement disorders 10 %, depression 76 %, insomnia 26 %, justified and unreasonable fear 76 %, decreased appetite 36 %, headaches 13 %, tremors of the limbs 4 %, speech impairment 3 %, increased aggressive behavior 47 %, memory impairment 13 %. Mental disorders in combat are a common phenomenon, they are an inevitable result of the very nature of combat, and almost everyone who is in a combat zone suffers from mental incapacity to one degree or another.

Being under the influence of psycho-traumatic factors, a police officer can get mental disorders of varying degrees of severity. This, as a rule, leads to a partial or complete loss of fighting capacity [1, 11]. Moreover, the number of victims in this way turns out to be quite large (with long-term exposure to stress factors – up to 60 % of all personnel). This number may vary depending on the time spent under the influence of stress factors and their intensity. The key concepts used in the context of considering the psychological consequences of the impact on the personnel of the stress factors of the combat environment include:

– Psychogenesis – mental illnesses, the occurrence and course of which are caused, firstly, by the influence of stress factors of the combat situation and, secondly, by mental trauma arising as a result of the actions of these factors.

– Combat mental losses are losses of personnel associated with the loss of fighting capacity (full or partial) as a result of mental trauma (disorder) caused by stress factors of the combat environment that injure the psyche.

– Combat mental trauma is a pathological condition of the central nervous system arising as a result of exposure to combat stress factors, which determines the regulation of the victim's behavior by means of pathophysiological mechanisms.

As a result of psychological trauma, there is an accumulation of changes in the structures of the central nervous system, an increase in specific personal disharmony and readiness for the formation of psychopathological syndromes. The criterion for the transition of a psychological reaction to stress into a psychopathological one, which requires medical (psychiatric) intervention, in the case of a hyperkinetic variant of an acute reaction to stress, is the disorganization of behavior with inappropriate and life-threatening actions, deceptions of perception, sharp psychomotor excitement. The clinical picture is described in these cases as "reactive psychosis". According to the conditions and time of appearance, mental disorders related to the performance of combat tasks are usually divided into the following groups.

In the majority of employees of police units who returned from the war zone, disorders in the functioning of the emotional sphere, which are of a pronounced polymorphic nature, were noted. At the same time, a significant part of the surveyed employees experienced difficulties in defining their feelings and emotions. And, taking into account the presence of emotional coloring of most psychophysiological processes, it is logical to assume their change, which, of course, could be reflected in the state of health of the subjects.

Data obtained through interviews indicate that 76 % of respondents who have visited a military conflict zone feel overtired, nervous and tense. More than 25 % of respondents noted dissatisfaction with their activities. About 65 % of police officers felt the need to "refresh more than usual". For an objective assessment of the destructive mental states of police officers, we turned to the study of the factors of situational anxiety and personal anxiety according to the Integrative Anxiety Test. The results indicate that the police officers have twice as many indicators of personal anxiety (1.925 ± 0.69) as compared to situational anxiety (6.094 ± 1.15).

Constant emotional discomfort (7.31 ± 0.89), depressed mood of police officers, and lack of confidence in one's own abilities to improve the worrying situation have a significant influence on the formation of anxiety. The results of our research and the analysis of the obtained data allow us to draw the following conclusion: negative mental states that arose in men during the performance of tasks dangerous to health and life, upon returning from the combat zone, transformed into typical post-traumatic stress disorders. Vivid manifestations of such disorders are the growth of reactions of uncontrollable excitability (fits of rage, excessive vigilance, sleep problems, etc.) and avoidance reactions (abuse of alcohol and narcotic substances, dulling of emotions, etc.), which dramatically complicate the process of readaptation and, of course, require psychological correction.

Disappointments during the war lead to serious crises associated with a labile sense of self-worth, "fragmentation" of the concept of the individual. At the same time, with the possible processing of disappointment, the narcissistic inflated image of the individual will come closer to reality; in this case, a coherent, stable self can develop from it, with which a sense of self-worth is actually connected.

The sense of meaninglessness, in our opinion, is a consequence of frustrating experiences that arise against the background of combat stress. We established correlations between feelings of senselessness and fear ($r = 0.336$; $p \leq 0.05$), anxiety ($r = 0.416$; $p \leq 0.01$), flashbacks ($r = 0.405$; $p \leq 0.01$), problems with sleep ($r = 0.357$; $p \leq 0.05$), alcohol abuse ($r = 0.362$; $p \leq 0.05$), impaired memory and attention ($r = 0.333$; $p \leq 0.05$) and depression ($r = 0.363$; $p \leq 0.05$). These destructive conditions are common in the fixation of the human psyche on the excessive intensity of a traumatic event, the experience of a real threat to life, and the frustration of worldview values. A person's depression arises as a result of the awareness of the irreversibility of events, the weight of losses, and the destruction of the worldview principles that guided him in peacetime. Such a person feels devastated and loses rational projects for his own future. Trauma changes the personality of a police officer radically.

