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PSYCHOLOGICAL SUPPORT OF THE INDIVIDUAL IN THE PROCESS OF OVERCOMING STRESSFUL AND TRAUMATIC EVENTS

У статті здійснено комплексний аналіз теоретичних засад та практичних підходів до психологічної підтримки особистості в умовах стресових та травматичних подій. Розглядається розмежування понять стресу та психологічної травми, а також їхні психоемоційні, когнітивні та соматичні наслідки. Особлива увага приділяється концепції резильєнтності як здатності до позитивної адаптації та ефективним копінг-стратегіям.

Аналізуються основні рівні надання допомоги: самодопомога, соціальна підтримка та професійні методи, такі як когнітивно-поведінкова терапія (КПТ), десенсибілізація та репроцесуалізація рухами очей (EMDR), а також транзактний аналіз (ТА). У роботі вперше в контексті психологічної підтримки в Україні розкрито принципи посттравматичного зростання (PTG) та полівагальної теорії Стівена Порджеса, що обґрунтовують перехід від фокусу на індивідуальному виживанні до формування колективної резильєнтності. Висвітлено невирішені питання, зокрема феномен міжгенераційної травми, і наголошено на необхідності розробки довгострокових реабілітаційних програм.

У висновках представлено практичні пропозиції щодо розвитку системної психологічної допомоги в освітній, корпоративній та громадській сферах. Обґрунтовано, що майбутні дослідження мають бути спрямовані на поглиблене вивчення довгострокових наслідків травматичних подій та впровадження інноваційних підходів, що сприятимуть зціленню на рівні суспільства.

Ключові слова: *психологічна травма, посттравматичне зростання, резильєнтність, колективна резильєнтність, полівагальна теорія, психологічна підтримка, міжгенераційна травма, копінг-стратегії.*

The article provides a comprehensive analysis of the theoretical foundations and practical approaches to psychological support of individuals experiencing stressful and traumatic events. The distinction between the concepts of stress and psychological trauma is examined, as well as their psycho-emotional, cognitive, and somatic consequences. Particular attention is devoted to the concept of resilience as the ability to adapt positively, along with the use of effective coping strategies.

The main levels of psychological assistance are analyzed, including self-help, social support, and professional interventions such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Transactional Analysis (TA). For the first time in the Ukrainian context, the article highlights the principles of Post-Traumatic Growth (PTG) and Stephen Porges' Polyvagal Theory, which substantiate the shift from an individual survival focus toward the formation of collective resilience. The study also addresses unresolved issues, in particular the phenomenon of intergenerational trauma, and emphasizes the need for the development of long-term rehabilitation programs.

The conclusions present practical recommendations for the development of a systemic model of psychological support in educational, corporate, and community settings. It is argued that future research should focus on a deeper exploration of the long-term consequences of traumatic events and the implementation of innovative approaches that contribute to healing at the societal level.

Keywords: *psychological trauma, post-traumatic growth, resilience, collective resilience, polyvagal theory, psychological support, intergenerational trauma, coping strategies.*

Formulation of the problem. Stressful and traumatic events–such as armed conflicts, natural disasters, personal crises, and large-scale social upheavals–constitute an inevitable, albeit painful, component of human existence. These events exert a profound and often destructive influence on mental health, affecting not only individuals but also societies as a whole. According to the *World Health*

