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THE INFLUENCE OF THE WAR SITUATION ON THE MENTAL STATES OF THE POPULATION OF UKRAINE AND THEIR ART-THERAPEUTIC PSYCHOCORRECTION

Abstract. *The relevance of the study of mental states is related to their direct impact on the quality of human life, which determines the importance of finding out the impact of long-term military stress on mental states, developing appropriate psychocorrective training methods and determining their effectiveness. Formulation of the problem.* The provision of effective medical and psychological assistance, the implementation of psychocorrective and psychoprophylactic measures requires appropriate scientific justification and scientific support, which motivated the conduct of this study. **The purpose of the research** is to determine the characteristics of negative mental states of the population of Ukraine in the conditions of a full-scale war and to develop effective measures for their psychocorrection. **Methods and Materials.** The following psychodiagnostic methods were used in the work: Diagnosis of the state of stress" (A. Prokhorov); SAN questionnaire (Well-being, Activity, Mood); "Self-assessment of mental states" by Eysenck; Spielberger-Khanin's "Reactive and Personal Anxiety Rating Scale"; "Physiognomic test" Kunin. The study included 46 temporarily displaced persons with consequences of war trauma (experimental group) and 48 persons of the control group. **Results.** The hypothesis regarding the negative impact of war on the mental states of the population, causing such negative states as fatigue, exhaustion, frustration, violation of self-regulation and self-control, violation of emotional balance, stuck on negative experiences, instability of behavioral reactions, decrease in activity and mood, was confirmed. A step-by-step complex psychocorrective training method for psychocorrection of the mental states of people with the consequences of war trauma, consisting of a psychotherapeutically directed conversation, breathing relaxation exercises, psychotherapeutic use of stories (life stories, fairy tales, parables) and sand therapy, has been developed, and its effectiveness has been proven. **Conclusions and prospects for further research.** It has been established that staying in a long-term stressful extreme and crisis situation of war in the zone of active hostilities and subsequent evacuation is a risk factor for the development of negative mental states. It is shown that the developed complex psychocorrective training contributes to the restoration of the body's adaptive resources, overcoming inactive mental states, and increasing the stress resistance of the environment. The necessity of providing psychocorrective support and psychological support to the most vulnerable and poorly protected population groups and the implementation of psychoprophylactic measures for all strata of the population in a situation of long-term stress due to the war is substantiated. **Prospective studies** are planned to be directed to an in-depth study of the psychological impact of the war situation on the most vulnerable categories of the population (children, persons with disabilities), as well as research on the mental states of combatants.

Key words: mental conditions, war trauma, temporarily displaced persons, psychodiagnostics, psychocorrection.

ВПЛИВ ВОЄННОЇ СИТУАЦІЇ НА ПСИХІЧНІ СТАНИ НАСЕЛЕННЯ УКРАЇНИ ТА ЇХ АРТ-ТЕРАПЕВТИЧНА ПСИХОКОРЕКЦІЯ

Анотація. *Актуальність* дослідження психічних станів пов'язана з їхнім безпосереднім впливом на якість життя людини, що обумовлює важливість з'ясування впливу тривалого воєнного стресу на психічні стани, розробки відповідних психокорекційних тренінгових методик і визначення їх ефективності. **Постановка проблеми.** Надання ефективної медико-психологічної допомоги, здійснення психокорекційних та психопрофілактичних заходів потребує відповідного наукового обґрунтування та наукового супроводу, що й обумовило мотивацію проведення даного дослідження. **Мета дослідження** – визначити особливості негативних психічних станів населення України в умовах повномасштабної війни та розробити ефективні заходи їх психокорекції. **Матеріали та методи дослідження.** В роботі були використані наступні психодіагностичні методики: Діагностика стану стресу" (А. Прохоров); Опитувальник САН (Самопочуття, Активність, Настрій); "Самооцінка психічних станів" Айзенка; "Шкала оцінки рівня реактивної та особистісної тривожності" Спілберґера-Ханіна; "Фізіономічний тест" Куніна. В дослідженні взяли 46 тимчасово переміщених осіб із наслідками воєнної травми (експериментальна група) та 48 осіб контрольної групи. **Результати дослідження.** Підтверджено гіпотезу щодо негативного впливу війни на психічні стани населення, спричинення таких негативних станів, як перевтома, виснаження, фрустрація, порушення саморегуляції та самоконтролю, порушення емоційної рівноваги, застрягання на негативних переживаннях, нестабільність поведінкових реакцій, зниження активності та настрою. Розроблено поетапну комплексну психокорекційну тренінгову методику для психокорекції психічних станів осіб із наслідками воєнної травми, що складається з психотерапевтично спрямованої бесіди, дихальних релаксаційних вправ, психотерапевтичного використання розповідей (життєвих історій, казок, притч) та пісочної терапії, та доведено її ефективність. **Висновки та перспективи подальших досліджень.** Встановлено, що перебування в тривалій стресогенній екстремальній та кризовій ситуації війни в зоні активних бойових дій та подальшої евакуації є фактором ризику щодо розвитку негативних психічних станів. Показано, що розроблений комплексний психокорекційний тренінг сприяє відновленню адаптаційних ресурсів організму, подоланню негативних психічних станів, підвищенню стресостійкості особистості.

Обґрунтовано необхідність у ситуації тривалого стресу внаслідок війни надання психокорекційного супроводу та психологічної підтримки найбільш вразливих та мало захищених груп населення та здійснення психопрофілактичних заходів для всіх верств населення.

Перспективні дослідження планується спрямувати на поглиблене вивчення психологічного впливу ситуації війни на найбільш вразливі категорії населення (діти, особи з обмеженими можливостями), а також дослідження психічних станів учасників бойових дій.

Key words: психічні стани, воєнна травма, тимчасово переміщені особи, психодіагностика, психокорекція.

Introduction. The relevance of the problem of researching mental states is related to their direct impact on the quality of human life. Mental states are psychological phenomena that play an important role in the mental activity of a person due to the ability to gradually transform into personal properties and core character traits. Therefore, the study of mental states is one of the key problems of modern psychology (Boyko-Buzyl, Yu. Yu., 2023). Mental states are characterized by dialectical polarity, the presence of both positive and opposite negative states. There are five main groups of human mental states that have opposite manifestations, both positive and negative, namely: manifestations of feelings (moods, affects, euphoria, anxiety, and frustration); manifestations of will (determination, composure and confusion); manifestations of attention (concentration and, conversely, inattention); manifestations of thinking (doubts) and manifestations of imagination (dreams) (Boryshevsky, M.Y., 2010). At the same time, the medical and psychological significance of negative states lies in the activation of protective mechanisms to preserve and increase the adaptive resources of the body. However, with long-term and strong influence of stressogenic factors, in case of extreme and crisis situations, uncertainty of prospects and insecurity, adaptation resources are overstretched, negative mental states deepen, which leads to exhaustion and failure of adaptation mechanisms, loss of self-control and self-management of emotions and behavior, disruption of social functioning person, which can pose a threat to all parameters of health and life in general (Kolyadenko, N., 2021; Browning, M. H., et al., 2021). The situation of a full-scale war has caused a large-scale social crisis, which has a negative impact on the psychological health of the population, therefore, clarifying the impact of long-term war stress on mental states, developing appropriate psychocorrective training methods and determining their effectiveness is considered a topical research topic.

