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Impact of traumatic experience on the personal (cognitive) resources of combatants

Yevhen Potapchuk*
Doctor of Psychological Sciences, Professor
Khmelnytskyi National University
29000, 11 Instytutska Str., Khmelnytskyi, Ukraine
https://orcid.org/0000-0001-7040-8456

Nataliia Potapchuk
Doctor of Psychological Sciences, Professor
Bohdan Khmelnytskyi National Academy of the State Border Guard Service of Ukraine
29000, 46 Shevchenko Str., Khmelnytskyi, Ukraine
https://orcid.org/0000-0001-8303-6196

✦ **Abstract.** The relevance of the study is conditioned by the fact that a full-scale war and the traumatic experience of participants in military operations significantly transform their emotional and personal resources, causing scientific and practical interest in the investigation of this problem. The purpose of the study was to find out how traumatic experiences affect the cognitive resources of the personality of combatants. A set of theoretical methods and empirical methods was used. The study included 189 people who were treated or examined in a military hospital. It has been established that traumatic experiences, caused by various reasons and of varying duration, significantly distort the use of personal resources, particularly cognitive resources. Cognitive impairments relate primarily to the main indicators of perception speed, attention, and short-term memory. It has been established that increased personal anxiety leads to noticeable disturbances in attention span, and increased depression leads to problems with shifting attention. Delayed experience of participation in combat operations leads to depressive experiences, while delayed experience of participation in the elimination of the consequences of combat operations leads to increased personal anxiety. The results of the study confirmed that traumatic experience leads to characteristic changes in the emotional and personal sphere of combatants and significantly affects their personal (cognitive) resources. The results of the study can be applied in rehabilitation programmes for military personnel with traumatic experiences, in particular, to restore their cognitive resources and form effective strategies for adapting to civilian life. The data obtained enrich the international discourse on the impact of traumatic experiences on the cognitive resources of combatants

✦ **Keywords:** military personnel; combat mental trauma; cognitive sphere; cognitive processes; mental states

✦ Introduction

Contemporary military realities, in particular the experience of countering Russia's armed aggression against Ukraine, pose extreme conditions for military personnel, who face physical and psychological challenges on a daily basis. Prolonged exposure to stressors, such as fighting, losing friends, and physical and emotional overload, can lead to negative mental states such as anxiety, depression, post-traumatic stress disorder, and burnout. The lack of timely diagnostics and effective psychological support programmes can complicate the process of adaptation of the military and reduce the level of their combat capability. Despite growing attention to the issue of mental health among military personnel, Ukraine still lacks a well-developed system for monitoring and diagnosing the psychological and

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*Corresponding author

emotional state of servicemen. The lack of comprehensive research on the effectiveness of various psychodiagnostic techniques in military conditions creates the need to improve approaches to assessing negative mental states and develop adaptive rehabilitation methods. Changes in the cognitive sphere in individuals with traumatic experiences of various aetiologies are a serious psychological problem that requires the search for effective ways to solve it. The complexity of the problem is caused by: the negative impact on the personality of traumatic events associated with combat operations and, as a result, the appearance of combat mental trauma. Subsequently, this problem is determined by the specifics of personality adaptation after combat operations, clinical-psychopathological and dynamic features of post-combat social maladjustment syndrome (Blinov, 2022; Shchyruk, 2024). The basis for the occurrence of combat mental trauma syndrome is the mechanisms of short-term adaptation with intensive expenditure of human adaptive resources (Chajkovskyj *et al.*, 2025). According to analysis by I.I. Chernenko (2024), there is an intensively increasing depletion and inhibition of the inclusion of regulatory systems for the development of long-term adaptation. To describe this disorder, along with sleep disorders, headaches, and autonomic lability, experts include symptoms such as emotional instability, agitation, decreased overall emotional background, loss of initiative and interest, rapid build-up of fatigue, and memory impairment and difficulty concentrating. Therefore, there is a need not only to diagnose the general psychological and medical consequences of mental trauma, but also to study in more detail the mechanisms of occurrence of disorders and determine compensatory mechanisms that will allow overcoming these disorders.

