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Psychological Markers of Suicides in Military Service During Wartime: A Contemporary Example

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Abstract

To determine the types of suicidal activity of Ukrainian military personnel who took part in hostilities in 2014-2016 in the War in the East of Ukraine. The materials of the post-mortem pathopsychological research of the Ukrainian military personnel who participated in hostilities and committed suicide in the interval 2014-2016 were analyzed. Psychodiagnostical data of suicides was used according to the following methodologies: R. Cattell's 16-factor Questionnaire, "Suicidal Risk Questionnaire", "Determining the Type of Accentuation of Character Traits and Temperament", "Adaptability". Cluster analysis was used to identify the personality types of the military personnel who committed suicide. It was revealed that the increase in suicides occurred at the expense of professionally and psychologically unprepared military who signed the first contract, as well as conscripted during martial law period, volunteers. It was found out that all suicides originated from destructive families, that had problems in civilian life. Combat psychological trauma followed by alcohol use provoked suicides in the period of early adaptation to combat conditions. "Demonstratively-exalted" type of suicidal activity, allowed determining that suicides in the period 2014-2016 were associated with a violation of adaptation to combat conditions, as-well-as the inability to compensate adequately the accentuated character traits formed in civilian life.

Key words: suicide; military personnel; combat mental trauma; accentuation; psycho-prophylaxis.

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Novelty and Significance

What is already known about the topic?

- Participation in hostilities increases several times the number of servicemen who have committed suicide. Committing suicide is not necessarily associated with mental illness.
- Acquired capability for suicide, thwarted belongingness, and perceived burdensomeness are being actively tested on a sample of military personnel.

What this paper adds?

- This is the first study in which a sample of Ukrainian servicemen who have committed suicide is differentiated into types based on character and temperament accentuations.
- This study made it possible to compile a generalized psychological portrait of the most common type among Ukrainian military personnel who committed suicide in the period of time studied.

The prevention of irreparable noncombat losses of military men because of suicides is one of the priority area of the work of military psychologists and psychiatrists (Melnyk, Prykhodko, & Stadnik, 2019). According to the official data (Matios, 2018) about 1000 servicemen have committed suicide during the five years of combat operations happened in Ukraine. A way to investigate the high rate of suicides has been to account for some,

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factors of suicidal risk in servicemen, like age (Pitts, Whealin, & Kato, 2018), short period of service prior to any participation in a conflict, and insufficient experience of participation in warfare (Willmund *et alia*, 2019b), psychological instability (DeBeer *et alia*, 2018), as well as their interrelationships with, for example, aggressiveness and both external (alcohol abuse, risk taking) and internal (depression, sleep problems) personality traits (Start, Allard, Adler, & Toblin, 2019).

Despite the fact that from 1989 to 2018, 41276 articles based on the materials provided by studies of the suicidal behavior of military personnel were carried out and published by several psychologists, psychiatrists and sociologists, it is still not possible to reliably predict the risk of committing suicide (Astraud, Bridge, & Jollant, 2020). The scope of the problem and the concern on attempting nowadays to solve this question are evidenced by the fact that the US Department of Defence has recently initiated generalizing studies, which main targets are: 1) an analysis of the literature on the problem of suicide prevention among military men; 2) a search for a conceptual model that could be used as a basis for understanding suicide in military collectives; 3) the development of a postvention (help provided to people who survived suicide) strategy in the context of scientific research; and 4) to provide useful clinical and practical recommendations (Pak, Ferreira, & Ghahramanlou-Holloway, 2019). In addition, suicidologists were asked to analyze all archival information available from 1819 to 2017 about the reasons and circumstances of committing suicide of the US military men (Smith, Doidge, Hanoa, & Frueh, 2019). Researchers in the field of the US military men suicides have joined efforts with researchers from Germany, Canada, and the UK. As result, Willmund *et alia* (2019a) indicated that, to date, in general, researches of these countries have focused on: epidemiological aspects of suicide; individual risk factors; risk groups; the connection of suicide to the conduction of hostilities abroad, and the possible relationship between suicide attempts and acute mental disorders.

Specifically, using data from the US National Violent Death Reporting System 2005-2014, which contained information on 1362 suicide-veterans at the age from 18 to 34, O'Donnell, Logan, & Bossarte (2019) found out that 15 % of veterans had features of post-traumatic stress disorder (PTSD). These authors also proved that PTSD was connected with trips to the war zone, and that recent crises in the civilian life of veterans were inversely related to the presence of diagnosed PTSD. The researchers noted, according to their findings, that the presence of PTSD in veterans at the age from 25 to 34 is a significant risk factor for committing suicide, and that this factor should be taken into account by specialists who provide assistance.