Formulation of the problem. A prolonged situation of instability and uncertainty due to a full-scale war, a change in the usual way of life, the loss of loved ones, property and work constitute significant risks for the mental health of the population, which requires the use of significant psychosocial and medical and psychological resources to overcome the crisis. The provision of effective medical and psychological assistance, the implementation of psycho-corrective and psychoprophylactic measures requires appropriate scientific justification and scientific support, **which motivated** the conduct of this study, **the purpose** of which is

to determine the characteristics of negative mental states of the population of Ukraine in the conditions of a full-scale war and to develop effective measures for their psycho-correction. **The research hypothesis** assumed that the stressful situation caused by the war contributes to the development of negative mental states of the population of Ukraine. **Scientific novelty of the research** consists in the theoretical substantiation of the influence of the war situation on the dynamics of the mental states of the population and the measures of psychocorrective and psychoprophylactic interventions. **The practical significance of the research results** lies in the development of a scientifically based effective method of psychocorrection of negative mental states and the possibility of using it to provide medical and psychological support and medical and psychological support to persons with the consequences of war trauma.

Literature Review

Mental states as a scientific category

Mental states are one of the basic concepts of psychological science, along with mental processes and phenomena (Gottschalk, L. A., & Gleser, G. C., 2022). It is at the level of mental states that multilevel and multimodal components of the psyche are integrated into a single whole (Maximenko, S. D., 2020). Despite the significant attention of researchers to the study of mental states and the presence of thorough theoretical developments in this field, there is still no single definition of the concept of mental states, to the understanding of which each of the scientists contributed and continues to contribute their own vision (Boyko-Buzyl, Yu. Yu., 2023). Thus, the American psychologist and philosopher William James, who is considered the founder of the study of mental states of the human personality, attributed them to the sphere of consciousness and defined such properties as selectivity, variability and continuity (James, W., 1984). The prominent Soviet psychiatrist and medical psychologist, student of V. Bekhterev V. Myasishchev, considered a person as a set of social relations and developed the conceptual foundations of psychogenic mental disorders (Nemchyn, T. A., 1983; Igumnova, O. B., 2015; Boyko – Buzil, Yu. Yu., 2023). Another outstanding scientist – psychologist N. Levitov – defined mental states as "a holistic characteristic of mental activity over a certain period of time, which shows the peculiarity of the flow of mental processes depending on the reflection of things and phenomena of reality and mental properties of the individual" (Levitov, N., 1964; Yurchenko, V., 2019).

From the point of view of the systemic approach, which is largely based on the theory of

functional systems of P. Anokhin, mental states are a system that determines the relationship of mental processes, conditions their interaction and provides implementation mechanisms in accordance with the individual psychological properties of a person's personality and other factors (Maksimenko, S. D., 2020; Boyko-Buzil, Yu. Yu., 2023).

The development of reflexology, based on the works of I. Sechenov, V. Bekhterev, and I. Pavlov, made it possible to link mental states with human behavioral activity and the psychophysiological concept of homeostasis, as well as to identify such additional mental formations as habits, knowledge, skills, and abilities (Shapar, V. B., 2007; Yurchenko, V., 2019; Igumnova, O. B., 2019; Zelenykh, A. S., 2023).

Thus, the mental states of an individual can be considered as a complete psychological formation that is intermediate between mental processes and personality properties, arises in response to external or internal stimuli, lasts for a certain period of time and reflects the unique features of a person's mental activity. The leading characteristic of mental states is their situationality, that is, a response to a specific current life situation (Shapar, V. B., 2007).

Negative mental states and their causes

Mental states arise in response to specific life circumstances and can be manifested in the form of psychophysiological phenomena, experiences and ideas, both consciously and unconsciously (Kolyadenko, N., 2019). The key factor prompting the emergence of a particular mental state, determining its emotional sign, is an actual need or need (Maksymenko, S. D., 2020).

Depending on the development of a specific situation, the mental state can change according to its sign (Yagupov, V., 2004). With the possibility of quick and fairly easy satisfaction of the need, positive mental states arise, and the presence of problems and obstacles to the satisfaction of the need leads to the appearance of negative mental states caused by the corresponding emotions (Simons, K. W., 1992; Maksymenko, S. D., 2020).

The inability to realize a need causes negative mental states of frustration, irritation, or even aggression, which becomes a motivating factor to search for new resources to satisfy the need and engage psychological protection mechanisms in case of its unattainability (Myronets, S. M., 2002; Timchenko, O. V., et al., 2016; Maksimenko, S. D., 2020; Sundukova, I. V., 2021). Negative mental states also include depressive disorders, which can be manifested by irritability, insomnia, somatic preoccupation, weight loss, and other psychophysiological phenomena, the level of development of which indicates the depth of stress, anxiety, and depression (Lovibond, P. F., & Lovibond, S. H., 1995; Sambol, S., et al., 2022).

If positive mental states contribute to healthy perception and have a stimulating effect on the

immune system and physical and psychological health of a person, then negative mental states can cause a violation of a person's health and social functioning (Salovey, P., 2000). Negative mental states can reduce a person's cognitive abilities, which affects his work capacity. In particular, the negative mental state of anxiety impairs attention and memory performance, which is associated with impaired electrical activity in the fronto-central areas of the cerebral cortex (Maharaj, S., et al., 2018).

The study of the nature of negative mental states is an actual problem of psychology, especially in its applied aspects related to the professional activity of a person and his stay in extreme conditions (Kosolapov, O. M., 2010).

The concept of stressful and crisis situations and their influence on the mental states of the individual

Stress is a general biological phenomenon inherent in all living beings, which manifests itself in disturbed homeostasis as the balance of physiological, biochemical and bioelectrical parameters, which ensure the normal functioning of the organism due to the maintenance of a dynamic equilibrium between it and the environment (Rapoport, L., 1962; Bobro, O. V., et al., 2021). The modern era is characterized by increased stressogenicity, crisis development of society, extreme conditions of human life, which causes the tension of adaptation mechanisms and increases the risk of developing negative mental states (Goloshumova, G. S., et al., 2019; Galadza, M., 2021). A. Bandura's ideas about the self-efficacy of the individual in a changing society are related to the issue of adaptation and overcoming negative mental states (Jerusalem, M., & Mittag, W., A. Bandura (Ed.), 1995). One of the important directions of psychological research in this context is the study of coping behavior, which is manifested either in the manifestation of passive mechanisms of psychological protection, or in the formation of active coping strategies of the individual (Jerusalem, M., & Mittag, W., A. Bandura (Ed.), 1995; Timchenko, O. V., 2016).