The idea of the functional state as a system of internal means that are activated to perform purposeful activities in given conditions is the basis for the development of ideas about the effectiveness of solving various tasks, including cognitive ones, based on the integration of data on the resources involved. Z.H. Kisarchuk (2020) investigated psychotherapeutic methods and technologies of assistance to victims aimed at reducing the manifestations of post-traumatic stress disorder, restoring emotional balance, cognitive abilities, and the formation of adaptive behaviour. N.Ya. Levytskyi & Y.M. Potapchuk (2025) focused attention on the dynamics of mental states of combat participants, the features of experiencing combat stress and its consequences, and on the use of psychodiagnostic methods to study the post-traumatic growth of military personnel and their families. I. Kovalenko *et al.* (2023) investigated psychological features of the negative consequences of post-traumatic stress disorder and trauma in military personnel and persons affected by combat stress. A.V Shvets *et al.* (2024) identified the characteristics of rehabilitation measures in different countries (the United States, Israel, Canada, Great Britain), in particular the functioning of rehabilitation systems and specialised institutions, the use of advanced technologies, the implementation of state programmes for psychological support for military personnel, veterans and their families, and approaches to the social reintegration of veterans. In this contest, the question of the impact of traumatic experience on the personal (cognitive) resources of participants in military operations is of particular interest. The concept of "cognitive resources" reflects the development of a mature psyche that provides processes for solving typical problems, forming and developing new mental structures for effective solution of problem situations. The problem of the influence of increased emotionogenic loads on the characteristics of human functional capabilities in solving cognitive problems is increasingly being discussed by psychologists and neurophysiologists. The disorganising influence of emotions and states of increased emotional stress on the main blocks of information processing has been repeatedly revealed. For example, A. Flood & R.J. Keegan (2022) found that in a state of increased anxiety, the ability to distribute and retain attention decreases, the parameters of memorisation and reproduction of information worsen, the processes of memorisation and preservation of material become more complicated, and logical thinking and decision-making operations are disrupted. Negative mental states limit the use of personal resources, in particular attention and working memory, so the purpose of the study was to identify the role of traumatic experience in changes in the cognitive resources of combatants.

✦ Materials and Methods

In this study, a number of theoretical methods (analysis, synthesis, comparison, generalisation) were applied, which helped to find out the theoretical and methodological foundations of the study of the problem of the impact of traumatic experience on the personal resources of participants in military operations, to analyse key concepts and substantiate the content of the research stages. An empirical study was conducted to investigate the impact of traumatic experience on the personal (cognitive) resources of combat participants, which involved 189 people who were treated or examined in a military hospital in the Khmelnytskyi Oblast in the period from May 2023 to April 2025. The age range was 28 to 54 years; the median age was 39.8 + 14.2 years. All study participants were men. The subjects were divided into five groups. The main groups of the study were characterised by the presence of a history of mental trauma. Group 1 (N1) included military personnel who experienced an acute condition caused by recent combat experience (40 people); Group 2 (N2) was characterised by the presence of delayed mental trauma complicated by injuries (44 people); Group 3 (N3) also had delayed mental trauma, but without complications from injuries (36 people); Group 4 (N4) was characterised by the experience of traumatic non-combat experience (related to work on the elimination of the consequences of military operations) (33 people); Group 5 (N5) was a control and consisted of students of a military higher education institution who did not have a traumatic experience (36 people).