Besides, the research of German psychologists has allowed us to look at the problem from a different angle. Willmund *et alia* (2019a) found out that those military personnel who had not previous combat experience had double risk of suicide compared to those who had trips to the war zone more than once. This fact involves another point of view on the relationship between the accumulation of traumatic experiences and the risk of suicide.

Based on the results of studies concluding that suicides had a profound effect on family members and friends of the potential suicide, Hom, Stanley, Gutiérrez, & Joiner (2017) set out to determine the impact that the suicide of a comrade had on the military personnel who served with him/her. They found out that 57.3% (1753 of military men were interviewed) personally knew someone who had committed suicide, and 53.1% had lost a comrade because of suicide. Regression analysis showed that military men reporting about to have had acquaintances who had committed suicide,

had higher current suicidal symptoms and rates of suicidal thoughts and behavior in the past, than those who did not have acquaintances with ones who had committed suicide (Hom *et alia*, 2017).

Jones, Sharp, Phillips, & Stevelink, (2019) reported that from 2004 to 2016 the percentage of military men and veterans in the UK who committed suicide increased significantly. During this period, veterans were significantly more likely than active military men to report about self-sacrifice. Over the entire observation period, significant determinants of self-sacrifice included: symptoms of mental disorders, stigmatization, lack of social support, and suicidal thoughts. However, there was no referrals to official medical institutions among the personal of the sample participating in the study. Such results, according to the researchers, indicate the need to promote suicide prevention by means of improving the condition of people with mental disorders through, for example, encouraging them to participate in health care, reducing negative views on mental illness, and increasing their social support.

Likewise, Applegarth, Wood, Bryan, & Bryan (2019) examined 997 US National Guard military men and tried to evaluate several predictors for the behavior of seeking psychological help like: suicidal thoughts, age, stress, distress, depression, and negative beliefs about mental health. They found out that the strongest predictor was the presence of a suicidal history in the past, and that negative perceptions of mental health care reduced the desire for help and treatment.

At the present stage of suicidology development, the use of cluster analysis to create a typology of suicides is positioned as a mean through which one can successfully predict suicides of military men. Thus, a cluster analysis of statistical data on suicides committed in the US Air Force from 1999 to 2009 allowed the authors to distinguish between three types of suicides that significantly differed in some factors: marital status, job status, psychiatric diagnoses, ability in using social support, and previous life events associated with suicide, risk and messages of intent to commit suicide, and the place and method chosen for suicide (Martin *et alia*, 2019). These three types of suicides were: (1) type 1, individuals mostly single or divorced, living alone and less likely to have psychiatric disorder diagnoses or engage with most helping resources; (2) type 2, decedents were mostly married, living with a partner, higher ranking, and least likely to communicate suicide intent; and (3) type 3, individuals with the highest rates of psychiatric diagnoses, previous suicide-related events, engagement with multiple helping resources, communication of intents, and psychosocial precipitants.

Caulfield *et alia* (2020) studied the typology of suicide risk among military men, and found out that suicidal characteristics in a sample of soldiers during military service and in one sample of veterans showed significant differences. The authors of the research conclude that, despite the similarity of military experience, both serving military men and veterans are likely to be "affected" by the risk of suicide in different ways, which is important to be taken into account when choosing instruments for examining these categories.

The prospective direction of the current research is borrowing the idea of identifying periods of suicidological situation of the population. Thus, Yurieva, Pilyagina, & Yuriev (2019) have identified 4 periods of the dynamics of suicide mortality of the general population of Ukraine in peacetime. The authors note that during the first year of warfare (2014) there was a moderate decline of suicide mortality, which reached its minimum in 2015 and lasted until 2016. However, among the personnel of the National Guard of Ukraine (NGU), the number of completed suicides at the beginning of warfare

during the first year (2014) significantly increased compared to the previous year. And while during the period from 2014 to 2016 the number of suicides have been associated, as will be described below, with problems of violation of adaptation to the stressful situation, since 2017 other suicidogenic factors have come to the fore (Prykhodko, Matsehora, Bielai, Hunbin, & Kalashchenko, 2019). Consequently, the purpose of the study is to determine the types of suicidal activity of Ukrainian servicemen who took part in hostilities during 2014-2016.