The adequacy of the organism's response to the action of an extreme situation is determined by its focus on eliminating or overcoming extreme factors and solving the relevant behavioral tasks (Slastenin, V. A., 2013). An adequate reaction is characterized by the strengthening of the willpower of the individual and the emotional component of the formation of the response, as well as the narrowing of the motivational field with the strengthening of socially significant motives (Slastenin, V. A., 2013). Extreme and crisis situations have a complex negative impact, disrupting the usual way of life of the entire population and especially its most vulnerable categories, causing and intensifying such negative mental states as anxiety and depression (Di Renzo, L., et al., 2020; Ghosal, D., et al., 2020; Browning, M. H., et al., 2021).

Therefore, in modern conditions of life, the question of the adaptation potential of the individual, which depends on the way a person subjectively experiences crisis situations, becomes important (Mahal T. R., 2022; Shopsha, O. L., & Genina, G. E., 2022).

Peculiarities of a person's psychological response to a war situation

The war situation is accompanied by uncertainty, conflict and unpredictability, causing long-lasting, persistent negative mental states of oppression, anxiety, fear, depression, anger and aggressiveness, which is associated with the presence of a threat and a low probability of satisfying the need for security during military operations (Kapustina, V. S., 2022). Situational anxiety depends on the level of personal anxiety, high indicators of which increase the perception of the threat of the situation and cause the appearance of such negative mental states as tension, nervousness, restlessness (Kapustina, V. S., 2022). Excitement, anxiety and restlessness from the expectation of unpleasant and undesirable events in a war situation cause fear, which can reach the strength of affect, panic, horror and cause the corresponding behavioral reactions of flight, aggression or numbness (Kapustina, V. S., 2022).

The war causes a significant negative and extreme impact on all categories of the population, affecting the physical and psychological health of both the military and the civilian population that does not participate in hostilities (Blinov, O. A., 2013; Timchenko, O. V., et al., 2016; Anjum, G., et al., 2023). The issue of ensuring the optimal response of the individual and the stressors of martial law is an urgent problem of psychological protection of the population from the negative impact of psycho-emotional stress in conditions of limited resources during the war (Raevska, Y. M., 2020; Gruzynska, I. M., 2022). The prevalence of symptoms of sleep disturbance, anxiety and depression, and the state of psychological distress during the war require the development of productive strategies to overcome negative mental states (Okolotenko, K., et al., 2023; Xu, W., 2023).

It is considered necessary to increase the resource of stress resistance and adaptation potential of the individual on the basis of overcoming negative anxiety-depressive emotions, ensuring the optimization of the psycho-emotional state in an emergency situation of full-scale military operations (Hakobyan, N., & Khachatryan, A., 2020; Gruzynska, I. M., 2022; Fomich, M., 2023).

Psychocorrective effects on mental states of the individual

Preventing the development of negative mental states is an important aspect of psychocorrective work. Quite effective means are considered (Boyko-Buzil Yu. Yu., 2023): cognitive-behavioral therapy with methods of full realization of the future event, behavior rehearsal, use of the imago method, positive selective retrospection, positive accentuation of experience;

body-oriented psychotherapy using muscle relaxation exercises and breathing techniques; music therapy; dance therapy; imaging therapy; game psychotherapy and psychodrama therapy; discussion methods; psychogymnastics; gestalt therapy.

To optimize the psycho-emotional state, it is recommended to use such psychocorrective techniques as: neuromuscular relaxation techniques; reducing emotional stress by regulating breathing; methods of autogenic training; using techniques of imagination and visualization (Pashukova, T. I., 2000; Kapustina, V. S., 2022).

Trainings aimed at the development of awareness, empathy, self-management and the development of emotional intelligence contribute to the development of effective coping strategies and the ability to control difficult life situations (Drigas, A., & Papoutsi, C., 2020).

Methods and Materials

Research design. The design of the study provided for its implementation in three successive interrelated stages. At the first stage, the relevance of the research topic, its object and subject were determined; the goal, task and hypothesis of the research are formulated; an analytical review of the sources of scientific literature on the issue of mental states, negative mental states in the personality as a medical and psychological problem, features of negative mental states in the conditions of war and the possibilities of their psychocorrection was carried out.

At the second stage, a plan for conducting an experimental study was drawn up, its methodology was determined, valid psychodiagnostic methods were selected, experimental and control groups of respondents were formed by randomization, an experimental study was conducted, statistical processing, visualization and analysis of the obtained results were carried out.

At the third, final stage of the study, a psychocorrective intervention aimed at normalizing the negative mental states found in the research respondents was substantiated and carried out, its effectiveness was evaluated, conclusions were formulated and practical recommendations were provided. A holistic understanding of a person as a biopsychosocial being in the unity of biological, psychological and social components was defined as a methodological basis (Kurilo, V. S., 2018). In addition, methodological approaches to conducting research were based on a medical and psychological examination of the essence of mental states and various approaches to their study (Maksymenko, S. D., 2020; Maksimenko, S. D., et al., 2020): behavioral (definition mental states based on the dynamics of a person's behavior, his external facial expressions and other signs); neurobiological (taking into account biological, biochemical, bioelectrical mechanisms that determine the occurrence of mental states); self-assessment (self-assessment by a person

of his mental state with the help of questionnaires and other means of collecting information); experimental (the use of experimental psychodiagnostic methods of researching the mental states of an individual and factors affecting their development).

Research procedure. The following psychodiagnostic methods were used to determine the specifics of the mental states of persons experiencing a prolonged extreme and crisis situation of a full-scale war (Kokun, O. M., et al., 2014; Baklytska O. P., et al., 2015):

– "Diagnostics of the state of stress" (A. Prokhorov) – a questionnaire with 9 questions to which you must answer "Yes" or "No", which allows you to identify the features of experiencing stress, the degree of emotional lability and the ability to self-control in stressful conditions. Each "Yes" answer is valued at 1 point, the "No" answer at 0 points. If the obtained result is in the range from 0 to 4 points, this indicates a high level of regulation in stressful situations, restraint and the ability to regulate one's own emotions and behavior. An indicator ranging from 5 to 7 points corresponds to an average level, when a person is not always capable of adequate behavior in a stressful situation, and although he often maintains self-control, sometimes even minor events can disrupt emotional balance. The value of the indicator in the range of 8 to 9 points indicates a weak level of self-regulation, a high level of overwork and exhaustion, which can cause a loss of self-control in a stressful situation and requires the provision of psychocorrective assistance.