Initially, each participant was interviewed, which was an anonymous structured interview and contained questions related to situations of trauma (injury), features of combat or other traumatic experience, and the nature of the subject's experience and attitude to these events and the fact of psychological trauma. In the next stage, all study participants were diagnosed using the same psychological test methods, which allowed them to assess personal characteristics, subjective experience of states, and cognitive resources. The following tests were used: Schulte Table, Gorbov's Red-Black Tables, Bourdon Test (to study attention resources); tests: reproduction of 12 numbers, reproduction of text (32 words), reproduction of 10 words (to study short-term memory resources); Amthauer Intelligence Structure Test (to study intellectual resources); Spielberger-Hanin Anxiety Scale, Zung-Balashova Self-Rating Depression Scale, Mississippi Scale, and the military version ("MS" Mississippi Scale) (to analyse the mental state of the study participants). Factor analysis of the obtained data, covering the level of situational and personal anxiety and indicators of depression, revealed differences between the study groups. The psychological survey lasted 45-90 minutes within 2-3 days in the morning hours before undergoing medical procedures or receiving medications. The study was conducted in compliance with the international ethical guidelines for human-related health research developed by the Council of international Organisations of Medical Sciences in collaboration with the World Health Organisation (CIOMS, 2016). Standardised procedures were followed to ensure the reliability and reproducibility of the data obtained. In particular, unified protocols and methods for studying the impact of negative mental states on the participants' cognitive processes were used. The correct execution of tasks and compliance of the results obtained with the set goals (verification and validation procedures) were checked. Repeated measurements (control measurement procedure) were performed to confirm the stability of the data.

✦ Results and Discussion

A comparison of the severity of negative mental states in different groups of subjects showed that participants with traumatic experiences were characterised by significantly higher levels of personal anxiety and depressive symptoms compared to those who did not have such experiences. The differences shown in Table 1 have a high level of statistical significance, which confirms the reliability of the results.

Table 1. *Results of comparison of the level of severity of negative stable mental states in different groups of study participants*

Group	Level of situational anxiety	Level of personal anxiety	Level of depression
N1 – with acute mental trauma	40	30	48
N2 – with delayed mental trauma complicated by injury	47	39	41
N3 – with delayed mental trauma without injury	36	29	42
N4 – with mental trauma unrelated to combat experience	34	38	30
N5 – control group	31	23	32

Source*: compiled by the authors*

Analysing the obtained values of indicators, it is necessary to consider the psychological characteristics of the study participants: male military personnel tend to assess their own state as emotionally stable. Those who do not have combat and other traumatic experiences are characterised by very low indicators of personal anxiety and depression. Although the indicators of other groups are significantly higher, all of them fit within the limits of the normal range. Features of subjective experience of negative states in different groups of study participants revealed various factors of influence. Individuals who have recent or past combat experience have significantly expressed depressive experiences, which was not observed in the group of individuals who have traumatic but non-combat experience in eliminating the consequences of combat operations. The latter group is characterised by higher personal anxiety compared to military personnel who did not experience traumatic events, and even compared to those who recently participated in military operations. The results of all cognitive tests were also analysed, which helped to identify the features of using the resources of memory, thinking and intellectual activity of participants. The block of techniques aimed at studying the characteristics of attention turned out to be the most significant in the context of understanding the specifics of cognitive resources. The summary results of this stage are presented in Table 2.

Table 2. *Number of errors in attention tests in different groups of study participants*

Group	Gorbov's Red-Black Tables	Bourdon Test	Schulte Tables
N1 – with acute mental trauma	1.8	3.7	2.9
N2 – with delayed mental trauma complicated by injury	3.5	2.7	3.3
N3 – with delayed mental trauma without injury	1.9	3.6	1.0
N4 – with mental trauma unrelated to combat experience	1.7	1.4	2.7
N5 – control group	0.5	1.1	0.1

Source*: compiled by the authors*

All groups of study participants with a history of mental trauma significantly differ in these indicators from the control group. The stability of attention (measured by the Bourdon Test) suffers more in the group with acute and non-combat mental trauma. Attention switching, as measured using the Gorbov Red-Black Tables, was reduced in the group with delayed mental trauma complicated by injury. The ratio of switching and attention stability, measured using Schulte Tables, is impaired in all three listed groups. Further, a detailed analysis of the indicator shown in Table 3, namely the number of rows filled in in one minute in the Bourdon Test sample, was carried out and compared with the number of errors made.