Method

Participants and Procedure

The study used the materials of posthumous pathopsychological profiles of those Ukrainian servicemen who participated in military operations, and committed suicide between 2014-2016. To determine the psychological features of the suicides, the data obtained by the automated psychodiagnostic complex "Profotbor", which is the tool employed used for the psychological selection of candidates that must develop their military service in NGU (Vorobyova et alia, 2016). To compare the results obtained in the process of analyzing the materials of the psychological selection of servicemen who committed suicide, a control group of NGU servicemen (*N*= 754) who served in the same period (2014-2016) was compiled. The indicators of their personal characteristics according to the scores obtained on the questionnaires of the Profotbor, were used to compare both groups. In the next section, such questionnaires will be detailed.

Instruments and Measures

The results of the psychological selection of servicemen prior to their conscription into military service (by either mobilization or contract) were used to determine the personality types of suicides. The battery of psychological tests included several questionnaires implemented in electronic form for testing and processing the results obtained in the Automated Psychodiagnostic Complex (APC), called "Psychodiagnostics" in short form (Vorobyova *et alia*, 2016).

Determination of the Type of Accentuation of Character Traits and Temperament (DTACTT; Schmieschek, 1970). The DTACTT questionnaire was used to determine the character traits that worsen adaptation to new conditions and circumstances of life, based on the theory of personality accentuations developed by Leonhard (1964). According to this concept, individual personality traits can be divided into two groups: basic and additional. The core of the personality is the main features that determine its individuality, development, adaptation, mental health. Excessive severity of these traits leads to structural psychological changes, and in unfavorable social conditions - to the development of personality structure.

Questionnaire of Suicidal Risk (QSR Shmelev, 2008). The QSR was employed for the assessment of the emotional-volitional sphere, the risk of committing suicide, and the ways to overcome difficulties and obstacles that a serviceman is bound to face.

Multilevel Personality 'Adaptability' Questionnaire (MPAQ; Maklakov & Chermyanin, 2006) The MPAQ evaluate features of mental resilience, adaptation of the personality to new conditions, and the tolerance to unexpected changes.

Sixteen Personality Factor Questionnaire (16-PF Questionnaire, Cattell, Cattell, & Cattell, 1993). Finally, a general scope about the personality traits formed in the process of life was obtained by using the 16-PF Questionnaire.

Data Analysis

A cluster analysis was used to correlate the data of these psychodiagnostic scales to two homogeneous groups that were significantly different from each other. To represent the data, we used the main descriptive statistics (Mean and Standard Deviation). To reliably detect significant differences between comparative groups, the *t*-Student criterion was used (significance levels $p < .05$, $p < .01$). Data were processed through SPSS 17.0. All procedures carried out in the study were conformed to the ethical standards of the 1964 Helsinki Declaration and its later amendments. According to the Ukrainian legislation, the number of suicides in NGU is not allowed to be published for national security reasons, which introduced a serious limitation for the presentation of the data of the current study.

Results

With the beginning of warfare in 2014, the NGU was formed with the Interior Troops of the Ministry of Internal Affairs of Ukraine as well as with volunteer battalions. In the period elapsed from 2014 to 2016, in the NGU served mobilized military personnel, conscripted soldiers, and contracted servicemen. During the first months of service, part of the personnel signed a contract to improve the conditions of service. Thus, from 2014 on, the personnel of NGU began to differ considerably in the level of professional and psychological training. It was during this period that the first increase in the suicidal activity of NGU servicemen took place. It should be noted that candidates for military service at NGU passes a psychological selection. The data obtained during this selection were saved in the card of psychological accompaniment during the whole period of their service, along with periodically replenishment with materials about psychological readiness for activity in extreme conditions, and other monitoring explorations of the servicemen's mental state during and after participation in combat operations. This made possible not only to predict the efficiency of their activity under normal and extreme conditions, but also, in case of emergency situations, to have data on the serviceman's personality and to determine miscalculations in the process of selection, psychological preparation, and accompaniment of their activity.