Organization (WHO), more than one billion people worldwide currently suffer from various mental disorders (*WHO, 2025. Mental Health Atlas 2024*), and a significant proportion of these conditions are directly related to exposure to stressful or traumatic experiences. Their impact manifests in the growing prevalence of depressive and anxiety disorders, the development of *Post-Traumatic Stress Disorder (PTSD)*, impaired social adaptation, and a reduction in overall psychological resilience. Modern individuals live in a context of constant change and uncertainty, accompanied by increased psychological tension. For professionals whose work involves intensive interpersonal interaction–such as educators, healthcare providers, military personnel, and social workers–this issue becomes particularly acute. They must support others emotionally while maintaining their own psychological stability. Under these circumstances, the demand for effective strategies aimed at strengthening *psychological (emotional) resilience* has grown significantly. Such resilience is a key prerequisite for mental health, professional efficacy, and social stability. Despite extensive research on stress, coping strategies, and resilience, the issue of internal psychological resources that enable individuals to overcome the long-term consequences of traumatic experiences remains insufficiently explored and requires further scientific inquiry. Therefore, it is necessary to undertake an integrative examination of *psychological resilience* as a systemic characteristic of personality that unites cognitive, emotional, and behavioral components, defining an individual's capacity to maintain adaptability, balance, and coherence in adverse circumstances.

Analysis of Recent Research and Publications. Contemporary psychological research consistently confirms that traumatic events constitute one of the major determinants of mental disorders, with their impact manifesting across multiple domains of human functioning.

Armed conflicts and wars. Studies conducted in conflict-affected regions indicate that among adolescents exposed to war, the average prevalence of PTSD is approximately 29.4% (Taylor & Jones, *War and PTSD: A Study of Adolescent Populations*, *European Journal of Psychotraumatology*, 2025). The effects are especially severe among civilians. For example, in Ukraine, WHO data show that after three years of full-scale war, 68% of Ukrainians reported deterioration in their health compared with the pre-war period. Mental disorders are the most widespread health problems, affecting 46% of the population, while diagnosed psychiatric illnesses are present in 41% (*WHO, 2025. Report on the Mental Health Situation in Ukraine*).

Climate crises and natural disasters. Researchers have documented a direct correlation between the increased frequency and intensity of extreme weather events—such as floods, droughts, and wildfires—and the worsening of mental health. Individuals exposed to such events demonstrate significantly higher risks of developing PTSD, depression, and anxiety disorders (Caamano-Isorna et al., *Mental Health Effects of Climate Disasters*, 2025). A longitudinal study in Australia revealed that repeated exposure to natural disasters leads to cumulative deterioration of psychological well-being, highlighting the long-term, compounding effects of climate-related trauma (Li & Leppold, *The Lancet Public Health*, 2025).

Violence. Domestic and gender-based violence remain among the most pervasive and damaging sources of psychological trauma. According to WHO, one in three women worldwide has experienced physical or sexual violence during her lifetime (*WHO, 2024. Fact Sheet: Violence Against Women*). The psychological consequences are devastating: a French study found that up to 59.7% of women who experienced intimate partner violence met diagnostic criteria for PTSD (Rathier et al., *European Psychiatry*, 2024).

Forced displacement. Forced migration represents a distinct form of trauma, entailing loss of home, disruption of social bonds, and economic instability—factors that contribute to profound psychological distress. According to the *United Nations High Commissioner for Refugees (UNHCR)*, as of 2024, more than 123 million people globally were refugees or internally displaced persons (*UNHCR, 2025. Global Trends Report: Forced Displacement in 2024*). This figure increased by seven million in just one year, underscoring the escalation of the global displacement crisis. In Ukraine, 11.6 million individuals have been internally displaced and 2.1 million have sought refuge abroad since the onset of full-scale invasion. Research indicates that the most vulnerable groups include military personnel, children, the elderly, and internally displaced persons, all of whom require targeted psychological support. Moreover, unprocessed trauma among children and adolescents poses a serious threat to the mental health of future generations, as trauma can be transmitted intergenerationally through family and societal mechanisms.