Table 3. Performance indicators in the Bourdon Test sample

Group	Average number of test rows completed in one minute	Standard deviation	Average number of errors made during execution	Standard deviation
N1	7.18	1.75	3.68	2.02
N2	6.05	1.41	2.71	1.7
N3	8.04	1.19	1.3888	1.37
N4	5.38	1.53	3.5757	2.17
N5	8.26	0.60	1.1388	1.18

***Source**: compiled by the authors*

The differences in these indicators between all groups, calculated using univariate analysis of variance, are highly significant: for the number of rows – $F(4; 184) = 29.379$; $p < 0.001$; for the number of errors – $F(4; 184) = 16.929$; $p < 0.001$ (where F – indicator of the F-Fischer criterion; p – level of statistical significance). The table shows that people with delayed, but not complicated combat trauma practically do not differ in results from the control group; people with acute combat trauma do the test quickly enough, but make many mistakes. The most unfavourable results were observed in the group with delayed and complicated combat trauma and non-combat trauma. A small amount of execution is combined with a large number of errors, which is obviously a consequence of general asthenisation. In the group of military personnel who have experienced traumatic experiences and were injured in combat operations, the results obtained were predictable. But for a group of people without combat experience, the data obtained was less evident. This group is characterised by a relatively high level of personal anxiety, which leads to a redistribution of attention to tracking a potential threat and makes it difficult to focus on completing the task. The group with uncomplicated delayed combat trauma showed more favourable indicators. On average, at the time of testing, two years had passed after participating in combat operations. It is possible that the events that caused the mental trauma were experienced and the mental status was restored. A detailed analysis of the performance of five Schulte samples in the delayed mental trauma group showed a particular trend. In the first sample, the subjects showed a significant number of errors (1.7). In the second sample, the number of errors and the execution time significantly decreased (1.03). In the third and fourth samples, the number of errors continued to decrease (to 0.4 and 0.56), but the execution time increased significantly. By the fifth test, the number of errors almost reached the initial level (1.5), despite the fact that the execution time increased further. The normal situation was quite different. The time to complete the tests was on average the same (significantly less than in the group of people with delayed injury), and the number of errors during all tests was reduced from 0.39 in the first sample to 0.01 in Group 5. These results confirm that with delayed mental trauma, subjects tend to intensify cognitive processes by consciously connecting additional resources. However, the efforts made to achieve this are not enough in the long run, and then a sharp disorganisation of cognitive performance occurs. Similar trends were found when analysing the results of short-term memorisation tests. Table 4 shows the results of stimulus reproduction.

Table 4. Results of short-term memorisation tests in different groups of subjects

Group	12 numbers	Test (32 words)	10 words
N1 – with acute mental trauma	53	68	49
N2 – with delayed mental trauma complicated by injury	48	58	31
N3 – with delayed mental trauma without injury	55	60	45
N4 – with mental trauma unrelated to combat experience	45	57	21
N5 – control group	62	81	68

***Source**: compiled by the authors*

All groups of subjects who experienced mental trauma performed significantly worse on tests compared to the control group. The greatest decrease in results was observed for groups of people with complicated delayed combat trauma and delayed mental trauma not related to combat experience. The overall intelligence quotient during psychological trauma decreases slightly and remains within the normal range. To assess intelligence, the study used a computerised version of the Amthauer Test, which consists of a significant number of intellectual tasks. A more detailed analysis of the data obtained showed that subjects experiencing acute mental trauma were successful in slightly different intellectual tasks than subjects experiencing delayed mental trauma. In particular, with acute mental trauma, subjects were significantly more successful in performing intellectual tasks related to analysing information from long-term memory. With delayed mental trauma, subjects counted better about themselves, but lost significantly in tasks that require manipulation of long-term information. These data could be interpreted as an indication that in the case of acute mental trauma, subjects overcome the difficulties that have arisen due to the appeal to long-term memory, which does not fail them. In the case of delayed mental trauma, accessing long-term memory is not so effective, and subjects can maintain the level of problem solving only by intensifying actual mental operations.