According to I. Kotenev's questionnaire, we also established that the policemen who conducted combat operations have pronounced problems with exaggerated reaction and hyper vigilance. The reaction of exaggerated response has numerous close correlations with destructive states: blunted emotions, aggressiveness, memory disorders, depression, anxiety, rage attacks, alcohol abuse, and flashbacks, sleep problems, guilt, at the level of statistical significance $p \leq 0, 01$. This reaction is also closely related to the parameters of situational anxiety ($r = 0.579$; $p \leq 0.01$) and personal anxiety ($r = 0.465$; $p \leq 0.01$). The performed correlation analysis proves the destructive effect of combat stress on the emotional and value sphere of the personality of police officers. Such policemen have a hard time experiencing a variety of frustrating reactions: feelings of despair, disappointment, loss of the expediency of their actions. The consequence of traumatic experiences is the formation of psychogenic symptoms.

Psychogenics that arise as a result of receiving a mental injury in a relatively short period of time (practically at the moment of the emergence of a psychological traumatic situation) – an unexpected explosion, a ricochet of a bullet, a light wound, etc. This situation can lead to such a psychological impact that the policeman finds himself in a state of stupor and falls out of the process of performing official and combat tasks. The external symptoms of mental disorders, obtained directly during the performance of tasks or during a long stay in extreme conditions, are different. A police officer who has received a mental injury can fall into complete inhibition; weakly react to the surrounding environment. But the opposite situation is also possible: manifestation of high motor activity, throwing, lamentation, etc. The nervous shock that a person experiences at this moment is so strong that he temporarily loses the ability to critically evaluate events, to think soberly about something. Over time, mental trauma can manifest itself at the somatic level (feeling bad, headaches, stomach upsets, etc.). Symptoms of mental disorders caused by high neuropsychological stress directly during the performance of professional tasks are divided into:

- behavioral reactions – strong tremors, running in search of shelter, a state of "paralysis", apathy, inhibition of movements, tearfulness, lamentations in combination with increased activity, fainting states, irritability and anger, timidity, excessive caution, uncomplicated mumbling, rioting;

- mental reactions – inability to concentrate attention, partial or complete loss of memory, complications with memorizing information and keeping it in memory, sensitivity to noise, violation of logic, speed of thinking and critical perception of the surrounding environment, weakening of the will, insomnia;

- somatic reactions – weakening of vision and hearing, frequent urination, upset stomach, difficulty breathing, impaired blood circulation (anemia of the legs and hands, strong muscle tension, rapid heartbeat, lower back pain, from surgical scars, old wounds). The given list of symptoms is far from exhaustive. In each case of extreme conditions of professional activity, specific manifestations of psychogenics largely depend on their nature, individual psychological and group characteristics of the work of police officers.

The second group includes psychogenics that develop over a relatively long time under the influence of weak, but constantly acting psychotraumatic factors. The accumulation of mental tension occurs gradually, sometimes imperceptibly for the police. In this case, the term "combat exhaustion" is used, which means mental disorders caused by a person's long stay in extreme conditions of official activity. The behavior of a person who has received such a psychogenic disorder changes greatly. She can become withdrawn, gloomy, react rudely to her colleagues. There are frequent cases when police officers without sufficient reasons start shouting at each other, quarreling, and showing signs of aggression. Communication with the help of laments is gradually becoming a norm of behavior. Sudden outbursts of anger and aggression can be accompanied by somatic reactions (headache, feeling of being broken in the whole body, dizziness, nausea, etc.), high motor activity, which is quickly followed by exhaustion and apathy. Sometimes mental disorders of the second group manifest themselves in a slightly different way. Even those police officers who have solid combat experience can suddenly feel strong attacks of fear before performing a new task, become too cautious, prone to "ritual" behavior.

Post-traumatic stress disorders (PTSD) can be singled out as a separate group. The main symptoms of such disorders include: recurring dreams and intrusive memories of psychotraumatic events, which are sometimes associated with some actions, events, etc.; the desire to avoid thoughts, feelings, actions, situations that may remind of psycho-traumatic circumstances; inability to reproduce in memory events accompanying psychotraumatic situations; loss of interest in previously important forms of life (for example, sports); a feeling of a "shortened future"; inability to empathize with other people, to family life; difficulty falling asleep and sleep disturbances, outbursts of anger and aggression towards other people or objects, memory loss and difficulty concentrating, constant increased vigilance.

