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THEORETICAL FOUNDATIONS OF PSYCHOLOGICAL RESILIENCE OF MILITARY PERSONNEL

The article outlines the theoretical foundations of psychological resilience of servicemen, which is interpreted as a process of positive adaptation after traumatic events that pose a threat to human health or life. The main external factors and personality traits that affect psychological resilience are identified.

Keywords: stress, resilience, psychological stability, psychological flexibility, military personnel, post-traumatic stress, post-traumatic stress disorder.

Statement of the problem. Stress and traumatic experiences are an integral part of human life. While in peacetime, stress is present in everyday life, today, in times of war, almost all Ukrainians face it on a daily basis. Military personnel are a particularly vulnerable category, as their professional activities involve an increased risk to life and health. They are regularly exposed to extreme factors, including intense psychological stress during combat missions, difficult service conditions, long separations from their families, etc. Participation in hostilities requires soldiers to be constantly on standby. It is especially important in the context of modern weapons development, the use of equipment, drones and highly stressful situations on the battlefield. As a result, most soldiers experience combat stress, which manifests itself in various forms [1, 2].

Despite a considerable amount of research that has provided a deeper understanding of the nature, factors and consequences of combat stress and psychogenic trauma, relatively less attention has been paid to the study of internal resources that contribute to the formation of emotional resilience. These are the factors that ensure the development, maintenance and strengthening of psychological resilience, as well as external conditions that can reduce the negative effects of combat stress.

Analysis of recent research and publications. According to the American Psychological Association, resilience is the ability to successfully adapt in the face of difficulties, trauma, tragedy, threats, or serious sources of stress [3]. In this regard, a serviceman's psychological resilience can

be viewed as a process of constructive adaptation after a life-threatening combat traumatic experience. This ability enables the military to effectively overcome the negative effects of combat stressors while maintaining combat readiness and overall performance [4]. Scientists A. Estrada, J. Severt and M. Jimenez-Rodriguez noted that resilience is becoming increasingly popular among scientists, practitioners and the wider public [5]. The authors of this research [6] conducted a study on the nature and characteristics of resilience at the individual level. Researcher G. Alliger and his co-authors proved the importance of its manifestation at the collective level [7]. It is worth emphasising that a high level of psychological resilience of personnel is critical for military structures that form units to perform tasks in high-risk environments. This quality is a prerequisite for achieving maximum efficiency and success during combat operations [8].

Scientific research in the field of psychological resilience shows that not all individuals exposed to stress or traumatic events necessarily experience negative consequences. This suggests that there are certain mechanisms that can mitigate or even prevent the development of adverse psychological reactions to potentially traumatic events (PTEs). The ability of individuals to resist negative influences and demonstrate resilience in difficult circumstances has become a principal focus of numerous scientific studies [9].

The purpose of the article is to determine the theoretical foundations of psychological resilience of military personnel in order to develop a model

of psychological recovery of Ukrainian combatants after participation in combat operations.

Summary of the main material. The use of the term "psychological resilience" and its justification began in the 1970s, when research was focused on the nature of human resilience and flexibility after exposure to traumatic events. This literature highlighted the historical and cultural evolution of this concept, which later acquired different shades of meaning [10]. Studies have shown that psychological resilience can help people maintain a relatively stable and healthy physiological level in traumatic or stressful situations, which is important for them to cope with stress and improve their mental health [11]. In general, psychological resilience is a complex combination of protective and pathogenic factors, as well as processes that play a key role in understanding both the state of mental health and the development of diseases, treatment and rehabilitation. It is a mechanism for overcoming psychological difficulties and a person's ability to adapt to changes, withstand the effects of stress and avoid serious impairments in functioning [10]. In other words, psychological resilience is the ability of an individual to effectively overcome stressful, crisis or traumatic circumstances, maintaining or restoring normal life and activities. The higher the level of resilience, the lower the chance of developing psychological disorders or diseases [12].

Individuals with high levels of resilience tend to have an optimistic attitude to life, perceive difficult circumstances as an experience, focus on their strengths, are open to constructive criticism, build positive interpersonal relationships, develop social skills, and demonstrate emotional stability [13].

Good psychological resilience will prevent illness, ensure good health, and facilitate and accelerate recovery and rehabilitation.

The analysis of the literature on psychological resilience showed that the most cited author is K. M. Connor, co-author of the Connor-Davidson Resilience Scale [14]. It is most commonly used worldwide as a measure of a person's psychological resilience. The next in importance are the studies of G. A. Bonanno, which made it possible to identify the relationship between psychological resilience and PTS, as well as to determine the mechanisms of formation, individual differences and factors of influence of psychological resilience [9, 15, 16]. These results are widely used by researchers around the world, which has given a powerful

impetus to the development of psychological resilience.

