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## **The study of the psychological health of Ukrainian educators during the Russian-Ukrainian War**

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**Abstract.** Under wartime conditions, Ukraine faced a critical decline in the psychological well-being of its citizens. Anxiety, fear, depression, and aggression were identified as indicators of a deteriorated psychological state. This trend also affected the educational community, whose members were expected to remain calm and bear responsibility for children. The aim of the article was to present the results of an empirical study examining the psychological health of educators of various age groups working during wartime. Empirical data analysis methods were employed, including psychodiagnostic testing, statistical averaging, and percentage ratio analysis. The article introduced a model of psychological health consisting of spiritual-meaningful, social, mental, and psychosomatic components, the development level of which determined overall psychological health status. The study revealed that one-third of respondents (37.4%) demonstrated a high level of psychological health; one quarter (27.5%) showed an above-average level; while 17.6% exhibited a below-average psychological condition. A relatively high proportion (17.6%) of educators were found to have a low level of psychological health, negatively affecting their professional performance. Specific manifestations of psychological health across different age groups were identified. Educators aged 19-24 demonstrated the lowest psychological well-being, hindering their professional self-fulfilment during wartime. Those aged 25-39 showed adaptive resilience, with good psychological health enabling productive work. The psychological health of educators aged 40-66 was generally above average and remained relatively stable despite the war. It was established that higher-order psychological health components (spiritual-meaningful and social) were sufficiently developed among modern educators, while the most vulnerable components were the psychosomatic and particularly the mental ones

**Keywords:** wartime conditions; psychosomatics; psyche; sociality; spiritual-meaningful level; psychological support

### **Introduction**

As of 2025, the issue of preserving and restoring psychological health had become of considerable social significance for all Ukrainian citizens due to the impact of socio-stress factors. Under the conditions of prolonged warfare, a pressing concern emerged related to the sharp deterioration of both psychological and somatic health. This was regarded as a natural consequence of emotional burnout that typically accompanies the prolonged experience of stress. The problem of maintaining psychological well-being was particularly relevant for members of the pedagogical community (educators, teachers), who were not only

required to endure wartime realities but also bear responsibility for children (pupils, students), accompany them to shelters during air-raid alerts, and conduct lessons in an online format.

According to L. Karamushka (2022), war acted as the most pronounced negative factor affecting individual mental health, as it posed a direct threat to human life. Indicators of unsatisfactory psychological health included chronic states of fear, suppression, anxiety, excessive worry, irritability, depression, and outbursts of aggression. These factors blocked the actualisation of an individual's spiritual and personal potential and

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significantly reduced their quality of life. Being embedded in the social environment, teachers exerted a subconscious influence on the mental state of students. The ability of educators to timely recognise, interpret, and professionally correct children's emotional expressions played a decisive role in the development of learners. This necessitated significant mobilisation of psychological resources by Ukrainian teachers for the effective performance of professional duties. Psychological well-being, therefore, determined educators' readiness to support their pupils (Ridei, 2021). When a teacher possessed a sound psychological state, the capacity to inspire and engage students increased; in contrast, a negative emotional state induced similar emotions in students, thereby reducing the quality of the educational process and negatively affecting classroom discipline and moral climate. According to Z.S. Karpenko & A.R. Klympush (2023), the key factors contributing to teachers' psychological well-being during wartime included communicativeness, extraversion, openness to experience, and an adequate level of fundamental hard and soft skills.

In psychological discourse, a distinction was drawn between the terms psychological and mental health. Mental health was defined as a state of personal well-being that ensures behavioural self-regulation and allows for effective stress management. As stated by I.V. Yevtushenko (2023), the harmonious development of an integral psyche was considered the norm of mental health, associated with emotional, volitional, and intellectual functions that ensure adaptation processes and emotional well-being. However, the personality functioned not only at the mental but also at the biological, psychological, social, and spiritual levels; therefore, psychological health, which encompasses all domains of human functioning, was regarded as a multi-level structure. I.A. Vlasenko *et al.* (2022) defined psychological health as a dynamic integrative system ensuring the integrity of the personality and facilitating the realisation of its potential. It was considered a prerequisite for an active lifestyle, effective self-fulfilment, and interaction with the environment. In examining mechanisms of psychological health, researchers identified psychosomatic, socio-psychological, personal, and spiritual aspects of life activity, which regulate an individual's psychological well-being. Therefore, psychological health was not reducible to mental health alone, as it was conditioned by the stable functioning of all personality substructures: psychophysical, mental, social, and spiritual.

At the biological level, psychological health ensured coherence in the functioning of bodily systems. At the mental level, it referred to cognitive-emotional-volitional well-being, which supported mental stability and behavioural self-regulation. According to S. Maksymenko *et al.* (2021), at the social level, health was reflected in a holistic and balanced personality experiencing

harmony with others, the world, and oneself. These authors aligned the concepts of mental, psychological, and spiritual health, treating them as stages of personal development. The identified criteria of psychological health included: self-control, emotional stability, balance, the ability to overcome life difficulties, creativity, moral attitudes toward others, ethicality, optimism, tolerance, independence, responsibility, benevolence, self-respect, energy, activity, and orientation toward self-development. It was noted that the alternative to mental health was illness, while the alternative to psychological health was the inability to achieve personal growth. Therefore, the category of psychological health was broader than mental health, integrating psychosomatic, mental, social, and spiritual functions. Mental health was only one substructure of psychological health. Importantly, psychological health was related not only to manifestations of somatic and mental states but also to spirituality, as one of its key criteria was the actualisation of spiritual qualities (conscience, morality, humanity), which distinguished it from purely mental health. The foundation of mental health lay in higher mental functions, whereas the basis of psychological health was the holistic development of a harmonious personality.

According to V. Korolchuk & K. Kryvda (2023), maintaining sound psychological health among educators required the implementation of organisational psychological interventions within educational institutions, aimed at preserving, supporting, and restoring teachers' well-being. A general indicator of psychological health was the state of harmony, balance, inner peace, and creative inspiration. Psychological health ensured the full functioning of the body and was defined by the harmony among personality substructures (physical, volitional, emotional, intellectual, social, and spiritual). A deficiency in psychological health constituted a form of moral and emotional inferiority. Neuroticism was associated with an egoistic orientation, as individuals could be mentally healthy yet psychologically disordered (i.e., selfish, exploitative) (Pavlyk, 2021). The principal trait of a psychologically healthy personality was the capacity for spiritual and moral self-regulation, maintaining equilibrium between the individual and the surrounding environment, and ensuring successful psychological adaptation within society (Pavlyk, 2023). In light of the prolonged stress conditions, special attention was drawn to the psychological health of those social groups responsible for critically important societal functions. The purpose of the present study was to present empirical findings regarding the psychological health of Ukrainian educators of different age groups engaged in professional activity under martial law conditions.

## Materials and Methods

Based on theoretical analysis, a model of psychological health was constructed comprising four hierarchical

components: spiritual-meaningful, social, mental, and psychosomatic, aligned with the substructures of personality (Pavlyk, 2023). For each component,

dichotomous criteria were identified to assess the harmony or disharmony of an individual's psychological health (Table 1).

**Table 1.** Model of psychological health of the personality

Components of the structure of psychological health	Criteria of psychological harmony / disharmony
Spiritual-Meaningful component	Moral reflection / lack of self-awareness, optimistic / pessimistic worldview, responsibility / external locus of control, creative self-fulfilment / unfulfillment
Social component	Social adaptability / maladjustment, decentration / egocentrism, benevolence / aggressiveness, tolerance / frustration in social situations
Mental component	Cognitive flexibility / rigidity, emotional stability / lability, self-control / weak willpower, stress resistance / neuroticism
Psychosomatic component	Good / poor well-being, positive / negative mood, activity / passivity, healthy / harmful habits

Source: compiled by the author based on N. Pavlyk (2021)

The harmony of overall psychological health was determined by the full development of all its components. In accordance with each criterion, psychodiagnostic scales were developed and integrated into the author's questionnaire "Psychological Health of the Personality", which enabled the identification of the level of development of each criterion and component, as well as provided an integral index of the overall psychological health of the individual (Pavlyk, 2023). The questionnaire consisted of 160 items and was based on 16 pairs of dichotomous scales reflecting the harmony/disharmony criteria of psychological health according to each component. Each criterion was represented by five psychodiagnostic statements. For example, the statement: "I am usually cheerful and full of hope" corresponded to the scale "positive mood". Respondents were given the following instruction: "Please rate the extent of your agreement with each statement using a 3-point scale: 0 – completely disagree; 1 – partly agree (sometimes true); 2 – fully agree". Responses were recorded on a special answer sheet that enabled the rapid calculation of testing results (Pavlyk, 2021; 2023). The validity of the "Psychological Health of the Personality" methodology was assessed using the cross-sectional method (test-retest) and expert evaluation. Experts (school principals) were instructed to assess teachers using a five-point scale according to predetermined criteria. Correlation coefficients between the first and second test results, as well as between the test results and expert evaluations, ranged from 0.61 to 0.87 at  $p \leq 0.01$ , indicating the reliability of the questionnaire.

In 2023, an empirical study was conducted to assess the psychological health of educators under wartime conditions. The study involved 95 female teachers aged between 19 and 66. The sample included 45 young educators aged 19-24, 25 educators aged 25-39, and 25 educators aged 40-66, representing the cities of Kyiv and Kremenchuk. It should be noted that at the time of the study, the participants had already experienced three consecutive years of prolonged stress (the

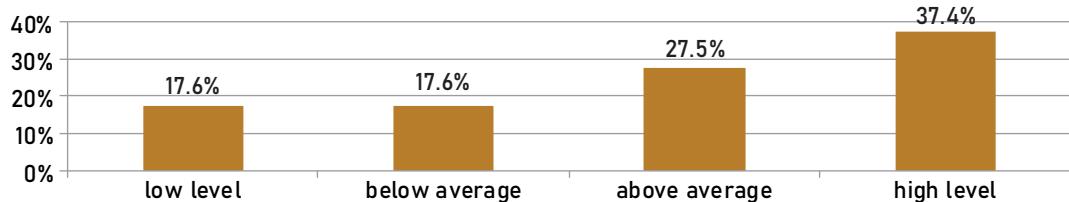
COVID-19 pandemic and the Russian-Ukrainian war). The research procedure involved psychodiagnostic testing conducted in a mixed (online/offline) format using the "Psychological Health of the Personality" method. This approach allowed for the diagnosis of the level of development of the four psychological health components (spiritual-meaningful, social, mental, and psychosomatic), as well as the integral index of teachers' psychological health across different age groups. The classification of results followed four levels of psychological health development and its components: low, below average, above average, and high. Interpretation of the findings was performed by calculating percentage and mean statistical values. The percentage distribution of indicators was determined by counting the number of respondents corresponding to each level of a given quality within the general sample, as well as within the three age-based teacher subgroups. The percentage of respondents at each level was calculated using the following formula:

$$x(\%) = \frac{a*100\%}{n}, \quad (1)$$

where  $x(\%)$  – denotes the percentage of respondents belonging to a particular level;  $n$  – refers to the total number of respondents in the general sample;  $a$  – represents the number of respondents corresponding to one of the four levels (low, below average, above average, or high).

During the research process, ethical standards outlined in The Declaration of Helsinki (2013) were strictly observed. Participation in the testing procedure was entirely voluntary. The results of individual assessments were kept confidential and were not disclosed. Participants were offered the opportunity to receive free individual consultations regarding the outcomes of their assessments, which served as an incentive for engagement in the study. The study was conducted in three stages. The first stage involved psychodiagnostic data collection through individual test-

ing, carried out between March and April 2023. The second stage encompassed the processing of empirical data, conducted in May-June 2023. The third stage consisted of meetings with respondents who had participated in the study (June-July 2023), during which psychological counselling was provided upon request. The analysis of results was conducted by comparing percentage and mean statistical indicators across the three teacher age groups: 19-24 years, 25-39 years, and 40-66 years.



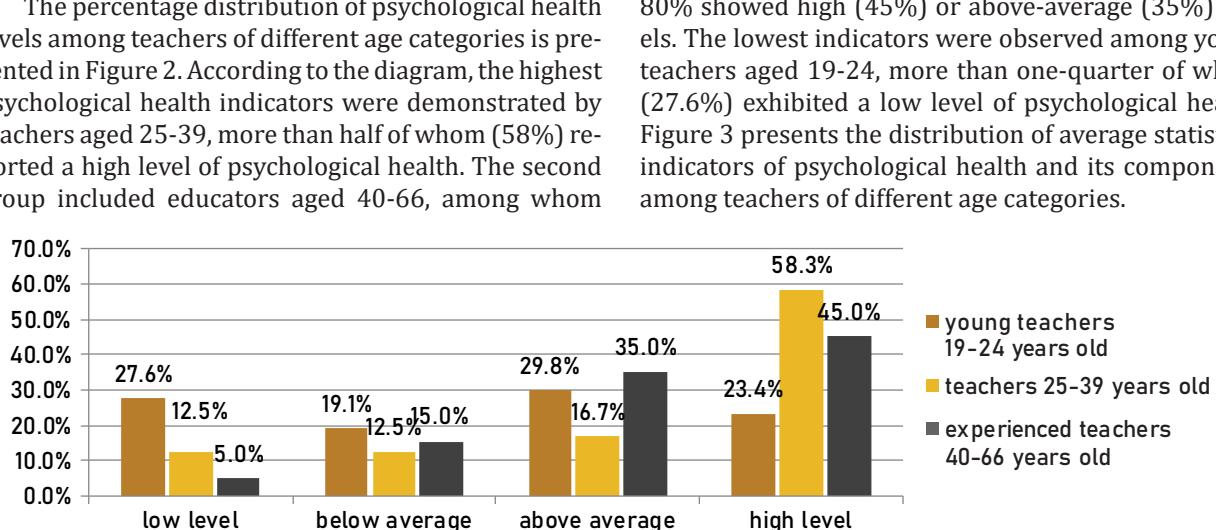
**Figure 1.** Percentage distribution of psychological health levels among educators

Source: compiled by the author

The percentage distribution of psychological health levels among teachers of different age categories is presented in Figure 2. According to the diagram, the highest psychological health indicators were demonstrated by teachers aged 25-39, more than half of whom (58%) reported a high level of psychological health. The second group included educators aged 40-66, among whom

## Results and Discussion

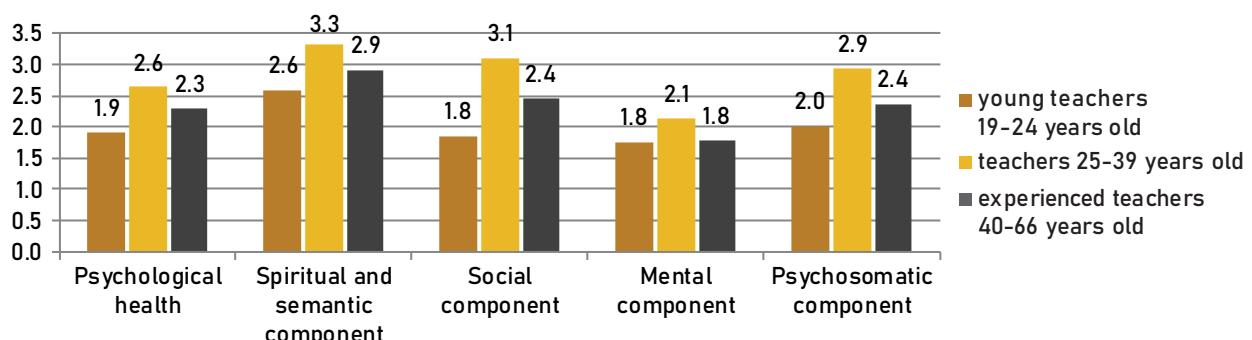
According to the study findings (Fig. 1), one-third of respondents from the general sample (37.4%) demonstrated a high level of psychological health; one quarter of educators (27.5%) showed an above-average level; and 17.6% of respondents were found to be in a borderline state between psychological health and illness. Particular attention was drawn to the relatively high proportion (17.6%) of teachers who exhibited a low level of psychological health.



**Figure 2.** Percentage distribution of psychological health levels among educators of different age categories

Source: compiled by the author

80% showed high (45%) or above-average (35%) levels. The lowest indicators were observed among young teachers aged 19-24, more than one-quarter of whom (27.6%) exhibited a low level of psychological health. Figure 3 presents the distribution of average statistical indicators of psychological health and its components among teachers of different age categories.



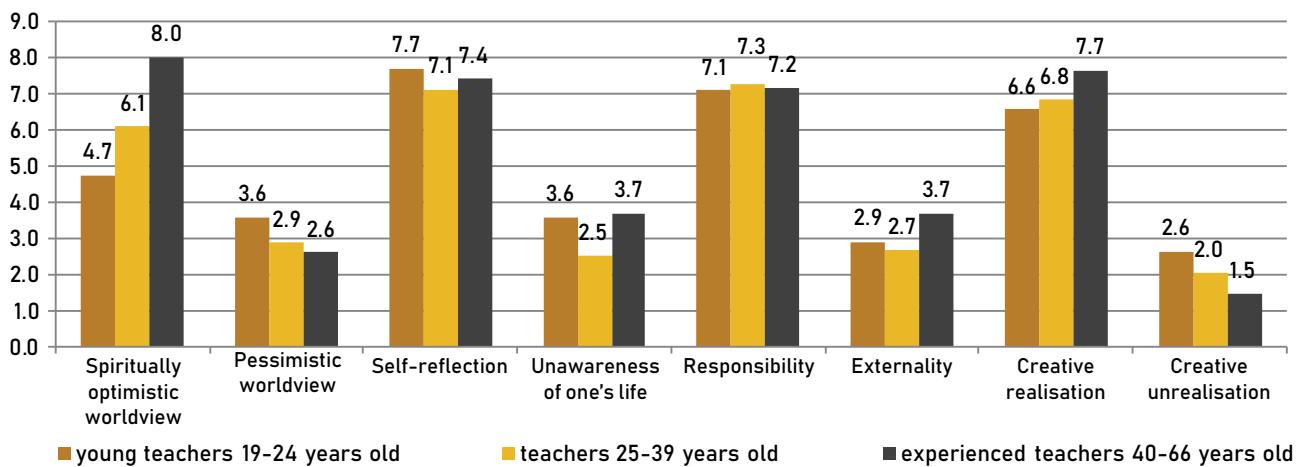
**Figure 3.** Average statistical indicators of psychological health and its components among educators of different age categories

Source: compiled by the author

The analysis of average statistical indicators also confirmed that all components of psychological health were most developed within the group of educators aged 25-39. The most developed component proved to be the spiritual-meaningful one, whereas the least developed was the mental component, which was directly responsible for the process of psychological self-regulation and individual adaptation. It should be emphasised that the psychological health of teachers in the identified categories was assessed twice: at the beginning of 2021 (before the war) and again in 2023 (after one year of war). In the general sample, the dynamics of the overall psychological health index were insignificant: the percentage of teachers with a low level of psychological health increased by only 0.5%. However, the dynamics within separate groups appeared considerably more significant. During the wartime period, the proportion of young teachers aged 19-24 with a low level of psychological health increased by 10%, while the percentage with a high level decreased by 17.8%. At the same time, the psychological health indicators of experienced teachers (aged 40-66) remained largely unchanged, while the group aged 25-39 demonstrated improvement, with the percentage of individuals reporting a high level of psychological health increasing by 18.3%.

Before the war, the psychological health indicators across age groups were relatively close, with only

a slight tendency towards higher levels among older teachers. However, during the process of adaptation to wartime, a clear regularity emerged: the psychological health of young teachers aged 19-24 deteriorated significantly, while educators aged 25-39 activated their psychological resources, which contributed to better adaptation under wartime conditions. Therefore, the process of psychological adaptation to war proved to be the most difficult for young teachers due to the unsatisfactory state of their psychological health. For experienced teachers aged 40-66, the war did not serve as a major factor in the deterioration of psychological health, as their levels remained virtually unchanged. In contrast, teachers aged 25-39 rapidly activated their mechanisms of psychological adaptation due to their relatively sound psychological health, which enabled them to adapt in the most constructive way. It was therefore concluded that educators aged 25-39 outperformed the other groups in terms of psychological health. The specific features of psychological health components across different age groups are illustrated in Figure 4, which presents the average values of dichotomous criteria within the spiritual-meaningful component. In general, constructive criteria prevailed over destructive ones, which determined the formation of this component of psychological health in teachers of all age categories.



**Figure 4.** Average statistical indicators of dichotomous criteria of the spiritual-meaningful component of psychological health among educators of different age categories

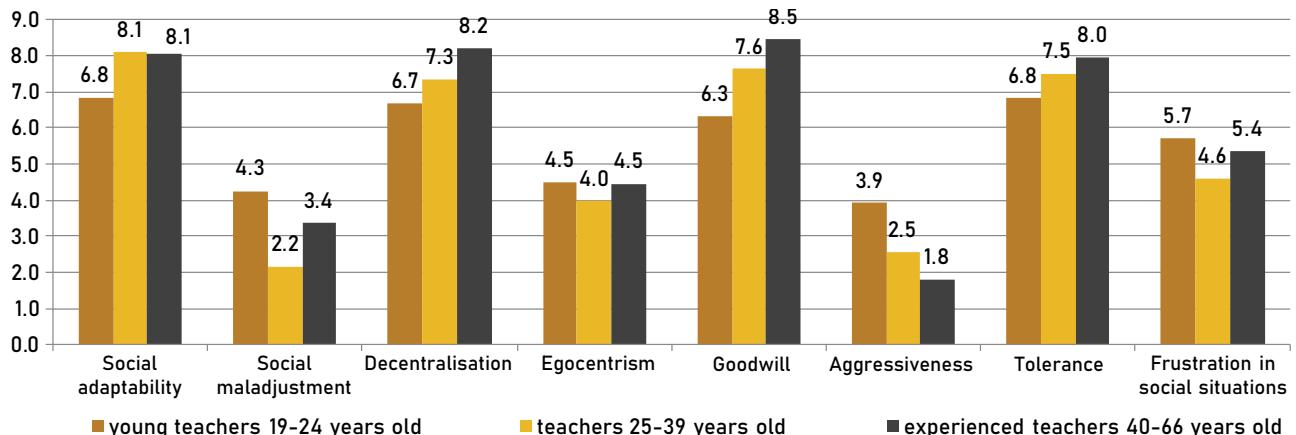
Source: compiled by the author

The most prominent spiritual qualities across all groups were self-reflection and responsibility. However, certain differences were observed in the development of other criteria between educators of different age categories. Experienced teachers aged 40-66 demonstrated a higher level of spiritually optimistic worldview and creative self-fulfilment compared to other categories. Despite their high responsibility, their level of externality (the tendency to shift blame onto others) was higher than that of younger educators. Young teachers

aged 19-24 displayed greater reflexivity, but they proved less inclined towards an optimistic worldview and creative self-fulfilment. This could be interpreted as the complication of spiritual potential actualisation, resulting from insufficient life experience and a lack of optimism. The analysis of average statistical indicators of dichotomous criteria within the social component of psychological health among teachers of different age categories (Fig. 5) clearly showed that young educators aged 19-24 lagged behind older teachers in all

social qualities. They were characterised by lower social adaptability, higher levels of egocentrism, reduced

benevolence, increased aggressiveness, and lower tolerance towards uncertainty.