However, in the period 2014-2016, psychological examination was carried out in a reduced form or during the period of service itself, due to which the volume of psychometric data suitable for analysis was significantly reduced. Instead of the eight obligatory psychodiagnostic methods, which allow to fully describe the structure of the serviceman's personality, and to predict the effectiveness of his or her activity, only data describing his or her adaptability and general personality traits were available. Thus, only for 60% of servicemen who committed suicide, the data on the R. Cattell's 16-factor questionnaire, "Adaptivity Questionnaire", and "Suicide Risk Questionnaire" (SRQ) (Shmelev, 1992), and DTACTT were available. The other 40% had data obtained by individual methods of the complex "Profotbor".

Moving on to the analysis of the available psychometric data, it should be noted that at the moment of passing the psychological selection by the "Adaptivity" questionnaire, the third (lowest) sub-group of adaptive abilities was established for all soldiers who committed suicide without exception. Indicators on the scale of "Moral Normativity" describing the level of socialization, adequacy of evaluation of one's place and role in the team, and aspiration to adhere to the generally accepted norms of behavior, revealed

to be the most critical. These data indicate a weak involvement of servicemen in their social environment, which generally corresponds to the thwarted belongingness component (Joiner, 2005) of the interpersonal-psychological theory of suicide.

The procedure of the cluster analysis let to identify a dense sub-group in the sample of servicemen who committed suicide during 2014-2016, which included almost 85% of this sample, and it was the first type of suicidal activity of servicemen. The number of servicemen in the remaining 15% of the group was insufficient to separate them into a separate type of suicidal activity and to conduct a statistical analysis. Such data show that changes in the social situation of development (participation in hostilities) increases the suicidal risk in a certain type of personality of servicemen. This confirms the hypothesis put forward about the expediency of studying the suicidality of servicemen, taking into account both the type of personality of the serviceman and the period of the dynamics of suicidal mortality in the troops. The indices of servicemen assigned to the first type of suicidal activity by the DTACTT method (group 1), as compared to the control group (group 2), are showed in Table 1.

Table 1. Indicators of accentuation of character and temperament among military personnel who committed suicide and military personnel in the control group (in standard points).

Scales	Suicidal Servicemen (group 1)	Reference Group Members (group 2)	*t*
Hyperthymia	18.00±4.54	16.90±4.31	0.68
Stuck	14.00±1.51	11.49±2.75	4.61**
Emotive	11.63±4.66	9.86±5.28	1.07
Pedantic	12.50±1.77	10.15±4.42	3.62**
Anxious and Timid	4.13±2.75	3.95±4.18	0.18
Cyclothymia	12.00±3.21	9.12±3.44	2.52*
Demonstrative	17.50±3.66	13.50±3.70	3.07**
Unbalanced	8.63±4.37	5.54±3.86	1.99*
Dysthymia	7.13±2.75	9.21±2.98	2.13*
Exalted	11.25±2.12	10.52±4.01	0.95

Notes: *= p <.05; **= p <.01.

According to the results of the SRQ, which determines the possibility of committing suicide based on the defect in the development of the emotional and volitional sphere of personality, statistically significant discrepancies between the groups under comparison were established only on the "Maximalism" scale (p <.01), which means that all suicide servicemen of the first type without exception had 0 points. The results on this scale indicate a person's desire to control the situation, and allow us to assume that not only psychological instability (Komar, 2017), but also its self-evaluation as a "negative feature" is a factor of suicidal risk. Notwithstanding, this method does not allow us to determine the risk of suicide among servicemen during the period of participation in hostilities, reason why other statistical data excerpted from this scale is not provided in the article. Likewise, according to 16-PF Questionnaire, no statistically significant discrepancies were found between the above groups of servicemen, and therefore the data derived from this questionnaire neither are provided.

Indicators of character and temperament accentuation of group 1 are more pronounced in the majority of scales of the DTACTT scale, although they do not always reach the level of accentuation. The only exception is the "Dysthymia" scale, in which group 1 scores were reliably lower than group 2 scores (p <.05).

Following the interpretive approach proposed by Kortneva (2004), the DTACTT scales were divided into scales of activity (hyperthymia, dysthymia, and cyclothymia), reactivity (jamming, unbalance), control (pedantry, demonstrativeness), and emotional sphere (emotion, exaltation, and anxiety), and only in the latter group we do not find any significant differences between the groups we are comparing. Thus, looking at the activity indicators, the scores of "Cyclothymia" scale were significantly higher in Group 1 (p <.05), and on the "Dysthymia" scale they were significantly lower (p <.05) than in Group 2. Indicators of the first scale were in the middle range, and those of the second were in the lower range and, accordingly, do not reach the level of accentuation. The decrease in the "Dysthymia" indicators in the 1st group, compared to the 2nd group, can testify the critical weakness of the own resources, and the overestimation of the own physical possibilities. In parallel, the increase in the indicators on the scales "Hypersensitivity" and "Cyclothymia" may be a sign of tension and selflessness in the significant personal sphere. Under such a combination of factors, a person could establish such a potentially unattainable goal as to lead to frustration, shame and guilt.