Although there is no single universally accepted definition of the term "psychological resilience", most of them contain two main concepts: susceptibility to environmental problems and activation of processes that support competence and functioning over time [17]. As noted by the authors of the research [8], resilience as a dynamic longitudinal process is not just a static trait or the absence of psychopathology at any given point in time. An individual can demonstrate adaptive functioning in response to some stressors or in some areas, for example, emotional, social, academic, professional, and social ones [18].

Based on the research, it can be assumed that a person's ability to respond adaptively to adversity or stress depends on [19]:

- general personality traits (e.g., positive emotionality, hedonistic interaction with people and the environment, tendency to feel guilty, anxious and defensive, etc.);
- maintaining relationships that protect people from the effects of stress;
- executive functioning and other higher-order cognitive abilities for flexible self-regulation.

The first studies of psychological resilience among military personnel mainly focused on risk factors and vulnerabilities that cause maladaptive reactions in the post-traumatic period or are associated with the development of specific psychopathological manifestations, in particular post-traumatic stress disorder (PTSD). For example, more severe symptoms of PTSD have been consistently associated with factors such as female gender, young age and racial minority, lower education, adverse childhood, prior trauma exposure, prior psychopathology, greater trauma severity, and lower levels of social support [20]. Another study found that social assistance can support psychological resilience, preventing the development of later PTSD symptoms in military personnel [21].

Studies of psychological resilience in military personnel have also focused on individual personality traits that contribute to better psycho-emotional functioning. Later, these characteristics were combined into holistic constructs known as "resilience composites" [22]. Particular attention was paid to the role of resilience and the definition of its limits, which, as studies have shown, positively correlates with higher adaptive

performance in response to military operational stress [23].

In the research [8], M. A. Polusni and his colleagues studied the psychological resilience of US National Guard members and their families based on a number of criteria: assessment of the baseline level of functioning (in particular in the context of combat deployment), individual sensitivity to challenges (e.g., the degree of stress associated with deployment), and the difference between factors predicting different trajectories of psychoemotional outcomes (e.g., personality traits, social environment). Using prediction models, the authors identified several types of trajectories for military personnel and their partners in the context of PTSD, depression, and alcohol-related problems [24]. The most common was the trajectory with low symptoms or adaptive functioning, which indicates the presence of resilience. In addition, the results consistently confirmed the significance of such factors as personality traits (especially positive emotionality), social support, and previous experience of stressful events in predicting membership in groups with stable positive dynamics.

Scientists S. R. Thompson and S. Dobbins emphasise that for active duty military personnel, psychological resilience is critical to preventing the devastating effects of trauma on mental health [25]. Another study identified a number of factors that influence resilience, including: sense of self-efficacy, level of psychological stress, symptoms of depression and anxiety, and ability to emotional self-regulation [26]. The results showed that in order to increase self-esteem, self-efficacy and social support, it is necessary to increase psychological resilience.

Another view of human psychological resilience is provided by studies of psychological flexibility, which is perceived as a hidden construct consisting of six main dimensions that leads to good health and living a satisfactory life focused on values regardless of internal (personal) experiences [27]. According to the authors of the concept, it has the following components: 1) separation as the ability to create non-literal, non-judgemental contexts that reduce unnecessary regulatory functions of cognitive events (thoughts); 2) acceptance as the ability to intentionally take an open, receptive and flexible point of view towards experience; 3) "I" as the ability to see internal experiences where all stressors are not necessarily felt as threats; 4) contact as the ability to pay

attention to what is purposeful, voluntary and flexible for a person with their values and goals; 5) awareness of their values as selected, verbally constructed consequences of dynamic models of developing activities; 6) purposeful action as the ability to develop models of effective action that are related to the chosen values [27].

A flexible stress response mobilises the physiological resources necessary for an adequate response and is thus proportional to the threat. In the case of social stress, it prepares the body for a possible attack and injury, which is more likely in the case of exclusion from the group [28]. A flexible stress response also returns to the baseline when the threat is no longer present, and is therefore limited in time. In contrast, an inflexible stress response corresponds to the intensity or type of stressor. For example, adversity in early childhood can prepare immune cells to increase inflammatory responses to stressors even in adulthood [29]. This harsh, stereotypical response does not discriminate between stressors, so even a minor stressor can overwhelm the body. In addition, if the threshold of the reaction is low, and this happens even in safe contexts, the frequency of the reaction increases and the side effect of inflexibility manifests itself. Another sign of inflexibility is impaired recovery, so that biomarkers take longer to return to their baseline. High frequency and poor recovery are particularly problematic in the context of frequent exposure to stress, as they can translate into a new, higher baseline.

A flexible response to stress becomes even more important in the context of a recurrent stressor. When the stressor does not pose a threat to life or social integration, people should be able to habituate themselves so that they do not react as strongly to further provocations. Conversely, the inability to habituate to a recurrent stressor is a sign of an inflexible response to stress. Early childhood adversity is likely to be a major contributor to inflexible stress responses even in adulthood, as this stress occurs during a particularly sensitive period of development when children are learning to distinguish between safe and unsafe environments.