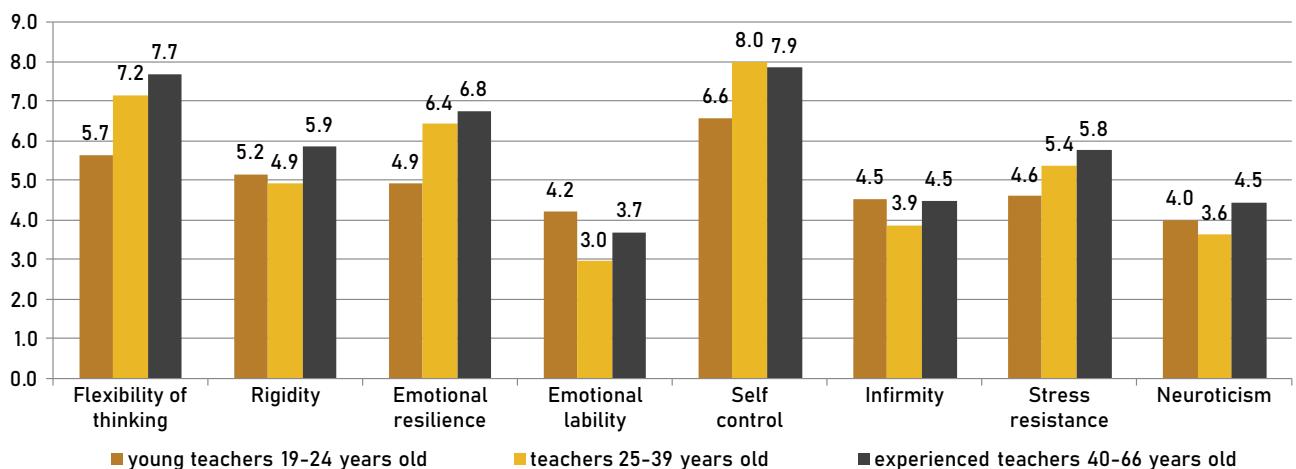
**Figure 5.** Average statistical indicators of dichotomous criteria

of the social component of psychological health among educators of different age categories

Source: compiled by the author

All these findings indicated a lower level of communicative competence among younger teachers, which hindered their ability to adapt to new conditions of life and professional activity. The social component proved to be most developed among experienced educators aged 40-66, who demonstrated benevolence, non-aggressiveness, tolerance, and the ability to decentre.

Teachers aged 25-39, compared to other groups, were found to be the least egocentric and least frustrated, which enabled them to achieve considerable success in their professional activity. The distribution of average statistical indicators of the criteria of the mental component of psychological health among teachers of different age categories is presented in Figure 6.



**Figure 6.** Average statistical indicators of dichotomous criteria of the mental component of psychological health among educators of different age categories

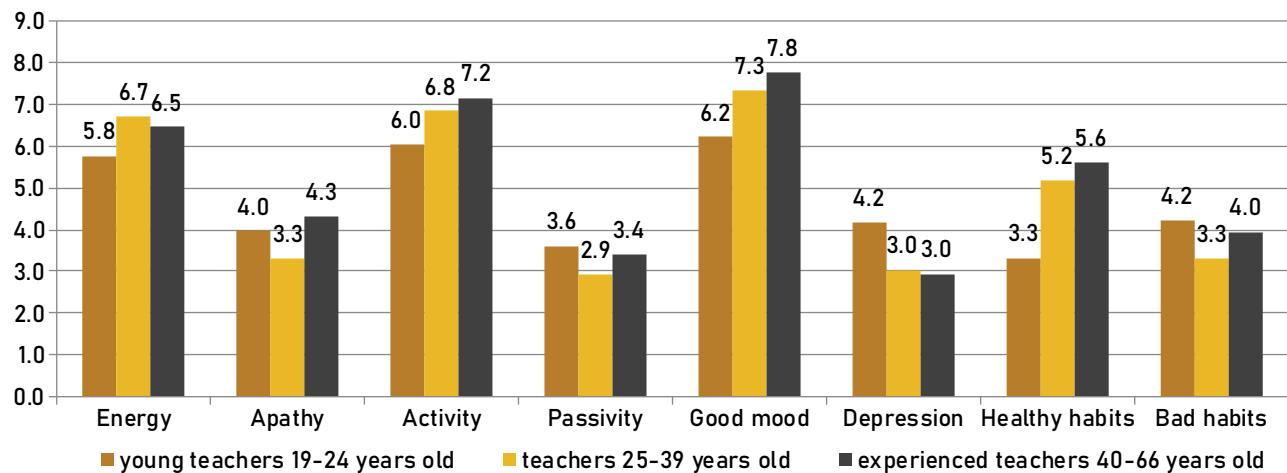
Source: compiled by the author

It could be observed that the indicators of dichotomous criteria among young and experienced teachers appeared rather diffuse and blurred, which indicated an insufficient level of development of specifically mental functions such as cognitive flexibility, emotional stability, self-control, and stress resistance. Among experienced educators (aged 40-66), higher values were simultaneously recorded across contradictory criteria: flexibility of thinking and rigidity,

emotional control and lability, stress resistance and neuroticism. This might have indicated a certain instability of their psyche and emotional imbalance. The most differentiated indicators of dichotomous criteria were observed among teachers aged 25-39. For younger educators, stress resistance appeared below the average level, while the indicator of emotional lability almost equalled that of emotional self-control, which demonstrated an underdeveloped capacity for

self-regulation. The most developed criterion of mental self-regulation among all educators proved to be the volitional one, expressed in a sufficiently high level of self-control combined with low indicators of weak willpower. On the basis of the conducted study, it was concluded that the mental component of psychological health, which was primarily responsible for psychological self-regulation, proved to be insufficiently developed in modern educators (particularly those

of younger and older age groups). This component therefore required additional development both at the stage of teacher education and in the process of psychological support during pedagogical activity. The dichotomous indicators of the psychosomatic component of psychological health appeared the most differentiated, as the levels of vigour, activity, and positive mood significantly exceeded the indicators of lethargy, passivity, and depression (Fig. 7).



**Figure 7. Average statistical indicators of dichotomous criteria of the psychosomatic component of psychological health among educators of different age categories**

Source: compiled by the author

An exception was constituted by the criterion "healthy – harmful habits", which appeared almost at the same level. Among younger teachers, the indicator of harmful habits (such as dependence on television series, smartphones, sweets, smoking, and excessive sleeping or eating) exceeded that of healthy habits (such as moderation, self-restraint, and balanced patterns of sleep and nutrition). Therefore, the harmonisation of the psychosomatic component of teachers' psychological health lay in the development of skills for overcoming harmful habits and consciously adopting beneficial ones. It should be noted that the insufficient development of hierarchically lower substructures hindered the optimal functioning of the integral system of psychological health. This could be compared with Maslow's hierarchy of needs A.H. Maslow (1943), in which the lower levels are constituted by physical, material, and lower mental needs (safety, food, belonging). Failure to satisfy these needs inhibited the development of higher mental and spiritual needs (love, aesthetics, cognition, self-actualisation).

A pressing task of teacher education was to promote in every possible way the mental and psychosomatic harmonisation of the teacher's personality, while not neglecting the development of social and spiritual-meaningful qualities. This could be achieved through the integration into both teacher training programmes and professional pedagogical activity of

psychological support practices (including psychological training sessions, specialised courses, and consultations). These interventions were to be aimed at the psychological development of teachers, particularly the enhancement of creativity, emotional self-control, stress resistance, and the acquisition of healthy habits. Certain aspects of the content of the components of the psychological health model presented in the article found confirmation in previous research. Such criteria of the spiritual-meaningful component of psychological health as life meaningfulness and self-actualisation of personality had been actively investigated. In studying the syndrome of learned helplessness among modern teachers, Y. Bohonkova & V. Plisko (2017) demonstrated that its development was facilitated by an external locus of control and depressive tendencies (a negative world-view), which, according to the model presented in the article, constituted deficiencies of the spiritual-meaningful component of psychological health. N.I. Kotsur & L.P. Tovkun (2023), when examining the phenomenon of teacher burnout, argued that life meaningfulness served as a preventive factor against emotional exhaustion. M. Pérez-Chacón *et al.* (2023), in their study of coping strategies, demonstrated that personality dispositions were an effective determinant of constructive behaviour in problematic social situations. Within the context of the model presented in this article, this could be interpreted as a determinative relationship

between the spiritual-meaningful and social components of psychological health. In other words, the social component (the ability to behave constructively in complex social situations) was determined by the value-meaningful component (values, dispositions). These findings correlated with the conclusions highlighted in the present study, particularly the assertion that the spiritual-meaningful component held a hierarchically higher status in the structure of psychological health and supported effective professional and pedagogical activity.

There were also studies consistent with the propositions regarding the development of other components of the psychological health model presented in the article. Social factors contributing to the preservation of mental health were identified as interpersonal relationships, organisational work culture, and work-life balance (Galahan & Raevska, 2024), as well as adequate social interactions manifested in attentiveness, sensitivity, and empathy (Spytska, 2023). These findings partly correlated with those aspects of the psychological health model that reflected its social component.

I. Vizniuk *et al.* (2021) examined the phenomenon of psychological resilience and noted that it was ensured not only by physiological but predominantly by social factors. They considered psychosomatic health as a determinant of personal adaptation to new conditions. These statements corresponded with the results presented in the article, particularly with the conclusion that psychological health determined the function of socio-psychological adaptation of the personality, where the social component served as the basis of social adaptability in society, and the mental component acted as the foundation of self-regulation. M. Yıldırım *et al.* (2021), in their study of psychological health, observed that emotional balance, volitional stability, affective equilibrium, mental resilience, and emotional steadiness supported the attainment of psychological well-being. This finding fully correlated with the model of psychological health presented in the article, as these criteria constituted the content of its mental component. The preservation of psychological well-being was also facilitated by positive emotions, resilience, self-regulation, responsibility, and the ability to generate personal motivation (Chikhantsova, 2020). These results were also confirmed in the present study, as within the context of the psychological health model, such qualities corresponded to the mental and spiritual-meaningful components.

Attention was also given to psychosomatic factors of psychological health such as endurance, vigour, and positive mood (Romash *et al.*, 2022). These criteria reflected the substantive content of the psychosomatic component within the model of psychological health. Negative psychosomatic factors included harmful habits, poor nutrition, mental exhaustion, adverse working conditions, sedentary lifestyle, and loneliness

(Vizniuk *et al.*, 2021). This confirmed the important role of the psychosomatic component in the structure of psychological health. S. Khan *et al.* (2020) argued that disharmonies of psychological health manifested in the form of anxiety, loss of self-control, and conflict behaviour. In the context of the present study, these factors indicated deficiencies in the mental and social components. Additional research demonstrated that regular engagement in physical activity – such as walking, yoga, and moderate-intensity exercises – explained a noticeable reduction in symptoms of anxiety and depression, particularly among the elderly (Dong *et al.*, 2024). These scholarly findings substantially complemented the set of methods for the development of the psychosomatic component within the presented model of psychological health. Other important indicators of psychological health included an optimistic attitude to life and life meaningfulness (Arslan *et al.*, 2021), which, according to the model of psychological health, represented the criteria of the spiritual-meaningful component. These provisions convincingly confirmed the results of the present study, particularly the conclusion that the spiritual-meaningful component determined the overall state of psychological health. Drawing on the aforementioned research, it could be stated that the study presented in this article was highly comparable with the findings and conclusions of the scientific community and offered a perspective on the issue of teachers' psychological health as a spiritual-social-mental-somatic formation of personality. Thus, on the basis of the empirical study of psychological health, it was concluded that the hierarchically higher components (social and spiritual-meaningful) among modern educators proved to be sufficiently developed, while the most vulnerable were the psychosomatic and, in particular, the mental components.

## Conclusions

Psychological health of the personality was represented as a hierarchical structure comprising spiritual-meaningful, social, mental, and psychosomatic components. The criteria of psychological health included: moral reflection, optimistic worldview, responsibility, creative fulfilment, social adaptability, decentration, benevolence, tolerance, cognitive flexibility, emotional stability, self-control, stress resistance, good well-being, positive mood, activity, and healthy habits. The study demonstrated that, among educators, the hierarchically higher components of psychological health (spiritual-meaningful and social) appeared as the most developed, while the most vulnerable were the psychosomatic and, particularly, the mental components. The study established psychological regularities of the influence of the age factor on the psychological health of modern educators under wartime conditions. Young teachers aged 19-24 predominantly demonstrated an unsatisfactory state of psychological health, associated

with insufficient development of all components. They possessed lower levels of psychological self-regulation and communicative competence compared to other educators, which hindered their adaptation to new life conditions and their ability to effectively fulfil professional duties during the war.

Educators aged 25-39 demonstrated a good state of psychological health. They were characterised as active, energetic, sociable, and strong-willed, which enabled them to work productively under wartime circumstances. The psychological health level of experienced educators aged 40-66 was above average. Their most developed qualities were spiritual and social ones: moral reflection, optimistic worldview, the ability to de-centre, benevolence, and tolerance, which also created favourable preconditions for sufficiently effective professional and pedagogical activity. Promising directions of psychological research on the problem of preserving the psychological health of modern educators included the introduction of additional psychological special courses into the curricula of teacher education institutions, as well as the establishment of systems of psychological support (psychological training, mini-lectures, individual consultations, mass psychological events)

for practising teachers and educators. These measures were to be aimed at harmonising teachers' psychological health, fostering their psychological development, and enhancing creativity, emotional self-control, stress resistance, and the acquisition of healthy habits.

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## Conflict of Interest

None.

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## Дослідження стану психологічного здоров'я українських педагогів під час російсько-української війни

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**Анотація.** У воєнних умовах Україна зіткнулася з критичним погіршенням психологічного благополуччя своїх громадян. Як показники погіршення психологічного стану були визначені тривога, страх, депресія та агресія. Ця тенденція також торкнулася освітньої спільноти, члени якої повинні були зберігати спокій і нести відповідальність за дітей. Метою статті було представити результати емпіричного дослідження, присвяченого психологічному здоров'ю освітян різних вікових груп, які працюють у воєнний час. Були застосовані методи аналізу емпіричних даних, зокрема психодіагностичне тестування, статистичне усереднення та аналіз процентних співвідношень. У статті представлено модель психологічного здоров'я, що складається з духовних, соціальних, психічних та психосоматичних компонентів, рівень розвитку яких визначає загальний стан психологічного здоров'я. Дослідження показало, що третина респондентів (37,4 %) продемонструвала високий рівень психологічного здоров'я; чверть (27,5 %) показала рівень вище середнього, а 17,6 % продемонстрували психологічний стан нижче середнього. Було виявлено, що відносно висока частка (17,6 %) освітян має низький рівень психологічного здоров'я, що негативно впливає на їхню професійну діяльність. Були визначені конкретні прояви психологічного здоров'я в різних вікових групах. Освітяни віком 19-24 роки демонстрували найнижчий рівень психологічного благополуччя, що заважало їхній професійній самореалізації в умовах війни. Особи віком 25-39 років продемонстрували адаптивну стійкість, а хороше психологічне здоров'я давало змогу продуктивно працювати. Психологічне здоров'я освітян віком 40-66 років загалом було вище середнього і залишалося відносно стабільним, незважаючи на війну. Було встановлено, що компоненти психологічного здоров'я вищого порядку (духовний-смисловий та соціальний) були достатньо розвинені серед сучасних освітян, тоді як найбільш вразливими компонентами були психосоматичні та, особливо, психічні

**Ключові слова:** воєнні умови; психосоматика; психіка; соціальність; духовно-смисловий рівень; психологічна підтримка

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## **Types of image “I”-specialist in professional adaptation and their psychodiagnostics**

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**Abstract.** The study aimed to create a classification of “I”-specialist image types in professional adaptation by considering factors such as professional identity, self-esteem, work motivation, emotional satisfaction, and direction of adaptation. In the study, a dispositional-reflexive approach was employed to describe different types of the “I”-specialist image. Various theoretical and methodological approaches were utilised, including analysis of scientific sources, systematisation and generalisation of data, psychological observation, and classification. It has been established that the basic “I” is the reflective semantic orientations of the individual, which are responsible for choices, decisions and actions in the course of life, and the situational “I” is a complex of peculiar personal qualities of a specialist, which regulate the style features of behaviour and act as social face. It was proven that the use of the methodology “Image of “I”-specialist in the activity structure of professional adaptation” allows for the classification and typological description of the “I”-specialist image based on the study of invariants (aspects) of professional activity and their corresponding configurations. The paper presented a questionnaire designed to assess an individual’s professional identity. It also suggested suitable strategies for the professional adaptation of specialists, aiming to enhance the effectiveness of personnel management measures within the organisation. A consideration of the indicators of behavioural-cognitive-emotional-reflective strategies of the individual professional adaptation was presented: the level of professional adaptation, which is determined by the degree of coincidence of the “I”-basic and “I”-situational and emotional satisfaction with work, definition of its object, leading activity structure of professional adaptation, the profile of which includes: content of orientation, level of development, spatial-temporal orientation, emotional attitude to professional activity and corresponding types of professional identity of the “I”-specialist image (business, communicator, existentialist, student, performer, creator, transformer, attributionist, perfectionist, experienced, opportunist, forecaster, pessimist, moderate, optimist), that is, images of professional self-perception that are manifested in the psychology of the specialist’s production environment. The transformation of the “I”-specialist image as a result of changes in professional self-esteem, identity, motivation, and emotional satisfaction with work was considered. The practical significance of the obtained results is that the classification of professional self-perception types allows to deepened understanding of the “I”-specialist image in various professional fields, to meaningfully outline the activity structure of a specialist’s

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professional adaptation, to predict its process and result, which will be useful to the psychological service of the enterprise (organisation) and personnel managers, which will increase the effectiveness of the implementation of measures to manage the process and result of the professional adaptation of specialists in modern conditions

**Keywords:** "I"-basic; "I"-situational; personal invariants; professional self-perception; adaptive strategy of a specialist; activity structure of professional adaptation

## Introduction

The professional adaptation of a specialist in a modern production environment is associated with increased expectations for the level of professionalism and effective adaptive strategies of the subject when personal experience is coordinated with professional experience. Aware of such a situation, the specialist tries to protect the individual "I"-base, avoiding new requirements and changes in production situations. Such factors lead to the instability of the psycho-emotional state, psycho-traumatic breakdowns, professional crises, and burnout, which lead to maladaptive behaviour and the actualisation of counteraction and protection strategies.

If a significant situation, which despite all its stressogenicity, is accompanied by meaningful emotional experiences, then the emphasis of the experience will shift towards the reflection of such an individual experience, and in situations where the individual feels the hostility and aggressiveness of the existing situation, the emphasis of self-perception will shift towards the search for appropriate behavioural strategies, as noted by S. Mehrotra *et al.* (2022). Y. Sikora (2022) does not object to the fact that a complete personality is a life-sustaining formation. They emphasise that the stability of an individual lies in the typicality and predictability of their behaviour, in the patterns of their actions. However, it is also advisable to consider the individual's behaviour in specific production situations, which can be quite variable and unpredictable. A. Vasylyk & K. Murza (2020) emphasised the close relationship between the level of professional adaptation and professional self-perception. A significant number of works are devoted to the scientific substantiation of professional adaptation problems to the study of the adaptation strategies of the professional community in the conditions of social transformations, especially in the conditions of uncertainty and unpredictability, adaptive capabilities of the subject which are reflected in image of "I". O. Yeromenko (2020) analysing the results of such improvements concerning the subject's experience of a certain level of activation and effectiveness of resistance to external pressure in professional activity, if it does not correspond to the degree of coincidence of the specialist's expectations with the real production situation, note that in such a case specialists apply various adaptive strategies and this suggests to consider the classification of the corresponding types of "I"-specialist images.

In their scientific research Zh. Virna (2019) and V. Miroshnichenko (2022) considered the personal

development and formation of the "I"-specialist image in professional activity separately from each other, in the context of the reflection of the "I"-concept of the specialist or at the level of the reflection of the cognitive, emotional and evaluative and behavioural identity of the specialist, as discussed by T. Kochubynska (2021). Then, people are characterised by the coexistence of different images of themselves, which often, in significant situations, are in discord. A person's functioning in the activity space of existence ("I"-situational) very often does not coincide with image of themselves ("I"-basic). Types of "I"-images can be variable at different age stages and in different types of activity. It should be noted that the interaction of all "I" can also be contradictory depending on the system organisation and the interrelationship of its invariants and personal and professional potential. Professional adaptation is carried out at all stages of the specialist's personality development and stabilises when the professional status of the individual and inner world is in homeostasis. If there is a discordance between the self-perception, experiences, thoughts or actions of a specialist, then maladaptation of the specialist in changed internal or external conditions occurs, which leads to a situation of inconsistency between the "I"-basic and "I"-situational. Actualisation of the need to achieve adaptation to changed internal or external conditions triggers certain strategies to restore the lost balance, usefulness and satisfaction with life.

