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RELATIONSHIP OF CHARACTER ACCENTUATIONS TO POST-STRESS RESPONSES IN COMBAT-EXPERIENCED PERSONNEL

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Results. Variability in psychological responses to combat stress highlights the need to examine individual characteristics associated with post-stress manifestations in military personnel. Character accentuations are particularly relevant because specific traits may relate differently to components of post-stress responding. This study examined associations between accentuated character traits and overall and component-specific post-stress measures in military personnel with combat experience. The cross-sectional correlational study included 30 military personnel aged 20 – 63 years. Participants completed the Accent-2-90 questionnaire developed by M. I. Vigdorchik, the B1 screening questionnaire, and the Blinov Combat Stress Questionnaire (CSQ). Statistical analysis included descriptive statistics, the Shapiro-Wilk test, Spearman's rank correlations, and Benjamini-Hochberg false discovery rate correction across 66 tests. Hyperthymic traits had the highest group mean. Of 15 associations meeting

the unadjusted p < .05 criterion, four remained significant after correction. B1 scores were positively associated with cyclothymic traits (ρ = .575, q = .020), excitable traits (ρ = .574, q = .020), and anxious traits (ρ = .573, q = .020), while the CSQ ASD/PTSD indicator was associated with excitable traits (ρ = .544, q = .031). The remaining nominal associations were interpreted as exploratory. The most robust findings involved B1 scores and excitability. Given the small sample and correlational design, the findings are preliminary and do not support causal, clinical, or individual prognostic conclusions. Character accentuation profiles may nevertheless provide supplementary contextual information during comprehensive psychological assessment of military personnel with combat experience.

Thus, the hypothesis received partial support: the significant associations were trait-specific and concentrated in the PTSD-related indicators, with excitability showing the most consistent pattern across B1 and ASD/PTSD, two differently scored indicators based on the same item content.

The findings support viewing character accentuations as one component of the individual psychological context of post-stress responding rather than as isolated predictors of its severity. The cross-sectional correlational design does not permit conclusions regarding causal direction or the interpretation of particular accentuations as risk or protective factors.

Keywords: *character accentuations, military personnel, combat experience, combat stress, post-stress responses, PTSD screening, psychological assessment, psychological support.*

Взаємозв'язок акцентуацій характеру з постстресовими проявами військовослужбовців із досвідом бойових дій

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Результати. Значна варіативність психологічного реагування на бойовий стрес зумовлює необхідність дослідження індивідуально-психологічних характеристик, пов'язаних із постстресовими проявами військовослужбовців. Особливий інтерес становлять акцентуації характеру, оскільки окремі акцентуйовані риси можуть по-різному співвідноситися з компонентами постстресового реагування. Метою дослідження було вивчення зв'язків між вираженістю окремих акцентуйованих рис і загальними та компонентними показниками постстресового реагування у військовослужбовців із бойовим досвідом. У поперечному кореляційному дослідженні взяли участь 30 військовослужбовців віком 20 – 63 роки. Застосовано опитувальник «Акцент-2-90» М. І. Вігдорчика, скринінговий опитувальник Б1 та Опитувальник бойового стресу Блінова (ОБСБ). Статистичний аналіз охоплював описову статистику, критерій Шапіро-Вілка, рангову кореляцію Спірмена та поправку Бенджаміні-Гохберга для контролю частки хибних відкриттів у 66 кореляційних перевірках. Найвище середнє значення на груповому рівні встановлено за шкалою гіпертимності. Із 15 зв'язків, що відповідали нескоригованому критерію $p < .05$, після FDR-корекції статистично значущими залишилися чотири. Показник Б1 позитивно корелював із циклотимністю ($\rho = .575$, $q = .020$), збудливістю ($\rho = .574$, $q = .020$) і тривожністю ($\rho = .573$, $q = .020$), а показник ГСР/ПТСР за ОБСБ – зі збудливістю ($\rho = .544$, $q = .031$). Решту номінально значущих зв'язків інтерпретовано як пошукові. Найстійкіші асоціації стосувалися показника Б1 та збудливості. З огляду на невелику вибірку й кореляційний дизайн результати є

попередніми та не дають підстав для причинних висновків, клінічної інтерпретації чи індивідуального прогнозування. Профіль акцентуацій може використовуватися як додаткова контекстуальна інформація під час комплексного психологічного оцінювання військовослужбовців із бойовим досвідом.