Economic crises and financial instability. Empirical evidence demonstrates a strong association between economic hardship and deteriorating mental health. Studies conducted during financial recessions reveal that unemployment is one of the strongest predictors of depression, anxiety, and low self-esteem (*ResearchGate, 2025. Psychological Effects of Economic Recession and Unemployment*). A recent survey in the United States showed that 83% of respondents reported financial stress as a major contributor to

psychological difficulties (*LifeStance, 2025. How Financial Stress Impacts Americans' Mental Health*). Younger generations (Millennials and Gen Z) are particularly vulnerable, often forced to choose between paying for therapy and covering basic needs. Financial strain also contributes to family conflict and divorce due to heightened hostility and reduced emotional support (*ResearchGate, 2025. Financial Strain and Family Relationships*).

Pandemics and public health crises. Research indicates that the COVID-19 pandemic triggered a marked increase in depression and anxiety. Global data reveal that up to 41% of young adults aged 18–34 report functional impairments linked to prolonged pandemic-related distress.

Technological and cyber threats. Despite their advantages, modern technologies have become a significant source of stress and secondary traumatization. Studies show that continuous exposure to information flow—commonly referred to as "information overload"—induces anxiety and emotional exhaustion, while cyberbullying increases rates of depression among adolescents by up to 70% (Cropink, *50+ Alarming Social Media and Mental Health Statistics*, 2025). Furthermore, cybersecurity breaches such as data theft have profound psychological effects, eliciting feelings of helplessness, fear, and shame. Researchers compare such experiences to PTSD-like symptoms, noting that loss of control over personal data can be as psychologically traumatizing as physical assault (*Acronym Solutions, 2024. The Hidden Impact of Cyber Attacks on Mental Health*).

The analysis of these studies underscores the necessity of systematizing existing knowledge on integrative approaches to psychological support that encompass not only professional interventions but also individual self-help strategies and the role of social support in trauma recovery.

Formulation of the Research Aim. The aim of this article is to provide a comprehensive analysis of contemporary approaches to ensuring psychological support for individuals in the process of overcoming stressful and traumatic events. Specifically, the article seeks to: (a) identify the principal psycho-emotional consequences of exposure to stressful and traumatic experiences; (b) review existing self-help strategies and forms of social support; (c) analyze the effectiveness of professional psychological interventions; and (d) formulate recommendations for improving the system of psychological support under crisis conditions.

Presentation of the Main Material. To conduct a thorough analysis of mechanisms of psychological support, it is essential to clearly differentiate the basic constructs of **stress** and psychological trauma. Historically, the concept of stress was first introduced by W. B. Cannon (*Bodily Changes in Pain, Hunger, Fear and Rage*, 1915), who conceptualized it as emotional tension that triggers the physiological *fight-or-flight* response (Nauholnyk, 2015). Later, H. Selye reconceptualized stress as a universal adaptive response of the organism to any stimulus, distinguishing distress and eustress. Distress refers to a destructive response to threatening circumstances, whereas eustress denotes an activating response to positive or neutral influences (e.g., good news) that maintain organismic tone without posing a threat (Nauholnyk, 2015).

By contrast, psychological trauma is a qualitatively different phenomenon, defined as the consequence of an event that exceeds ordinary human experience and elicits intense fear, helplessness, or horror. According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* of the American Psychiatric Association (APA, 2013), a traumatic event involves actual or threatened death, serious injury, or sexual violence. Unlike stress—an adaptive reaction—trauma is maladaptive, as it "freezes" information-processing, resulting in intrusive memories, emotional dysregulation, and functional impairments (van der Kolk, 2014).

Importantly, the same event may affect different individuals in unequal ways. What is experienced by one person as intense but manageable stress may constitute profound psychological trauma for another. This variability depends on multiple factors: subjective appraisal of threat to life or integrity; personal resources (stress tolerance, availability of adaptive coping strategies, prior mastery experiences); and social support (support from family, peers, and community markedly increases the likelihood of navigating traumatic experiences without long-term adverse sequelae) (Slobodianyk, 2024). Thus, the boundary between stress and trauma is determined less by the objective danger than by subjective experience and the psyche's capacity to integrate the event.