On the scales of reactivity "Jamming" (p <.01) and "Unbalance" (p <.05) in group 1, the indicators were significantly higher than in group 2 and do not reach the level of accentuation. The increase of indicators on the "Jamming" scale is typical for the so-called "selfish affects", i.e. when the "I" and the feeling of ego, pride and values that are significant for a soldier are frustrated. The increase in the "Unbalance" scale in Group 1 as compared to Group 2 may indicate a more pronounced orientation to one's own needs and intentions. Though on the scales reflecting features of the emotional sphere (emotional, exalted, and anxiously painful) no significant differences between the groups were found, the density of results on the "Exalted" scale is of certain interest. Thus, 90% of servicemen included in group 1 had 12 points on this scale, although in this interpretation area 12 points are considered to be the average value on the scale, which shows about certain experiences associated with fleeting impressions.

It should be noted that servicemen of both the 1st and 2nd groups were characterized by a low level of fear, which could be an indirect evidence of the risk of commiting suicide (reduced fear of death and pain), as described in Van Orden's theory (as cited by Komar, 2017).

According to the control scales "Pedantry" (p <.01) and "Demonstration" (p <.01) the indicators in Group 1 are significantly higher than in Group 2. Particularly, in the scale "Demonstration" they reach the level of accentuation. The increase of indicators on the scale "Pedantry" can be connected to both excessive aspirations for controlling a situation, subordinating circumstances that are objectively independent from the person, bearing considerable burden of responsibility as well as certain inertness of mental processes, and holding prolonged experience of traumatic events.

The "Demonstration" scale, on which some of the highest scores were obtained in Group 1, can be considered as the pole of the "central axis", on which the interpretation of the chart by the DTACT method is based. Thus, its simultaneous increase along with the "Hyperthymia" scale can be described as a purposeful demonstration of one's own energy, and its combination with a minimum score on the "Anxiously timid" scale can be described as a demonstration of carelessness and well-being. Soldiers with this profile are characterized by a pronounced role behavior: a desire to hide their true feelings, an interest on responding to the idealized image of the soldier, and an expectancy that others will express in some moment their masked features. Such role behavior is dangerous due to: first, a significant part of mental energy in a serviceman experiencing an actual

conflict and trauma is not directed to the resolution and improvement of the situation, but to maintain a "decent" appearance; and second, because hiding their feelings behind the "mask" does not allow others like the commander and the psychologist, to determine in time the need to help the serviceman.

The desire to hide their feelings from others was also manifested when choosing the place of suicide. Thus, the soldiers committed suicide in places and during the time that allowed them to avoid the appearance of outsiders, as for example, while serving in daily outfits, at the guard post, on patrol, in the economic group, in the medical unit, and in the performance of individual tasks to maintain equipment. In this case, the suicidal left the place of service arbitrarily or was left alone. Suicide attempts were made at night, in the planned rest in duty, in free time from service.

Discussion

The analysis of the materials extracted from completed suicides of this period showed that the growth of this phenomenon took place inside the category of servicemen (mobilized, volunteers, and servicemen who concluded a contract for the first time) insufficiently prepared for participation in combat operations both professionally and psychologically. Conversely, among officers and servicemen under a contract who served for more than 3 years, no changes in suicidal activity were revealed during this period. These data correlate with the results of German researchers who found that short periods of military service and little experience of participation in combat operations are suicide risk factors (Willmund *et alia*, 2019a; Logan, Skopp, Karch, Reger, Gahm, 2012).

In determining the circumstances of committing suicide, it was found that among those mobilized (25-55 years of age), who committed suicide and did not have mental or somatic diseases during the military medical commission, suicidal actions appeared at 2-3 weeks after the military mobilization. Based on the findings obtained by Bachynski, Canham-Chervak, Black, Dada, Millikan, Jones (2012), it has been concluded that servicemen who are on urgent service or who have entered into their first contract in the period of 2-3 months after mobilization, may experience problems with adaptation to combat conditions.