Висновки. Таким чином, гіпотеза отримала часткове підтвердження: значущі асоціації були специфічними для певних рис та зосереджені в показниках, пов'язаних з посттравматичним стресовим розладом (ПТСР), причому збудливість демонструвала найбільш послідовну закономірність для B1 та PAC/ПТСР, двох показників з різною оцінкою, заснованих на одному й тому ж змісті пункту.

Результати підтверджують розгляд акцентуацій характеру як одного з компонентів індивідуального психологічного контексту постстресової реакції, а не як ізольованих предикторів її тяжкості. Поперечний кореляційний дизайн не дозволяє робити висновки щодо причинно-наслідкового зв'язку або інтерпретації конкретних акцентуацій як факторів ризику чи захисту.

Ключові слова: *акцентуації характеру, військовослужбовці, бойовий досвід, бойовий стрес, постстресове реагування, скринінг ПТСР, психологічне оцінювання, психологічний супровід.*

Introduction. Participation in combat operations entails repeated or prolonged exposure to intense and potentially traumatic stressors that may affect emotional states, behaviour, cognitive functioning, and adaptive processes in military personnel (Blinov, 2019a; Figley & Nash, 2007; Hoge et al., 2006). However, even under broadly comparable conditions of combat exposure, psychological response trajectories may vary substantially across military personnel, ranging from relatively transient reactions and successful adaptation to persistent post-stress difficulties (Bonanno, 2004; Boychuk et al., 2025). These individual differences are reflected in the severity, duration, and configuration of post-stress manifestations (Ozer et al., 2003; Solomon & Mikulincer, 2006). Such variability highlights the importance of examining psychological characteristics associated with post-stress responses.

Character accentuations represent one group of such characteristics. They reflect pronounced personality traits that are not

inherently pathological but may become particularly relevant under conditions of increased psychological demand and prolonged stress exposure (Leonhard, 1976; Vigdorchik, 1995). At the functional level, accentuated traits may be reflected in characteristic patterns of emotional reactivity, behavioural regulation, and adaptation to demanding conditions. Contemporary approaches to individual differences suggest that personality traits should be considered not only separately but also as elements of a broader psychological profile (Fleeson & Jayawickreme, 2015; Luo et al., 2023). From this perspective, the functional significance of a particular accentuated trait may vary depending on its severity, its combination with other characteristics, and the context in which adaptation occurs. Recent research involving Ukrainian military personnel similarly underscores the importance of considering personality characteristics together with indicators of mental and physical health when examining the consequences of combat exposure (Kokun et al., 2024).

A differentiated understanding of post-stress responding is particularly important in military psychology. Combat stress may arise from the combined influence of direct and indirect stressors and may be reflected in general psychological strain as well as in specific acute or longer-term post-stress manifestations (Blinov, 2019a; Figley & Nash, 2007; Tiutiunnyk, 2020). These manifestations may involve emotional, cognitive, behavioural, interpersonal, and resource-related components. Consequently, screening scores and component-specific measures should not be treated as interchangeable indicators of a single undifferentiated condition. Examining them separately may provide a more precise understanding of the psychological variability observed among military personnel with combat experience (American Psychiatric Association, 2022; Bryant, 2019; World Health Organisation, 2019).

Previous research has extensively addressed predictors of post-traumatic stress, resilience, coping strategies, and personal resources involved in adaptation to stressful and traumatic experiences (Carver & Connor-Smith, 2010; Ozer et al., 2003). Studies of character accentuations have primarily examined their role

in adaptation to extreme conditions, military activity, and stress resilience (Melnychuk & Reva, 2022; Miroshnychenko & Hutsuliak, 2020). However, the relationships between specific accentuated character traits and distinct components of post-stress responding among combat-experienced military personnel remain insufficiently specified. In particular, it remains unclear whether different accentuated traits show similar associations across post-stress measures or are selectively associated with particular components of responding.

