

RESEARCH ARTICLE

The impact of emotional intelligence on coping strategies for psychological trauma

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ABSTRACT

The aim is to determine the impact of emotional intelligence on coping strategies for psychological trauma. Methods: The research was conducted using survey and testing based on diagnostic methods: Primary Care PTSD Screen, WCQ, EQ-test. Statistical methods were used: ANOVA, descriptive statistics, regression analysis. Two hundred seventy internally displaced persons (IDPs) aged 23 to 48 participated in the study. The study found that subjects with PTSD signs have low emotional intelligence ($M=32.31\pm 14.88$) and confrontation ($M=12.68\pm 4.08$), distancing ($M=12.74\pm 4.62$), avoidance ($M=13.85\pm 4.97$) coping strategies. Regression analysis established that a low level of emotional intelligence promotes confrontation ($\beta=-1.926\pm 0.296$) and distancing ($\beta=-1.198\pm 0.386$) coping, and a high level of emotional intelligence develops a problem-solving strategy ($\beta=1.277\pm 0.298$). The results make it possible to expand the range of providing psychological assistance in overcoming psychological trauma through the formation of emotional intelligence. This will ensure the assimilation of constructive coping as elements of conscious overcoming of life's difficulties. Increasing the level of emotional intelligence and adaptive behavior strategies will help reduce feelings of stress due to trauma. The obtained results open opportunities to study the impact of emotional intelligence on individuals who experienced traumatic events. Studying external and internal factors contributes to emotional intelligence development. Identifying individual and socio-cultural aspects of coping strategies enhances psychological support methods. Understanding emotional intelligence's influence helps design programs to develop it and overcome psychological trauma, including telepsychology.

Keywords: emotional awareness; emotional management; traumatic events; coping strategies; post-traumatic stress disorder

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1. Introduction

The war, which has been going on for the second year in Ukraine, is the biggest stress factor for most citizens. A large number of people became directly involved in the hostilities, were forced to move to other regions and countries, look for new housing and work, many of them lost their relatives. All these factors negatively affected the psycho-emotional state of people, causing mass stress disorder resulting from traumatic events. People who moved to other regions of Ukraine obtained the status of Internally Displaced Persons (IDPs) and receive assistance from the state and international organizations. But despite the financial and material assistance to such persons, it is still very important to provide them with psychological support, as not everyone applies for such help.

Displaced persons experience severe stress disorders caused by hostilities, loss of property or loved ones, possible bodily injuries. Prolonged exposure to negative stressors very often causes post-traumatic stress disorder, which indicates severe emotional disturbances^[1]. DSM-5 defines a traumatic event as “an experience that causes physical, emotional, and psychological distress”^[2]. Individuals with PTSD are characterized by avoidance of active stimuli associated with the traumatic event, nightmares, in some cases depressive states, anxiety, apathy, regression, cognitive dysfunctions^[3]. Accumulation of the negative impact of a traumatic situation and unreacted emotions entails the complication of PTSD symptoms^[4].

IDPs quite often try to consciously or subconsciously hide their emotional state, using different coping strategies for overcoming psychological trauma. Coping strategies reflect the way in which a person tries to cope with a stressful situation^[5]. Reassessment of one’s capabilities and a search for ways to solve the problem depend on the chosen coping, or the stressful situation is suppressed, denied, pushed out of the subconsciousness. On this basis, coping can be constructive and contribute to the normalization of the individual’s mental functioning, or destructive and worsen psycho-emotional stress, reduce adaptation capabilities^[6].

Developed emotional intelligence is one of the effective means that influence the use of constructive coping strategies. Attention to emotional intelligence has been increasing over the years, as it positively contributes to interpersonal interaction, improves adaptation and socialization^[7], provides emotional stability, opens the way to self-development^[8]. High emotional intelligence contributes not only to effective coping with stress, but also enables perceiving a stressful situation positively in general^[9]. It provides a choice of prosocial coping strategies^[10], which reduce psychological stress and anxiety^[11]. Individuals who experience stress and have PTSD symptoms have reduced emotional intelligence and often use destructive coping strategies that deepen their negative psycho-emotional state^[12]. Such persons are characterized by avoidance of thoughts, feelings or memories related to the traumatic event^[13], detachment from solving the problem, inability to rethink it.