Interpretation of the research results allowed for a detailed analysis of the problem and assessment of integrative indicators and their interaction. It is worth noting that most contemporary approaches to the diagnosis of negative conditions prefer a comprehensive approach that helps to identify them in time and sets the task of finding integrative indicators (Shalev, 2007). The study of individual psychophysiological indicators cannot provide a reasonable assessment and prediction of the professional effectiveness of a serviceman. Therefore, an in-depth analysis of the individual psychological, socio-psychological characteristics of the serviceman's personality becomes even more important and causes crisis states based on the totality of his individual characteristics, the results of psychological diagnostics, monitoring of current psychological states (Kokun *et al.*, 2019). Further, an attempt was made to identify such integrative characteristics in the available data set and perform a factor analysis of all indicators of the state and cognitive performance. Factor analysis of indicators of subjective assessment of the condition helped to combine them into one factor, which explains 46.08% of the variance of the subjects' responses. The factor can be called an "anxiety-depressive complex". Some indicators were included in the factor with such loads (Table 5).

***Table 5.** Factor analysis of subjective assessment indicators*

Situational anxiety	0.795
Personal anxiety	0.722
Manifestation of depression	0.558

***Source**: compiled by the authors*

The integral index of anxiety and depressive states was calculated based on these data. Significant differences were found between the groups in this indicator ($F(4; 184) = 87.89$; $p < 0.001$). The index was most pronounced in the group of people with complicated delayed mental trauma. A factor analysis of all cognitive parameters was also performed and a factor structure of two factors was obtained, which together explains 55.66% of the variance in responses. The first factor includes all measurements of attention and memory, and the second – intelligence quotient (Table 6).

***Table 6.** Factor structure that collectively explains 55.66% of the response variance*

Execution time in the Gorbov's Test	-0.836	-0.021
Execution errors in the Gorbov's Test	-0.517	0.468
Number of rows in the Bourdon Test sample filled in one min.	0.741	0.204
Execution errors in the Bourdon sample	-0.478	-0.402
Total lead time of five samples in the Schulte Test	-0.698	0.166
Total number of errors in the Schulte Test	-0.591	-0.176
Reproduction of 12 numbers	0.712	0.027
Reproduction of text	0.747	-0.128
Reproduction of words	0.817	0.091
Intelligence quotient	-0.167	0.758

***Source**: compiled by the authors*

The results of subjects who experienced psychological trauma in the intelligence test do not differ significantly from the norm. This can be explained by the greater significance of these results for the subjects and, consequently, their higher motivation. It is characteristic that the number of errors in the Gorbov's Red-Black Table and the Bourdon Test negatively correlate with the intelligence quotient. All indicators included in the first factor were combined with the established coefficients into an integrative measure of cognitive performance. It was found that the groups of subjects differ critically in this indicator ($F(4; 184) = 72.32$; $p < 0.001$). The cognitive performance ratio is negative-

ly correlated with age, distance from a traumatic event, and the anxiety-depressive states index, which, in turn, is positively associated with time spent in combat conditions. The relationships between the calculated integrative indices, and between the age of subjects, the distance of the traumatic event, and the duration of the traumatic experience were analysed. Based on the results of the analysis, correlation clusters were constructed, presented in Table 7.