Accordingly, the present study examined associations between character accentuations and post-stress response measures in military personnel with combat experience. It was hypothesised that specific accentuated character traits would demonstrate differentiated associations with particular post-stress indicators rather than a uniform pattern across all measures.

Aim. This study aimed to examine associations between individual accentuated character traits and overall and component-specific measures of post-stress responses in military personnel with combat experience.

Methodology of Research. The study employed a non-experimental, cross-sectional correlational design. Participants were recruited using non-probability purposive sampling from an accessible group of military personnel. The inclusion criteria were age 18 years or older; current service in the Armed Forces of Ukraine; direct participation in combat operations; voluntary informed consent; and sufficiently complete responses to calculate all analysed scores. Prior to data collection, participants were informed about the assessment procedure and the confidentiality of their data. Data were collected during the summer of 2026. All 30 submitted protocols contained complete data for the variables included in the analysis and were therefore retained; none were excluded because of missing data.

The final sample comprised 30 military personnel of the Armed Forces of Ukraine who had directly participated in combat operations. Participants ranged in age from 20 to 63 years, with a mean age of 34.3 years (SD = 9.21). The sample included 26 men

(86.7%) and four women (13.3%). Information on duty stations, military-unit affiliations, military positions, and the nature of combat missions is not reported to protect participants' confidentiality and safety.

Character accentuations were assessed using the Accent-2-90 questionnaire, a 90-item modification of the Schmieschek-Müller questionnaire developed by M.I.Vigdorchik (1995). Each item requires a dichotomous «yes» or «no» response. The questionnaire comprises 11 scales: hyperthymic, stuck, emotive, pedantic, anxious, cyclothymic, demonstrative, excitable, dysthymic, exalted, and introverted traits. Responses corresponding to the scoring key are summed and multiplied by a scale-specific weighting coefficient, producing scores from 0 to 24 for each scale. Higher scores indicate greater expression of the corresponding trait. According to the author's guidelines, scores should be interpreted within the overall profile: values near the population average reflect a relatively balanced form of response, higher values indicate increasing involvement of the trait in situational emotional responding, and the highest values may reflect a relatively stable property within the individual's emotional-dynamic personality pattern. Because the guidelines do not provide a uniform low-medium-high classification, scale scores were analysed as continuous variables rather than converted into categorical levels. Scoring and interpretation followed Vigdorchik's original instructions (Vigdorchik, 1995).

For descriptive purposes, an additional within-profile analysis was conducted to determine how often each scale ranked first or appeared among the three highest scores within individual profiles. When two or more scales shared the maximum score, all tied scales were counted as occupying the highest position.

PTSD-related manifestations were screened using the seven-item Post-Traumatic Stress Disorder Screening Questionnaire (OS PTSD), designated as Block B1 in the study protocol (Blinov et al., 2019b). Each item requires a dichotomous «yes» or «no» response, and the total score represents the number of affirmative responses, ranging from 0 to 7. Higher scores indicate more PTSD-related screening indicators. According to the authors' instructions, scores of

0-1 do not reach the specified screening thresholds; two affirmative responses indicate subthreshold PTSD-related manifestations or possible adjustment difficulties; three indicate the need for further assessment; and four or more indicate a screening outcome consistent with possible PTSD. These cut-offs represent screening outcomes rather than symptom-severity levels or a clinical diagnosis; accordingly, B1 was treated as an indicator of PTSD-related manifestations and the potential need for further assessment.

Combat-related stress was assessed using Blinov's Combat Stress Questionnaire (CSQ; Blinov, 2017). The questionnaire contains 24 items rated on a five-point Likert scale from 1 («completely untrue») to 5 («completely true»). It comprises four subscales: acute stress disorder/post-traumatic stress disorder (ASD/PTSD; 7 items), the resource block (RB; 7 items), direct emotional impact factors (DEIF; 5 items), and indirect emotional impact factors (IEIF; 5 items). The RB assesses belief-related, emotional, social, imaginative, cognitive, and physical coping resources. Subscale scores are calculated as the arithmetic means of their constituent items, and the overall combat stress score as the mean of all 24 items; consequently, all scores range from 1.00 to 5.00.