A thorough analysis of scientific approaches to the research issue gave grounds to state that emotional intelligence can be a tool for building constructive strategies in persons with PTSD signs. This was the basis for identifying the aim of the study, which consists in determining the impact of emotional intelligence on coping strategies for psychological trauma in IDPs. The aim involved the fulfilment of the following research objectives:

- 1) Detect signs of psychological trauma in the subjects;
- 2) Identify the level of respondents’ emotional intelligence;
- 3) Establish the dominant coping strategies of subjects with signs of psychological trauma;

4) Determine the degree of impact of emotional intelligence on the choice of coping strategies of persons with signs of psychological trauma.

The hypothesis of this research was advanced on the basis of its aim and objectives. This is an assumption that emotional intelligence affects the choice of coping strategies of persons with signs of psychological trauma: IDPs with a low level of emotional intelligence have pronounced avoidance, distancing and confrontation coping strategies.

2. Literature review

Psychological trauma is an event in a person's life that occurred as a result of the effect on his/her psyche of personally significant information and caused a negative impact on mental health. In most cases, psychological trauma causes post-traumatic stress disorder (PTSD). The American Psychiatric Association (APA) defines PTSD as a disorder caused by the action of a traumatic stressful event, which has signs of intrusion, avoidance of unwanted behaviour, negative thoughts, anxiety states, reactivity^[2]. Authors note that the main symptoms of PTSD are re-experiencing a stressful event, avoidance, negative cognitive state, psychophysiological excitement or excessive passivity^[14].

Individuals with PTSD are characterized using different behavioural strategies. Some actively seek help and support from the surrounding social environment, others focus on their trauma, delving into it and constantly experiencing everything over and over again. Others independently look for resources to overcome the problem, solve it, rethink it. Such strategies are called coping strategies and reflect a person's individual style of behaviour in stressful situations. They are characterized as functional and dysfunctional, in other words, they can be effective or ineffective^[11].

Lazarus first turned to coping in his book *Psychological Stress and the Coping Process* in 1966 in order to describe conscious strategies for dealing with stress. Jointly with S. Folkman the author defined coping strategies as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person"^[15]. The definition of coping strategies has been significantly expanded. Copings are considered techniques that a person uses in difficult situations and conditions^[5]; manifestations of emotional self-regulation^[16]; human adaptation potential^[15]; a way of internally experiencing events^[4].

There is a significant number of classifications of coping strategies, the first of which was developed by R. Lazarus and S. Folkman. The authors distinguished the following copings: focus on assessment; focus on the problem; focus on emotions. Subsequently, this classification was supplemented by Vaillant with his types of coping: search for social support; copings used in difficult situations; involuntary mental mechanisms of stress reduction^[17]. Authors distinguish three methods of psychological coping with a traumatic event: assessment of the situation, intervention in the situation, and avoidance^[18].

In any case, the coping strategy is based on the analysis of the traumatic situation, on the ability to accept or reject it on an emotional level. In other words, a person's emotional intelligence as the ability to recognize emotions and manage them can significantly influence the choice of coping strategies. Emotional intelligence is a set of personal qualities that enable managing one's own emotional state effectively^[19]. It provides the perception of emotions, their recognition, the variability of ways of expression, conveying one's state to the interlocutor and the ability to recognize other people's emotions. Such skills have a positive effect on a person's interaction with the environment, and enable coping with stressful situations.

Numerous studies established that developed emotional intelligence ensures success^[12], optimal psychological adaptation^[7], subjective well-being^[20]. Researchers prove that developed emotional intelligence

provides adaptive benefits for an individual's psychological health, promotes effective regulation of affect^[21]. High emotional intelligence is associated with an extended use of an adaptive style and, to a lesser extent, with a decreased use of a maladaptive style of coping with stressful situations^[22]. This indicates that high emotional intelligence not only encourages better coping with stress, but also forms a general positive attitude towards the stressful situation itself. It does not limit the individual in the choice of coping strategies, but encourages the search for the most optimal coping strategies^[23]. Emotional intelligence plays a significant role in experiencing a crisis, because a person in a stressful situation looks for solutions or feels discomfort trying to reduce the significance of the situation, distance himself/herself from it^[24].