Table 7. Correlation clusters for five indicators

	Cognitive performance quotient	Index of anxiety and depressive states	Duration of the traumatic experience	Distance from a traumatic event	Age
Cognitive performance quotient	–	-0.348	–	–	–
Index of anxiety and depressive states	-0.348	–	0.228	-0.269	-0.236
Duration of the traumatic experience	–	0.228	–	–	–
Distance from a traumatic event	–	-0.269	–	–	–
Age	–	-0.236	–	–	–

***Source**: compiled by the authors*

The data showed that the cognitive performance index was negatively associated with the anxiety-depressive states index and distance from the traumatic event. The higher the subjective experience of anxiety and depression, the worse a person solves cognitive problems. This pattern increases with age. It is characteristic that cognitive performance worsens with the distance in time of the traumatic event, which indicates that the traumatic experience has not been processed. The anxiety-depressive index is positively associated with the duration of traumatic experiences. The longer people were exposed to combat conditions or the aftermath of combat, the higher their anxiety and depression scores and the worse their cognitive performance. The data confirmed the conclusions of V. Antonova & N. Plidlutska (2024), who identified the relationship between the level of post-traumatic stress disorder and various aspects of combat stress and traumatic events in military personnel, and also found that the level of PTSD (post-traumatic stress disorder) does not always correlate with the level of combat stress, and the level of traumatic event is not always associated with the level of manifestation of combat stress. The results are also consistent with the statements of N.V. Danilevska (2018), who investigated the structure of post-combat social maladjustment syndrome and its specific onset: after military personnel return from combat zones, they encounter civilian life and expand their social contacts with civilians. In turn, I.I. Chernenko (2024), who studied the cognitive functions of 350 patients who had suffered combat traumatic brain injury, concluded that combat traumatic brain injury has a negative impact on patients' cognitive abilities, depending on the severity and catamnesis. In addition, G. Keinan (1987) pointed to an increase in personality neuroticism and a decrease in adaptive abilities in his study of the psychological characteristics of the negative consequences of post-traumatic stress disorder and trauma in military personnel and individuals affected by combat stress. C. MacLeod & A.M. Donnellan (1993) confirmed that reduced performance in highly anxious individuals is conditioned by a limited functional capacity of working memory, which is manifested in a slowdown in the performance of cognitive tasks under conditions of increased stress. In turn, emotional state affects cognition not directly, but through information about the value it conveys: a positive affect usually promotes flexible, relational information processing and generates favourable assessments, while a negative affect restricts such processing, causing more detailed, stimulus-dependent thinking (Clore & Palmer, 2009). O.V. Savchenko (2014) argued that cognitive resources are a key component of individual experience, as they provide information processing, problem solving, and personal competence development through the interaction of mental structures, thought operations, cognitive emotions, and behavioural procedures. The study by N. Derakshan & M.W. Eysenck (1998) confirmed that in individuals with high levels of anxiety and defensively high anxiety, the speed of thinking significantly decreased with a high load on memory, while in individuals with low levels of anxiety and repressors, the indicators remained stable, which indicates a smaller number of anxious thoughts unrelated to the task being performed. Analysis by C.L. Germain *et al.* (2016) showed that negative beliefs about oneself and the world partially mediate the relationship between PTSD symptoms and various forms of anger expression, with the severity of combat PTSD directly affecting external anger expression, highlighting the need for targeted diagnosis and correction of traumatic beliefs to improve emotional regulation in veterans. Yu.O. Aseeva *et al.* (2024) proved the propensity of people with combat experience to depression, anxiety, hysteria, and hypomania. The above-mentioned problems further highlight the need for closer integration of medical, social, and psychological services with the involvement of state, non-state, and volunteer structures, which will provide more effective support for military personnel, veterans, and their families (Hrynzovskyi *et al.*, 2022). Thus, the results obtained are consistent with the conclusions of previous studies and confirm the complex and multidimensional nature of the relationship between combat stress, traumatic experience, and cognitive functions, which determines the need for a comprehensive approach to the diagnosis and rehabilitation of military personnel.