Characteristics of a traumatic event include: degree of threat to life; severity of losses; suddenness of the event; isolation from other people at the time of the event; degree of influence of the surrounding environment; availability of protection against a possible repetition of a psychotraumatic event; moral conflicts related to the event; passive or active role of a person in this situation; direct effects of this event.

Thus, the experience of participating in hostilities shows that tension, often unpreparedness for activities in extreme situations, insufficient time for rest, poor nutrition and

material and technical supply, separation from the family are powerful factors that, accumulating, cause negative mental changes (neurotic reactions, aggressiveness, apathy, suicidal thoughts) in a certain part of police officers. It is necessary to prevent such changes, neglecting them can lead to irreversible consequences, cause serious diseases. The study of the prevalence of states of mental maladjustment among personnel depending on the length of stay in the areas of active hostilities on the territory of Ukraine shows a significant increase in the number of such cases during a long continuous stay in such a situation. At the same time, the number of people who did not show symptoms of neuropsychiatric disorders at the time of the examination steadily decreased.

Those who had a high level of education, were older, and most importantly, had a large number of social connections (wife, children, dependent relatives, elderly parents) were most exposed to the psychological influence of the combat situation. Therefore, the psyche of a normal person without special preparation for actions in combat conditions is not able to withstand the influence of combat stress factors. "Modern wars are won not by bold, self-confident leaps and unfurled banners, but by persistently wearing out the enemy, often in a state of extreme exhaustion, failures and even defeats, sometimes choking on blood" [6].

Thus, the experience of police participation in the war with Russia proves that a person without special training is not able to withstand the impact of combat stress factors on his psyche. In order to act with maximum efficiency, the police officer must adapt to the psychological impact of the combat situation, which is a necessary condition for the prevention of pathological violations of physiological reactions, cognitive, emotional-volitional, motivational spheres, etc. Effective psychological training of personnel and special psychological-pedagogical work on adapting people to combat conditions helps to reduce the negative consequences of the influence of stress factors in the combat environment.

Conclusions. Thus, the provisions outlined above allow us to make the following generalizations:

1. As a result of the stress factors of the combat situation, the policeman's psyche is strongly influenced, which leads to a violation of cognitive processes, emotional-volitional, motivational sphere and the manifestation of negative physiological reactions.

2. Reducing the negative factors of the combat situation will be facilitated by effectively organized psychological training, which allows adapting the policeman's psyche to combat conditions.

3. The main criterion for evaluating the effectiveness of psychological training of personnel can be defined as psychological preparedness to perform assigned tasks. Psychological preparedness for combat activity is a multi-component dynamic psychological formation, the structure of which includes: motivational, emotional-volitional, cognitive, regulatory and behavioral components. The level of psychological preparedness of the personnel is determined by the formation of the specified components; therefore, it is appropriate to determine the degree of formation of the components of the psychological preparedness of the personnel using indicators of the effectiveness of psychological training.

Conflict of Interest and other Ethics Statements

The authors declare no conflict of interest.

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ABSTRACT

In this article the psycho-emotional and personal changes of police officers after their return from the zone of armed conflict are analyzed. The results of an empirical study that prove the destructive effect of combat stress on the formation of a complex of the symptoms of increased excitability and avoidance as consequences of traumatization of the police officers are described and analyzed. Their development is due to the fixation of the police on the excessive intensity of the traumatic event, the experience of a real threat to life. the experience of participating in combat shows that tension, often unpreparedness for activities in extreme situations, insufficient time for rest, poor nutrition and material and technical supply, separation from the family are powerful factors that, accumulating, cause negative mental changes in a certain part of police officers. The need to prevent such changes is indicated; neglecting them can lead to irreversible consequences and cause serious diseases. The study of the prevalence of states of mental maladjustment among personnel depending on the length of stay in the areas of active hostilities on the territory of Ukraine indicates a significant increase in the number of such cases with a long continuous stay in such a situation. At the same time, in the course of the study, it was found that the number of people who did not show symptoms of neuropsychiatric disorders at the time of the examination was steadily decreasing. Those who had a high level of education, were older, and most importantly, had a large number of social connections were most exposed to the psychological influence of the combat situation. Therefore, the psyche of a normal person without special preparation for actions in combat conditions is not able to withstand the influence of combat stress factors.

Keywords: *combat stress, psycho-emotional state, post-traumatic stress syndrome.*