In the context of the life crisis of displaced persons, the ability to constructively overcome traumatic events determines the success of their adaptation and overcoming the consequences of stressful events. In other words, the use of coping strategies of finding social support, self-control, and acceptance of responsibility is an important factor in overcoming the crisis^[25]. This is facilitated by developed emotional intelligence and the ability to orientate themselves in the expression of emotions and their perception^[26]. In view of the emotionally tense state of IDPs, PTSD symptoms, it is important to develop their emotional intelligence as the ability to constructively choose coping strategies for mental trauma^[27]. This does not reduce the effects of the stressor, but enhances internal resources for coping with the emotional state, overcoming negative emotional experiences, and building the adaptive potential of an individual.

Despite the fact that the literature presents which coping strategies are chosen by people with high and low emotional intelligence^[21,28], there is still a gap in the literature in determining the degree of influence of emotional intelligence on the choice of constructive strategies of individuals with mental trauma. In particular, scientists do not specify under what circumstances people choose one or another coping with mental trauma. It is also not noted how emotional intelligence can contribute to the development of constructive strategies in solving stressful situations. Therefore, this study is designed to investigate how exactly the level of emotional intelligence contributes to various coping skills in people with mental injuries who have survived military operations.

3. Method

3.1. Research design

The study lasted 3 months between March 2023 and May 2023. The research included four stages. The first stage provided for a theoretical analysis of academic literature on the issue under research. The second stage involved the preparation of diagnostic forms and the diagnostic procedure. The third stage provided for processing and interpreting the results. This stage took the most time and included quantitative, qualitative, and statistical methods of analysis. The fourth stage involved presentation of the obtained research results, drawing conclusions, and outlining prospects. IDP Assistance Centre provided partly group and partly individual diagnostics of subjects who visited the centre and had the IDP status.

3.2. Sampling

The study involved a total of 270 adults aged 23 to 48 with the IDP status, 155 male and 115 female. Diagnostics was conducted at the Municipal Centre for IDPs Employment, Odesa. The IDPs have the potential to show signs of psycho-traumatic situations, as being forced to move because of hostilities is a direct stressful event for them. Therefore, the study was conducted among this category of citizens in order to determine the degree of their PTSD, emotional intelligence, and coping strategies. The studied variables are personal factors that can change under time and other circumstances. Re-diagnosis may give different results and cannot be reproduced in the same sequence of events.

3.3. Methods

The study used diagnostic methods to determine the signs of traumatic events, coping strategies, and emotional intelligence as a means of constructively deal with a stressful situation. The signs of psycho-traumatic situations were identified using the Primary Care PTSD Screen. This test is a screening that includes 5 items to identify people with probable PTSD. The condition is assessed based on 5 questions, the first of which determines the occurrence of a traumatic event in life. If the answer is negative, the test ends automatically. If the answer is positive, the degree of PTSD symptoms is determined by answering other questions. Ways of Coping Questionnaire (WCQ) by R. Lazarus. The test was developed by R. Lazarus and S. Folkman in 1988 and involves the diagnosis of coping mechanisms, ways to overcome difficulties in various activities. This test is considered the first standardized tool for diagnosing coping. It distinguishes such strategies of behaviour in stressful situations as positive reassessment, problem solving, search for social support, confrontation, self-control, distancing, avoidance, and acceptance of responsibility for one’s own actions. Hall’s EQ-test. The test was developed by N. Hall to identify an individual’s ability to recognize, understand, and express emotions. The test determines the level of individual’s emotional intelligence according to the following parameters: emotional awareness, self-regulation, self-motivation, empathy, and social skill.

3.4. Statistical methods

Descriptive analysis, one-way analysis of variance (ANOVA) and Pearson’s linear correlation coefficient were used for processing the research results.

3.5. Ethical criteria of research

The study was preceded by obtaining an informed voluntary consent from the respondents to carry out diagnostics, ensuring the privacy of the received information. The respondents were informed about the purpose of the study and the right to refuse participation any time.