As noted by M. Panov (2019), people tend to choose professions that allow them to optimally realise their professional potential and resource capabilities. In this case, can saying that when professional activity meets the expectations of the "I"-basic, then self-actualisation becomes a resource, and if it meets the expectations of the "I"-situational, then self-organisation becomes a resource. The paradigm of discordance (misalignment) of the "I"-basic and "I"-situational, on the one hand, affects the adaptive strategy of the individual and success in life, and on the other hand, it acts as a source of professional identity and the individual's desire for development and self-improvement. The concordance (approach) of these two images of "I" reflects satisfaction with what has been achieved and confidence in professional skills and abilities. The study of the strategic principle of the relationship between the "I"-basic and "I"-situational will help to determine the degree of effectiveness of the specialist's professional adaptation and the selected adaptive strategies.

In research materials L.M. Korobka *et al.* (2019) and T.Yu. Fedorchuk & T.V. Mozharovska (2023) it is emphasised that the image of the "I"-specialist is formed at the stage of professional adaptation, actualising the personal and professional potential of the specialist, while relying only on the diagnosis of the level of adaptation and professional potential of the "I"-concept of the specialist. The analysis of scientific works shows that, instead, the question of the "I"-specialist image types classification is based on the analysis of the content of the relationship and the configuration of the "I"-basic and "I"-situational proximity, their correlation with professional self-identity, based on the principle of the invariance orientation of the professional activities, mechanisms for launching appropriate adaptive strategies is one of the least studied. This led to the application of psychodiagnostic tools to study not only the level of adaptation but also the identification of the "I"-basic and "I"-situational ratio in the activity structure of professional adaptation, based on professional self-perception and the possibility of classifying the types "I"-specialist image considering invariance orientation of professional activity. Such tasks make it possible to update the logic of further development and, if necessary, to verify the obtained results. The article aimed to develop a classification of "I"-specialist image types in professional adaptation, considering professional identity, self-esteem, work motivation, emotional satisfaction, and adaptation direction invariants.

## Materials and Methods

The work combined the theoretical and methodological levels, which corresponds to the goal since the classification of the "I" image in the activity structure of professional adaptation requires a multidimensional approach. Research methods included analysis of scientific sources, systematisation of data and their generalisation, psychological observation, and classification. At the first, theoretical stage of the work, the methods of analysis, synthesis, concretisation, and generalisation were used. In the second methodological stage, construction, classification, and forecasting methods were applied. The theoretical stage included analysing 23 sources on the study topic from the Scopus and Web of Science Core Collection databases, category "B" journals, monographs, etc. Systematising data from scientific works and literary sources of leading scientists investigating the problems of professional adaptation allowed generating research into a theoretical and methodological substantiation of the obtained factual material. The techniques of concretisation and

generalisation, as described by V.F. Morgun (2021) and N.O. Chaikina (2023), allowed for the application of a model of professional adaptation of a specialist to classify the "I"-specialist image.

Psychological observation of the specialists' activities allowed to see the process and result of professional adaptation and the dynamics of transferring the emotional states and internal experiences of a specialist to the chosen professional activity. Systematic study of specialists' professional adaptation through understanding their interaction with the production and psychological environment allowed to understand the dispositions that most ensure work effectiveness, the development of professional potential and personal satisfaction with professional self-realisation. The methodological stage included invariants construction of the professional adaptation orientation in different types of professional self-perception of specialists. As basic components it can be used: Stability/Variability of behaviour, feelings and relationships with people and the Limit level, as a balanced system of generalised socio-psychological attitudes in various interactions with the socio-psychological environment in production situations, as situational components, Readiness to evaluate and act in specific (microeconomic and socio-psychological) conditions of professional activity was selected.

The methodology was based on the dispositional-reflexive concept of studying the "I"-specialist images. This methodological approach allows to classify the types of the "I"-specialist image through the prism of the dispositional-reflexive analysis of the activity structure of professional adaptation and the corresponding adaptive strategies of the specialist. The ontological basis of the classification of the "I"-specialist image types is based on a certain form of invariant orientation of the activity structure of professional adaptation. Analysis of the activity structure of professional adaptation (ASPA), thanks to the concept of multidimensional personality development by V.F. Morgun (2019; 2021) and using the psychodiagnostic author's questionnaire "I"-specialist in the activity structure of professional adaptation" by V.F. Morgun – N.O. Chaikina, which is presented in Table 1, allowed to classify distinctive types of professional self-perception of the "I"-specialist image, which are correlated with each other, which are presented in Table 2. The protocol for filling out the questionnaire is presented in Table 3. The questionnaire was validated in scientific studies of the author N.O. Chaikina (2023) and in other Ukrainian scientists and Master's degree students' speciality Psychology (1997-2024).

**Table 1.** The questionnaire "I"-specialist in the activity structure of professional adaptation

LHS	Activities	RHS
9 8 7 6 5 4 3 2 1	1. Learn to do something with their hands	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	2. To analyse its performance	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	3. Use the advice of staff	1 2 3 4 5 6 7 8 9

Table 1. Continued

LHS	Activities	RHS
9 8 7 6 5 4 3 2 1	4. Use your tone of effort to implement motor	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	5. Watch out for tricks in the work	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	6. Mentally returning to the decision-rounded tasks	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	7. Implement innovations that made their own hands	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	8. Simulate the process and results of the work using drawings, diagrams, or drawings	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	9. Solve manufacturing problems in creative discussions	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	10. Implement known skills in working with people	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	11. Perceive people, including their past behaviour	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	12. Follow the example of experienced professionals	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	13. Organise future joint operations with staff	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	14. Assist the beginners	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	15. Voice the interlocutor's own opinion	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	16. Implement activities with their ideas	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	17. Implement unexpected impression	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	18. Mentally communicate with man	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	19. Learn to organise your work	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	20. Play results in their activities	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	21. Read professional literature	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	22. To analyse the prospects of the activity	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	23. Coming to the truth based on logic and analysis	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	24. Take the original decision as a result of meditation	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	25. Stimulate their production capacity gymnastics	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	26. Develop their professional skills	1 2 3 4 5 6 7 8 9
9 8 7 6 5 4 3 2 1	27. Communicate in social networks for professional self	1 2 3 4 5 6 7 8 9

Source: Key to the questionnaire "Image of "I"-specialist in the ASPA"

Table 2. Key to the questionnaire "Image of "I"-specialist in the ASPA"

Invariants	Question	Types of "I"- specialist image
1. Meaningful direction of activity 1.1. Subject-instrument 1.2. Communication 1.3. Amateur performances	1-9 10-18 19-27	1.1. "I"-working 1.2. "I"-communicator 1.3. "I"-existentialist
2. Levels of activity mastery 2.1. Teaching 2.2. Reproduction 2.3. Creation	1-3, 10-12, 19-21 4-6, 13-15, 22-24 7-9, 16-18, 25-27	2.1. "I"-learner 2.2. "I"-performer 2.3. "I"-creator
3. Forms activity implementation 3.1. Motor 3.2. Perceptual 3.3. Speech-mental	1, 4, 7, 10, 13, 16, 19, 22, 25 2, 5, 8, 11, 14, 17, 20, 23, 26 3, 6, 9, 12, 15, 18, 21, 24, 27	3.1. "I"-transformer 3.2. "I"-predictable 3.3. "I"-perfectionist
4. Spate-temporal orientation 4.1. Past 4.2. Present-day 4.3. Future	2, 6, 7, 11, 15, 16, 20, 24, 25 1, 5, 9, 10, 14, 18, 19, 23, 27 3, 4, 8, 12, 13, 17, 21, 22, 26	4.1. "I"-experienced 4.2. "I"-conjunctures 4.3. "I"-prognosticator
5. Emotional attitude to work (put 1 point on left circled indexes grade-max 27) 5.1. Negative 5.2. Ambivalent 5.3. Positive	circled grade 1-3 circled grade 4-6 circled grade 7-9	5.1. "I"-pessimist 5.2. "I"-moderate 5.3 "I"-optimist

Source: compiled by the authors

**Table 3.** Form for the protocol of the questionnaire "Image of "I"-specialist in the ASPA"  
(Enter the selected rank index for each question in the protocol for each invariant)

Question	1. Invariant: meaningful direction			2. Invariant: level of mastery			3. Invariant: form of implementation			4. Invariant: spatial-temporal orientation			5. Invariant: emotional attitude		
	1.1	1.2	1.3	2.1	2.2	2.3	3.1	3.2	3.3	4.1	4.2	4.3	5.1	5.2	5.3
	L	R	L	R	L	R	L	R	L	L	R	L	R	L	R
1															
2															
3															
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24															
25															
26															
27															
$\Sigma$															
The difference is the closest indicators															

**Source:** compiled by the authors

The questionnaire "Image of "I"-specialist in the ASPA" contains 27 questions that reflect five invariants of the ontologising of the activity structure of the personality. All questions are ranked on two scales. The right scale of ratings indicates the respondent's attitude to the activity ("I"-basic), and the left scale of ratings indicates the degree of employment in a particular activity ("I"-situational). The questionnaire "Image of "I"-specialist in ASPA" provides a key to the classification of the "I"-specialist image types in various aspects of professional activity, including the content

orientation, levels of mastery and forms of implementation of the activity, spatial-temporal orientation, dominating need-volitional experiences and emotional attitude to work. Each invariant is represented by three options that describe aspects of professional activity in different types of the "I"-specialist image. Form for the protocol of the questionnaire "Image of "I"-specialist in the ASPA" is used to present and evaluate the results of the study, where for each question (invariant) the corresponding index rank is noted instructions: the questionnaire aimed to assess the level of adaptation to

professional activity, indicators of the activity structure of professional adaptation, and the leading type of "I" image. Please circle answer in each column where:

- Left scale (LHS) – how often have to deal with in their careers this type of work, where 1 – very seldom and 9 – very often.
- Right scale (RHS) views on this activity, with 1 – neutral attitude, and 9 – the most positive.

## Results

In each of the columns, from the first to the fourth invariant, the selected rank for each invariant is recorded (those on the left are scored separately, and those on the right are scored separately). Only in the fifth invariant person should mark 1 point for each line, according to the circled limits in which the answers on the left are located (for example, if the rank of the answer for the first statement is within 4-6 points, then a mark is made in p. 5.2 according to the key table). At the end of the table, a general summary is given: the sum of the ranks for each column of the invariant, and then the difference in points between the highest rank of the right and left indicators of the invariant is displayed.

### Interpretation of the level of professional adaptation based on invariant analysis

The level of adaptability to activity. It could be identified as the main structural element of professional adaptation by analysing key invariant scales such as content, level, form, spatial and temporal orientation, and emotional attitude toward the profession, represented as left and right indicators. Then, calculate the difference between these indicators to determine the level of adaptability to the profession. The adaptability is assessed as follows:

A difference of 0-9 points: good adaptability to work.

A difference of 10-18 points: average adaptability to work.

A difference of 19-27 points: low adaptability to work.

If the mutual location of the "I"-basic and "I"-situational indicators is in discord with the invariant, it means that the specialist feels a certain tension and is maladapted to activity. The specialist will adapt to activity, when the "I"-basic and "I"-situational indicators will be as close as possible to each other according to a common invariant (a difference of up to 9 points is allowed), that is, the specialist's holistic personality will represent the integration of "I"- basic and "I"-situational. If the indicators of the dominant invariant "I"-basic (right) are greater than the data of the dominant invariant "I"-situational (left), then adaptation goes to changed personal neoplasms. If the data of the dominant invariant "I"-situational (left) is greater than the data of the dominant invariant "I"-basic (right), then the adaptation goes to the new situation of the

specialist's development. Activity structure of professional adaptation. The description of the structure of professional adaptation is carried out according to the largest sum of the index of the left side invariant, taking into account the emotional attitude to the activity (its classification in the key).

ASPA = the largest indicator of each left invariant + emotional well-being.

Typology of the "I"-specialist image in the activity structure of professional adaptation. The type of "I"-specialist image is determined by the largest sum of the index of one of the right-side invariants (its name is in the key) and considering the emotional attitude to one's own "I"-specialist image.

### Meaningful direction of activity

"I"-Working Specialist. The specialist is focused on the subject-tool-resultative transformation of the production environment. This role is grounded in a framework of preferences for clearly regulated work, which is articulated in job descriptions. In their professional activities, such a specialist typically adheres to the principle of conserving energy inputs, whether physical, emotional, or intellectual. This individual embodies qualities such as neatness, punctuality, and practicality in their work. The resolution of production-related challenges is fundamentally based on acquired experience, employing established algorithms designed to address professional tasks, problems, and scenarios that have been transformed into templates, frameworks, and conventions. Professionals with a practical approach are adept at objective thinking, which is characterised by a strong connection to the subject matter in both spatial and temporal contexts. Individuals engaged in information processing utilise objective actions and adhere to a sequential execution of operations. They demonstrate a strong affinity for the substantive aspects of the creative process, particularly in the realms of creation and self-repair. These professionals primarily focus on factual information, tangible objects, and empirical evidence, often refraining from providing justifications for their actions and instead preferring to complete their work efficiently. Typically, such specialists are driven by a desire to enhance labour productivity, which often results in characteristics such as independence, decisiveness, strong will, stubbornness, and a tendency toward introversion.

"I"-Communicator Specialist. The specialist concentrates on subjective and symbolic cognition while actively influencing employees. This approach is anchored in a framework that emphasises effective communication, engaging facial expressions, and a strong interest in individuals. Within their professional practice, the specialist endeavours to comprehend the essential communicative support required for their work,

which is guided by both explicit and implicit regulations. Furthermore, they strive to integrate themselves into continuous information flows and to navigate the business and interpersonal relationships among team members effectively (Jena & Goyal, 2022). This strategy fosters professional socialisation, which pertains to the dissemination of accumulated social and personal communicative experiences within a team. A specialist exhibiting this approach demonstrates an interest in collaborative activities, as well as in the norms, values, and traditions upheld by the team. Such individuals are characterised by their ease of communication and approachability, enabling them to establish effective relationships with colleagues. They often seek camaraderie and friendship, which may lead to a degree of dependency on the group and result in insufficient autonomy when executing production tasks.

"I"-Existentialist Specialist. The professional is dedicated to internal self-correction and personal development. This perspective is characterised by the capacity to transcend conventional boundaries, perceive one's work as a cohesive whole, and engage in ongoing professional self-improvement. Such an approach fosters self-organisation, enabling individuals to shape their present and future. It facilitates the understanding, acceptance, and evaluation of the complexities and contradictions inherent in various aspects of professional activity. Furthermore, individuals are equipped to independently and constructively address these challenges according to their value orientations, viewing difficulties as catalysts for proactive engagement and self-initiative. Individuals with a focus on transformation, management, and organisation thrive in dynamic environments. Upon the achievement of a goal, they often develop a new "idea-fix". These specialists embrace change and reject the constraints of conventional rules and behavioural stereotypes imposed by others. They are goal-oriented and introspective, perceiving their work as an opportunity to meet their objectives. Consequently, they maintain a level of independence from the attitudes and opinions of their colleagues. Resolving the contradiction between objective and ideal-symbolic activities is pivotal in determining appropriate orientations. This resolution facilitates a meaningful expansion of the "I"-specialist identity.

### Levels of professional activity mastery

"I"-Learner Specialist. This specialist endeavours to achieve mastery in the execution of production tasks through assistance from experienced individuals or by observing practical examples, particularly in collaboration with a mentor. This approach entails the internalisation of a normative professional model, which is facilitated by training and encompasses the acquisition of knowledge, skills, and competencies regarding the specific conditions, objectives, outcomes, and methodologies relevant to a defined professional domain.

"I"-Performer Specialist. This specialist is dedicated to mastering production tasks by seeking guidance from a mentor or learning through illustrative examples. This approach entails internalising a normative professional model via structured training, which encompasses the acquisition of essential knowledge, skills, and competencies pertinent to the conditions, objectives, outcomes, and methodologies involved in executing activities within a specific profession.

"I"-Creator Specialist. This specialist is dedicated to independently mastering innovative solutions for complex production tasks within a new framework of professional activity. The focus lies on conducting non-standard analyses of problems, which entails the formulation of strategic plans and the execution of intricate, creative assignments. This approach manifests in behaviours characterised by the beneficial modification of existing knowledge, even when such changes may not be fully recognised. The profile of this specialist denotes well-developed analytical and synthetic skills, intellectual independence, originality in thought, creativity, and an inherent capacity for generating novel ideas. The levels under discussion are established through the resolution of the contradiction between the internalisation (de-objectification) of social factors and the externalisation (objectification) of individual experiences within professional activities. This process represents an expansion of the "I"-specialist identity across various levels of mastery in professional practice.

### Forms of individual activity implementation

"I"-Transformer Specialist. This specialist executes production operations that involve either motor skills or the manipulation of materials. This role is centred on direct interaction with the physical environment, necessitating strength, dexterity, precise coordination, and practical skills. Such specialists are characterised by their active and hands-on approach, often favouring tasks that require high levels of energy and physical engagement.

"I"-Attributionalist Specialist. This specialist seeks to develop a schematic representation of production scenarios in a perceptual format. The aim is to facilitate the delivery of clear and specific instructions through a figurative, synthetic, and intuitive approach to decision-making, which is based on overarching impressions rather than on isolated data points. Generally, attention is directed toward significant elements, while the perception of other objects may be influenced by an increased or decreased threshold of sensitivity.

"I"-Perfectionist Specialist. This specialist prioritises theoretical understanding and reflective evaluation of professional activities within an intellectual framework. Their approach seeks to enhance the execution of tasks; however, it often results in an inefficient allocation of time. By placing an elevated focus on the content and outcomes of their work, the specialist tends to

pursue perfection in the execution of professional functions. This excessive attention to minor details, which are frequently inconsequential, can lead to overexertion. Furthermore, these specialists are significantly influenced by external factors, their levels of self-esteem and job satisfaction are notably higher when their professional achievements receive endorsement or recognition from prominent individuals. The resolution of the contradiction between subconscious and conscious preferences, in conjunction with relevant environmental incentives, leads to the emergence of such forms. This process expands the "I"-specialist image with the execution of activities.

**Spate-temporal orientation of professional identity**  
 "I"-Experienced Specialist. This specialist concentrates on activities that have previously been undertaken. The understanding of these experiences remains stable until an individual becomes aware of a personal transformation, which subsequently alters their recollection of the past by introducing new associations. Such specialists endeavour to enhance their professional development trajectory by revisiting past experiences, which facilitates emotional liberation and is grounded in the concept of a multi-stage life path for individuals.

"I"-Conjuncturist Specialist. This specialist grounds their practice in the principles of present awareness, concentrating on the "here" and "now" while undertaking various tasks. They possess a heightened awareness of their distinct identity, which has been shaped by their cumulative experiences and interactions with the elements of reality. This depth of understanding significantly enhances their perception of the prevailing production environment. Their approach is reflective, as they assume responsibility for their actions and endeavour to manage both their time and the surrounding circumstances effectively.

"I"-Prognosticator Specialist. This specialist maintains a focus on the present moment and specific context when engaging in activities. They possess an acute awareness of their individuality, which has been cultivated through past experiences that inform their understanding of various aspects of reality. This consciousness enhances their perception of the actual production environment. Their viewpoint is reflexive, indicating that the individual accepts responsibility for their actions while endeavouring to exert control over both their time management and the surrounding circumstances.

### Emotional attitude to work

"I"-Pessimist Specialist. This specialist frequently experiences a profound sense of dissatisfaction with their professional responsibilities. Among individuals with a pessimistic outlook, this attitude is often attributed to an emotional response to the workplace environment, which manifests as stiffness, inhibition, and tension during task performance. Such specialists tend to evade

accountability for the consequences of their actions by resorting to negative and critical evaluations. This behaviour often functions as a defensive mechanism in response to their discontent with their professional role.

"I"-Moderate Specialist. This specialist frequently encounters a sense of uncertainty concerning their activities. Their interpretation of meaning is shaped by personal factors that govern potential behaviour, contingent upon the production context. This understanding is evaluated and influenced by experiences that elicit negative emotions, as well as those that contribute to positive feelings.

"I"-Optimist Specialist. This specialist consistently derives a sense of job satisfaction from the knowledge that their professional activities are executed with both quality and effectiveness. For individuals with an optimistic outlook, this perspective is a result of recognising that the capacity to imbue one's work with meaning is fundamentally linked to an essential relationship with reality and self-perception. Such specialists possess an acute awareness of the production environment and its implications, they engage in decision-making and reasoning characterised by a positive self-attitude. This constructive mindset fosters their personal growth, individualisation, and the development of their professional identity. Ultimately, it enhances their self-concept as a committed specialist dedicated to meaningful and impactful experiences in their field.

As a result of data systematisation, good internal consistency of all indicators of professional adaptation was revealed and the ability of the questionnaire "Image of "I"-specialist in the ASPA" to diagnose the "I"-specialist image types under the invariance of the direction of professional adaptation was confirmed. Each type of the "I"-specialist image type in the process of realising changes constantly moves from the previous self to the other self when the assessment of oneself and the production environment is modified. The strategy of professional adaptation is mostly a choice between the strategy of the specialist to submit to the production environment and the strategy of freeing up one's internal resources for the development of the personality, which includes the ability to counteract or find balance with the production environment. The strategy of specialists' adaptive behaviour is the ability to constructively enter the production and technological process with its norms, to master the necessary communicative algorithms of work, which are determined by rules and instructions, to fit into stable information flows, and to fit into the system of business and interpersonal relationships of team members. The strategy of maladaptive behaviour of specialists is discordance (inconsistency) between the basic "I" and the situational "I", which manifests itself in conscious non-constructive (conflict, defence, avoidance) means of disrupting homeostasis with the institutional model of production, in an active-reactive-passive struggle for significant

values, which negatively affects the ability to maintain functioning in problematic situations, feeling personal inadequacy. Therefore, it can be noted that professional adaptation at different stages of a specialist's life is either a result or a means of developing each type of the "I"-specialist image.