Higher ASD/PTSD, DEIF, IEIF, and overall combat stress scores indicate greater expression of the corresponding manifestations of combat-related stress. The RB is interpreted in the opposite direction: higher scores indicate lower availability of the assessed coping resources or greater resource-related difficulties, whereas lower scores indicate greater availability of these resources. According to the author's normative thresholds, the boundaries between low, moderate, and high levels are 2.17 and 4.00 for ASD/PTSD, 2.00 and 3.33 for RB, 2.75 and 4.50 for DEIF, 2.50 and 4.25 for IEIF, and 2.66 and 3.91 for the overall combat stress score. Scores at or below the lower threshold were classified as low, scores above the lower threshold but below the upper threshold as moderate, and scores at or above the upper threshold as high (Blinov, 2017).

The seven items of the PTSD screening questionnaire (B1) are identical in content to the seven items forming the ASD/PTSD subscale of the CSQ, although the two indicators use different response formats (Blinov, 2017, 2018). B1 records the number of dichotomous affirmative responses: three affirmative responses indicate the need for further assessment, whereas four or more suggest a probability of PTSD rather than constituting a clinical diagnosis. By contrast, the CSQ subscale assesses the degree of manifestation using a five-point response scale. Accordingly, the two scores were analysed as related but distinct indicators of post-stress responding.

As an ancillary analysis, the association between the B1 screening score and the CSQ ASD/PTSD indicator was examined using Spearman's rank correlation. This analysis was considered separately from the primary family of 66 correlations between character accentuation scales and post-stress indicators.

Data were collected in three groups of 10 participants under standardised organisational conditions. All questionnaires were completed in the same room, with individuals seated separately. Before the assessment, each group received the same instructions. Participation was voluntary and based on informed consent. Prior to taking part, individuals were informed about the study aim and procedures, data confidentiality, and their right to withdraw at any time without adverse consequences. Completed materials were coded and de-identified, and only aggregate results are reported.

Statistical analysis included descriptive statistics and Spearman's rank correlation analysis. Means, standard deviations, minimum and maximum values, and frequency distributions were calculated. Distribution normality was assessed using the Shapiro-Wilk test. Eight of the 17 variables showed statistically significant deviations from normality ($p < .05$). Therefore, Spearman's rank correlation coefficient was used consistently across the complete set of correlation analyses. All 66 correlations were treated as a single family of statistical tests. To control the false discovery rate arising from multiple comparisons, the Benjamini-Hochberg procedure was applied across the complete set of 66 correlations. Associations with

an FDR-adjusted *q* value below .05 were considered statistically significant after correction. Associations with an unadjusted *p* value below .05 but an adjusted *q* value of .05 or higher were reported as nominal and interpreted as exploratory. The primary statistical analyses were conducted using jamovi (Version 2.7.38). The Benjamini-Hochberg adjustment across all 66 correlation tests was calculated using Python 3.13.5 and SciPy 1.17.0.

Results. The descriptive analysis revealed considerable individual variability in character accentuation scores. The highest mean score was observed for hyperthymia (*M* = 19.70, *SD* = 3.83), followed by demonstrativeness (*M* = 14.53, *SD* = 3.93), exaltation (*M* = 13.80, *SD* = 6.13), and stuck-type traits (*M* = 13.53, *SD* = 3.63). The lowest mean scores were found for anxiety (*M* = 6.70, *SD* = 5.32) and dysthymia (*M* = 9.00, *SD* = 5.46). Descriptive statistics for all accentuation scales are presented in Table 1.

The analysis of individual profiles showed that hyperthymia was the sole highest-scoring dimension in 16 of the 30 participants (53.3%). In another five participants (16.7%), hyperthymia shared the highest position with one or more other scales. Accordingly, hyperthymia occupied or shared the highest position in 21 participants (70.0%) and appeared among the three highest scores in 26 of the 30 individual profiles (86.7%). Exaltation appeared among the three highest scores in 15 profiles (50.0%), demonstrativeness in 11 (36.7%), stuck-type traits in nine (30.0%), and excitability in eight profiles (26.7%).