4. Results and discussion

The results of the survey revealed that the studied IDPs have partially expressed signs of psychological trauma (**Figure 1**). According to the obtained data, 2 groups were distinguished among the entire population (N=270): persons without PTSD symptoms (n1=104) and persons with PTSD symptoms (n2=166). In other words, 39% of the studied IDPs have no signs of psycho-traumatic situations, while the other 61% have partial or strong signs. This suggests that the psycho-emotional balance of such respondents is disturbed, which may manifest itself in destructive ways of coping with stress. Diagnostics of the subjects’ emotional intelligence showed that there are differences between the two groups in its manifestations (**Table 1**).

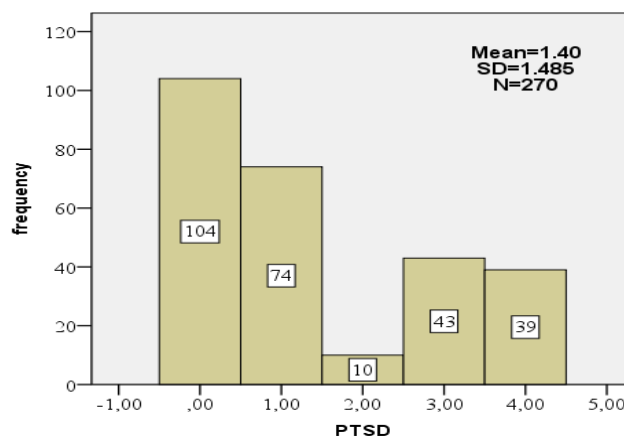


Figure 1. Frequency analysis of PTSD severity.

Table 1. Indicators of subjects' emotional intelligence (N=270).

Indicators of emotional intelligence	n1=104		n2=166	
	Mean	SD	Mean	SD
Emotional awareness	11.96	2.36	6.36	3.21
Self-regulation	15.35	3.67	6.54	3.43
Self-motivation	13.70	3.19	6.39	3.49
Empathy	12.47	3.95	6.62	3.32
Social skill	13.07	3.58	6.39	3.71
Integral index of emotional intelligence	64.55	13.38	32.31	14.88

It was found that the medium level of emotional awareness (M=11.96, SD=2.36), self-motivation (M=13.70, SD=3.19), empathy (M=12.47, SD=3.95), social skill (M=13.07, SD=3.58) and a high level of self-regulation (M=15.35, SD=3.67). The integral indicator of emotional intelligence in this group is medium with a tendency to high (M=64.55, SD=13.38). This level of emotional intelligence indicates emotional awareness and the ability to recognize emotions, a developed ability to express one's emotions, show empathy and self-motivation. In some cases, it is difficult for such people to cope with their negative emotional states and control themselves, but they are looking for ways to overcome stressful situations.

A group with PTSD symptoms showed a low level of emotional awareness (M=6.36, SD=3.21), self-regulation (M=6.54, SD=3.43), self-motivation (M= 6.39, SD=3.49), empathy (M=6.62, SD=3.32), social skill (M=6.39, SD=3.71). The integral indicator of emotional intelligence in this group is low (M=32.31, SD=14.88). Low emotional intelligence does not enable a person to control his/her emotions, express them and perceive the emotions of others, which disrupts interpersonal interaction. People with low intelligence find it difficult to overcome stressful situations because of the inability to control their emotions. Insufficient emotional awareness does not allow timely detection of signs of stress disorders, emotional disorders, and reduces the adaptation potential of an individual.

So, one-way analysis of variance (ANOVA) established that the subjects with and without PTSD symptoms have different levels of emotional intelligence (**Figure 2**).