It was found that absolutely all the servicemen who committed suicide came from dysfunctional families. In particular, this was manifested through various issues: the absence of one of the parents; hatred towards their biological father and the desire to change their surname; the authoritarian nature of their stepfather in relation to his stepson; the serious illness or disability of one of the parents; the presence of a family member serving a sentence in prison; conflicts with the family over alcohol abuse; the presence of a mistress; problems in the intimate sphere; and interference in family relations by outsiders. It was found that the suicide was not a crime. We fully agree with the findings of Auersperg, Felicitas, Vlasak, Ponocny and Barth (2019), which suggested that destruction in parental families has caused a decrease in PAP like optimism in overcoming difficulties, trust in friends, etc.

One fifth of serviceman who committed suicide had an anamnesis of any offences and disciplinary sanctions. One third of suicides had alcohol in their blood (alcohol addiction was not established). For the majority of persons under 22 years of age who had been on fixed-term service or had concluded their first contract, the reason for suicide was to break off relations with a girl (Kemp, Bossarte, 2012; Hyman, Ireland, Frost, Cottrell, 2012). Among those mobilized, the most common cause of suicides, as

described by colleagues, commanders and psychologists, was acute stress reactions to participation in combat operations (Hyman, Ireland, Frost, Cottrell, 2012; Shafii, Steltz-Lenarsky, Derrick, Beckner, Whittinghill, 1988).

It should be noted that the data on R. Cattell's methodology and SRQ support our conclusions that suicides committed by servicemen at the beginning of the combat operations are not directly related to personality development (including the volitional, value and emotional spheres). They are most likely a consequence of the serviceman's inability to adequately compensate for these personality traits under extreme conditions, which makes them a source of destruction of the personality structure itself.

Awareness of the presence of an undesirable trait is the first step for its change; nevertheless, soldiers who were mentally and physically exhausted by participation in combat operations did not developed such awareness. Thus, the work of information designed for generating awareness of the characteristics that point out to a violation of personal adaptation and a person's inclination to suicide, was not sufficient to prevent such maladjustment and suicidal risk in the combatants. Therefore, it is necessary to carry out more active agendas that could include psychological trainings aimed at correction of existing and yet in-development new qualities, training of their implementation in life, and psychological support activities for the preservation of mental resources, getting rid of experiences.

Thus, the results of the analysis allow making a generalized portrait of the Ukrainian serviceman who committed suicide in 2014-2016. A soldier called up for mobilization or conscription, who concluded the first contract to improve the material situation and conditions of service, arrogantly believed that over the next three years he will be able to serve in combat conditions at the same level as professional servicemen. His vision of military service and combat operations was far from reality, and he hoped that the resources available to him would be sufficient to maintain the normal level of control over the situation. And even having received a combat psychic injury, he continued to be guided by idealized notions of "behavior unworthy for the serviceman" (demonstration of his weakness). He excluded the possibility of seeking help from his comrades or specialists, hiding his feelings and fears from them. In addition, he spent the last of his mental resources on bravado, and exhausted himself completely, such that the reduction of fear of death and physical pain due to his participation in hostilities allowed him to choose suicide as the "only right" way to get rid of suffering and "preserve" his dignity.

The data obtained in the course of the study entailed the inclusion of an additional profile in the "Profotbor" complex. Such a profile made possible to identify candidates for military service under a contract with a high level of suicidal risk, without changing the number of psychodiagnostic methods, and the development of the "Military Serviceman's Suicidal Risk Card", which contains blocks of data about several personal issues like biography; current stress situations for that person; evaluation of the mental state as a reaction to the actual situation; antisuicidal factors; and the acquired possibility of committing suicide. Consequently, if the complex is used at the stage of psychological selection of candidates for military service, the map can be a tool for monitoring psychological studies.

Thus, the application of the cluster analysis to identify a homogeneous group of servicemen who committed suicide at different stages of participation in hostilities, taking into account the latest world studies in suicidology, is promising. The "demonstrative-exalted" type of suicidal activity in servicemen, identified by means of such cluster analysis, made possible to determine that the suicides between 2014-2016 in Ukraine

were associated with a violation of adaptation to combat conditions and with the inability to adequately compensate for the accentuated character traits formed in civilian life without threatening the structure of the personality as a whole. The obtained results revealed the regularities of suicidal activity of servicemen in different periods of combat operations and became a reliable basis for the development of psychological tools and measures to prevent suicide risks in the military personnel.

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