## Discussion

Studying the influence of the social situation on the effectiveness of the processes of professional adaptation of specialist development O. Tkachyshina (2021) emphasised that professional crises are characteristic of a dissonant type of specialist who has discrepancies between ideas about themselves and how others perceive, and burnout triggers maladaptive mechanisms. Agreeing with the authors regarding the discrepancy between the "I"-desired and "I"-real in the professional experience of specialists, but it should be necessary to consider not only quantitative effects (change of status, professional roles, interaction with the team) but also qualitative reconstructions of the "I" image, which take place under the influence of individual needs, socio-professional expectations, and internal experiences.

Groups of scientists U. Fasbender *et al.* (2019) and R. Pavelkiv *et al.* (2020) recognised the existence of different typologies of the professional self-image, according to the level of activity and work productivity, to the level of self-realisation and professional growth. The authors agree that the socio-psychological characteristics of employees vary from a high preservation of the personality's internal structure and its connections with others to the distortion and destruction of internal personal structures. This variation is manifested in opposite strategies for overcoming professional difficulties. However, it should be noted that professional self-perception and identity at the level of cognitive and reflective strategies of the specialist's behaviour play the greatest role in the concordance of the "I"-basic and "I"-situational images.

The scientific literature contains very few references to the creation, implementation, and instrumental verification of the model of professional adaptation and psychodiagnostics of the types of "I" specialist images and their influence on the selected adaptive strategies. A. Vasylyk & K. Murza (2020), researching the theoretical foundations of professional adaptation and substantiating its features, emphasise increasing the level of a specialist's adaptive capabilities due to the realisation of professional potential. Agreeing with the authors regarding the possibility of improving the means of influencing the personality type on adaptive strategies but consider it necessary to use an objective psychodiagnostics toolkit for measuring indicators of professional adaptation, which allows building a model of a specialist professional adaptation taking into account the relationship between the degree of coincidence of "I"- basic and "I"-situational and the level of professional adaptation.

The problems of the processes of specialists' professional adaptation are considered in the scientific works of A. Gris (2020). In particular, the authors note the seriousness of the problem of professional maladjustment. The researchers agree that the maladaptive behaviour strategy of specialists is linked to a discrepancy between expectations and the reality of the production environment. However, it should be noted that each component of the specialist's adaptive strategy has its advantages. Therefore, it is necessary to conduct a comprehensive psychodagnosis of the types of "I"-specialist images and the components of the behavioural-cognitive-communicative-reflexive adaptive strategies.

Of particular interest is the opinion of K. Konaszewski *et al.* (2022), who, in their scientific work, reveal the concept of "adaptive strategy" through the prism of the interaction of a specialist and the production environment. The authors pay attention to the fact that such strategies are formed through social comparisons, feedback from colleagues, achievements, and self-reflection. While agreeing on the importance of such considerations, it is also necessary to consider how specialists perceive themselves in a professional role and to integrate the demands of the profession and socio-professional expectations into their professional self-perception and identity, as noted by Y. Hryshchuk (2023).

Y. Ding *et al.* (2020) claim that the solution to the problems of professional adaptation is possible when the contradictions between the "I" and the real are resolved and "I"-desirable, when specialists will associate the assessment of their successes and failures with their adaptive strategies for the challenges of production situations. In line with this understanding, it could be suggested to emphasise the potential to broaden the image of "I" as a specialist in various professional fields by utilising behavioural-cognitive-emotional-reflexive adaptive behaviour strategies.

Despite several scientific works, it is important to note that the discussion on the classification of the types of the "I"-specialist image and their psychodiagnostics remains a relevant topic in psychology, as it covers various approaches to the self-perception of a person in a professional context. The image of the "I" specialist reflects not only the professional identity of the individual but also inner awareness of themselves as a specialist and master. All these perspectives enable to grasp the complexity and multifaceted processes of professional adaptation and self-perception among specialists, which influence their career development and personal growth.

Summarising, it is possible to single out the main current tasks in the study of the specialist professional adaptation, including research on the impact of crises, in particular, war and economic challenges, problems of gender characteristics, emigration and integration of specialists into new professional environments, which

affect the image of the "I"-specialist. Such a discussion emphasises the importance of psychological contexts in the processes and results of specialists' professional adaptation, which makes this issue particularly relevant for modern Ukraine.

### Conclusions

The goal of research was achieved. Following the research goal, a justification was provided for the development of a classification of the "I"-specialist image types in the structure of the professional adaptation of the subject of activity according to the types of professional identity, self-esteem, motivation and emotional satisfaction with work, based on the invariants of the professional adaptation direction. It was established that the development of a classification of the "I"-specialist image types of professional identity, based on the invariance of the professional adaptation direction, allows for a meaningful study of professional adaptation indicators for specialists and their adaptive strategies, essential properties and relationships. It is proven that the proposed dispositional-reflexive approach to the classification of the "I"-specialist image types and the level of professional adaptation, by systematising data and identifying the essential features of each type of professional self-perception and relationships with behavioural-cognitive-emotional-reflexive strategies of professional activity, allows studying the mechanism of incorporating personal adaptive potential into professional.

It is proven that the use of adaptive strategies of professional activity is inseparable from the formation of the "I"-specialist image. This allows to get closer to understanding the dialectical relationship, which is outlined by the degree of correlation between the "I"-basic and "I"-situational. It reveals the main factors of resistance and negative reactions inherent in each type and also provides an opportunity to influence the level of professional adaptation of the specialist.

The questionnaire "Image of "I"-specialist in the ASPA" was considered, which allows describing each type according to the profile of the specialist's professional identity, which includes: the content of the orientation (objective-instrumental, communication, amateur activity), the level of mastery (learning, reproduction, creativity), the form of implementation (motor, perceptual, speech-mental), spatial-temporal orientation (to the past, present, future), emotional attitude to professional activity (negative, ambivalent,

positive) and classifying the types of the "I"-specialist images (business, communicator, existentialist, student, performer, creator, transformer, attributionist, perfectionist, experienced, opportunist, forecaster, pessimist, moderate, optimist).

It has been established that the use of the author's psychodiagnostic methodology for studying the "I"-specialist images types makes it possible to determine the indicators of the professional adaptation of a specialist effectiveness through the degree of correlation of the "I"-basic and "I"-situational image in the activity structure of professional adaptation, which can predict the level of professional adaptation reliably. Also, to study the peculiarities of the influence of professional adaptation processes on the awareness of the choice of an adaptive strategy and on the results and consequences of each alternative of professional identity and to apply the most effective adaptive strategies, tactics and techniques following the "I"-specialist image type.

It was found that certain types of professional self-perception are achieved through the resolution of contradictions between the new situation of professional development and personal neoplasms, which can expand the "I"-specialist image in various professional areas, which allows for more meaningful outline the activity structure of the specialist professional adaptation, to predict its process and result. Given the current events in Ukraine, the impact of crises, in particular war and economic challenges on the formation of professional self-perception, it seems promising to study the transformation of the "I"-specialist image types under the influence of personal, social or military traumas, emigration and globalisation of the labour market, which can lead to the emergence of new types of the "I"-specialist image.

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### Conflict of Interest

None.

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## Типи образу «Я»-фахівця в процесі професійної адаптації та їх психодіагностика

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**Анотація.** Метою дослідження було створити класифікацію типів іміджу «Я»-фахівця у професійній адаптації з урахуванням таких факторів, як професійна ідентичність, самооцінка, трудова мотивація, емоційна задоволеність та спрямованість адаптації. У дослідженні застосовано диспозиційно-рефлексивний підхід для опису різних типів образу «Я»-фахівця. Використовувалися різноманітні теоретико-методологічні підходи, зокрема аналіз наукових джерел, систематизація та узагальнення даних, психологічне спостереження, класифікація тощо. Встановлено, що «Я»-базове – це рефлексивні смислові орієнтації особистості, які відповідають за вибір, рішення і вчинки у ході життєдіяльності, а «Я»-ситуаційне – це комплекс своєрідних особистісних якостей спеціаліста, які регулюють стильові особливості поведінки й виступають як його соціальне обличчя. Доведено, що використання методики «Образ «Я»-спеціаліст у діяльнісній структурі професійної адаптації» дозволяє здійснювати класифікацію і типологічний опис образу «Я»-спеціаліст на основі дослідження інваріант (аспекти) професійної діяльності та відповідних їх конфігурацій. У роботі розроблено опитувальник, який дозволяє визначити професійну ідентичність особистості та запропонувати відповідні стратегії діяльності професійної адаптації фахівця, що підвищить ефективність впровадження заходів з управління персоналом організації. Представлено розгляд показників поведінково-когнітивно-емоційно-рефлексивних стратегій професійної адаптації особистості: рівень професійної адаптації, який визначається ступеню збігу «Я»-базового і «Я»-ситуаційного та емоційної задоволеністю працею, дефініція її об'єкта, провідна діяльнісна структура професійної адаптації, профіль якої включає: зміст спрямованості, рівень освоєння, просторово-часова орієнтація, емоційне ставлення до професійної діяльності та відповідні типи професійної ідентичності образу «Я»-спеціаліст (діловий, комунікатор, екзистенціаліст, учень, виконавець, творець, перетворювач, атрибуціоніст, перфекціоніст, досвідчений, кон'юнктурник, прогнозист, пессиміст, поміркований, оптиміст), тобто образи професійного самосприйняття, які проявляються у психології виробничого середовища спеціаліста. Розглянута трансформація образу «Я»-спеціаліст внаслідок зміни професійної самооцінки, ідентичності, мотивації та емоційної задоволеності працею. Практичне значення отриманих результатів полягає в тому, що класифікація типів професійного самосприйняття дозволяє поглибити розуміння образу «Я»-фахівця в різних професійних сферах, змістово окреслити структуру діяльності професійної адаптації фахівця, прогнозувати його процес і результат, які будуть корисні психологічній службі підприємства (організації) та менеджерам з персоналу, що підвищить ефективність впровадження заходів з управління процесом і результатом професійної адаптації спеціалістів у сучасних умовах

**Ключові слова:** «Я»-базовий; «Я»-ситуаційний; особистісні інваріанти; професійне самосприйняття; адаптивна стратегія спеціаліста; діяльнісна структура професійної адаптації

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## **Subjective well-being in wartime: The role of age and gender**

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**Abstract.** This study aimed to investigate the characteristics of subjective well-being and ill-being among civilians amidst the uncertainties of war, with a specific focus on age and gender factors. The study involved 147 civilians aged 17 to 49 living in Kyiv, Kharkiv, and Zhytomyr. A six-cluster subjective well-being scale was used. The results showed that the subjective well-being of Ukrainians was generally at an average level. Analysis of the key components of subjective well-being revealed certain differences depending on the age and gender of the participants. The findings indicated that only 2% of respondents reported complete subjective well-being, 22% experienced moderate emotional comfort, 64% reported a typical level of well-being, 10% tended towards depression and anxiety, and 2% experienced significant emotional discomfort. Age differences were observed: younger respondents (17-21 years) were more prone to high levels of psycho-emotional stress, rated their health more negatively, and experienced greater social isolation. In contrast, older participants (36 years and above) demonstrated better adaptation to adverse circumstances and were less affected by negative emotions. While older individuals reported lower mood scores, they also indicated higher satisfaction with their daily routines. Among all age groups, those aged 22-35 displayed the most favourable indicators of subjective well-being. Gender differences revealed that men showed slightly more signs of subjective ill-being compared to women. Men exhibited higher levels of stress and psycho-emotional symptoms, whereas women demonstrated a stronger tendency towards mood decline. These findings may inform professionals in psychological support, education, social work, and public administration in identifying at-risk groups, determining priority areas for intervention, and tailoring support to the specific needs of different demographic groups – particularly young people, older adults, women, and men – in order to enhance psychological resilience and quality of life under prolonged crisis conditions

**Keywords:** psychological stress; gender differences; age-related characteristics; mental health; emotional comfort/discomfort

### **Introduction**

Wartime significantly affects individuals' subjective well-being, highlighting the need to examine key factors such as age and gender. Younger people often adapt more easily to change, while older individuals may experience heightened anxiety due to disrupted routines. Gender also plays a role: women report higher levels of anxiety, whereas men tend to suppress

emotional difficulties. Studying these dynamics is essential from both scientific and practical perspectives. A deeper understanding of how age and gender influence well-being during prolonged crises can inform the development of targeted psychological support, social initiatives, and policies aimed at mitigating the psychological impact of war.

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P. Biermann *et al.* (2022) found that the relationship between age and subjective well-being does not follow the classical U-shaped curve as previously assumed. Instead, they observed relative stability in well-being throughout early adulthood, followed by a gradual increase up to approximately the age of 75. This suggests that with age, individuals develop more effective adaptation mechanisms and an enhanced capacity to derive meaning from life experiences. C. Pieh *et al.* (2020) found that the COVID-19 pandemic and its associated restrictions were particularly stress-inducing for individuals under the age of 35. In particular, young unemployed people and those on low incomes reported the highest levels of anxiety and reduced well-being. The authors also identified a positive correlation between age and levels of emotional and evaluative wellbeing. M.R. Oliveira *et al.* (2022) focused on the physical dimension of subjective well-being, demonstrating that social distancing led to reduced physical activity among older adults, which in turn negatively affected their mental health and emotional state. The study emphasised the importance of maintaining physical activity as a means of preserving well-being in later life. K.S. Birditt *et al.* (2021) found that older adults adapted more effectively to pandemic-related restrictions than their younger counterparts. They reported lower levels of stress, fewer complaints about social isolation, and a greater sense of stability – factors attributed to life experience and a reduced need for a fast-paced social life.

Regarding gender-specific aspects of subjective well-being, K.L. Peyer *et al.* (2024) discovered that women demonstrate higher emotional sensitivity, particularly under the pressures of dual responsibilities such as work and family life. They tend to experience anxiety more frequently, especially at a younger age and exhibit lower levels of psychological resilience. The researchers attributed these findings to gender roles and social expectations. D.G. Blanchflower & A. Bryson (2024) found that in recent years, even before the COVID-19 pandemic, men reported higher levels of happiness and life satisfaction than women. This well-being gap further widened during the pandemic, as women disproportionately shouldered additional responsibilities – such as childcare during school closures – and were more vulnerable to job loss or changes in employment conditions. The study also revealed that women consistently reported poorer mental health indicators, regardless of country or period, including higher levels of anxiety, depression, sadness, loneliness, and sleep disturbances.

In the Ukrainian context, E.O. Pomytkina & L.V. Pomytkina (2024) emphasised the importance of the spiritual and moral dimensions of subjective well-being, particularly in wartime conditions. In their study, they developed a programme aimed at enhancing students' well-being through the cultivation of value-based and meaningful orientations. The authors highlighted those

inner personal resources play a crucial role in mitigating the destructive impacts of crises. Similarly, H. Savelyuk (2022), drawing on research into student well-being during the pandemic and the onset of full-scale war, concluded that personal growth is a key factor in resilience. The study showed that crisis conditions can trigger profound processes of reflection and the formation of new personal meanings. These internal resources contribute to the preservation – or even enhancement – of subjective well-being despite a threatening context.

Thus, subjective well-being is a dynamic construct that is highly responsive to external challenges and shaped by both age- and gender-related factors. Accounting for these variations enables more accurate modelling of risk and resilience in wartime conditions. The present research aimed to explore the characteristics of subjective well-being and psychological distress among the civilian population during the uncertainties of war, with a particular focus on the roles of age and gender.

## Materials and Methods

The study was conducted in 2024 and included men (n = 24) and women (n = 123) (147 participants in total), aged 17 to 49, from the cities of Kyiv (n = 102; 16 males, 86 females), Kharkiv (n = 12; 5 males, 7 females) and Zhytomyr (n = 33; 3 males, 30 females). For the comparative analysis of the results, the sample was divided into three age groups: 17-21 years – "younger" (69 participants, 47%), 22-35 years – "middle-aged" (45 participants, 31%), and 36-49 years – "older" (33 participants, 22%). The theoretical component of the research was grounded in scientific, psychological, and related academic literature relevant to the research topic, alongside the synthesis and refinement of existing theoretical models.

The six-cluster version of the Subjective Well-Being Scale (Perrudet-Badoux *et al.*, 1988) was employed as the primary instrument. This scale is a psychodiagnostic screening tool used to assess subjective well-being, particularly its emotional dimension, across six subscales (clusters). It comprises 17 statements/questions that evaluate the prevalence of positive and negative emotions, as well as satisfaction with one's mood, health, social environment, and daily activities. Low scores (1-3 Sten scores) on the scale indicate high subjective well-being, characterised by the predominance of positive emotions, a stable mood, and satisfaction with health, daily routines, and the social environment. High scores (8-10 Sten scores), conversely, reflect subjective ill-being, including the prevalence of negative emotions, mood deterioration, and dissatisfaction with various life domains. Given the inverse nature of the indicators, the cluster labels were modified and their values clarified to improve interpretability. The instrument includes the following cluster scales: T – tension, SP – symptoms accompanying psycho-emotional distress, DM – mood deterioration, SE – social environment

significance (higher scores indicate lack of social support or feelings of loneliness), SH – self-assessed health status (higher scores indicate dissatisfaction or concern about health), SA – satisfaction with daily activities (higher scores indicate reduced satisfaction), and DSW – general decline in subjective well-being. Participants rated each item on a seven-point scale. The items were either directly or inversely related to the measured indicators. Descriptive statistics and the Mann-Whitney U test (Jamil, 2024) were used to compare the results. The analysis was carried out using the Jamovi statistical software package.

Following ethical standards for research involving human participants, the study was conducted in compliance with the American Sociological Association's Code of Ethics (1997). The survey was anonymous. Data collection was carried out online via Google Forms. Each participant received a questionnaire and accompanying test materials with clear instructions and guidelines. Participants completed the tasks at their

convenience and returned the completed forms electronically. Upon processing the results, each participant received a detailed interpretation of their outcomes and was offered the opportunity to request further psychological support if needed.

## Results and Discussion

To identify age-related differences, the authors compared the mean indicators of subjective well-being across the three age groups. Table 1 presents the average scores for the components of subjective well-being among the "younger", "middle-aged", and "older" groups. The findings indicated that 2% of respondents experienced complete emotional well-being, showing no significant psychological concerns. Moderate emotional comfort was reported by 22%, while 64% demonstrated an intermediate level of subjective well-being. A tendency towards subjective ill-being, including symptoms of depression and anxiety, was observed in 10%, and 2% exhibited marked emotional discomfort.

**Table 1.** Mean values of subjective well-being components across three age groups, %

Scale	Groups of subjects			
	17-21 "younger" (n = 69)	22-35 "middle-aged" (n = 45)	36-49 "older" (n = 33)	Total sample (n = 147)
	̄(%)	̄(%)	̄(%)	̄(%)
T	59.4	57.8	58.3	58.7
SP	57.0	49.5	51.8	53.5
DM	42.2	41.4	45.5	42.7
SE	40.0	36.4	35.4	37.8
SH	57.3	47.8	52.2	53.3
SA	57.1	47.6	42.6	50.9
DSW	52.7	47.2	47.7	49.9

**Note:** T – tension; SP – signs accompanying psycho-emotional symptoms (e.g., sleep disturbances, heightened anxiety, intense reactions to events); DM – mood deterioration; SE – significance of the social environment (e.g., lack of social support, loneliness); SH – poor self-assessed health; SA – dissatisfaction with daily activities; DSW – overall decrease in subjective well-being

**Source:** compiled by the authors based on the research findings

In terms of subjective well-being components, the overall distribution across age groups was broadly similar, though certain distinctions were observed. Participants in all groups showed comparable levels of tension (59.4 in the younger group, 57.8 in the middle-aged group, and 58.3 in the older group), with the highest levels noted among the younger participants (17-21 years). However, these differences were not statistically significant. Psycho-emotional symptoms – including sleep disturbances, heightened anxiety, and intense emotional reactivity – were most pronounced in the younger age group (57.0), compared with 49.5 in the middle-aged group and 51.8 in the older group. This pattern was supported by a statistically significant difference between the younger and middle-aged groups, as determined by the Mann-Whitney U test ( $U = 1181, p = 0.03$ ). Mood fluctuations, such as reduced optimism, were moderately present in all three groups (42.2 for younger, 41.4 for middle-aged, and 45.5 for older participants), with the

highest values observed among the older group. However, these differences were not statistically significant. On the social environment scale, results showed that most participants felt supported by friends and maintained close family relationships. Fewer than half reported feelings of loneliness. Nevertheless, the younger group scored higher on this scale, suggesting a greater sense of isolation and a perceived lack of social support compared to the middle-aged and older groups (40.0 vs. 36.4 and 35.4, respectively). This was supported by a statistically significant difference between the younger and middle-aged groups ( $U = 1147, p = 0.02$ ). In terms of self-assessed health, younger participants reported greater concern (57.3) compared to their older counterparts (52.2), while the middle-aged group exhibited the lowest levels of concern (47.8). Statistically significant differences were found between the younger and middle-aged groups ( $U = 1181, p = 0.01$ ) and between the younger and older groups ( $U = 546, p = 0.00$ ).

Participants in the middle and older age groups generally reported greater satisfaction with daily activities and were less likely to experience boredom due to routine. The highest satisfaction levels were observed in the older group (42.6), followed by the middle-aged group, whereas the younger group reported the lowest satisfaction with daily activities (57.1). A statistically significant difference was identified between the younger and middle-aged groups ( $U = 1199$ ,  $p = 0.04$ ). The overall indicator of subjective ill-being was lower in the middle-aged (42.2) and older (47.7) groups compared to the younger group (52.7). This pattern was confirmed by statistically significant differences between the younger and middle-aged groups ( $U = 1210$ ,  $p = 0.05$ ) as well as between the younger and older groups ( $U = 865$ ,  $p = 0.05$ ). The study's findings highlighted that the youngest age group (17-21 years) exhibited the highest levels of stress, psycho-emotional symptoms, social isolation, and dissatisfaction with daily activities, indicating greater vulnerability to stress during prolonged crises. In contrast, individuals aged 36-49 reported better physical health and lower stress levels, although they experienced more pronounced mood declines, potentially due to cumulative fatigue. The highest overall subjective well-being was observed in the 22-35 age group, with no statistically significant differences found between this group and the older 36-49 age group. This indicates that subjective well-being fluctuates considerably with age. W. Tov (2018) emphasised that life satisfaction is closely linked to how content an individual feels with various aspects of life. A decline in subjective well-being manifests as dissatisfaction, negative emotions, tension, mood deterioration, and other indicators of an undesirable emotional state. How individuals perceive their life progress, their satisfaction, and the extent to which they have achieved life goals is also critical in this context. W. Bruine de Bruin *et al.* (2020) observed that younger people are more likely to experience information overload, social restrictions, and reduced interpersonal support. In contrast, older adults generally maintain more stable social networks and possess more developed emotional regulation skills, which help to mitigate the impact of stress on their well-being.