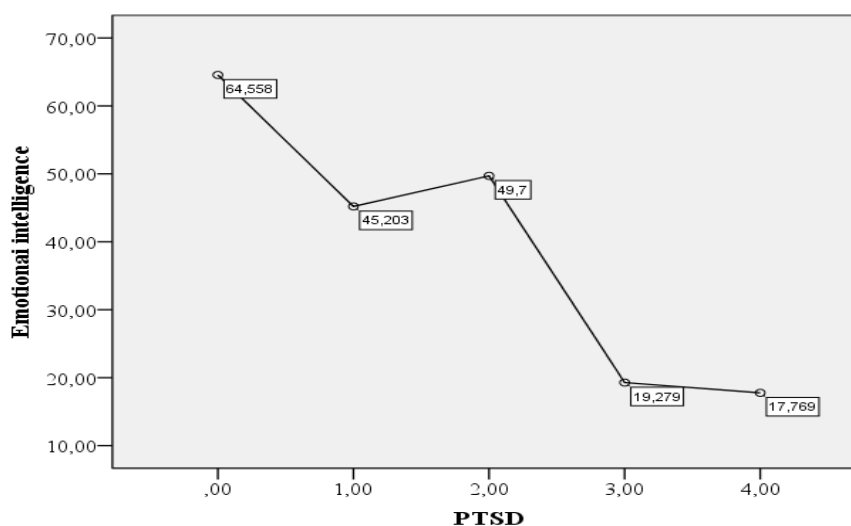


Figure 2. Indicators of emotional intelligence of subjects with different degrees of PTSD.

Figure 2 shows that the highest level of emotional intelligence is characteristic of respondents who do not have PTSD symptoms (M=64.558), while a low level of emotional intelligence is characteristic of subjects with severe PTSD symptoms (M=17.769).

Respondents with high and medium indicators of emotional intelligence, in contrast to subjects with low indicators, understand their own emotional states, can take into account other people’s feelings and emotions in the decision-making process and positively influence them. Low emotional intelligence indicates the inability to control one’s own emotional state, express one’s emotions, detect emotional disturbances in time. As a result, they are not able to receive emotional support and qualified assistance. The diagnostics of the dominant coping strategies of respondents with and without PTSD symptoms made it possible to identify the predominant coping strategies in each group (**Table 2**).

Table 2. Indicators of the dominant coping strategies of the subjects.

Coping strategies	n1=104		n2=166	
	Mean	SD	Mean	SD
Confrontation	5.21	2.99	12.68	4.08
Distancing	6.78	3.41	12.74	4.62
Self-control	12.61	4.57	7.56	3.68
Seeking social support	7.62	2.29	7.31	1.62
Acceptance of responsibility	12.97	4.03	6.29	3.14
Avoidance	6.14	4.23	13.85	4.97
Problem solving	13.92	4.71	5.8	3.67
Positive reassessment	7.95	2.98	6.74	2.92

The obtained results indicate that the group of persons with no PTSD symptoms (n1=104) have such prevailing coping strategies as self-control (M=12.61, SD=4.57), acceptance of responsibility (M=12.97, SD =4.57), and problem solving (M=13.92, SD=4.71). Such strategies are effective in stressful situations, as they provide an opportunity to achieve the goal on your own, carefully consider problems and ways to solve them, and contribute to rethinking the problematic situation.

The group of persons with PTSD symptoms (n2=166) had dominant coping strategies of confrontation (M=12.68, SD=4.08), distancing (M=12.74, SD=4.62), and avoidance (M= 13.85, SD=4.97). These strategies are considered destructive, because they do not contribute to solving the problem, but are only aimed at protecting against a traumatic event. Over time, such strategies lead to an increased effects of stress factors, thereby worsening a person’s mental condition.

A regression analysis was conducted (**Table 3**) to identify the impact of emotional intelligence on the choice of coping strategies in persons with PTSD symptoms (n2=166).

Table 3. Regression analysis of the relationship between the PTSD and the coping strategies.

Coping strategies	β	SD	T	P	R2
Confrontation	-1.926	0.296	-6.516	0.000	0.859
Distancing	-1.198	0.386	-3.104	0.002	
Self-control	0.247	0.164	1.506	0.134	
Seeking social support	0.472	0.367	1.287	0.200	
Acceptance of responsibility	0.174	0.305	0.570	0.569	
Avoidance	0.608	0.289	2.102	0.037	
Problem solving	1.277	0.298	4.279	0.000	
Positive reassessment	-0.770	0.217	-3.547	0.001	