Table 1

Descriptive statistics for character accentuation scores in military personnel with combat experience (*n* = 30)

Scale	*M*	*SD*	Min	Max
Hyperthymia	19.70	3.83	6	24
Stuck-type traits	13.53	3.63	8	20
Emotivity	11.80	3.93	3	21
Pedantry	11.67	4.55	4	20
Anxiety	6.70	5.32	0	21

Scale	*M*	*SD*	Min	Max
Cyclothymia	11.63	6.36	0	24
Demonstrativeness	14.53	3.93	8	22
Excitability	13.03	5.44	3	24
Dysthymia	9.00	5.46	0	21
Exaltation	13.80	6.13	0	24
Introversion	11.30	3.67	0	21

Note. *M* = mean; *SD* = standard deviation; Min = minimum; Max = maximum.

Scores on the B1 screening questionnaire ranged from 1 to 6, with a mean of 3.63 (*SD* = 1.50). The modal score was 5 and was observed in eight participants (26.7%). Eight participants (26.7%) scored 1–2, seven (23.3%) scored 3, and 15 (50.0%) scored 4 or higher. According to the recommended screening thresholds, a score of 3 indicates the need for further assessment, whereas scores of 4 or higher indicate a screening outcome consistent with possible PTSD; however, these results should not be interpreted as clinical diagnoses.

The mean overall combat stress score on the CSQ was 2.76 (*SD* = 0.44), with individual scores ranging from 1.92 to 4.17. A moderate level of combat stress was identified in 17 participants (56.7%), a low level in 12 (40.0%), and a high level in one participant (3.3%). Among the individual CSQ components, the highest mean score was observed for indirect emotional impact factors (IEIF; *M* = 3.12, *SD* = 0.66). The mean ASD/PTSD score was 2.98 (*SD* = 0.66), followed by direct emotional impact factors (DEIF; *M* = 2.78, *SD* = 0.54) and the resource block (RB; *M* = 2.34, *SD* = 0.66). Descriptive statistics for the combat stress and post-stress response measures are presented in Table 2.

Table 2

Descriptive statistics for combat stress and post-stress response measures in military personnel with combat experience (*n* = 30)

Measure	*M*	*SD*	Min	Max

Measure	*M*	*SD*	Min	Max
B1	3.63	1.50	1.	6.00
ASD/PTSD	2.98	0.66	1.	3.86
Resource block (RB)	2.34	0.66	1.	4.43
Direct emotional impact factors (DEIF)	2.78	0.54	1.	3.80
Indirect emotional impact factors (IEIF)	3.12	0.66	1.	5.00
Overall combat stress score	2.76	0.44	1.	4.17

Note. B1 = PTSD screening score; ASD/PTSD = acute stress disorder/post-traumatic stress disorder indicator; RB = resource block; DEIF = direct emotional impact factors; IEIF = indirect emotional impact factors; *M* = mean; *SD* = standard deviation. Higher RB scores indicate greater resource-related difficulties and fewer available psychological resources.

For the ASD/PTSD subscale, 25 participants (83.3%) had scores within the moderate range, whereas five (16.7%) had scores within the low range; no high scores were observed. For the resource block (RB), 10 participants (33.3%) had scores within the low range, 19 (63.3%) within the moderate range, and one participant (3.3%) within the high range. Given the reverse interpretation of this subscale, lower RB scores indicated greater availability of psychological resources, whereas higher scores indicated greater resource-related difficulties. For DEIF, a moderate level was identified in 16 participants (53.3%) and a low level in 14 (46.7%); no high scores were observed. For IEIF, 24 participants (80.0%) had scores within the moderate range, five (16.7%) within the low range, and one participant (3.3%) within the high range.

The B1 screening score and the CSQ ASD/PTSD indicator were strongly positively associated ($\rho = .842$, $p < .001$), indicating substantial overlap between the two differently scored indicators.