The concept of a flexible response to stress is related to the existing concepts of autonomic flexibility, allostatic load, and psychological flexibility. Autonomic flexibility is used to describe people with high resting heart rate variability, which facilitates adaptation and

adequate responses to environmental challenges [30]. It overlaps with stress response flexibility, which focuses on the trajectory of the response itself, but differs from it. Allostatic load occurs when the physiological systems involved in adaptation are chronically over- or under-activated, causing damage to the brain and periphery [31]. Stress response flexibility refers to the specific trajectory of a biomarker after a limited time of stress. It is a micro-level concept that can give an immediate indication of a person's ability to adapt. Psychological flexibility refers to the ability to adapt to a changing environment, change one's mind, and balance competing desires [19].

With the development of research in the field of psychological resilience, scientists are increasingly interested in studying it from the standpoint of molecular biology and genetics in order to identify biological mechanisms that may be associated with this ability. In particular, it has been found that hormones, neuropeptides, neurotransmitters, and neural networks can play an important role in shaping psychological resilience, which opens up new areas for scientific analysis [32]. For example, a study of post-traumatic patients found that bilateral activation of the hippocampus positively correlates with psychological resilience, and hippocampus-dependent situational processing can be used as a mechanism to overcome the risk of developing PTSD [33]. Other scientists have analysed diffusion-weighted magnetic resonance imaging data from people with severe depression and found that structural integrity connects the main white matter pathway involved in cognitive control and emotion regulation [34]. The authors of this research [35] found that adolescents with a high level of resilience have a higher level of activation of the middle frontal gyrus.

Conclusion

Thus, the psychological resilience of a serviceman is a process of positive adaptation after a combat traumatic event that threatened their life or health. Evaluation of psychological resilience is important both for predicting the professional effectiveness of the military and for determining the success of their recovery after participation in combat. A high level of resilience helps to maintain a stable combat capability even in difficult, stressful conditions, which, in turn, helps to preserve mental health and reduce the risk of developing severe post-traumatic disorders.

Study modern methods of preserving and increasing the level of psychological resilience of military personnel after their participation in combat operations is a perspective of our future research.

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ТЕОРЕТИЧНІ ОСНОВИ ПСИХОЛОГІЧНОЇ РЕЗИЛЬЄНТНОСТІ ВІЙСЬКОВОСЛУЖБОВЦІВ

З моменту широкомасштабного вторгнення російських збройних сил в Україну 24 лютого 2024 р. кожен українець щодня відчуває стрес війни. Понад одинадцять років українські військовослужбовці, які беруть участь у бойових діях, постійно переживають бойовий стрес, що негативно позначається на їхньому фізичному та психічному здоров'ї. Однак не всі люди, які зазнали психічної травми,

відчують негативні наслідки: деякі особи зберігають працездатність після стресового періоду або події (стресора). Натомість в інших спостерігається часткове або повне порушення професійної діяльності. Резильєнтність (стійкість, еластичність, гнучкість) військовослужбовця можна уявити як процес позитивної адаптації після травматичної події, яка загрожує здоров'ю або життю людини.

Метою статті є визначення теоретичних засад психологічної резильєнтності військовослужбовців для розроблення моделі психологічного відновлення українських комбатантів після участі у бойових діях.

Психологічна резильєнтність – це комплекс захисних чинників і процесів, важливих для розуміння здоров'я й хвороби, а також процесу лікування і одужання. В її основі закладено механізм подолання події, яка потенційно травмує, здатність людини успішно адаптуватися до змін, протистояти негативним наслідкам стресорів, уникати серйозних дисфункцій, зберігаючи або відновлюючи нормальне функціонування. Психологічна резильєнтність має велике значення для розуміння працездатності військовослужбовців. Вони повинні бути витривалими, щоб залишатися психологічно стабільними, гнучкими, ефективними, мотивованими та мати гарне психічне й фізичне здоров'я. Військові організації часто вибирають резильєнтність як предиктор, щоб визначити, чи психологічно підходять кандидати для військової кар'єри.

Отже, чим різноманітніші конструкції психологічної резильєнтності розглядаються, тим більше можливостей для введення основних концепцій у відповідні галузі психології, медицини, психічного здоров'я та науки. Це введення сприяє значній і необхідній зміні парадигми резильєнтності. Така стратегія трансформує дефіцитну модель психічного здоров'я, щоб ввести структуру, засновану на сильних сторонах і компетенціях, зосередившись на профілактиці та розвитку позитивних аспектів на додаток до вирішення проблеми травматичного стресу у військовослужбовців і появи психопатології серед них.

Ключові слова: стрес, резильєнтність, психологічна стійкість, психологічна гнучкість, військовослужбовець, посттравматичний стрес, посттравматичний стресовий розлад.

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