The regression analysis found that emotional intelligence has a significant impact on the coping strategies of individuals with PTSD, which explains 86% of the variance. The inverse unstandardized coefficient shows

that low emotional intelligence determines such strategies as confrontation ($\beta=-1.926\pm 0.296$, $t=-6.516$, $p\leq 0.001$) and distancing ($\beta=-1.198\pm 0.386$, $t=-3.104$, $p\leq 0.001$), while high emotional intelligence contributes to problem solving coping ($\beta=1.277\pm 0.298$, $t=4.279$, $p\leq 0.001$). The results suggest that emotional intelligence is a factor in choosing coping strategies for psychological trauma. Persons with PTSD symptoms have low emotional intelligence, which determines destructive strategies that do not contribute to solving a stressful situation and overcoming its consequences. On the contrary, they increase stress and prolong the effect of negative emotions. At the same time, high emotional intelligence ensures the use of constructive strategies that help solve the problem, provide adaptation mechanisms of the individual.

The obtained results showed that the studied IDPs with PTSD symptoms have low emotional intelligence and dominant coping strategies of confrontation, distancing, and avoidance. At the same time, the subjects who did not have PTSD symptoms showed a medium level of emotional intelligence and self-control strategies, problem solving, and acceptance of responsibility. These results are confirmed in other studies, which show that people with a low level of emotional intelligence are less resistant to traumatic stress and use destructive behavioural strategies^[5]. At the same time, a higher level of emotional intelligence helps to effectively overcome a stressful situation and leads to a decreased traumatic stress^[29]. The revealed results are also similar to those of author, who found that individuals with severe PTSD symptoms have dominant destructive coping strategies^[6].

Low emotional intelligence of people with PTSD has a negative impact on overcoming the consequences of psychological trauma, prevents adaptation to a new situation, and determines destructive behaviour strategies. These data are consistent with the results obtained by researcher, who established low emotional intelligence in people with PTSD compared to healthy individuals, which affects a wide range of emotions^[30]. Author obtained the same results, who found that immigrants with severe PTSD symptoms lacked the ability to understand and use emotions^[31]. The results of the study are also consistent with^[32], where higher levels of emotional intelligence were significantly associated with lower levels of PTSD, while low emotional intelligence was found in individuals with high PTSD who used destructive strategies of avoidance and distancing.

In work^[28] was also found that people with higher emotional intelligence are more likely to use effective stress management strategies. However, the difference in their research is that the regulation of a stressful situation at the emotional level does not necessarily correspond to such regulation at the behavioral level. That is, formed emotional intelligence positively affects the choice of constructive stress management strategies but does not ensure the consolidation of coping as behavioral forms of response^[28].

The conducted regression analysis established that low emotional intelligence in persons with PTSD determines such strategies as confrontation and distancing. High emotional intelligence provides a problem-solving strategy. These results show that emotional intelligence determines the type of coping in individuals with PTSD. Authors obtained the same results, in which regression analysis showed that higher levels of emotional intelligence were significantly associated with lower PTSD levels, while low emotional intelligence was found in people with high PTSD who used destructive avoidance strategies and distancing^[32].

Confrontation coping in persons with PTSD with low emotional intelligence is characterized by impulsivity in behaviour, inability to plan and predict actions, inability to choose different behavioural strategies. At the same time, coping actions lose their purposefulness and become mainly the result of emotional release^[33,34]. Distancing coping is characterized using defensive mechanisms of rationalization, attention switching, devaluation, and withdrawal. This type of coping in the subjects contributes to the reduction of the subjective significance of traumatic events but is accompanied by a devaluation of one's own experiences, an underestimation of the need for an effective way to overcome stress.

The ability of emotional intelligence to influence the type of coping strategy in IDPs with PTSD indicates that its development can contribute to building constructive coping strategies. This, in turn, will ensure effective overcoming of the consequences of psychological trauma in the subjects. Researchers also emphasize this, who note that high levels of emotional intelligence enhance constructive coping strategies for active coping with stress and minimize avoidance strategies, which reduces PTSD symptoms^[9]. Was also found that interventions aimed at increasing emotional intelligence and adaptive coping strategies will help reduce feelings of stress^[35].