The present study found that the youngest age group (17-21 years) demonstrated higher levels of loneliness and emotional tension. This is consistent with the findings of D.G. Blanchflower (2021), who highlighted the emotional vulnerability of younger individuals. His research indicated that young people often report lower levels of subjective well-being, particularly in situations of uncertainty. Furthermore, Blanchflower noted a U-shaped relationship between age and happiness, with well-being typically declining in midlife. S.C. Segerstrom *et al.* (2023) argued that this pattern may shift in times of crisis, primarily due to

age-related variations in threat perception and the use of social support networks. Gradus Research (2021) reported that happiness varies across demographic factors such as gender, age, region, and settlement size. Women, on average, rated their happiness more highly (6.2 out of 10) than men (5.6). The highest happiness scores were recorded among individuals aged 35-44 (6.3), whereas those over 55 reported the lowest levels (5.6). C. Kieny *et al.* (2022) emphasised that age is a key predictor of psychological well-being, particularly during periods of social upheaval. Their study demonstrated that older individuals exhibit higher emotional stability and better self-reported well-being, which they attributed to life experience, effective coping strategies, and accumulated social resources. L.M. Webb & C.Y. Chen (2022) confirmed that older adults experienced greater psychological balance during the pandemic, with lower levels of anxiety and depression compared to younger groups. The authors attributed this to established support systems, routine lifestyles, and reduced external expectations.

S. Buecker *et al.* (2023) suggested that subjective well-being fluctuates across the lifespan, declining during adolescence, gradually improving until around the age of 70, and then decreasing again in later years. These fluctuations are influenced by physiological and social factors, including health status and interpersonal relationships. S. Hsieh *et al.* (2024) emphasised the importance of examining the effects of prolonged crises on psychological well-being. Their research indicated that young individuals exhibit greater sensitivity to accumulated stress, whereas older adults maintain elevated levels of subjective well-being despite experiencing significant life losses. The authors concluded that ageing enhances individuals' ability to assimilate traumatic experiences into their personal development. In contrast, some studies report different trends. According to A.M. Abdullahi *et al.* (2019), younger adults (under 24) reported higher levels of social well-being and happiness, whereas older adults (65 and above) demonstrated greater psychological and emotional well-being and life satisfaction. In the context of contemporary Ukraine, M.V. Horenko & K.P. Radzivil (2023) found that younger individuals, particularly those under the age of 25, exhibited elevated levels of anxiety and depressive symptoms relative to their middle-aged and older counterparts. Conversely, the older group showed greater emotional stability and lower levels of acute stress, likely attributable to life experience and well-developed coping mechanisms.

Thus, previous research suggests that subjective well-being generally increases with age, particularly during challenging circumstances, owing to accumulated adaptive resources. The findings of this study partially support this trend, as the youngest age group displayed the lowest levels of well-being. However, no increase in well-being was observed among individuals

aged 36 and over compared to those aged 22-35, suggesting that contextual factors, such as the ongoing war, may neutralise typical age-related patterns of well-being. During peacetime, young people often experience higher subjective well-being due to factors such as greater energy, increased social interaction, and optimism regarding the future. In contrast, during wartime, these same characteristics – including future orientation, sensitivity to social feedback, and emotional openness – may become sources of vulnerability. War intensifies uncertainty and limits the capacity to pursue future goals, thereby significantly affecting younger individuals. This may account for the heightened levels of stress, emotional symptoms, and social isolation observed in the 17-21 age group.

The elevated well-being observed in individuals aged 22-35 can be attributed to a combination of the emotional resilience characteristic of youth and the maturity acquired through life experience. This age group typically demonstrates higher levels of autonomy, stable social connections, effective stress management

strategies, and fewer age-related health risks, positioning it as a “functional peak” period for stress adaptation. The findings reveal a multifaceted and nuanced relationship between age and subjective wellbeing during wartime. Younger individuals appear to be more susceptible to psychological stress, whereas middle-aged participants exhibit the highest levels of well-being, indicating optimal adaptability. The absence of increased well-being in the 36+ age group may be attributed to the combined effects of age-related resources and specific stressors faced by this demographic during crises. Age-related variations in well-being during wartime are influenced not only by biological or social changes but also by factors such as adaptive flexibility, coping mechanisms, and threat perception. Under conditions of chronic stress, typical age-related patterns may be disrupted, highlighting the necessity for further research into how contextual factors shape age-specific wellbeing profiles. Additionally, the mean values of subjective well-being components among men and women were compared (Table 2).

**Table 2. Comparison of components of subjective well-being between women and men, %**

Scale	Male (n = 24) $\bar{x}$ (%)	Female (n = 123) $\bar{x}$ (%)	U	p
T	59.1	56.6	1,350	0.51
SP	54.8	47.3	1,088	0.04
DM	42.5	44.0	1,407	0.71
SE	38.2	36.1	1,373	0.59
SH	53.8	50.3	1,349	0.15
SA	51.8	46.2	1,204	0.16
DSW	50.5	46.7	631	0.35

**Note:** T – tension; SP – signs accompanying psycho-emotional symptoms (e.g., sleep disturbances, heightened anxiety, intense reactions to events); DM – mood deterioration; SE – significance of the social environment (e.g., lack of social support, loneliness); SH – poor self-assessed health; SA – dissatisfaction with daily activities; DSW – overall decrease in subjective well-being

**Source:** compiled by the authors based on the research findings

The study revealed that both men and women exhibit moderate levels of subjective well-being across various dimensions. The scale measuring tension and sensitivity – encompassing stress related to academic or professional workload, social expectations, the need for personal space, and general pressure – indicated that over half of the participants in both genders’ groups experienced these challenges. This suggests that individuals, regardless of gender, are subject to considerable strain from demanding work or study obligations, or a combination of both. Additional contributing factors include disrupted sleep patterns, the necessity of relocation for safety, and subject to exposure to uncertainty and risk. Although men reported slightly higher tension levels than women, the difference was modest (59.1 vs. 56.6). Psycho-emotional symptoms, including sleep disturbances, heightened anxiety, and increased sensitivity to specific situations, were more frequently reported by men. Their scores exceeded 50% of the scale’s maximum value (54.8), compared with 47.3 for

women. This difference was statistically significant ( $U = 1088$ ,  $p = 0.04$ ). Both men and women experienced mood fluctuations and a moderate decline in optimism, with scores of 42.5 for men and 44.0 for women.

In terms of the social environment, most respondents reported feeling supported by friends and maintaining close family relationships. However, fewer than half indicated experiencing loneliness. Men, however, scored slightly higher on this scale, suggesting a greater sense of loneliness and a more pronounced perception of lacking social support (38.2 for men vs. 36.1 for women). On the self-assessed health scale, men expressed slightly greater concern about their health compared to women (53.8 vs. 50.3). Men also reported lower satisfaction with daily activities, perceiving their routines as more monotonous and unengaging than women did. Their scores were 51.8, whereas women scored 46.2. A similar trend was observed in the overall subjective well-being measure, where men reported slightly more dissatisfaction (50.5) than women (46.7).

While most gender differences across subjective well-being components were not statistically significant – with the exception of psycho-emotional symptoms – a consistent pattern emerged: men exhibited a stronger tendency towards subjective ill-being across multiple indicators. The only exception was mood fluctuations, which were slightly more pronounced in women. C. Kieny *et al.* (2022) noted that evaluative well-being among women declines more markedly with age than it does among men, while emotional well-being follows a similar trajectory across both genders. This suggests that age-related dynamics of subjective well-being are complex and intricately linked to gender identity. These findings indicate that men may experience higher psychological strain and tension, possibly due to societal norms that discourage emotional expression. Conversely, although women were more likely to report mood swings, their overall well-being appeared more stable. Gender significantly influences subjective well-being and life satisfaction. C. Graham & S. Chattopadhyay (2013) found that women generally report higher life satisfaction than men, especially in wealthier nations, among older individuals, those with higher levels of education, and married people. This suggests that socio-economic and demographic factors play a crucial role in shaping gender differences in well-being. Some scholars, such as E. Diener *et al.* (1999), have argued that women's lower subjective well-being may be attributed to heightened emotional sensitivity. Conversely, S.E. Taylor *et al.* (2000) found that women often maintain larger social networks and receive more emotional support, which positively contributes to their subjective well-being. These differences underscore the importance of emotional expression and social connectedness in shaping well-being across genders.

Other research suggests that men may report higher levels of subjective well-being compared to women. However, a study by D. Kahneman & A.B. Krueger (2006) did not find significant gender differences in overall well-being. Although women sometimes reported lower life satisfaction compared to men, these differences were either minimal or context-dependent. Women tend to experience greater emotional variability, such as stronger reactions to joy, sadness, or stress, which may affect their subjective well-being. Furthermore, women are more likely to experience negative emotions such as anxiety and depression, which can reduce their well-being even when supported by strong social networks. M.S.L. Ruth & J. Napiер (2024) observed that human rights and gender equality enhance happiness for all, though outcomes vary across cultural, economic, and political contexts. Evidence indicates that people of all genders experience greater well-being in societies with high levels of gender equality. According to T. Gisinger *et al.* (2022), during the COVID-19 pandemic, women were more

likely to experience internalised symptoms such as anxiety, sadness, depression, and hopelessness, while men tended to exhibit externalised responses such as irritability, frustration, and anger. The study highlighted that these gender differences are rooted in biopsychosocial factors and call for differentiated approaches to psychological support. Interestingly, employed women reported feeling less loneliness and isolation, suggesting that occupational engagement may buffer certain negative emotional states. D. Moreno-Agostino *et al.* (2024) found that although gender equality has advanced in various societal domains, traditional gender roles – particularly in childcare and domestic responsibilities – continue to affect women's subjective well-being. This impact was especially evident during the pandemic. L. Jiang *et al.* (2024) identified that in Western and developed East and Southeast Asian countries, the dissonance between gender equality beliefs and traditional domestic roles negatively affects women's well-being, particularly among professional women.

The findings of the current study indicate differences in psycho-emotional symptoms and self-assessed health between men and women. Men more frequently reported psycho-emotional symptoms and scored lower in self-assessed health and satisfaction with daily activities, possibly due to their responses to external stressors and roles during crises. Women more often reported mood deterioration; however, their overall subjective well-being scores were similar to or higher than those of men (Kovtun, 2023). This may be related to broader social networks and greater emotional support, which aid in effective emotion management. Moreover, women's openness in expressing emotions could act as a protective factor against the negative effects of stress. The lack of significant gender differences in most indicators suggests that factors such as youth, higher levels of education, urban residence, and gender equality might mitigate typical gender-related disparities in well-being. The ongoing wartime situation has generally increased stress levels across all demographic groups, likely neutralising gender-specific differences in subjective well-being. The findings of S. Chachko & D. Yaroslavskyi (2023) underscore the complexity of gender-specific responses to wartime stress. Their research revealed that, while men were generally less prone to overt psychological tension and clinically significant PTSD (post-traumatic stress disorder) symptoms, they demonstrated moderate levels of depression and limited adaptive resources under prolonged traumatic conditions. Women, in contrast, exhibited greater emotional reactivity, more frequent negative thoughts, more severe depressive symptoms, and lower adaptive capacity. However, women also reported lower emotional tension, fewer psycho-emotional complaints, and slightly greater satisfaction with daily activities compared to men, despite experiencing more frequent

mood fluctuations. These results highlighted subtle gender differences in psychological resilience and vulnerability during wartime.

The “female happiness paradox”, as discussed by D.G. Blanchflower & A. Bryson (2024), suggests that women, despite experiencing more negative emotions and greater emotional sensitivity, often report equal or higher overall subjective well-being compared to men. This phenomenon may be attributed to several factors: women typically maintain broader social networks, which enable them to mitigate negative emotional experiences by seeking support and expressing emotions. Additionally, women tend to analyse and articulate their emotions more openly, enabling them to assess their emotional state more objectively and adjust their coping strategies accordingly. Furthermore, women’s adaptive coping mechanisms in stressful situations help them integrate traumatic experiences and maintain a positive perception of their overall quality of life.

The results obtained can be understood as part of a broader context, where the female happiness paradox is shaped by heightened emotional sensitivity alongside the compensatory effects of social support and adaptive coping strategies. Various methods for measuring subjective well-being, together with the complex influence of factors such as age, education, living conditions, gender equality, and the context of war, indicate that the formation of well-being is a multidimensional and intricate process. Therefore, although high emotional sensitivity is traditionally expected to negatively affect subjective well-being, current data suggest that women may maintain – or even enhance – their overall well-being due to effective adaptation to stressful conditions. While age and gender remain, critical factors influencing subjective well-being, additional elements such as health, social support, and financial stability also play crucial roles in determining life satisfaction. The wartime context likely amplifies psychological distress across different demographic groups, making it essential to consider situational factors when interpreting subjective well-being data.

## Conclusions

The present study found that levels of subjective well-being during wartime were generally moderate, suggesting that most respondents had developed adaptive mechanisms to cope with ongoing challenges. However, differences emerged across age and gender cohorts. Age-related differences were observed in several aspects of subjective well-being. Younger participants (17-21 years) experienced the highest levels of tension and psycho-emotional symptoms, while older individuals (36 and over) exhibited more pronounced mood fluctuations. On the social environment scale, younger participants reported greater feelings of loneliness and a greater lack of support compared to older

groups. Health concerns were most prevalent among younger respondents, whereas older individuals expressed less concern, and the middle group (22-35 years) reported the least concern overall. Additionally, satisfaction with daily activities was highest among those aged 36 and above, while the middle group reported the lowest satisfaction. Overall, the 22-35 age group demonstrated the highest level of subjective well-being. Statistically significant differences were mainly observed between the younger and middle groups, as well as between the younger and older groups. However, no significant differences were identified between the middle and older groups across any well-being component, including the overall measure. Compared to younger respondents, older individuals exhibited lower levels of tension, better social adaptation, and a more positive perception of their health.

Gender-related differences indicated that men were more likely to experience emotional stress and to report psycho-emotional symptoms. They also scored lower in self-assessed health and satisfaction with daily activities. In contrast, women exhibited more frequent mood swings. Although most gender differences were not statistically significant (except for psycho-emotional symptoms), a clear pattern emerged: men tended to experience greater subjective ill-being across nearly all components, apart from mood swings, where women had slightly higher scores. These findings underscore the importance of tailoring psychological support to the needs of different age and gender groups. Young people require additional resources to enhance social adaptation and stress management, while men may benefit from targeted interventions aimed at reducing psycho-emotional stress. These differences provide a foundation for further research into the mechanisms of psychological resilience and adaptation during prolonged crises. Future research could examine the role of personality traits in coping strategies, including stress management techniques such as physical activity, meditation, and time management. Moreover, studies might investigate how different demographic groups (e.g., men/women, younger/older) utilise coping mechanisms to maintain well-being under sustained stress. Another important key for exploration is the development of psychological strategies for long-term crisis adaptation, including the creation of personalised support programmes tailored to the specific needs of various age and gender cohorts.

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## Conflict of Interest

None.

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## Суб'єктивне благополуччя в умовах весінного часу: роль віку та статі

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**Анотація.** Метою статті було вивчення особливостей суб'єктивного благополуччя та неблагополуччя цивільних громадян в умовах тривалого воєнного стану з урахуванням віку та статі. Дослідження проводилося серед 147 цивільних осіб віком від 17 до 49 років, які проживають у Києві, Харкові та Житомирі. Використовувалася шестикластерна шкала суб'єктивного благополуччя. Дослідження тенденцій суб'єктивного благополуччя українців засвідчило, що його показники переважно знаходяться в межах середнього рівня. Аналіз основних компонентів суб'єктивного благополуччя виявив певні відмінності залежно від віку та статі досліджуваних. За результатами дослідження лише 2 % мають повне емоційне благополуччя, 22 % – помірний емоційний комфорт, 64 % – середній рівень суб'єктивного благополуччя, 10 % – схильність до депресії і тривоги, і 2 % – значний емоційний дискомфорт. Вікові групи відрізняються: молодші респонденти (17-21 років) частіше демонстрували високий рівень психоемоційної напруженості, гірше оцінювали своє здоров'я та відчували соціальну ізоляцію. Натомість представники старших вікових груп мали кращу адаптацію до складних обставин та демонстрували меншу вираженість негативних емоцій. Старші (36 років і більше) мали гірші показники настрою, але вищу задоволеність повсякденною діяльністю. Досліджувані середньої групи (22-35 років) мали найкращі показники суб'єктивного благополуччя. Виявлені гендерні відмінності показали, що чоловіки порівняно з жінками мали дещо більші відхилення у бік суб'єктивного неблагополуччя; зокрема чоловіки демонстрували вищий рівень напруженості та психоемоційної симптоматики, водночас жінки частіше відзначали погіршення настрою. Отримані результати можуть бути використані фахівцями у сфері психологічної допомоги, освіти, соціальної роботи та державного управління для виокремлення груп ризику, визначення пріоритетних напрямів психологічної допомоги, адаптації інтервенцій до потреб різних груп населення, зокрема, молоді, людей старшого віку, жінок і чоловіків, з метою підвищення їх психологічної стійкості та якості життя в тривалих кризових умовах

**Ключові слова:** психологічний стрес; гендерні відмінності; вікові особливості; ментальне здоров'я; емоційний комфорт/дискомфорт

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**Social-psychological factors in the formation of irrational attitudes****Larisa Shragina\***

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**Abstract.** Irrational beliefs constitute a significant component of human cognition; however, their impact on the development of psychological difficulties continues to be insufficiently explored, particularly within the context of social and cultural determinants. The purpose of this theoretical study was to identify and analyse the socio-psychological factors that contribute to the development of irrational beliefs in individual consciousness. The methodological framework of the study included a systemic analysis of scholarly sources and conceptual approaches to irrational beliefs. A synthesis of findings from experimental and applied studies in personality psychology enabled the identification of socio-psychological factors influencing the emergence and consolidation of irrational beliefs. The results revealed a wide range of contributing and reinforcing factors – from early childhood experiences and behavioural modelling within family dynamics to the internalisation of social stereotypes, ideals of appearance, achievement, and gender roles. The link between exposure to stress, psychological trauma, and the development of irrational beliefs was also demonstrated. Special attention was given to the role of everyday language practices in reinforcing irrational perceptions, particularly through proverbs and sayings. The practical value of the study lies in the potential application of its findings in psychological counselling, the prevention of emotional disorders, and the development of psychoeducational programmes aimed at correcting dysfunctional beliefs and supporting mental well-being

**Keywords:** childhood experience; stress; social modelling; gender roles; beauty ideals; achievement; proverbs

**Introduction**

Irrational beliefs represent a complex cognitive-emotional phenomenon, developed as stable and often unconscious assumptions that lack logical substantiation yet markedly influence an individual's emotional state and vital life decisions. They play a distinct role in perception, behaviour, and interpersonal interaction. This phenomenon warrants particular attention in the context of socio-psychological and cultural determinants.

In the field of psychology, researchers have explored various aspects of irrational beliefs, focusing on understanding their impact on behaviour, emotional states, and overall psychological well-being. In their study on a sample of university students, O.O. Chumak & O.V. Bohach (2024) demonstrated that irrational beliefs are predictors of self-efficacy. O. Igumnova & T. Shlinchak (2022) noted the role of irrational beliefs

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in the development of emotional burnout among psychologists. Special attention was given to the impact of irrational beliefs on an individual's psychological well-being. V. Koshyrets & K. Shkarlatyuk (2022) confirmed that irrational beliefs limit personal development and suggested an approach to their correction for achieving psychological well-being. B. Ivanenko *et al.* (2024) showed that irrational beliefs have a significant negative impact on psychological well-being, stress resistance, and even physical health. I.M. Yushchenko (2024) empirically confirmed that rational thinking is a crucial cognitive resource that enhances personal resilience, while irrational beliefs, conversely, diminish it. However, a significant methodological feature and potential limitation of these studies is that most were conducted on a sample of university students. While this provides valuable data on young people as a significant social group, their findings may not be generalisable to the broader population. University students typically possess a higher level of education and specific social and age characteristics that can influence their cognitive beliefs, resilience, and self-efficacy, differentiating them from other age and social groups.

Departing from the age group of university students, R. Deperrois & N. Combalbert (2022) examined respondents aged 18 to 39 and investigated the influence of irrational beliefs on emotional regulation strategies. The presence of any cognitive distortions led to the intensification of maladaptive strategies and the weakening of adaptive strategies of emotional regulation. Susceptibility to irrational beliefs is largely influenced by levels of self-esteem, critical thinking skills, and emotional stability. Such beliefs are typically manifested through distorted perceptions of reality and can hinder personal development and self-understanding. They may appear in convictions about personal worthlessness, the unattainability of success, baseless fears, or a profound lack of self-confidence. A. Orlowski *et al.* (2020) and R. Krébesz *et al.* (2023) showed the presence of irrational beliefs in behavioural addictions. The presented studies examined the role of cognitive distortions in the development and maintenance of addictions, using gambling and smoking as examples. Cognitive distortions can act as a barrier to recognising a problem and seeking help, while their correction can be an effective tool for addiction prevention.

Thus, the multifaceted nature and widespread presence of irrational beliefs in various aspects of human life render their systematisation and analysis highly relevant. Studies on irrational beliefs can be divided into two major areas. The first group of researchers examines the impact of irrational beliefs on psychological health and well-being. The second group seeks to identify their origins and mechanisms of development (Arpacıoğlu *et al.*, 2024; Deperrois *et al.*, 2024). A review of scholarly literature revealed their impact on the development of psychological problems. However,

their cognitive origins within the context of socio-psychological and cultural determinants continue to be underexplored. The findings on the detrimental effects of irrational beliefs prompt the scientific community to return to the fundamental question of how these beliefs originate and develop. Understanding the development of irrational beliefs is essential for the advancement of methods in psychological correction and self-development, as these beliefs may be key factors preventing individuals from attaining personal fulfilment, satisfaction, and success. The purpose of this study was to investigate the socio-psychological factors that influence the emergence, development, and maintenance of irrational beliefs in personal consciousness. Particular attention was given to such formative and reinforcing influences as childhood experiences, behavioural modelling, the effects of social stereotypes, representations of gender roles, beauty and success standards, as well as everyday linguistic practices (e.g., proverbs and sayings).