– The WAM questionnaire (Well-being, Activity, Mood) is designed to measure the level of well-being (strength, health, fatigue), activity (mobility, speed, pace of mental functions) and mood (characteristics of the emotional state) using a multi-step scale, which consists of thirty pairs of opposite words and indexes of values located between them (3 2 1 0 1 2 3), from which the subject must choose those that best correspond to his current state (at the moment of the examination). Then the values are recoded, in which the highest score is given to positive states, and the lowest to negative ones, and the arithmetic mean is calculated for each of the three scales of the technique. Usually, balanced indicators in the range from 5 to 5.5 correspond to the average statistical norm.

– "Self-assessment of mental states" by Eysenck – a technique that consists in assessing the correspondence of one's own states to the proposed statements (2 – often happens, 1 – rarely happens, 0 – does not fit at all), divided into 4 groups: 1–10 questions – Anxiety; 11–20 questions – Frustration; 21–29 questions – Aggressiveness; Questions 21–40 – Rigidity. Finding the indicator in the range from 0 to 7 points indicates the absence (insignificance) of the symptom, 8–14 points – an average (acceptable) level, 15–20 points – a very pronounced symptom.

– Spielberger-Hanin's "Reactive and Personal Anxiety Rating Scale" – consists of two groups of 20 questions, the answers to which are evaluated using a 4-point scale (1 – no; 2 – probably yes; 3 – yes" 4 – absolutely correct), aimed at determining the level of personal anxiety as a stable individual characteristic that determines the subject's tendency to develop anxiety and perceive situations as threatening, and situational (reactive) anxiety that arises as an emotional reaction to a real stressful situation and is characterized by subjective experiences of negative emotions and the development of negative mental states (tension, excitement, anxiety, nervousness). The number of points less than 30 indicates a low level of anxiety, 31–45 – average, 46 and more – high level of anxiety.

– Kunin's "Physiognomic Test" is a projective technique aimed at express diagnosis of the current mood, where the subject must identify his mood with the corresponding picture from the 6 offered (1 – very bad mood, overstrain, anger; 2 – bad mood; 3 – low mood, frustration, irritability; 4 – calm, balanced mood; 5 – good mood, a state of cheerfulness, confidence in one's own abilities, satisfaction with one's current activity; 6 – a very good mood, a state of optimism, a feeling of happiness, kindness to everyone).

Psychocorrection of mental states was carried out with the help of the author's specially developed step-by-step complex psychocorrective training methodology, which took into account the recommendations of the Institute of Psychology named after H. Kostyuk (Kokun, O. M., et al., 2014; Kokun, O., 2023), was carried out over two weeks and contained the following components:

- psychotherapeutically oriented conversation;
- breathing relaxation exercises;
- psychotherapeutic use of stories, life stories, fairy tales, parables;
- sand therapy.

The theoretical basis of the psychocorrective intervention was the positive psychotherapy of N. Pezeshkian using the five-step concept (Kokun, O. M., et al., 2014; Bobro, O. V., et al., 2021; Kokun, O., 2023), in which the three stages of psychocorrective interaction (attachment, differentiation, detachment) are aimed at help and self-help and contain such components as:

- acceptance, observation, distancing as a basis for changing perspective;
- clarification of the essence of the problem, determination of the content and prerequisites of the traumatic impact and search for strengths on the part of the client, determination of his psychocorrective potential;
- situational use of resources, development of self-help skills, approval of psychocorrective efforts of the client;
- verbalization of existing psychotrauma;
- consideration of the situation, definition of goals and their expansion, formation of perspective concepts and strategies for future activities.

Such a five-step approach made it possible to realize the presence of an external conflict of a psycho-traumatic situation and an internal conflict that causes the emergence of negative mental states, and to use a negative psycho-traumatic experience as a basis for personal growth, forming the basis for the development of constructive behavior aimed at building a positive future.

The psychotherapeutically directed conversation included a semi-structured interview with the inclusion of mandatory and optional open and closed questions (Kokun, O. M., et al., 2014; Bobro, O. V., et al., 2021; Kokun, O., 2023). Verbal communication was aimed at correcting inadequate ideas, making the client aware of responsibility for his own behavior, increasing his activity and mood, forming positive thinking and improving interaction with the surrounding social environment. Breathing relaxation techniques were used to achieve emotional and psychological relief, develop self-regulation skills, self-control, and self-correction of the client's mental states and behavior (Kokun, O. M., et al., 2014; Kokun, O., 2023). The psychocorrective use of stories, fairy tales and parables was based on the ideas of positive psychotherapy of N. Pezeshkian and contributed to the emergence of associations aimed at stimulating a positive view of oneself and the ability to self-help. In the process of stories, listeners identified with the heroes of the stories, which contributed to the release of thoughts and the emergence of appropriate emotional reactions, allowing to overcome negative mental states and build constructive behavioral models. To increase the effectiveness of this stage of psychocorrection, it was combined with sand art-therapy.

The conceptual basis of sand art-therapy is the activation of the Jungian "Child Archetype", which has the symbolic meaning of paving the way from the past to the future through the acquisition of life experience. Sand art-therapy allows you to understand and transform internal problems, turning them into tangible and visible images in the form of sand drawings, express traumatic experiences and overcome them through repeated transformations of sand compositions. A special device was used for sand art-therapy – a wooden table with sides of standard size (50x80x8 cm),

filled with sand, with lighting from below (Fig. 1).



Fig. 1. Master class on sand therapy at the Interregional Academy of Personnel Management

Formation of the sample of the researched. The study was conducted on the basis of the clinic "The First Private Office of Psychiatry and Psychotherapy DR.ZHYVAGO" (Kyiv). To participate in the study, 46 clinic patients who had the status of temporarily displaced persons and were witnesses of active hostilities were selected by simple randomization. The control group consisted of 48 students and employees of the Interregional Academy of Personnel Management, who did not have the status of temporarily displaced persons, never sought medical and psychological help, and did not leave the city of Kyiv during the entire period of the war (Table 1).

As can be seen from this table, there are significant, statistically significant differences between the groups of respondents of the experimental and control groups in terms of individual parameters. Yes, there are significantly more women, married people and those with children in the experimental group. This feature is explained by the fact that mainly women with small children were evacuated from the regions of active hostilities, and they currently constitute a significant contingent among the clients of medical psychologists, due to long-term constant stress and the presence of the consequences of the experienced war psychotrauma.