✦ Conclusions

The study showed that traumatic experiences lead to increased anxiety and depression: delayed participation in

combat operations mainly causes depressive states, and the experience of eliminating their consequences – increased personal anxiety. Thus, traumatic experiences caused by different causes and different durations introduce significant distortions in the use of cognitive resources. Cognitive impairments are primarily related to the main indicators of attention and short-term memory. It was found that increased personal anxiety leads to noticeable violations of attention stability, and increased depression – to problems with switching attention. In general, the most problematic, both in terms of performing attention tests and in terms of performing memorisation tests, are groups of people with complicated delayed combat mental trauma, delayed mental trauma, and a group of military personnel who have traumatic experience that is not related to combat operations. In the case of acute mental trauma, the study participants demonstrated different strategies for solving cognitive problems than in the case of delayed mental trauma. In particular, military personnel with acute mental trauma sought to maintain a high level of performance by connecting additional resources and intensifying activities. However, this strategy is generally not effective, but leads to rapid fatigue. In case of serious difficulties, metacognitive strategies for conscious resource allocation are optimal, as some researchers have previously pointed out. It is on the way to learning these strategies that it is possible to overcome difficulties for people who are experiencing delayed mental trauma. In addition, in acute mental trauma, subjects relied on long-term memory resources and basic knowledge to solve intellectual problems; in delayed mental trauma, when long-term memory begins to deteriorate, strategies for intensifying actual mental operations were involved. Attempts by subjects to intensify the solution of cognitive tasks by increasing conscious regulation are subject to limited opportunities for their additional attention resources and are not optimal strategies. The study confirmed that the traumatic experience of combatants significantly affects their cognitive resources, so it is important to pay attention to their recovery and development in rehabilitation. The prospect of further research is to investigate the behaviour of military personnel with PTSD and the role of society as a support resource.

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✦ Conflict of Interest

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Вплив травмувального досвіду на особистісні (когнітивні) ресурси учасників бойових дій

Євген Потапчук
Доктор психологічних наук, професор
Хмельницький національний університет
29000, вул. Інститутська, 11, м. Хмельницький, Україна
https://orcid.org/0000-0001-7040-8456
Наталія Потапчук
Доктор психологічних наук, професор
Національна академія Державної прикордонної служби України
імені Богдана Хмельницького
29000, вул. Шевченка, 46, м. Хмельницький, Україна
https://orcid.org/0000-0001-8303-6196

✦ **Анотація.** Актуальність дослідження зумовлена тим, що повномасштабна війна та травмувальний досвід учасників бойових дій істотно трансформують їхні емоційно-особистісні ресурси, зумовлюючи науково-практичний інтерес до вивчення цієї проблеми. Мета дослідження полягала у з'ясуванні того, як травмувальний досвід впливає на когнітивні ресурси особистості учасників бойових дій. Використано комплекс теоретичних методів і емпіричних методів. Дослідження охопило 189 осіб, що перебували на лікуванні або обстеженні у військовому шпиталі. З'ясовано, що травмувальний досвід, спричинений різними причинами і різної тривалості, вносить суттєві спотворення у використання особистісних, зокрема когнітивних ресурсів. Порушення у когнітивній сфері стосуються насамперед основних показників швидкості сприйняття, уваги та короткочасної пам'яті. Встановлено, що підвищена особистісна тривожність призводить до помітних порушень стійкості уваги, а підвищена депресивність – до проблем із перемиканням уваги. Відтермінований досвід участі у бойових діях формує депресивні переживання, а відтермінований досвід участі у ліквідації наслідків бойових дій призводить до виникнення підвищеної особистісної тривожності. Результати дослідження підтвердили, що травмувальний досвід призводить до характерних змін в емоційно-особистісній сфері учасників бойових дій та суттєво впливає на їхні особисті (когнітивні) ресурси. Результати дослідження можуть бути застосовані у реабілітаційних програмах для військовослужбовців із травматичним досвідом, зокрема для відновлення їхніх когнітивних ресурсів та формування ефективних стратегій адаптації до цивільного життя. Отримані дані збагачують міжнародний дискурс про вплив травмувального досвіду на когнітивні ресурси учасників бойових дій

✦ **Ключові слова:** військовослужбовці; бойова психічна травма; когнітивна сфера; пізнавальні процеси; психічні стани