## Materials and Methods

The primary method of this study was a systematic review of scientific literature aimed at identifying, critically evaluating, and synthesising research findings concerning the social and psychological factors contributing to the development of irrational beliefs. Studies were included in this systematic review according to the following criteria: theoretical and empirical research examining the relationship between specific social-psychological factors (childhood experience, body and beauty ideals, cultural expectations about career and success, gender roles, stress and trauma, behavioural modelling, proverbs and sayings) and irrational beliefs in adolescents and adults; publications containing quantitative or qualitative data enabling assessment of these relationships; articles published from 2015 to the present; and publications in Ukrainian or English. The included studies were grouped for synthesis according to the following categories of social-psychological factors: childhood experience; body and beauty ideals; career and success; gender roles; stress and trauma; behavioural modelling; proverbs and sayings.

Studies were excluded if they were not full-text articles but only abstracts or conference papers lacking sufficient information for evaluation; investigated other factors unrelated to social-psychological aspects; did not include irrational beliefs as part of the study indicators; were published prior to 2015; were qualification theses; or were written in languages other than Ukrainian or English. A systematic search for relevant literature was conducted in the following electronic databases: Google Scholar, MDPI, and Research4life. For each database, a search strategy was developed and applied using a combination of keywords ("irrational beliefs," "cognitive distortions"). The study independently reviewed the titles and abstracts of all identified records to determine their eligibility based on the

inclusion criteria. Any discrepancies were resolved through discussion and consensus. In the second stage, the full texts of potentially relevant studies were retrieved and independently assessed by the same three reviewers. For each included study, two reviewers independently extracted data using a standardised form (created in Google Docs). The form included the following elements: bibliographic information, citation,

study type (empirical/theoretical), abstract and keywords, discussion of results, and conclusions. Publications were then grouped according to the identified social-psychological factors. Duplicates were removed. Any discrepancies in data inclusion or exclusion were resolved through discussion. The search and the number of records selected for further analysis are presented in Table 1.

**Table 1.** Literature search in databases

Database	Keywords	Results	Since 2015	Relevant
Google Scholar	"Irrational beliefs"	176	78	15
Research 4 life	"Irrational beliefs"	0	0	0
Research 4 life	"Cognitive distortions"	5,388	595	22
Research Gate	"Irrational beliefs"	40	30	3
ResearchGate	"Cognitive distortions"	0	0	0
MDPI	"Cognitive distortions"	7	4	1

**Source:** compiled by the authors

Analysis of search results in scientific databases provided a reasonable basis to conclude on an uneven distribution of publications on the topics of irrational beliefs and cognitive distortions. Google Scholar and Research4Life were distinguished by the greatest number of relevant sources. This reflects an elevated scientific interest in the issue of cognitive distortions in psychology. Other databases, such as MDPI and ResearchGate, demonstrate a lower level of indexing or specific focus. The study employed a combination of sources and keywords to ensure maximum completeness of the literature review, which allowed covering the relevant aspects of the research.

## Results and Discussion

A structured review of contemporary scholarly literature enabled the synthesis of empirical and theoretical studies on the socio-psychological factors that influence the development of irrational beliefs. The analysis identified key mechanisms through which the socio-cultural environment contributes to the development of irrational thinking. The concept of irrational beliefs was first introduced in the 1950s by the American psychologist and psychotherapist Albert Ellis and focused on examining the impact of irrational beliefs on mental health and developing methods for their correction. A. Ellis argued that irrational beliefs play a key role in the emergence of emotional and psychological difficulties, and that their transformation may lead to improved psychological functioning. A. Ellis conducted clinical observations, analysed case studies of his clients, and utilised psychotherapy sessions to identify and understand irrational cognitions. Based on this work, A. Ellis developed a psychotherapeutic approach known as Rational Emotive Behaviour Therapy (REBT). According to A. Ellis (2005), an irrational belief is a rigid cognitive-emotional association that does not correspond to

reality and contradicts objective conditions, naturally leading to personal maladjustment. From a psychological standpoint, irrational beliefs are stereotypes, convictions, or tendencies that reflect a distorted perception of reality and may result in maladaptive reactions and behaviours. As A. Ellis emphasised, irrational beliefs – like rational ones – are developed through experience within the framework of social relationships, cultural influences, and personal values, beginning with family norms and rules. The development of irrational beliefs is a complex psychological process influenced by a set of interrelated factors. These key factors are considered below.

### Early childhood experiences

#### and development of irrational beliefs

Childhood and adolescence are periods during which self-esteem and one's sense of identity are actively shaped. Consequently, experiences accumulated during this stage of life, alongside parental and environmental upbringing, play a vital role in the development of irrational beliefs. D.D. Burns (2020) provided significant insights into the impact of negative childhood experiences on mental health and the development of irrational beliefs. In exploring the concepts of cognitive behavioural therapy (CBT) and other therapeutic approaches to treating depression and altering maladaptive thinking patterns, D.D. Burns analysed in detail the types of early-life experiences that may contribute to distorted perceptions of the self, others, and the world. Negative comments from parents, teachers, or peers may result in the development of irrational beliefs concerning personal inadequacy, lack of value, or social rejection. For instance, a child repeatedly told they are incapable may internalise the belief that they will never succeed at anything. Stressful events or traumatic experiences in childhood may also contribute to the development

of irrational beliefs. For example, a child involved in a car accident or exposed to domestic violence may develop the conviction that the world is fundamentally unsafe and threatening. D.D. Burns (2020) used a range of clinical examples and case analyses to demonstrate how adverse experiences – such as parental rejection, abuse, discrimination, or other traumatic situations – may become the basis for irrational beliefs that shape future mental health. For instance, if parents frequently express pessimism about the future, the child may learn to adopt an analogously negative worldview.

Experiences gained during childhood play a fundamental role in shaping an individual's worldview, belief system, and, consequently, irrational cognitions in adulthood. Early interactions with one's environment, the family context, and significant life events form the foundation of cognitive schemas through which a person interprets both the external world and their own self. A. Wuth *et al.* (2022) made a valuable contribution in this context, focusing on the connection between childhood experiences of unpredictability and harshness, and the cognitive patterns in adulthood. The researchers explored how early childhood environments influence the development of maladaptive schemas and cognitive distortions – key elements of irrational beliefs. The findings indicated that experiences of parental unpredictability and harshness during childhood were significantly associated with a greater number of maladaptive schemas and cognitive distortions in adulthood. This supports the hypothesis that adverse early developmental conditions directly affect the cognitive domain, fostering distorted beliefs about the self and the surrounding world. Specifically, the path modelling proposed by A. Wuth *et al.* (2022) showed that childhood experiences of unpredictability and harsh caregiving are direct predictors of maladaptive schemas and cognitive distortions, which is crucial for understanding the aetiology of irrational beliefs and designing targeted therapeutic interventions.

Additionally, M. Colak *et al.* (2023) emphasised the role of parenting in childhood and adolescence in the development of cognitive distortions and, consequently, irrational beliefs. Their research explored the relationship between adolescents' levels of social anxiety and their perceptions of parental acceptance-rejection and control, with particular attention to the mediating role of interpersonal cognitive distortions. The researchers found that perceived parental rejection and excessive maternal control were predictors of social anxiety. A key finding was that interpersonal cognitive distortions – such as "unrealistic expectations in relationships" and "interpersonal rejection" – served as mediators between negative parenting attitudes and adolescents' social anxiety. This suggests that negative parental experiences, especially feelings of rejection and overcontrol, contribute to the development of psychological problems through the development of

specific irrational (cognitive) distortions, which later affect perceptions of social interactions and self-efficacy. Furthermore, the influence of adverse childhood experiences on aggressive behavioural responses in adulthood is also mediated by the development of cognitive distortions. L. Huang *et al.* (2023) provided an in-depth analysis of how early maladaptive schemas relate to aggression and the mediating role of cognitive distortions. The researchers found that cognitive distortions mediated the relationship between certain maladaptive schema domains (e.g., impaired autonomy) and manifestations of aggression. Specifically, the development of self-serving and pro-aggressive cognitive distortions emerged as a key mechanism through which adverse childhood experiences (leading to specific maladaptive schemas) contribute to aggressive behaviour in adulthood, regardless of gender. This study highlighted the profound and multifaceted impact of early experiences on the development of irrational beliefs and their role in the development of destructive behavioural patterns.

Further improving the understanding of this relationship, Z. Su Topbaş *et al.* (2024) examined the link between anxious attachment (developed in childhood) and social media addiction in adolescents. The researchers found that interpersonal cognitive distortions, along with low self-esteem and the desire to be liked, played a mediating role in this relationship. This suggested a complex chain where early experiences (leading to anxious attachment) contribute to the development of irrational beliefs (interpersonal cognitive distortions) and low self-esteem, which increase the risk of social media addiction. This highlighted how media influence interacts with pre-existing psychological vulnerabilities developed in childhood, fostering the development of irrational beliefs and related problems. The development of irrational beliefs during adolescence also depends on the combination of individual characteristics and environmental influences. C. Esposito *et al.* (2020), conducted among Italian high school students, found that low self-control and high exposure to community violence were major predictors of consistently elevated trajectories of self-serving cognitive distortions during adolescence. These findings emphasised that adverse external conditions and individual deficits in self-regulation, developed in early life, may jointly contribute to the consolidation of irrational beliefs – crucial for understanding the long-term consequences of early experiences.

### Body image and beauty ideals

Contemporary society, especially through media and social networks, promotes and maintains certain beauty and body ideals. For example, beauty standards often promote slimness or specific facial features, and individuals who do not meet these ideals may develop irrational beliefs about their unacceptability or failure, which can lead to negative body image and increase

the risk of eating disorders such as anorexia or bulimia. A. Thames (2023) demonstrated that social media pages portraying women in an idealised light in terms of appearance can negatively affect women's well-being and mental health. In the study, participants answered a series of questions regarding their social media use, self-confidence, and body image. Specifically, women who were more active on social media and were more frequently exposed to idealised beauty images expressed greater levels of unreported stress and poorer psychological states compared to those who spent less time on social media or were less influenced by these beauty ideals. This study highlighted the significance of understanding the impact of social media and beauty ideals on women's mental health and well-being. The researchers also emphasised the need to promote positive and realistic representations of beauty in virtual environments to support users' mental well-being and self-esteem.

A. Dastbaz *et al.* (2024) confirmed a direct link between body image perception, cognitive distortions, and related disorders. Conducted exclusively on female students, this study explored the predictive role of personality traits and cognitive distortions in the development of body dysmorphic disorder (BDD). The choice of an all-female sample is particularly telling, as women are disproportionately exposed to rigid and unrealistic beauty standards, which reflect prevailing gender expectations in society. The findings demonstrated that cognitive distortions had both a direct and significant positive impact on the development of BDD, as well as an indirect influence through challenges in emotional regulation. This suggests that under the pressure of unattainable beauty ideals, individuals may develop specific irrational beliefs about their appearance which, in interaction with poor emotional regulation, can lead to serious psychological issues such as BDD. Beauty and body ideals emerge as key socio-psychological factors directly contributing to the development of irrational attitudes related to self-perception and physical appearance.

Additionally, the relationship between physical condition (potentially linked to body dissatisfaction or consequences of eating disorders) and irrational beliefs has also been the focus of empirical investigation. F.Q. Da Luz *et al.* (2017) examined early maladaptive schemas and cognitive distortions (dysfunctional cognitions) among adults with morbid obesity. Although the researcher concluded that the dysfunctional cognitions observed were more likely associated with general mental health rather than weight per se, the study still underlines the presence of such cognitions in individuals with weight-related issues, which may be secondary to societal pressure from beauty ideals and the development of unhealthy behavioural patterns. It further demonstrates that certain dysfunctional cognitions, such as "labelling", and early maladaptive schemas like "insufficient self-control/self-discipline" may

be present among individuals with obesity. This may reflect a complex interplay between physical health, psychological well-being, and irrational beliefs indirectly shaped by the internalisation of beauty and body ideals.

### **Cultural ideals of beauty and success**

A review of the literature demonstrates that prevailing sociocultural ideals of beauty, promoted by the media and social networks, significantly contribute to the development of irrational cognitions related to body image and self-perception. A. Thames (2023) and A. Dastbaz *et al.* (2024) confirmed the association between exposure to idealised visual representations, cognitive distortions, challenges in emotional regulation, and a decline in psychological well-being. Women were identified as particularly vulnerable to pressure from prevailing attractiveness standards, which was linked to heightened anxiety, body dysmorphia, and disordered eating behaviours. These findings underscore the need for psychopreventive strategies aimed at correcting cognitive distortions and promoting a healthy sense of self. In societies where professional achievement and success are highly valued, cultural expectations may lead to persistent stress and psychological tension in individuals who feel compelled to meet such standards, often out of fear that even minor errors or failures are unacceptable. Fear of risk, as well as the avoidance of new opportunities or challenges due to beliefs regarding one's inadequacy or potential failure, can result in low self-esteem and uncertainty, and may lead to emotional exhaustion, anxiety, depression, and chronic stress. A study in the field of career psychology by R. Carucci (2019) at Harvard Business School examined the relationship between elevated expectations for career success and levels of burnout among professionals. The study revealed that individuals with elevated career expectations experienced more pronounced symptoms of burnout, including emotional exhaustion, cynicism, and a diminished sense of professional efficacy. These findings suggest that such expectations may create further psychological stress and negatively affect overall employee well-being.

The influence of cultural standards of success on self-esteem and mental health was also explored within social psychology. N.E. Nawa & N. Yamagishi (2024) investigated how culturally embedded ideas of career success in Japan affect individuals' self-esteem and life satisfaction. The study found that in Japanese culture, where career achievement is highly valued, individuals tend to base their self-worth on their professional accomplishments. While this can enhance self-esteem in times of success, it may also lead to a decline in self-worth and a sense of failure during setbacks. This point was further emphasised by S. Akutsu *et al.* (2022) on a large sample of Japanese employees. The researchers examined the relationship between competitive work environments, subjective ill-health, and workaholism.

A key finding relevant to the development of irrational beliefs was that cognitive distortions moderated the link between workplace competitiveness and the development of workaholism. Specifically, the positive association between high competition and tendencies toward workaholism was significantly stronger among individuals with greater levels of cognitive distortions. This indicates that cultural expectations around career success and competition may trigger or amplify irrational beliefs, which increase vulnerability to maladaptive behavioural patterns such as workaholism.

### **Gender role expectations and irrational belief development**

The impact of gender roles on the development of irrational beliefs is associated with culturally embedded stereotypes regarding adequate behaviours for men and women. For example, women may experience increased pressure concerning their appearance and conduct, which can lead to perfectionism and low self-esteem – outcomes reflected in the findings of a study on gender psychology by E. Mayor (2015). The study involved female participants of various ages and social backgrounds. They completed a questionnaire assessing levels of perfectionism and self-criticism, which were compared with the internalised gender role stereotypes they adhered to. The findings confirmed that women who conformed more strongly to traditional gender role expectations exhibited greater levels of perfectionism and self-critical tendencies. These participants were more prone to self-analysis and self-judgment regarding their personality and achievements, which may negatively affect their mental health and emotional well-being.

Social expectations regarding the roles of men and women in the family and the labour market may also influence the development of irrational beliefs. Traditionally, society expects women to be responsible for domestic tasks and childcare, which can lead to the internalised belief that a woman must be an “ideal” housewife and mother. At the same time, societal expectations may also generate irrational beliefs in men – that they must be the “head of the family”, serve as financial providers, and succeed professionally. This can result in overload, stress, and a sense of inadequacy, particularly among men who deviate from traditional gender norms and feel insecure about their masculinity. Irrational beliefs may also be shaped by stereotypes about how men and women “should” express their emotions (Haines *et al.*, 2016). Furthermore, gender roles significantly influence perceptions and expectations within interpersonal and romantic relationships, which may contribute to the development of cognitive distortions.

W. Costello *et al.* (2024) examined the mating psychology of men who identify as involuntary celibates (incels), revealed significant cognitive distortions in how they perceived women’s partner preferences. The

researchers found that these men (as well as unmarried men from a control group) tended to overestimate the significance of physical attractiveness and financial status for women, while underestimating qualities such as intelligence, kindness, and a sense of humour. This illustrates how societal and gender stereotypes related to attractiveness and success in relationships can give rise to irrational beliefs, which affect self-esteem and interpersonal functioning. The study underscores that such distorted beliefs – shaped by gender expectations and subjective (or distorted) social experiences – can contribute to the development of misogynistic attitudes and call for targeted psychological interventions. Thus, gender roles influence not only individual self-perception but also the development of irrational beliefs about interactions with a different sex and expectations in romantic relationships.

### **Stress, traumatic experiences, and irrational cognition**

Stressful or traumatic life events may serve as catalysts for the emergence of irrational beliefs, functioning as psychological defences against emotional pain. Such experiences – like the death of a loved one, a car accident, or a painful relationship breakup – may give rise to beliefs such as “there is no point in planning anything”, “it is unsafe to walk down the street”, “I am incapable of healthy relationships”, “I am worthless”, or “I do not deserve happiness”. The impact of stress on the nervous system may increase susceptibility to irrational thinking by activating brain regions that favour emotional over rational responses. The link between stress, trauma, and irrational beliefs was supported by A.B. Grove *et al.* (2024) of irrational beliefs and increase the risk of various mental disorders, including post-traumatic stress disorder.

M.C. Chung & M. Shakra (2020) illustrated this connection through a study on Syrian refugees who endured the horrors of war. The research investigated the relationship between trauma centrality (the degree to which a traumatic event becomes central to a person’s identity), post-traumatic stress, and psychological comorbidity. A key focus of the study was the role of cognitive distortions (or dysfunctional beliefs) and self-efficacy in trauma recovery. The findings indicated that traumatic experiences significantly altered self-perception, worldview, and identity among Syrian refugees. These changes were linked to elevated psychological symptoms, especially PTSD. Cognitive distortions were found to mediate the relationship between trauma centrality and psychological distress: individuals with more distorted beliefs about themselves and the world reported significantly greater levels of distress. The study highlighted that such dysfunctional beliefs, which often arise from traumatic experiences, are critical factors contributing to intensified psychological responses and the development of irrational beliefs. Importantly,

the relationship between irrational beliefs and stress is not unidirectional. While stress can trigger the development of irrational beliefs, these beliefs themselves can contribute to the emergence of new stressors – a phenomenon known as stress generation. T.J. Harrison *et al.* (2023) conducted among youth at elevated risk of developing anxiety disorders, found that cognitive distortions and anxiety symptoms were significant predictors of dependent stress over a one-year period. This indicates that irrational beliefs are not only a response to stress but may also actively shape behavioural patterns and interpersonal interactions that lead to the emergence of new stressful circumstances in an individual's life. This reciprocal relationship underscores the complexity of the interaction between cognitive processes, emotional states, and external events in the development and maintenance of irrational beliefs.

Furthermore, specific types of childhood trauma may lead to the development of certain irrational beliefs, which mediate the link to later psychological difficulties. M. Colak *et al.* (2023) found that childhood sexual abuse is positively associated with adult separation anxiety. A key finding was that cognitive distortions – particularly helplessness and concern with danger – played a mediating role in this relationship. This suggests that traumatic experiences in childhood can lead to specific irrational beliefs that become a central mechanism in the development of certain anxiety disorders in adulthood. The influence of traumatic experience on the development of irrational beliefs also significantly depends on cultural context and social norms. A review by S. Amaya & M.J. Gray (2021) focused on Latin American women who had experienced sexual violence, illustrates how culturally conditioned problematic beliefs (e.g., victim-blaming) can be internalised and contribute to the development of maladaptive post-traumatic cognitions (a form of irrational beliefs). This study highlighted that social and cultural narratives surrounding trauma may directly influence how individuals interpret their experiences, leading to the development of dysfunctional and irrational beliefs. Confirmation of the aforementioned statement was provided by a cohort of studies dedicated to examining the place of irrational beliefs in the structure of affective anxiety-depressive and borderline personality disorders (Puri *et al.*, 2021; Guryanova & Kanevskyi, 2021; Mercan *et al.*, 2023). Specifically, the study found a correlation between dysfunctional beliefs and anxiety-depressive disorders, confirming that irrational thoughts impair psychological and physical health. The researchers showed that people with borderline personality disorder frequently use various cognitive distortions. Studies revealed that changes in cognitive distortions during therapy lead to changes in the affective symptoms of anxiety-depressive disorders. It can therefore be assumed that preventing the development of irrational beliefs will contribute to psychological well-being.

### Behavioural modelling

#### and social transmission of irrational beliefs

Another major factor through which individuals may acquire irrational beliefs is by observing others or through positive reinforcement for displaying irrational behaviour. For example, if a person observes others experiencing anxiety in certain situations, they may adopt analogous irrational beliefs. Behavioural modelling – observing and imitating others' behaviour – can influence the development of irrational beliefs through several mechanisms.

**Social Comparison:** when people observe the behaviour and successes of others, they may compare themselves to these models and feel inadequate. This can lead to the development of irrational beliefs about their inferiority or failure. For instance, if an individual compares their achievements to those of others, they may perceive themselves as less competent or unsuccessful, which can affect their self-esteem. J.B. Celniker *et al.* (2022) clearly illustrated mechanism of social behavioural modelling, which demonstrated how the culture of "safetyism" contributes to the development of irrational beliefs among university students. Specifically, students with greater levels of cognitive distortions were more likely to endorse beliefs about the danger of emotional discomfort, the harmfulness of words, and the necessity of constant labelling of potentially traumatic stimuli (so-called "triggers"). Such beliefs are disseminated within the social context – primarily through media and educational settings – and are acquired through observation and imitation of dominant behavioural models within one's immediate social environment. Thus, the study confirmed that social modelling within the framework of safety culture is a significant factor in the development and reinforcement of irrational beliefs.