A total of 66 correlations between the 11 character accentuation scales and six post-stress indicators were examined. Fifteen associations had an unadjusted *p* value below .05. After application of the Benjamini–Hochberg correction across all 66 tests,

four positive associations remained statistically significant: cyclothymic traits with B1 (ρ = .575, $p < .001$, $q = .020$), excitable traits with B1 (ρ = .574, $p < .001$, $q = .020$), anxious traits with B1 (ρ = .573, $p < .001$, $q = .020$), and excitable traits with the ASD/PTSD indicator (ρ = .544, $p = .002$, $q = .031$). The remaining associations with unadjusted $p < .05$ did not remain statistically significant following FDR correction (q = .073 –.209) and were therefore interpreted as exploratory. The complete set of associations with unadjusted $p < .05$ and their FDR-adjusted q values is presented in Table 3.

At the unadjusted level, additional positive associations were observed between emotivity and both DEIF and the overall combat stress score, as well as between anxiety and these two indicators. Hyperthymic traits showed nominal negative associations with DEIF and the overall combat stress score. However, none of these associations remained statistically significant after FDR correction (q = .093 – .209); therefore, they were interpreted as exploratory findings (Table 3).

Taken together, the FDR-adjusted results were concentrated primarily in associations involving the B1 screening score. Excitability was the only accentuated trait that remained significantly associated with both B1 and the ASD/PTSD indicator after correction. The additional nominal associations suggested a broader differentiated pattern involving anxiety, cyclothymia, dysthymia, emotivity, and hyperthymia; however, these findings require cautious interpretation and replication in larger samples.

Table 3

Spearman correlations with unadjusted $p < .05$ between character accentuation scores and post-stress response measures ($n = 30$)

Character accentuation	Measure	ρ	*p*	*q*
Excitability	**ASD/PTSD**	**.544**	**.002**	**.031**
Anxiety	ASD/PTSD	.494	.006	.073

Character accentuation	Measure	ρ	*p*	*q*
Cyclothymia	ASD/PTSD	.469	.009	.093
Emotivity	DEIF	.464	.010	.093
Dysthymia	ASD/PTSD	.420	.021	.160
Hyperthymia	Overall combat stress score	−.417	.022	.160
Emotivity	Overall combat stress score	.408	.025	.167
Anxiety	Overall combat stress score	.376	.041	.209
Hyperthymia	DEIF	−.365	.047	.209
Anxiety	DEIF	.365	.048	.209
Cyclothymia	**B1**	**.575**	**< .001**	**.020**
Excitability	**B1**	**.574**	**< .001**	**.020**
Anxiety	**B1**	**.573**	**< .001**	**.020**
Dysthymia	B1	.374	.041	.209
Stuck-type traits	B1	.367	.046	.209

Note. ρ = Spearman's rank correlation coefficient; *p* = unadjusted two-tailed probability value; *q* = Benjamini-Hochberg FDR-adjusted probability value. The FDR correction was applied across the complete family of 66 correlations (11 accentuation scales × six post-stress indicators). Associations significant after FDR correction ($q < .05$) are shown in bold; associations with unadjusted $p < .05$ but $q \geq .05$ are presented as exploratory findings.

Discussion. The findings partially supported the hypothesis that specific character accentuations would show differentiated associations with components of post-stress responding. Of the 15

correlations meeting the unadjusted $p < .05$ criterion, only four remained statistically significant after the Benjamini-Hochberg correction across all 66 tests. This pattern accords with accounts of personality traits as context-dependent characteristics whose functional significance may vary across adaptation conditions (Fleeson & Jayawickreme, 2015) and with meta-analytic evidence that personality-stress associations depend on the sample, measures, and conceptualisation of stress (Luo et al., 2023).

Excitability remained positively associated with both B1 screening scores and the CSQ ASD/PTSD indicator after FDR correction, suggesting that greater emotional and behavioural reactivity may relate to both the number and degree of reported post-stress manifestations. This interpretation broadly accords with research linking emotional instability and heightened reactivity to greater subjectively experienced stress (Luo et al., 2023; Magal et al., 2021). However, these constructs are not equivalent to excitable character accentuation; therefore, the comparison indicates conceptual correspondence rather than identical psychological mechanisms.

Anxiety and cyclothymia remained positively associated only with B1 scores after correction, suggesting that threat sensitivity and emotional variability may be particularly relevant to affirmative responses in a dichotomous screening format. Their associations with the CSQ ASD/PTSD indicator met the unadjusted significance criterion but did not survive FDR correction. This difference may partly reflect the response formats: B1 records affirmative responses, whereas the CSQ indicator assesses severity on a five-point scale. Dysthymia showed nominal associations with both measures, but neither survived correction.