Table 1

Comparative characteristics of the respondents of the experimental (A) and control (B) studied groups

Group	Average age (years)	Gender				Education						Married		Children	
		m		f		Higher education		University student		College					
		n	%	n	%	n	%	n	%	n	%	n	%		
A	41,5	19	41,3	27	58,7	10	21,7	25	54,3	11	23,9	34	73,9	31	67,4
B	42,3	22	45,8	26	54,1	12	25,0	29	60,4	7	14,6	25	52,1	18	37,5
Student's t-test	-9,8	-55,1		56,3		-5,7		74,7		113,9		267,0		366,2	
p	<0,05	<0,05		<0,05		<0,05		<0,05		<0,05		<0,05		<0,05	
ANOVA1	1,5	100,2		81,9		88,3		247,0		245,6		1393,9		3955,9	
p	>0,05	<0,05		<0,05		<0,05		<0,05		<0,05		<0,05		<0,05	
ANOVA2	The value of the f-coefficient is 0.53718. The p-value is 0.475697. The result is insignificant at p < 0.05.														

In the control group, which consisted mainly of students and teachers, a higher percentage of men, singles and those without children. The level of education in the control group is also somewhat higher. The groups are comparable in terms of age. Although the difference is statistically significant according to the Student's test, it is not significant, which is confirmed by the ANOVA analysis of variance, the results of which did not reveal a significant difference in the age composition of the groups (the value of the f-coefficient is 1.5 at $p < 0.05$).

The comparability of the experimental and control groups, despite the presence of differences in individual parameters, is also confirmed by ANOVA analysis of variance (The value of the f-coefficient is 0.53718. The p-value is 0.475697. The result is insignificant at $p < 0.05$).

To participate in the psychocorrective program, 35 respondents of the experimental group were selected, in whom the results of the psychodiagnostic study proved the presence of a high level of indicators of the development of negative mental states, such as anxiety, fear, anxiety, lethargy, apathy, inhibition of cognitive activity, as well as 26 respondents of the control group with borderline indicators that indicated the presence of an increased risk of developing negative mental states.

Statistical processing of research results. Accumulation, sorting, visualization of information was carried out using the Microsoft Excel program. Calculations were made in the Social Science Statistics online calculator. To assess the statistical reliability and significance of the results of the conducted research, the Student's t-test was used for unrelated groups (for comparison of experimental and control groups of respondents) and for related groups (comparison of indicators of mental states of the experimental group in dynamics, before and after undergoing psychocorrective

training) and ANOVA analysis of variance. To establish relationships between the indicators of the methods, the Pearson correlation coefficient was used, the calculated values of which were compared with the data of Chaddock's table. To determine the degree of risk of developing negative mental states in the respondents of the experimental and control groups, the chi-square (χ^2) criterion was used, which was calculated using 4-field tables.

Limitations. The study was limited to patients of only one clinic, however, the randomization procedure allows us to consider the obtained results sufficiently relevant for the studied population category, namely, temporarily displaced persons with psychological consequences of war trauma. At the same time, the study did not cover persons with special needs, children and other vulnerable categories, as well as military personnel. Determination of the specifics of the impact of the war situation on the mental states of these categories of the population is planned to be studied in further research. Another limitation of the study was the time limit, it lasted for two weeks. This term turned out to be insufficient to achieve a more convincing result of psychocorrective interventions, so they were extended even after the end of the study.

Ethical issues. The permission of the ethical commission of the department of medical psychology of the PJSC "UZ "MAUP" was obtained to conduct the study. All respondents gave written informed consent to participate in the study. In the research process, strict compliance with all requirements and principles of bioethics was ensured, in particular, confidentiality of respondents' personal data and anonymity of test results. The principle of academic integrity was followed. Special funding for the research was not allocated, there was no conflict of interest.

Table 2

The results of diagnosing the state of stress of the respondents of the experimental (A) and control (B) groups according to the method of A. Prokhorov

Group	GPA	Student's t-test	p
A	8,3±0,5	3,49	0,01 (<0,05)
B	6,4±0,8		
ANOVA	36,46		0,00 (<0,05)

Table 3

Comparison of the average results of the study Well-being (W), Activity (A) and Mood (M) of the respondents of the experimental (A) and control (B) groups

Scale	GPA		Student's t-test	p
	A	B		
W	4,6±0,2	4,8±0,4	-0,77	0,24 (>0,05)
A	3,2±0,6	5,0±0,2	-4,92	0,00 (<0,05)
M	2,9±0,3	4,4±0,6	-3,87	0,01 (<0,05)
ANOVA	12,89			0,002 (<0,05)

Results

In tab. 2. the results of diagnosing the state of stress of the respondents of the experimental and control groups according to the method of A. Prokhorov are given.

Statistical differences between the indicators of the experimental and control groups are reliable and significant ($p < 0.05$), which is confirmed both by the calculation of the Student's test and by the ANOVA variance analysis.

The following Table 3 presents the comparative results of the study of the respondents of the experimental and control groups using the WAM method.

As can be seen from this table, the average indicators of well-being of the respondents of both the experimental and control groups are in the range slightly below the average statistical norm (4.6 ± 0.2 and 4.8 ± 0.4 points, respectively), with a statistically significant difference no differences were found between the groups on the well-being scale ($p > 0.05$). However, according to the Activity and Mood scales, the difference between the indicators of the respondents of the experimental and control groups is noticeable, statistically reliable and significant ($p < 0.05$).

If in the control group the average level of the activity indicator (5.0 ± 0.2 points) corresponds to the range of the average statistical norm, then the activity of the respondents of the experimental group is significantly reduced (3.2 ± 0.6 points). Mood is reduced in both groups, but in the control group this reduction

is moderate (4.4 ± 0.6), while in the experimental group the mood index is very low (2.9 ± 0.3). The statistical difference between the indicators of activity and mood of the experimental and control groups is reliable and significant ($p < 0.05$). Analysis of variance showed that there is a significant difference between the WAM indicators of the experimental and control groups (the value of the f-coefficient is 12.89474. The p-value is 0.002446. The result is significant at $p < 0.05$).

The results of a comparative study of the experimental and control groups according to Eysenck's "Self-Assessment of Mental States" method are given in the following table. 4. It was found that the results of the self-assessment of the respondents of the experimental and control groups are statistically significantly and reliably different from each other, which is confirmed both by the results of calculating the Student's criterion ($p < 0.05$) and by the results of the ANOVA variance analysis (the value of the f-coefficient is 53, 60624. P-value < 0.00001 . The result is significant at $p < 0.05$).