**Implicit Learning:** behavioural modelling can serve as a form of learning, especially in childhood. Children often imitate the behaviour of adults or older children without conscious analysis. If these models express irrational beliefs or behaviours, children may internalise them, developing their own irrational beliefs. **Psychological Climate:** Individuals can be influenced by the psychological climate created by their close environment, including family, friends, and colleagues (Persons *et al.*, 2023). If this environment reinforces or supports irrational beliefs or behaviour, then these beliefs may be reinforced and spread to others. Experimental psychology provides numerous examples and studies confirming the influence of behavioural modelling on the development of irrational beliefs. For instance, laboratory experiments observing children's behaviour in various social situations showed that children frequently imitate the behaviour and attitudes of their role models (Bandura *et al.*, 1961). In modern world, media – especially social media – plays an increasingly significant role in shaping beliefs, values, and self-perceptions. I.A. Galaktionova & E.V. Stepura (2021) noted

that the constant flow of information, idealised images, social comparison, and feedback mechanisms affect cognitive processes and are associated with negative changes in psycho-emotional states, serving as a factor in the development of irrational beliefs.

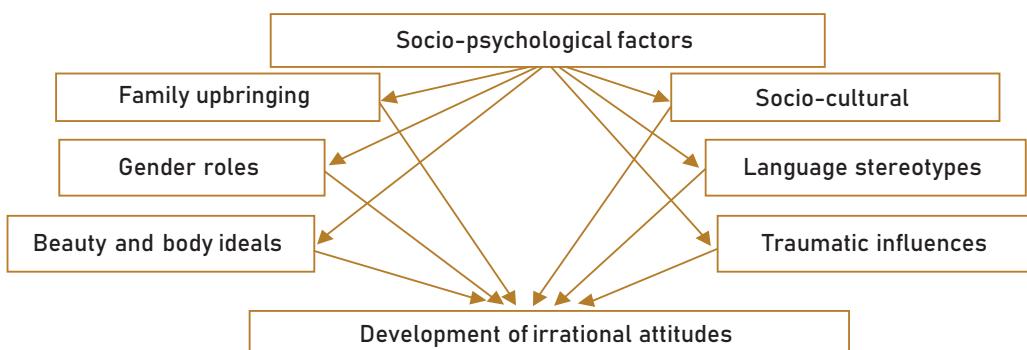
In a study analysing historical language records, J. Bollen *et al.* (2021) discovered a pronounced surge in textual markers of cognitive distortions over the past two decades. The levels of such distortions exceeded those recorded during the World Wars and the Great Depression, suggesting a possible collective shift toward language associated with irrational beliefs and internalising disorders. According to the researchers, this phenomenon, extending beyond the individual level, is related to socio-economic changes, the development of advanced technologies, and the proliferation of social media. One of the examples of such influence is the study by O. Sireli *et al.* (2023), which examined the relationship between problematic social media use and self-esteem among young people, focusing on the mediating role of cognitive distortions. The researchers found that the more problematic the students' use of social media was, the lower their self-esteem tended to be. A key finding was that cognitive distortions, such as negative self-perception, self-blame, hopelessness, and a perception of life as dangerous, played a significant mediating role in this relationship. This means that problematic social media use not only directly affects self-esteem but also does so significantly through the stimulation and reinforcement of irrational beliefs, which then negatively affect young people's self-image and overall well-being.

### Proverbs and sayings as elements of folk experience

L.I. Shragina & V.Y. Voronkova (2024) studied the influence of proverbs and sayings on the development of irrational beliefs. An analysis of proverbs and sayings – elements of folk wisdom accumulated over centuries – revealed that these expressions, reflecting social values, beliefs, and stereotypes, do not always correspond to objective reality and can markedly influence the

development of irrational beliefs. They often serve as a basis for reinforcing negative worldviews and ideas, offering overly simplified ideas about the world and people, thereby reinforcing fears and limitations rooted in cultural norms. Numerous examples from various spheres of life provided in the analysed study showed that the cultural patterns encoded in proverbs and sayings represent generalised models of the "world and oneself" that should apply to "any life situation", but often contradict each other. Therefore, the final decision about which belief is rational, and which is not depends on the person themselves.

Content analysis of proverbs and sayings revealed belief patterns that reflect fatalism, distrust, fear, and contradictory life orientations. Specifically, it was found that certain expressions (e.g., "What is written in one's fate...") foster a passive stance; others (e.g., "Trust no one...") amplify anxiety and social distrust; some proverbs convey conflicting messages (e.g., caution vs. risk-taking), which complicate cognitive interpretation. Thus, proverbs and sayings can serve as sources of both adaptive and irrational beliefs, depending on the context and personal interpretation. The obtained results reflected that proverbs and sayings function as cultural cognitive frames that influence the development of an individual's worldview and belief systems. They often contain contradictory or outdated meanings that may contribute to an irrational perception of reality, especially when internalised automatically during childhood (Shragina & Voronkova, 2024). As a result of the study, the following were identified as formative elements in the development of irrational beliefs: early childhood experiences, behavioural modelling (i.e., imitation of significant adults), cultural ideals related to beauty and the body, gender roles and associated expectations, social representations of success and achievement, psychological trauma, and linguistic formulas – particularly proverbs and sayings that reinforce stereotypical perceptions. Each of these factors contributes in a distinct way. The identified socio-psychological factors that influence the development of irrational beliefs are presented in Figure 1.



**Figure 1.** Socio-psychological factors that influence the development of irrational attitudes  
Source: compiled by the authors

The key groups of factors identified in the study reflect the mechanisms through which irrational beliefs are developed – including internalisation, social modelling, repetition of verbal formulas, and emotional reinforcement. The cultural context of irrational belief development deserves particular attention. Proverbs and sayings, as carriers of collective experience and values, contribute to the development of stable cognitive schemas by promoting simplified and normative messages. While they may support social learning and cultural transmission, such expressions also legitimise stereotypes and cognitive distortions – including perfectionism, fear of failure, or a passive stance towards life. Deeply rooted in cultural narratives, these formulas shape how individuals interpret events and evaluate themselves and others. When internalised uncritically, they tend to limit cognitive flexibility and may lead to stress or internal conflict – particularly when outdated ideals come into conflict with contemporary realities. Particular attention should be paid to how vulnerable early-life experiences serve as the foundation for the development of maladaptive cognitive schemas. Rigid or inconsistent parental behaviour, traumatic events, and a lack of emotional acceptance contribute to distorted perceptions of the self and others. These experiences give rise to specific cognitive distortions, which may later manifest as social anxiety, aggression, or dependency. These are not isolated psychological reactions but stable patterns that interweave memory, emotion, and past interpretations. This finding invites reflection on the profound role of early experience as a trigger for irrational thinking. While there is no linear causality, a consistent regularity is evident: negative childhood experiences gradually transform into a system of perception and response. This highlighted the significance of a mindful approach to early upbringing and the creation of environments where a child feels safe and accepted. It is telling that irrational beliefs related to embodiment and body image are often rooted not merely in individual experiences but in deeply internalised cultural templates. Imposed beauty standards and socially endorsed ideals of “success” become unconscious benchmarks, pursued even in the face of internal resistance or harm. This can lead to chronic self-dissatisfaction, anxiety, and perfectionism. Such beliefs are frequently regarded as “normal” and continue to be unexamined, thereby requiring particularly sensitive psychotherapeutic interventions.

When professional achievement becomes the primary measure of personal worth, irrational beliefs emerge that render mistakes unacceptable and perpetual excellence mandatory. This internal stance creates a state of chronic tension, where any deviation from the expected is perceived as failure. Such tendencies are especially pronounced in cultures that emphasise success and individual performance. Importantly, these cognitive schemas can be adjusted, provided that

psychological support strategies are developed that consider not only individual but also cultural factors. In considering the gendered aspects of irrational belief development, it becomes clear that gender roles function not only as external expectations but also as internal regulators of self-perception. Women are more likely to encounter ideals of being the “perfect” wife, mother, or homemaker, while men are pressured to be strong, successful, and in control. Deviations from these archetypes are often experienced as personal inadequacies. The phenomenon of “incels” is particularly illustrative, where distorted views of interpersonal relationships combine with low self-esteem and aggressive beliefs. This is a striking example of how gender stereotypes can transform into cognitive distortions that undermine psychological wellbeing. The link between traumatic experience and irrational beliefs becomes especially evident when working with childhood trauma. Such experiences give rise to beliefs associated with helplessness, guilt, and anxiety. A particularly dangerous situation arises when societal and cultural norms, such as victim-blaming, reinforce these beliefs. Psychological support in such cases requires a comprehensive approach: it is essential not only to address individual experiences but also to help individuals recognise the extent to which their beliefs are shaped by cultural context. Approaches that foster the re-evaluation of trauma through dialogue, self-compassion, and group support may prove especially effective. Behavioural modelling as a mechanism is highly relevant in contemporary society. Observing others – particularly their reactions and reinforcement patterns – shapes beliefs that are often unconscious. Young people, comparing themselves to idealised images on social media, may fall into a trap of constant evaluation and self-blame. This reinforces anxiety and leads to persistent distortions, ranging from negative self-image to a sense of hopelessness. For this reason, the digital environment should be viewed not only as a risk factor but also as a potential space for developing critical thinking and emotional resilience. Preventive and therapeutic interventions must consider the impact of the digital context, supporting individuals in recognising and reinterpreting the beliefs they have inadvertently internalised.

## **Conclusions**

The concept of irrational beliefs is essential for understanding the psychological mechanisms that influence an individual's mental well-being. These beliefs represent a system of convictions that often lack a rational foundation or connection to objective reality yet exert a considerable influence on a person's thinking, emotional state, and behaviour. The analysis of contemporary scientific sources has shown that irrational beliefs are shaped by a series of factors, including family and cultural environments, personal experience, and broader social contexts. Within the framework of the present

study, a classification of key socio-psychological determinants that contribute to the development of such beliefs was created for the first time. These include early childhood experiences; behavioural modelling (i.e., imitation of significant adults); cultural ideals of beauty and the body; gender roles and related expectations; social representations of career and success; psychological trauma; and linguistic formulas – specifically, proverbs and sayings that reinforce stereotypical perceptions.

Scientific research showed that having irrational beliefs is associated with greater levels of anxiety, emotional stress, lower life satisfaction, and a tendency to engage in maladaptive behaviours (such as perfectionism). These beliefs can substantially hinder personal development and the achievement of psychological well-being. Understanding the socio-psychological origins of irrational beliefs enables deeper analysis of client issues, the development of effective strategies for psychological intervention, and the cultivation of critical thinking as a key resource for maintaining mental health. Investigating gender, age, and cultural differences in how irrational beliefs influence subjective

well-being may also provide valuable insight. Irrational beliefs constitute a cognitive-emotional framework of an individual's subjective worldview, mediating perception of reality, interpretation of events, and behavioural responses. Through this lens, each person constructs a unique vision of the world, which directly affects their level of psychological well-being and life satisfaction. Future research may focus on examining the relationship between specific types of irrational beliefs and life satisfaction, as well as identifying psychological mechanisms (such as anxiety, cognitive rigidity, or resilience) that mediate or moderate this relationship.

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## Conflict of Interest

None.

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## Соціально-психологічні фактори формування ірраціональних установок

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**Анотація.** Ірраціональні переконання є важливою складовою людського пізнання, проте їхній вплив на розвиток психологічних труднощів залишається недостатньо дослідженням, особливо в контексті соціальних і культурних детермінант. Метою цього теоретичного дослідження було виявлення та аналіз соціально-психологічних факторів, що сприяють розвитку ірраціональних переконань в індивідуальній свідомості. Методологічна основа дослідження включала системний аналіз наукових джерел та концептуальних підходів до ірраціональних переконань. Синтез результатів експериментальних та прикладних досліджень у галузі психології особистості дозволив виявити соціально-психологічні чинники, що впливають на виникнення та закріплення ірраціональних переконань. Результати виявили широкий спектр факторів, що сприяють та підсилюють це явище – від досвіду раннього дитинства та моделювання поведінки в рамках сімейної динаміки до інтерналізації соціальних стереотипів, ідеалів зовнішності, досягнень та гендерних ролей. Також було продемонстровано зв'язок між впливом стресу, психологічною травмою та розвитком ірраціональних переконань. Особлива увага була приділена ролі повсякденних мовних практик у підсиленні ірраціональних уявлень, зокрема через прислів'я та приказки. Практична цінність дослідження полягає в потенційному застосуванні його результатів у психологічному консультуванні, профілактиці емоційних розладів та розробці психоосвітніх програм, спрямованих на корекцію дисфункціональних переконань та підтримку психічного благополуччя

**Ключові слова:** дитячий досвід; стрес; соціальне моделювання; гендерні ролі; ідеали краси ; досягнення; прислів'я

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## **Veterans' psychological support during reintegration into civilian life**

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**Abstract.** The reintegration of veterans goes far beyond employment and financial stability: it includes restoring identity, developing psychological resilience and rebuilding social ties. Veterans face typical challenges, such as post-traumatic stress disorder, loss of life orientation, and difficulties in transferring military competencies to civilian professions. The purpose of the study was to identify effective models that combine trauma-informed psychological support and career counselling to ensure sustainable reintegration. The article addresses the issue of professional counselling for veterans in the process of their reintegration into civilian life, taking into account psychological and social aspects. An analysis of foreign and Ukrainian experience has shown the effectiveness of integrated programmes that combine psychological support, career counselling and mutual assistance mechanisms. In particular, the results of the Ukrainian pilot project demonstrated significant positive changes: an increase in employment, career adaptability and self-efficacy, as well as a reduction in symptoms of post-traumatic stress disorder. The findings highlighted the importance of holistic models that integrate professional and psychological dimensions to ensure not only the personal recovery of veterans, but also collective social reintegration in Ukrainian society. The practical value of the study lies in the formulation of specific recommendations for professionals: mandatory assessment of psychological readiness before starting career planning; use of narrative counselling methods; transformation of military competencies into skills understandable to employers; implementation of group and mentoring programmes involving veteran leaders; interdisciplinary cooperation between psychologists, counsellors, social workers and employers

**Keywords:** post-traumatic growth; career adaptability; psychological resilience; narrative counseling; life story work; post-service adaptation

### **Introduction**

The reintegration of military veterans into civilian life presents a multifaceted set of challenges, encompassing psychological, social, and vocational dimensions. In addition to logistical concerns such as employment and housing, veterans frequently encounter significant disruptions to their sense of identity, self-worth, and life purpose. It is an established fact that military service, particularly in combat or high-stress roles, tends to engender a distinct set of values, behaviours and coping mechanisms. These characteristics are not necessarily compatible with civilian contexts. Consequently, reintegration is not merely a return to previous civilian roles, but rather a profound psychological transition necessitating intentional support and adaptation strategies. A critical yet frequently overlooked facet of this

transition pertains to vocational guidance. Whilst numerous programmes concentrate narrowly on reskilling or job placement, effective vocational reintegration demands a broader, more holistic approach. In this context, employment functions not only as an economic necessity but also as a medium for the reconstruction of identity, the re-establishment of agency, and the re-positioning of the individual within society. In the absence of meaningful engagement in civilian employment, veterans are susceptible to marginalisation, psychological distress, and protracted dependency on social support systems.

Researchers introduced the "Purposeful Pathways" intervention, an integrative career development programme designed for veterans with mental health and substance use concerns (Stevenson *et al.*, 2020). The

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intervention combines vocational guidance with mental wellness support, addressing barriers such as low self-efficacy and stigma. Preliminary results indicate that veterans participating in the programme reported increased engagement in employment activities and improved mental health outcomes. The study by N. Rattray *et al.* (2025), examined the reintegration of veterans into society after discharge from military service. The research highlighted the significance of support systems, utilisation of United States Department of Veterans Affairs (VA) services, and experiences with mental health in influencing the transition to civilian life. The study emphasises the necessity for comprehensive support structures to facilitate successful reintegration. M.E. Sprong *et al.* (2024) investigated the relationship between the treatment of mental disorders and the vocational rehabilitation of veterans. The findings suggest that concurrent enrolment in mental health and substance use disorder treatment alongside vocational programmes enhances overall outcomes, including employment stability and psychological well-being. A model for vocational rehabilitation that integrates psychological support was developed, emphasising the importance of addressing mental health issues concurrently with career development (Stevenson *et al.*, 2023). The model advocates for personalised interventions that consider the unique experiences and challenges faced by veterans. The T. Carlton (2025) evidence integration review of multimodal interventions for veterans, which included more than 7,500 participants, found that interventions that combine psychological support, social engagement, and physical activity led to significant improvements in outcomes for post-traumatic stress disorder (PTSD), depression, and reintegration. Research on the mental health challenges and barriers to adjustment faced by veterans revealed that factors such as enduring military-influenced mindsets, strained family relationships, and limited access to mental health services and resources have a significant impact on the well-being of service personnel and their families (De Klerk *et al.*, 2024).

Reviews of the impact of employment and vocational training interventions on veterans' health and well-being have highlighted that while employment programmes can have a positive impact on veterans' health and well-being, the existing evidence base remains limited, requiring further research to understand the underlying mechanisms. J.N. Heuer *et al.* (2025) explored the evolving research on veterans' reintegration into society and noted that there is a need for a broader approach that takes into account the diverse needs of veterans and their communities. The author advocates for interdisciplinary collaboration and community-based initiatives to enhance reintegration outcomes. A study of the psychological health and physical well-being of military veterans by K.J. Waldhauser *et al.* (2025) found that veterans are at increased risk of developing mental

health disorders, including PTSD and depression, after leaving the military. The study emphasised the importance of integrated care approaches to address these challenges. While the reviewed studies provide valuable insights into various aspects of veteran reintegration, several gaps remain. It is noteworthy that there is a paucity of research focusing on the integration of vocational guidance with psychological support tailored to the Ukrainian context. Furthermore, the efficacy of peer support models in enhancing reintegration outcomes merits further exploration. Moreover, the role of digital platforms in providing accessible vocational and psychological support to veterans is an area that has not been extensively studied. The purpose of the study was to summarise and critically reflect on scientific approaches to the development of an integrated model of psychological support and career guidance, developed on the basis of existing theoretical and applied research. This model was considered as a conceptual framework for improving employment outcomes, strengthening psychological well-being and enhancing the success of reintegration of Ukrainian veterans into civilian life. The methodology of this article was confined to the systematic examination and critical synthesis of existing scholarly and programme evidence concerning veterans' vocational and psychological reintegration. The methodology of the article was grounded in a structured review and critical synthesis of recent scholarly literature, empirical findings and programme reports addressing the psychological and vocational reintegration of veterans. Sources were identified on the basis of their scientific validity, relevance to the Ukrainian context, and publication within the last six years. Particular attention was paid to studies reporting qualitative interview data, quantitative survey outcomes, and evaluations of integrated interventions, including a Ukrainian pilot programme that employed the Career Adapt-Abilities Scale, the General Self-Efficacy Scale and a PTSD symptom checklist. A thematic and comparative analysis was applied to identify convergent patterns, assess strengths and limitations of existing approaches, and evaluate their transferability. This strategy provided the foundation for developing a conceptual model and formulating evidence-based recommendations for optimising veterans' reintegration into civilian life.

### **Theoretical background the potential of trauma-informed, humanistic, and constructivist approaches in facilitating the vocational reintegration of military veterans**

To understand this process among former members of the armed forces, it is necessary to apply a theoretical framework that adopts a multidimensional perspective, encompassing psychological recovery, identity reconstruction, and career development. The reintegration of military veterans into civilian life presents a complex

interplay of psychological, social, and vocational challenges. Veterans frequently experience disruptions in identity, self-esteem, and life purpose due to the values, behaviours, and coping mechanisms acquired during military service, which may not align with civilian expectations. Employment serves not only as a source of income but also as a critical means for restoring personal agency, social belonging, and overall well-being. Without structured support, veterans are at increased risk of marginalisation, prolonged reliance on welfare, and exacerbated mental health conditions. Thus, effective reintegration necessitates holistic approaches that integrate vocational guidance, psychological support, and community engagement. Recent empirical studies provide insight into the benefits of such integrated approaches. On the opinion of B.J. Stevenson *et al.* (2020), the "Purposeful Pathways" programme demonstrated that combining vocational guidance with mental health support substantially improves veterans' employment engagement and psychological well-being. This combination allowed participants to apply coping strategies directly within workplace contexts, reinforcing both skill acquisition and emotional regulation.

K.J. Waldhauser *et al.* (2025) highlighted that successful reintegration is closely linked to access to social support networks and veteran-specific services. Access to these networks not only provided practical assistance but also fostered a sense of belonging and identity continuity. M.E. Sprong *et al.* (2023) emphasised that concurrent participation in mental health treatment and vocational rehabilitation leads to enhanced employment stability and psychological outcomes. The dual engagement ensured that therapeutic gains translated effectively into everyday work performance. B.J. Stevenson *et al.* (2023) developed a model for vocational rehabilitation that integrates psychological support, underlining the importance of personalised interventions tailored to veterans' unique experiences. Such tailored interventions enabled more precise targeting of barriers to reintegration, increasing programme efficacy. The IOM Ukraine – data and analytics (2025) thematic brief underscored specific reintegration challenges faced by Ukrainian veterans, particularly the need for structured support programmes that address both vocational and psychosocial needs. These challenges highlighted the importance of coordinated, multi-faceted approaches to ensure comprehensive support during the transition to civilian life. Complementing these findings, numerous studies have examined different dimensions of veteran reintegration, which can be broadly grouped into three thematic areas: employment and vocational rehabilitation, psychosocial support and identity reconstruction, and health-related challenges. Employment after service has been shown to influence not only economic stability but also health outcomes. According to K.M. Abraham *et al.* (2021), vocational rehabilitation among veterans with mental health

conditions significantly reduced subsequent health-care utilisation, which illustrates its dual value as both a social and a health intervention. This effect reflected the way structured vocational support reinforced both social integration and health management. Similarly, A. Ahlbäck *et al.* (2022) emphasised the structural impact of labour demand and gender equality policies on women's integration into the armed forces, demonstrating that macro-level conditions directly shape opportunities for service members. These insights align with the Ukrainian situation, where systemic labour market instability may complicate the transfer of military skills into civilian careers. In this context, targeted policy interventions could help mitigate structural barriers and facilitate smoother transitions for service members. This underlines the need for programmes that integrate both practical skill development and personalised support to ensure effective reintegration.