Although hyperthymia was the most strongly expressed trait at the group level, it showed only nominal negative associations with overall combat stress and DEIF scores. Miroshnychenko and Hutsuliak (2020) similarly reported prevalent hyperthymic accentuation among individuals working under extreme conditions and discussed its possible adaptive significance. However, differences in samples and occupational contexts limit comparison, and the present associations did not survive FDR correction; therefore, they cannot be interpreted as evidence of a protective effect. The nominal associations of emotivity with DEIF and overall combat stress should likewise be treated as exploratory.

Although the B1 screening score and the CSQ ASD/PTSD indicator were strongly correlated, their patterns of association with character accentuations were not identical. Because both indicators are based on the same seven items and differ primarily in response and scoring format, the association of excitability with both indicators should be interpreted as consistency across two scoring formats rather than as replication across independent measures.

The findings have practical implications. Within comprehensive psychological assistance to military personnel, screening results should be interpreted in the broader context of the individual's psychological characteristics and current condition (Kokun et al., 2015). Character accentuation scores may provide supplementary information when determining whether further psychological assessment is warranted. However, they should not be used independently to classify military personnel or serve as stand-alone diagnostic or prognostic criteria.

Several limitations should be considered. The small, locally recruited, and predominantly male sample (n = 30; 86.7% men) restricts generalisability and limits statistical power and the precision of correlation estimates, despite false discovery rate control using the Benjamini-Hochberg procedure. The cross-sectional design precludes causal and temporal inferences, while the assessment of character accentuations after combat exposure prevents determining whether the observed profiles preceded that exposure. Same-session self-report assessment may have increased common-method variance and socially desirable responding, and group administration may have reduced participants' willingness to disclose sensitive experiences. In addition, because B1 and the CSQ ASD/PTSD indicator are derived from the same item content, they should not be regarded as independent outcome measures. Finally, the study did not control for the duration or intensity of combat exposure, time since potentially traumatic events, injuries, pre-existing psychological condition, social support, or current service circumstances.

Future studies should employ larger and more heterogeneous samples, longitudinal designs, and more detailed assessment of combat-exposure characteristics. It would also be valuable to examine whether the identified associations vary according to time since combat-related events, sex, social support, coping strategies, and available psychological resources.

Conclusions and future implications. The study demonstrated substantial individual variability in both character accentuation profiles and post-stress response measures among military personnel with combat experience. Hyperthymia had the highest mean score at the group level; however, the relative expression of other traits varied considerably across individual profiles. The overall combat stress score was within the moderate range for most participants, while B1 and individual CSQ component scores also varied across the sample.

Of the 15 associations meeting the unadjusted $p < .05$ criterion, four remained statistically significant after the Benjamini-Hochberg correction across all 66 tests: B1 scores were positively associated with cyclothymia, excitability, and anxiety, whereas the CSQ ASD/PTSD indicator was positively associated with excitability. The remaining nominally significant associations did not survive FDR correction and should therefore be interpreted as exploratory.

Thus, the hypothesis received partial support: the significant associations were trait-specific and concentrated in the PTSD-related indicators, with excitability showing the most consistent pattern across B1 and ASD/PTSD, two differently scored indicators based on the same item content.

The findings support viewing character accentuations as one component of the individual psychological context of post-stress responding rather than as isolated predictors of its severity. The cross-sectional correlational design does not permit conclusions regarding causal direction or the interpretation of particular accentuations as risk or protective factors.

Character accentuation profiles may therefore provide supplementary contextual information within comprehensive psychological assessment but should not be used as stand-alone diagnostic or prognostic criteria. Given the small and predominantly male sample, the findings should be regarded as preliminary. Further research should employ larger and more heterogeneous samples, longitudinal designs, and more detailed assessment of combat exposure, social support, coping strategies, and other psychological resources.

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voluntary and based on informed consent. The data were de-identified and reported only in aggregate form. No external funding was received. The authors declare no conflicts of interest.

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