It should be noted that among the respondents of the control group, only the average indicator of anxiety is at the upper limit of the average acceptable level (14.2 ± 0.6 points), while the average indicators of frustration (15.1 ± 0.5 points), aggressiveness (15.6 ± 0.2 points) and rigidity (16.4 ± 0.2 points) are in the range that corresponds to a very strong level of expression of the specified signs. In the experimental group, the level of average indicators on all scales of the method is very high and statistically reliably and significantly higher than that of the

Table 4

Comparison of the average indicators of the results of the study of self-assessment of mental states of the experimental (A) and control (B) groups

Scale	GPA		Student's t-test	p
	A	B		
Anxiety	18,6±0,8	14,2±0,6	7,62	0,00 (<0,05)
Frustration	19,4±0,2	15,1±0,5	13,83	0,00 (<0,05)
Aggressiveness	17,8±0,4	15,6±0,2	8,52	0,00 (<0,05)
Rigidity	17,3±0,5	16,4±0,2	2,89	0,02 (<0,05)
Correlation coefficient rxy	0,362			<0,05
ANOVA	53,61			0,00 (<0,05)

Table 5

Comparison of the average indicators of the results of the study of personal and reactive anxiety of the experimental (A) and control (B) groups of respondents

Anxiety	GPA		Student's t-test	p
	A	B		
Personav	32,6±1,8	31,9±1,3	0,55	0,31 (>0,05)
ANOVA	0,9069			0,37 (>0,05)
Reactive	48,4±1,2	42,1±1,5	5,68	0,00 (<0,05)
ANOVA	40,90072			0,00 (<0,05)
Correlation coefficient rxy	0,5572			<0,05

respondents of the control group ($p < 0.05$). The respondents of the experimental group also have a very high average level of anxiety (18.6 ± 0.8 points), which is significantly higher than that of the respondents of the control group (14.2 ± 0.6 points, $p < 0.05$). A direct, albeit weak, correlation was found between indicators of the level of anxiety and frustration with indicators of rigidity and aggression (correlation coefficient $r_{xy} = 0.362$, at $p < 0.05$).

In the next tab. 5. the results of the research of reactive and personal anxiety of the respondents of the experimental and control groups according to the Spielberger-Hanin method are presented.

As can be seen from this table, the level of personal anxiety of the respondents of the experimental and control groups is within the range of average values and is comparable, no statistically significant difference was found between the indicators, which is confirmed by the results of calculating the Student's criterion ($p > 0.05$) and conducting variance analysis ANOVA (f-value is 0.9069. P-value is 0.36882. The result is insignificant at $p < 0.05$). The level of situational (reactive) anxiety in both studied groups is elevated, and in the experimental group it is statistically significantly and significantly higher than in the control group ($p < 0.05$; the value of the f-coefficient is 40.90072. P-value is 0.00021 The result is significant at $p < 0.05$).

The results of the study of the experimental and control groups of respondents using Kunin's physiognomic test are shown in fig. 2.

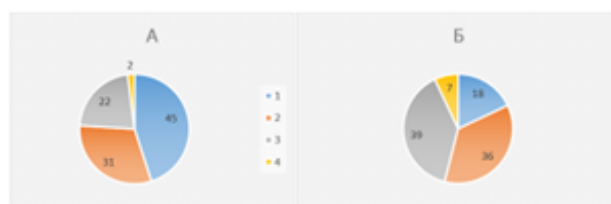


Fig. 2. Comparative results (%) of respondents of the experimental (A) and control (B) groups according to Kunin's physiognomic test (mood: 1 - very bad and bad; 2 - depressed; 3 - calm; 4 - good)

It should be noted that the variant of very good mood was not found in any of the studied respondents of the experimental and control groups. A good mood was noted only in 3 (7%) respondents of the control group and in 1 (2%) respondents of the experimental group. If calm infusion was observed among the respondents of the control group in 19 (39%) people, then in the experimental group it was characteristic of only 10 (22%) people. On the contrary, bad and very bad mood prevailed among the respondents of the experimental group, which was observed in 21 (45%) cases, which significantly exceeded the number of such in the control group, where bad mood was found in only 8 (18%) respondents. In general, negative mental states caused by the war situation were found in 26 (54%) persons of the control and 35 (76%) persons of the experimental research groups.

To determine the degree of risk of developing negative mental states as a result of war trauma, statistical calculation of the χ^2 criterion was used using 4-field tables (tab. 6).

As a result of the calculations, it was determined that the chi-square statistic is equal to 4.9542. The p-value is 0.026027. The result is significant at $p < 0.05$. The Yates-adjusted chi-square statistic is 4.0388.

Table 6

An example of calculating the χ^2 criterion using a 4-field table

	Category 1	Category 2	Marginal Row Totals
Group 1	35 (29.85) [0.89]	11 (16.15) [1.64]	46
Group 2	26 (31.15) [0.85]	22 (16.85) [1.57]	48
Marginal Column Totals	61	33	94 (Grand Total)

Table 7

The results of the study of the effect of psychocorrective training on the dynamics of the stress state of respondents of the experimental (A) and control (B) groups according to the method of A. Prokhorov (I - primary study, II - repeated study)

Group	GPA		Student's t-test	p	ANOVA	p
	I	II				
A	$8,3 \pm 0,5$	$6,2 \pm 0,4$	5,77	0,00 ($< 0,05$)	81,67	0,00 ($< 0,05$)
B	$6,4 \pm 0,8$	$3,7 \pm 0,5$	4,96	0,00 ($< 0,05$)	48,45	0,00 ($< 0,05$)

The p-value is 0.044467. The result is significant at $p < 0.05$. That is, the respondents of the experimental group from among temporarily displaced persons have a statistically reliable and significantly higher risk of developing negative mental states than the respondents of the control group who were not in the zone of active hostilities.

The effectiveness of the psychocorrective intervention was assessed by repeated psychodiagnostic testing of the respondents of the experimental (35 people) and control (26 people) groups to determine the dynamics of their mental states. The dynamics of the state of stress, determined according to the method of A. Prokhorov, of the respondents of the experimental and control groups who underwent psychocorrective training, is shown in tab. 7. As can be seen from this table, in the control group, where the stress level during the initial study corresponded to the upper limit of the average range (6.4 ± 0.8 points), which gave grounds for assigning these respondents to the risk group for the development of negative mental states, psychocorrection training contributed to the normalization of the stress level indicator (3.7 ± 0.5 points), which indicated the restoration of adaptation mechanisms and the ability to effectively self-regulate emotions and behavior in stressful situations.

In the experimental group, the level of stress was very high from the beginning (8.3 ± 0.5 points), so its

reduction as a result of psychocorrective training occurred only to an average level (6.2 ± 0.4 points). This indicates the positive dynamics of self-regulation mechanisms, however, it is unstable and insufficient, which requires the continuation of psychocorrective classes for a period of more than 2 weeks. In both groups, the positive dynamics of the mental state was statistically reliable and significant, which is confirmed by the value of the Student's t-test and the results of the variance analysis of ANOVA, at $p < 0.05$.