Today, telemedicine and telepsychology are gaining great relevance in overcoming stress and the consequences of PTSD. These two types of assistance are effective means of psychological support for people affected by the war. In particular, their advantage is the lack of personal contact and the ability to hold meetings at a convenient time, which is important for customers^[36]. Was proved that telepsychology is effective in the treatment of anxiety, post-traumatic stress disorders, and depression and is effectively used for counseling^[37]. The same effectiveness was proven in the study^[38] regarding telemedicine. The author shows a significant positive impact of telemedicine services on patient health^[38]. Researchers in^[39] noted that the normative standards of the activities of specialists who provide telemedical or telepsychological assistance should be developed at the same level as the development of modern technologies. From this perspective, closing the digital divide means enabling more people to receive care^[39].

5. Conclusions

The conducted research showed that the surveyed IDPs partially have signs of traumatic events. People with PTSD have been found to have low emotional intelligence and destructive coping strategies of distancing, avoidance, and confrontation. It was established that individuals without PTSD symptoms have developed emotional intelligence, which determines constructive strategies for overcoming stressful situations. Developed emotional intelligence enables building a system of self-attitude and correlation of oneself with the world, which helps to actively overcome stressful situations and perceive them as less significant. Subjects with PTSD symptoms have low emotional intelligence, which implies the use of destructive coping strategies. Such subjects do not take an active part in overcoming a stressful situation, are not able to clearly recognize their emotions and control them, are unsure of their actions. They cannot assess the impact of a stressful situation in time, they do not have a system of behavioural reactions that would enable them to fully cope with traumatic events.

Telepsychology can be an effective means of overcoming mental trauma through the formation of emotional intelligence and adaptive coping strategies. The use of online consultations at the state level can ensure faster social adaptation of citizens who have experienced trauma due to military actions. Telepsychology and telemedicine should also be used in the prevention of traumatization. If we form the skills of emotional response to the action of stressors, it will provide greater stability at the time of injury and the use of adaptive coping. Such psychological help is economically beneficial and socially convenient for people who are not always ready to turn to specialists. It is necessary to promote the development of national legislative initiatives and to optimize and harmonize telemedical/telepsychological assistance to persons with mental trauma. Since the number of people with mental injuries is constantly increasing in the conditions of war, the introduction of telepsychology will make it possible to provide professional help to a large number of people.

The limitations of the study include the difficulty of diagnosing psychological trauma, as not all individuals can recognize psycho-emotional problems. At the same time, this problem is also determined by age and personal characteristics. People of young age and a strong character are more resistant to stress than people of old age and a weak character. The intensity of the stress factor should also be considered as a limitation. Psychological trauma

can be of different severity depending on the significance of the event for the individual. So, the nature of the stressful event can also determine the peculiarities of its perception and overcoming. Limitations include existing prejudices regarding the effectiveness of PTSD treatment. Most people underestimate the complexity of the disorder and its consequences, so they do not give due importance to its treatment. A very significant limitation of the specific study is the temporary impossibility of providing primary care to persons with PTSD due to the continuation of military operations. This can lead to serious consequences, and the study's results in such cases should be accepted, taking into account the duration of the disorder and the complexity of the individual case. Among the limitations are also the individual characteristics of the sample members (temperament, character, nervous stability), which may also affect the results. Most importantly, the sample size does not fully represent the general population and cannot describe all individuals with traumatic events. Therefore, additional research is needed, considering all the limitations and influencing factors.

Research prospects include the determination of gender and sexual differences in the manifestations of emotional intelligence and coping strategies. This will enable identifying the main risks and ways to effectively overcome the consequences of psychological trauma. The research data can be used for the purpose of developing a psychological training programme for the development of the emotional intelligence of persons who have suffered psychological trauma caused by military operations. In particular, an important direction may be developing a complex diagnostic tool that could be implemented at the initial stages of rehabilitating injured persons in parallel with medical treatment. It would be appropriate to investigate the effectiveness of international techniques for combating PTSD in the conditions of war in Ukraine. And also to compare how psychotherapeutic and pharmacological treatment influences the formation of trauma coping strategies.

Conflict of interest

The authors declare no conflict of interest.

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