Reintegration is not merely an economic transition but a profound identity shift. A. Barnett *et al.* (2022) showed that engagement in social groups strengthened identity continuity and supported a smoother adjustment to civilian life. Such participation helped veterans maintain a sense of purpose and belonging outside the military. It also facilitated the development of coping strategies that were essential for managing the uncertainties of civilian life. Likewise, A. Demers (2011) demonstrated that community participation helped mitigate isolation and created a sense of belonging. It encouraged the development of supportive peer networks that eased the transition from military to civilian life. Additionally, active engagement in community activities reinforced daily routines and provided meaningful roles. The role of peer involvement is further supported by S.V. Eisen *et al.* (2015), who found that veterans employed as peer support workers experienced not only occupational benefits but also improved mental health. This suggests that structured peer roles can simultaneously enhance professional development and psychological well-being. These findings correlate with the Ukrainian pilot programme analysed in this study, where group-based mentoring activities proved particularly effective in enhancing self-efficacy and reducing post-traumatic stress disorder (PTSD) symptoms. In contrast, research by C.A. Castro & S. Kintzle (2014) on the "Hemingway effect" underscores the risks of insufficient psychosocial integration, pointing to the potential consequences of neglecting identity work during transition. These studies highlight the critical interplay between structured support, peer engagement, and identity reconstruction in facilitating successful reintegration.

Reintegration is further complicated by the interaction of psychological and physical health conditions. M. Kukla *et al.* (2015) linked PTSD and depression to cardiovascular disease, highlighting the importance of addressing mind-body dynamics in rehabilitation. Their findings suggest that interventions addressing

both mental and physical health may prevent cascading health complications. This connection underscores the need for integrated healthcare approaches that consider both mental and physical health simultaneously. Similarly, T. Lund *et al.* (2024) demonstrated the dyadic impact of PTSD and chronic pain on veterans and their families, illustrating how individual conditions can affect broader social units. This highlights the importance of family-informed support strategies in reintegration programmes. J.C. MacDermid *et al.* (2025) associated military sexual trauma with long-term chronic pain, emphasising the enduring effects of trauma on physical well-being. Their study indicates that early identification and targeted care are crucial to mitigating long-term disability. N. Mota *et al.* (2023) expanded this perspective by documenting the prevalence and correlates of military sexual trauma among Canadian veterans, stressing the gender-specific dimension of post-service health. Their findings underline that gender-sensitive approaches are necessary to provide equitable care. This indicates that tailored interventions must account for both gender and trauma type to effectively address long-term health outcomes. These findings are highly relevant for Ukraine, where many veterans face overlapping conditions but encounter fragmented healthcare systems. While international models call for integrated treatment, Ukrainian practice remains insufficiently coordinated, which underscores the need for systemic reforms.

This indicates that tailored interventions must account for both gender and trauma type to effectively address long-term health outcomes, ensuring that support measures are comprehensive and responsive to individual needs. These findings are highly relevant for Ukraine, where many veterans face overlapping conditions but encounter fragmented healthcare systems. While international models call for integrated treatment, Ukrainian practice remains insufficiently coordinated, which underscores the urgent need for systemic reforms to support holistic veteran care. Other studies provide methodological and contextual insights. For example, C.A. Elnitsky *et al.* (2017) proposed an ecological model of reintegration, emphasising the interplay between individual, relational, and institutional levels. This model also suggests that effective reintegration strategies must consider the interactions between personal, social, and systemic factors. This framework highlights how reintegration outcomes are shaped by multiple, interacting layers of influence rather than isolated factors. G.K. Gill *et al.* (2022) highlighted the complex interactions between trauma exposure, psychosocial factors, and health conditions, suggesting that interventions must simultaneously address both clinical symptoms and functional reintegration. Their findings indicate that overlooking any of these dimensions may limit the effectiveness of reintegration programmes. Scholars have also underlined the importance of

inclusivity: J.D. Guest *et al.* (2024) reflected on culturally competent counselling for LGBTQ+ veterans, while M. Aydoğan (2022) proposed culturally sensitive counselling techniques in educational settings, which could be adapted to veteran support. From a methodological perspective, R. Kleinert-Ventresca *et al.* (2023) stressed the value of qualitative approaches, such as thematic analysis, in capturing nuanced reintegration experiences. Such methods provide depth and context that quantitative metrics alone may overlook, revealing the subtleties of individual and group adjustment processes. These studies demonstrate that veteran reintegration is a multidimensional process shaped by vocational, psychosocial, and health factors. International evidence validates the effectiveness of integrative models, yet gaps remain in the Ukrainian context. In particular, the integration of psychological counselling with career guidance has been insufficiently explored, and innovative formats such as digital self-directed programmes (Alichniewicz *et al.*, 2025) require local testing. At the same time, promising Ukrainian initiatives, including narrative-based counselling (Kharchenko, 2021), indicate that adapted models can effectively address fragmented identities and improve employment readiness. Therefore, the reviewed literature both supports and complements the conceptual framework of this study, highlighting the importance of holistic, context-sensitive interventions.

The theory of post-traumatic growth (PTG) posits that adversity can foster positive psychological changes, including the development of new strengths, goals, and life perspectives. Structured psychological interventions enable veterans to reinterpret trauma as a catalyst for resilience and meaning-making, highlighting how guided reflection can transform traumatic experiences into personal growth. These interventions also facilitated the application of coping strategies in daily life, reinforcing both psychological and functional adaptation. N. Kharitonova *et al.* (2024) reported that veterans who participated in PTG-oriented counselling described a renewed sense of purpose and agency, illustrating the role of narrative approaches in fostering self-efficacy. This demonstrates that narrative engagement can strengthen personal motivation and goal-directed behaviour. In Ukraine, PTG principles adapted to vocational counselling, demonstrating that reframing traumatic experiences as sources of competence significantly improved employment readiness, which emphasises the adaptability of PTG frameworks across cultural and occupational contexts. This adaptation highlights the potential for PTG-informed methods to be integrated into local vocational support structures. However, F.E. García (2023) provided a critical perspective, showing that PTG does not invariably lead to functional adaptation, particularly when persistent distress remains unresolved. This caution indicates that growth-focused interventions must be paired with

ongoing clinical monitoring to ensure long-term effectiveness. This critique is highly pertinent to the Ukrainian context, where enduring post-traumatic symptoms often complicate reintegration, underscoring the need for approaches that balance the recognition of growth with sustained clinical care.

Evidence from Canadian programmes (Chen *et al.*, 2023) further supports the integrative use of PTG, as structured counselling not only reduced PTSD symptoms but also facilitated smoother civilian transitions. Thus, PTG contributes valuable insights into the potential for positive change, yet it must be applied cautiously and in combination with trauma-informed therapeutic support to ensure realistic and sustainable outcomes for veterans. While PTG underscores the transformative potential of trauma, Career Construction Theory (CCT) provides a complementary framework by conceptualising career development as a process of identity construction. According to A. Smith *et al.* (2025), career paths evolve through personal narratives shaped by both individual and societal factors. In practice, this means that veterans can reinterpret military service as one chapter of a broader life story, enabling them to integrate military identity into civilian trajectories. M. Patel *et al.* (2024) reported that CCT-based interviews in the UK enhanced clarity in veterans' career goals, demonstrating the effectiveness of structured career conversations in supporting vocational decision-making. Similarly, L. Piankivska (2022) demonstrated similar benefits in Ukrainian pilot studies, where narrative techniques helped address fragmented identities, highlighting the importance of integrating personal storytelling into career guidance for coherent self-concept reconstruction. However, critics point out that narrative-based methods can be time-consuming and cognitively demanding. Veterans experiencing severe trauma may struggle to articulate their stories, which limits the effectiveness of purely narrative interventions (Boyd *et al.*, 2021). This observation is significant in the Ukrainian context, where many veterans confront not only fragmented identities but also ongoing psychological distress. Thus, while CCT offers a powerful structure for career meaning-making, it requires adaptation – such as combining narrative interviews with stabilisation techniques or group-based formats – to ensure accessibility and effectiveness for a wider range of veterans.

Building upon the insights of PTG and CCT, positive psychotherapy (PPT) introduces a strengths-based, value-oriented approach that directs attention to personal resources, cultural values, and interpersonal relationships. N. Peseschkian (2021) argued that PPT is particularly valuable in times of crisis, as it fosters hope and creative problem-solving. Expanding on this, S. Shevchenko & H. Varina (2025) implemented PPT in group sessions with Ukrainian veterans, reporting improvements in resilience and reductions in depressive symptoms. This corresponds with our pilot programme

results, where the emphasis on strengths reframing facilitated greater adaptability and optimism in participants. International evidence also supports its effectiveness: in Germany, C.D. Ryff (2024) demonstrated that combining PPT with vocational training enhanced long-term reintegration outcomes in rehabilitation contexts. Nevertheless, PPT has limitations. By focusing predominantly on personal resources, it risks overlooking systemic barriers such as employer bias, limited labour market opportunities, or insufficient institutional support. This critique is crucial for the Ukrainian context, where structural challenges remain pronounced. Therefore, PPT cannot function as a standalone solution; it should be integrated into broader interdisciplinary models that combine psychological resilience with career counselling, employer engagement, and social policy reforms. In this way, PPT contributes to strengthening veterans' optimism and coping resources, while its effectiveness ultimately depends on alignment with systemic and contextual factors. Taken together, these three perspectives highlight different but complementary aspects of vocational reintegration. PTG reframes trauma as a potential source of growth, CCT provides a narrative structure for vocational identity, and PPT activates personal strengths and values. However, no single approach is sufficient to address the complexity of reintegration. For this reason, an integrated model is required – one that combines trauma sensitivity, narrative meaning-making, and strengths-based interventions. This integrative perspective is particularly salient in Ukraine, where veterans' needs are shaped simultaneously by the psychological consequences of trauma and by the structural challenges of a war-torn labour market.

### **Analysis of empirical data and practical methods used in the field of professional reintegration of military veterans**

Empirical studies and applied programmes have been shown to provide critical insights into the effectiveness of theoretical models for the vocational reintegration of veterans. While theoretical frameworks such as PTG, CCT, and PPT offer valuable perspectives, their real-world application reveals both strengths and limitations. This section reviews recent empirical findings and case studies to assess the practical impact of these models. A plethora of studies have indicated that former members of the armed forces frequently encounter a multitude of obstacles when seeking gainful employment. These obstacles encompass psychological distress, identity disruption, and structural challenges. For instance, a study by N.A Sayer *et al.* (2014) identified emotional dysregulation, difficulty translating military experience into civilian job skills, lack of social support, and stigma from potential employers as common obstacles. These challenges are frequently compounded by unresolved trauma, anxiety, or depression, which have been shown to negatively affect motivation,

focus, and self-perception in professional settings. A large-scale survey conducted by the International Organization for Migration in Ukraine revealed that over 60% of the participating veterans reported feelings of unpreparedness to re-enter the civilian labour market (IOM Ukraine..., 2025). The survey identified psychological stress, unfamiliarity with civilian job search procedures, and insufficient vocational training as the primary obstacles encountered by these veterans. It is important to note that participants who received a combination of psychological and career support were significantly more likely to obtain stable employment within six months of participating in the program.

In order to address these issues, a pilot initiative was launched in 2024-2025 by the Psychological Counselling and Training Centre of the Ivan Zyazyn Institute of Pedagogical and Adult Education of the National Academy of Educational Sciences of Ukraine. The programme was administered to a sample group of 50

veterans and comprised a structured sequence of services, including psychological counselling based on the principles of positive psychotherapy and trauma recovery, career counselling, interviews and goal-setting workshops, vocational training, and employer networking activities (Pavlyk, 2025). To evaluate the effectiveness of this comprehensive support model, participants completed a set of standardised psychometric instruments both before and after the intervention. The Career Adapt-Abilities Scale (CAAS) assessed individual resources for coping with current and anticipated career tasks, while the General Self-Efficacy Scale (GSES) evaluated participants' beliefs in their ability to manage difficult tasks and cope with adversity. Additionally, a standardised PTSD symptom checklist was employed to monitor psychological distress, and employment status was tracked to evaluate objective behavioural change. The programme produced significant positive changes across all measured indicators (Table 1).

**Table 1.** Pre- and Post-Intervention indicators among Ukrainian veterans

Indicator	Pre-intervention	Post-intervention	% Change
Employment rate	42%	72%	+30
Career adaptability (mean)	2.8	4.1	+46
Self-efficacy (mean)	3.2	4.5	+41
PTSD symptoms (mean)	3.7	2.1	-43

Source: compiled by the author based on N. Pavlyk (2025)

The employment rate increased from 42% to 72%, indicating that approximately three-quarters of the participants were able to secure employment following the intervention. The Career Adaptability Assessment Scale (CAAS) showed an improvement of 46%, which indicates that psychological resources for navigating the labour market have been strengthened. An increase in self-efficacy scores by 41% was observed, indicating an enhancement in confidence regarding the ability to achieve success in a civilian career context. It is noteworthy that symptoms of post-traumatic stress disorder decreased by 43%, thereby underscoring the psychological value of combining trauma-informed care with career development interventions. This decline in PTSD symptomatology suggests not only an enhancement in mental health but also an increased propensity for sustained engagement in the labour force. Similar findings have been reported in the United States, the United Kingdom, and Canada. For instance, E.V. Clemens *et al.* (2009) demonstrated the effectiveness of career construction. In addition, researchers C. Stone & D.L. Stone (2015) emphasised the significance of employer education and structural supports, noting that veterans frequently thrive in civilian roles when workplace cultures are inclusive and accommodating. The weight of this body of evidence supports the claim that vocational guidance for veterans is most effective when it is integrated with psychological care, tailored to individual experiences, and situated within a

supportive community or organisational environment. The Ukrainian pilot programme is an exemplary model of comprehensive support, illustrating the favourable impact of integrating psychological counselling, career development and vocational training. These findings emphasise the necessity of adopting an interdisciplinary approach to the vocational reintegration of veterans, which can function as a model for analogous initiatives in other countries.

### Practical guidelines and recommendations for supporting veterans' vocational reintegration

Translating theoretical models and empirical data into actionable practice requires a structured yet adaptable framework that addresses the complex and multidimensional nature of veterans' reintegration. Effective vocational guidance for veterans should adopt a trauma-informed, strengths-based, and narrative-centred approach. The following recommendations are intended for psychologists, career counsellors, social workers, and institutional stakeholders working with post-service populations, with a particular emphasis on strategies relevant to the Ukrainian context. Prior to initiating vocational planning, it is essential to assess a veteran's psychological readiness. This includes screening for trauma-related symptoms, such as PTSD, depression, or moral injury, alongside evaluation of motivational factors, perceived barriers, and existing support

networks. Standardised instruments such as the Career Adapt-Abilities Scale and the Post-Traumatic Growth Inventory (Tedeschi & Calhoun, 2004) can help identify resilience and growth potential. Counsellors must ensure that veterans are emotionally stable enough to engage in career planning and provide parallel therapeutic support for those experiencing significant psychological distress. Where trauma dominates daily functioning, vocational interventions should be temporarily deferred until appropriate stabilisation is achieved.

Narrative techniques, including the Career Construction Interview (Savickas, 2013), facilitate the reconstruction of veterans' life stories, integrating military experiences into coherent civilian identities. This storytelling process reinforces identity continuity and fosters a forward-looking mindset. Reflective writing, guided autobiography, and expressive arts can complement traditional interviews, offering alternative avenues for meaning-making, particularly for veterans with communication difficulties or emotional numbing. Such techniques have been successfully applied in the United States and Australia, where narrative-based programmes enhanced career clarity and post-service adaptation (Rhodes *et al.*, 2024). Veterans frequently struggle to articulate how their military experience translates to civilian employment. Counsellors should collaborate with clients to reframe competencies – for example, translating "command responsibility" into "team leadership" or "combat readiness" into "stress tolerance and rapid decision-making." Strengths-based inventories and motivational interviewing can support this reframing. Equally important is the recognition of non-technical strengths, including reliability, commitment to service, and organisational discipline, which are highly valued in civilian workplaces.

Group-based career counselling paired with peer support has been shown to enhance engagement and retention (Sayer *et al.*, 2014). Veterans benefit from sharing experiences with peers who understand military culture and the challenges of transition. Structured peer programmes – such as mentoring schemes, career clubs, or facilitated discussion groups – can reduce isolation, normalise difficulties, and foster collaborative problem-solving. Including sessions with veterans who have successfully transitioned to civilian roles helps concretise possible career pathways and serves as motivation. No single professional can address the full spectrum of reintegration needs. Effective vocational guidance requires coordinated input from psychologists, career counsellors, social workers, health professionals, and employment specialists. Regular case conferences and shared decision-making enhance service quality and consistency. Collaboration with employers is crucial: educating hiring managers on military culture, reducing stigma, and promoting inclusive recruitment practices create systemic improvements. Public-private partnerships can expand placement

opportunities, while government support schemes, such as wage subsidies or retraining grants, mitigate economic risk for both veterans and employers.

International programmes provide instructive examples. In Canada, the Veterans Transition Network (2024) integrates psychological support, skills training, and employer engagement, yielding high employment retention. In the United Kingdom, the Career Transition Partnership (2024) combines one-to-one counselling with workshops and employer networks, emphasising strengths-based approaches. For Ukraine, these models can be adapted by combining local psychological counselling, narrative career guidance, and targeted employer engagement within community-based initiatives. This integrated approach ensures that veterans receive holistic support, aligning vocational opportunities with psychological recovery and social reintegration. In summary, vocational guidance for Ukrainian veterans should blend trauma-informed assessment, narrative techniques, strengths reframing, peer support, and interdisciplinary collaboration. By adopting both international best practices and locally tailored interventions, practitioners can enhance veterans' employment outcomes, foster psychological well-being, and facilitate sustainable reintegration into civilian life.

## **Conclusions**

Veterans were shown to face persistent challenges related to identity, purpose, and the translation of military skills into civilian careers. Employment was identified in the literature not only as a source of economic stability but also as a vehicle for restoring autonomy, self-efficacy, and social belonging. Studies conducted in different countries confirmed that structured and integrated support contributed to higher confidence, improved adaptability in the civilian labour market, and reduced psychological distress. This body of evidence suggested that effective reintegration should be understood as multidimensional and holistic. Comparative analyses of Ukrainian initiatives and international experience demonstrated that interventions combining psychological counselling, narrative-based career planning, strengths reframing, and community engagement yielded particularly significant results. Such approaches were associated with improvements in career adaptability, self-efficacy, and emotional well-being, together with reductions in post-traumatic stress indicators. The reviewed evidence indicated that trauma-informed practices and strengths-based frameworks created opportunities to transform previous adversity into resources that supported professional development and personal growth. Through the identification of competencies and the reinterpretation of difficult experiences, veterans were enabled to cultivate a renewed sense of purpose that informed career decisions and life planning.

The literature highlighted the role of interdisciplinary collaboration between psychologists, career counsellors, social workers, and employers in ensuring co-ordinated responses to veterans' psychological, social, and vocational needs. Evidence further suggested that peer support and group-based interventions enhanced engagement, motivation, and social connectedness, reinforcing the view that the community functioned as a therapeutic and vocational resource. Overall, the studies reviewed indicated that structured, integrative interventions were viable within the Ukrainian context and could be considered as models for other post-conflict societies. The evidence consistently demonstrated that reintegration could not be limited to job placement or technical training, but required attention to psychological, social, and narrative dimensions. Interventions therefore needed to be tailored to individual strengths, experiences, and objectives, while being embedded within supportive communities and workplaces. Future research should focus on the long-term sustainability of these interventions, particularly in relation to whether

gains in employment, adaptability, and mental health can be maintained over time. Special attention should also be paid to the potential of digital platforms, mobile applications, and AI-supported systems to expand access to personalised vocational and psychological support, especially in remote or underserved regions. In addition, broader systemic and organisational factors – including employer engagement, workplace inclusivity, and policy frameworks – required more detailed examination in order to understand how structural conditions shaped sustainable reintegration.

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## **Психологічна підтримка ветеранів під час реінтеграції в цивільне життя**

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**Анотація.** Реінтеграція ветеранів виходить далеко за межі працевлаштування та фінансової стабільності: вона включає відновлення ідентичності, розвиток психологічної стійкості та відновлення соціальних зв'язків. Ветерани стикаються з типовими проблемами, такими як посттравматичний стресовий розлад, втрата життєвої орієнтації та труднощі з перенесенням військових компетенцій у цивільні професії. Метою дослідження було визначити ефективні моделі, що поєднують психологічну підтримку з урахуванням травматичного досвіду та кар'єрне консультування для забезпечення стійкої реінтеграції. У статті розглядається питання професійного консультування ветеранів у процесі їх реінтеграції в цивільне життя з урахуванням психологічних і соціальних аспектів. Аналіз зарубіжного та українського досвіду показав ефективність інтегрованих програм, що поєднують психологічну підтримку, кар'єрне консультування та механізми взаємодопомоги. Зокрема, результати українського пілотного проекту продемонстрували значні позитивні зміни: збільшення зайнятості, адаптивності до кар'єри та самоефективності, а також зменшення симптомів посттравматичного стресового розладу. Результати дослідження підкреслили важливість цілісних моделей, що інтегрують професійні та психологічні аспекти для забезпечення не тільки особистого відновлення ветеранів, але й колективної соціальної реінтеграції в українське суспільство. Практична цінність дослідження полягає у формулюванні конкретних рекомендацій для фахівців: обов'язкова оцінка психологічної готовності перед початком кар'єрного планування; використання методів наративного консультування; перетворення військових компетенцій на навички, зрозумілі роботодавцям; впровадження групових та наставницьких програм за участю лідерів-ветеранів; міждисциплінарна співпраця між психологами, консультантами, соціальними працівниками та роботодавцями

**Ключові слова:** посттравматичне зростання; адаптивність до кар'єри; психологічна стійкість; наративне консультування; робота з життєвою історією; адаптація після служби

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