The dynamics of well-being, activity and mood of the respondents of the experimental and control groups in the process of psychocorrective training are presented in tab. 8.

As can be seen from this table, psychocorrective training contributed to statistically significant and reliable ($p < 0.05$) positive dynamics of well-being, activity and mood of the respondents of both the control and experimental groups to the range of the average statistical norm.

In tab. 9. the results of a comparative study of the impact of psychocorrective training on respondents of the experimental and control groups according to the Eysenck "Self-Assessment of Mental States" method are given. As can be seen from this table, undergoing psychocorrective training had a positive effect on the mental states of respondents in both the control and experimental groups, contributing to a statistically reliable and significant

Table 8

The dynamics of the results of the study Well-being (W), Activity (A) and Mood (M) of the respondents of the experimental (A) and control (B) groups (I - primary study, B - repeated study)

Group	Scale	GPA		Student's t-test	p	ANOVA	p
		I	II				
A	W	4,6±0,2	5,2±0,4	-2,43	0,04 (<0,05)	12,28	0,01 (<0,05)
	A	3,2±0,6	5,0±0,6	-3,67	0,01 (<0,05)	42,08	0,00 (<0,05)
	M	2,9±0,3	5,1±0,3	-8,98	0,00 (<0,05)	203,09	0,00 (<0,05)
B	W	4,8±0,4	5,6±0,2	-3,10	0,02 (<0,05)	29,09	0,00 (<0,05)
	A	5,0±0,2	5,4±0,1	-2,39	0,04 (<0,05)	22,86	0,00 (<0,05)
	M	4,4±0,6	5,5±0,3	-2,84	0,023 (<0,05)	19,18	0,00 (<0,05)

Table 9

Comparison of the effect of psychocorrective training on the indicators of self-assessment of mental states of the experimental (A) and control (B) groups (I - primary study, II - repeated study)

Group	Scale	GPA		Student's t-test	p	ANOVA	p
		I	II				
A	Anxiety	18,6±0,8	12,2±0,6	11,09	0,00 (<0,05)	338,21	0,00 (<0,05)
	Frustration	19,4±0,2	13,1±0,5	20,26	0,00 (<0,05)	1280,32	0,00 (<0,05)
	Aggressiveness	17,8±0,4	11,6±0,8	12,01	0,00 (<0,05)	468,78	0,00 (<0,05)
	Rigidity	17,3±0,5	10,9±0,5	15,68	0,00 (<0,05)	7-9,14	0,00 (<0,05)
B	Anxiety	14,2±0,6	8,6±0,8	9,70	0,00 (<0,05)	307,45	0,00 (<0,05)
	Frustration	15,1±0,5	8,4±0,3	19,90	0,00 (<0,05)	1246,94	0,00 (<0,05)
	Aggressiveness	15,6±0,2	8,0±0,5	24,44	0,00 (<0,05)	1863,23	0,00 (<0,05)
	Rigidity	16,4±0,2	8,2±0,4	31,76	0,00 (<0,05)	3056,36	000 (<0,05)

decrease in indicators of anxiety, frustration, aggressiveness and rigidity from a high to an average permissible level, which is confirmed by the calculation of the Student's criterion and by the results of variance analysis ($p < 0.05$).

Passing psychocorrective training also contributed to the positive dynamics of indicators of situational anxiety of respondents in both the control and experimental groups, which can be seen from the table. 10.

Data comparing the results of a psychodiagnostic study of reactive anxiety of respondents of the experimental and control groups using the Spielberger-Hanin method before and after two weeks of psychocorrective training demonstrate statistically reliable and significant positive dynamics of the indicator, which is confirmed by the calculation of the Student's t-test and the results of the variance analysis of ANOVA ($p < 0, 05$).

Discussion. Data from scientific literature sources note a significant negative and extreme impact of the war situation not only on the military, but also on categories of the population that do not participate in hostilities (Blinov, O. A., 2013; Timchenko, O. V., 2016; Anjum, G., et al., 2023). The war situation is accompanied by uncertainty, conflict and unpredictability, which affects the physical, psychological, and social aspects of the population's health (Blinov, O. A., 2013; Timchenko, O. V., 2016; Anjum, G., et al., 2023). Experiencing a war situation, constant threat and danger contributes to the emergence of long-lasting, persistent negative mental states, such as oppression, anxiety, fear, depression, anger, aggression (Kapustina, V. S., 2022).

Our research confirms the negative impact of experiencing a war situation on the mental states of the population of Ukraine, especially on those sections of it that were directly in the zone of active hostilities, suffered losses, were forced to change their place of residence as temporarily displaced persons. The results of the study using A. Prokhorov's "Diagnostics of the state of stress" method showed that the respondents of the experimental group had an average score of 8.3 ± 0.5 points, which indicates the presence of a high level of stress, overwork and exhaustion, an insufficient level of self-regulation and the risk of losing self-control. On the other hand, in the control group, the indicator according to this method is equal to 6.4 ± 0.8 , which corresponds to the average level and indicates the instability of self-

control, the risk of breaking emotional balance and the instability of behavioral reactions. That is, in both groups there is an increase in the level of stress, but if in the control group this increase is within the average level, then in the respondents of the experimental group it reaches high indicators and indicates the need for providing psychocorrective help and support.

Significantly reduced indicators of activity and mood in the experimental group indicate the presence of overfatigue and exhaustion of the body's adaptive resources as a result of long-term stress associated with the war.

The revealed high average index of rigidity can be interpreted as evidence of the respondents of the experimental group being stuck on negative experiences associated with being in a stressful situation for a long time as a result of the war situation. The high average level of frustration (19.4 ± 0.2 points) among the respondents of the experimental group can be explained by the feeling of impossibility to influence the negative situation that arose as a result of the war, the mental state of helplessness, the loss of the usual way of life, and the limitation of opportunities for self-realization.

Situational anxiety depends on the level of personal anxiety, high indicators of which, according to the sources of scientific literature, increase the perception of the threat of the situation and cause the appearance of such negative mental states as tension, nervousness, restlessness (Kapustina, V. S., 2022). As a result of our research, a moderate positive correlation was found between indicators of personal and reactive anxiety, which testifies to the effect of increased indicators of personal anxiety on increasing the level of reactive anxiety. However, in a war situation, reactive anxiety depends not only on personal anxiety, but also on the direct negative impact of a prolonged extreme crisis situation.

Therefore, with a comparable level of personal anxiety (32.6 ± 1.8 and 31.9 ± 1.3 points, $p > 0.05$), reactive anxiety in the respondents of the experimental group, who experienced a strong stress effect as a result of being in the zone of active combat actions and forced resettlement, is significantly higher compared to respondents of the control group, in whom the change in lifestyle as a result of the war was not so drastic (48.4 ± 1.2 and 42.1 ± 1.5 , respectively, $p < 0.05$).

Table 10

Dynamics of situational anxiety of respondents of the experimental (A) and control (B) groups according to the Spielberger-Hanin method (I – primary study, II – repeated study)

Group	Scale	GPA		Student's t-test	p	ANOVA	p
		I	II				
A	Reactive anxiety	$48,4 \pm 1,2$	$44,7 \pm 1,1$	3,91	0,01 ($< 0,05$)	63,39	0,00 ($< 0,05$)
B	Reactive anxiety	$42,1 \pm 1,5$	$32,5 \pm 1,8$	7,10	0,00 ($< 0,05$)	223,71	0,00 ($< 0,05$)

Thus, the conducted psychodiagnostic research made it possible to reveal the presence of such negative mental states as anxiety, anger, insecurity, frustration, aggression, rigidity, bad mood and decreased activity in the respondents of the experimental group who were in a long-term stressful extreme and crisis situation due to the war, which is associated with a decrease in self-control and management of emotions, a state of overfatigue, depletion of resources and disruption of the body's adaptive mechanisms, and requires appropriate psychocorrective interventions. As for the respondents of the control group, their indicators were mostly borderline, posing a risk of decompensation, for the prevention of which psychoprophylactic measures are necessary.

The analysis of the obtained research results allows us to state that staying in a long-term stressful extreme and crisis situation of war in the zone of active hostilities and subsequent evacuation is a risk factor for the development of such negative mental states as anxiety, anger, uncertainty, frustration, aggression, rigidity, bad mood and a decrease in activity, which is associated with a decrease in self-control and management of emotions, a state of overfatigue, depletion of resources and disruption of the body's adaptive mechanisms, and requires appropriate psychocorrective interventions, while indicators of the borderline level represent a risk of decompensation, for the prevention of which psychoprophylactic measures are necessary.

The repeated destruction and reconstruction of sand drawings and three-dimensional compositions reflected the dynamics of the psychological development of the individual during his life, providing access to the unconscious and non-verbal levels of the psyche. Drawing on sand was characterized by expression, affected both visual and tactile sensations, allowed expressing and correcting emotions, which ensured the release of unconscious experiences; facilitation of disclosure of problems; experiencing trauma through images, symbols and metaphors; overcoming psychological barriers; removal of internal psycho-emotional tension; correction of negative mental states at the unconscious-symbolic level.

The respondents of the experimental group had very low indicators of activity and mood during the initial examination. Their normalization testified to the positive impact of psychocorrective training on restoring the body's adaptive resources, overcoming negative mental states of overwork and exhaustion, and increasing stress resistance of the body. Psychocorrective training contributed to restoring the balance between well-being, activity and mood, which proves its harmonizing effect on mental states and personality structure.

Data from scientific literature sources (Pashukova, T.I., 2020; Drigas, A., & Papoutsis, C., 2020; Kapustina, V. S., 2022) indicate that psychocorrective training allows

overcoming negative mental states, restoring the ability to self-control, contribute to the development of effective coping strategies of the individual. The results of our research show that after a two-week course of psychocorrective training, the indicators of the mental states of the respondents of the control group changed to the lower values of the average permissible level, bordering on the normal indicators, while in the experimental group the dynamics took place from a very high to an average permissible level in its upper and average values. That is, there is a positive dynamic of the mental states of the respondents, which proves the effectiveness of psychocorrective training, but indicates the need for its continuation, especially in the experimental group, where, despite the tendency towards normalization, there is an increased risk of deterioration of the mental states of the subjects.

The analysis of the results of the study showed that the level of reactive anxiety of the respondents of the control group changed to the level of the lower limit of the average range, closer to the normal values, while in the experimental group there was a decrease in the level of reactive anxiety from very high to average values. Despite the confirmed effectiveness of psychocorrective training, the results of the study of the dynamics of the level of reactive anxiety indicate that in order to achieve a stable and convincing positive result, normalizing the level of situational anxiety, it is necessary to continue psychocorrective classes.

Given that the impact of the psycho-traumatic extreme and crisis situation of the war continues to have a negative impact on the mental states of the population of Ukraine, it is worth recommending the provision of constant psycho-corrective support and psychological support to the most vulnerable and poorly protected population groups, as well as the provision of psycho-prophylactic measures for all segments of the population.

Conclusions. The hypothesis regarding the negative impact of the war on the mental states of the population has been confirmed. It is shown that the situation of a full-scale war caused a large-scale social crisis, which negatively affects the psychological health of the population with the emergence of such negative mental states as anxiety, fear, depression, helplessness, aggression, apathy.

The impact of experiencing a war situation on the occurrence of such negative states as overfatigue, exhaustion, frustration, impaired self-regulation and self-control, impaired emotional balance, stuck on negative experiences, instability of behavioral reactions, decreased activity and mood, which indicates the exhaustion of the adaptive resources of the body as a result of prolonged war-related stress.

It has been established that staying in a long-term stressful extreme and crisis situation of war in the

zone of active hostilities and subsequent evacuation is a risk factor for the development of such negative mental states as anxiety, anger, uncertainty, frustration, aggression, rigidity, bad mood and reduced activity, which associated with a decrease in self-control and management of emotions, a state of overfatigue, depletion of resources and disruption of the body's adaptive mechanisms, and requires appropriate psychocorrective interventions, while borderline indicators represent a risk of decompensation, for the prevention of which psychoprophylactic measures are necessary.

A step-by-step complex psychocorrective training method for psychocorrection of the mental states of people with the consequences of war trauma, consisting of a psychotherapeutically directed conversation, breathing relaxation exercises, psychotherapeutic use of stories (life stories, fairy tales, parables) and sand art-therapy, has been developed, and its effectiveness has been proven. It is shown that psychocorrective training contributes to statistically significant and reliable ($p < 0.05$) positive dynamics of well-being,

activity and mood of persons with negative mental states due to war trauma, which indicates the recovery of adaptive resources of the body, overcoming negative mental states of overfatigue and exhaustion, increasing stress resistance of the environment.

Passing psychocorrective training contributes to the reduction of indicators of anxiety, frustration, aggressiveness and rigidity, positive dynamics of indicators of situational anxiety of persons with the consequences of war trauma.

The necessity of providing psychocorrective and psychological support to the most vulnerable and poorly protected population groups and the implementation of psychoprophylactic measures for all strata of the population in a situation of long-term stress due to the war is substantiated.

Prospective studies are planned to be directed to an in-depth study of the psychological impact of the war situation on the most vulnerable categories of the population (children, persons with disabilities), as well as research on the mental states of combatants.

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