Human responses to stress may be volitional (guided by intentional regulation and conscious decision-making) or automatic, shaped by temperament and constitutional traits, or reduced to reflexive patterns through repetition, requiring little or no effortful control.

A central construct in the context of adapting to traumatic events is psychological resilience. Resilience is understood as a dynamic process characterized by an individual's capacity for positive adaptation under significant adversity. It is not an inborn trait; rather, it emerges through interaction between internal factors (e.g., optimism, self-regulation) and external factors (e.g., social support).

Evidence indicates that resilient individuals show lower risk for PTSD and depression after trauma exposure, making resilience a cornerstone of any support program. Within this framework, coping strategies—the deliberate efforts used to manage stressors—play a pivotal role. Empirical findings demonstrate that adaptive coping (e.g., active problem solving, cognitive reappraisal, seeking social support) enhances resilience, whereas maladaptive coping (e.g., avoidance, psychoactive substance use) is associated with greater risk of PTSD and depression. Studies of combat veterans show that active coping (planning, positive reframing) substantially reduces the likelihood of PTSD, underscoring its importance in psychological adaptation to trauma (Southwick et al., *Resilience and Mental Health*, 2015).

The impact of stressful and traumatic events extends beyond mental disorders to profound somatic consequences. Contemporary psychoneuroimmunology demonstrates that prolonged stress and trauma disrupt endocrine, immune, and nervous-system functioning. Chronic cortisol exposure contributes to elevated blood pressure and hyperglycemia, increasing the risk of cardiovascular disease and diabetes (McEwen, 2005). Trauma is also linked to heightened inflammatory processes associated with autoimmune disease, irritable bowel syndrome, and chronic pain (Danese & McEwen, 2021). Thus, psychological trauma leaves not only an emotional but also a distinct biological trace, necessitating integrative treatment approaches.

Symptomatology related to stress and trauma is multifaceted and spans several levels:

- Emotional: intense fear, anger, guilt or shame, sadness, despair; emotional lability, irritability, anhedonia.
- Cognitive: memory disturbances (gaps or intrusive recollections), attentional difficulties, derealization or detachment, and negative beliefs about the self, the world, and the future.
- Physiological: chronic fatigue, sleep disturbances (insomnia, nightmares), headaches, muscle tension, gastrointestinal problems, appetite changes, and heightened sensitivity to noise and other stimuli.
- Behavioral: avoidance of trauma-related cues, social withdrawal, aggression, increased use of alcohol or drugs, and impulsive or risky behaviors.

Responses to stress and trauma are highly individualized; there is no single "correct" way to experience them. The above reactions are *normative* responses to extreme circumstances. However, for the sake of public mental health, psychoeducational efforts should emphasize timely help-seeking when symptoms become persistent and interfere with functioning. A comprehensive support framework spans three interacting levels: individual, social, and professional.

Self-Help Strategies

This is the initial and most accessible level of support, aimed at restoring a sense of control over one's condition. Effective strategies include:

- Positive orientation and optimism. An optimistic stance—viewing difficulties as temporary and surmountable—is a core correlate of resilience; it fosters adaptive coping and lower stress burden.
- Physical activity. Regular exercise (e.g., aerobic activity, yoga) increases endorphins, improves mood, and reduces anxiety; it also diverts ruminative attention and strengthens overall stress tolerance (Stuckey & Noble, 2010).
- Balanced nutrition. Dietary patterns rich in omega-3 fatty acids, B-vitamins, and magnesium support nervous-system functioning and reduce depressive symptoms (Sarris et al., 2015).
- Expressive writing/journaling. Structured reflection facilitates emotion processing, cognitive organization, and self-regulation.
- Creative/arts-based practices. Art therapy and other creative modalities (drawing, sculpting, music) provide powerful nonverbal channels for emotion expression and trauma processing, restoring inner coherence (Sunderland, 2019).

Social Support

Social connectedness is a key protective factor in trauma recovery. Support from family, peers, and community fosters belonging, normalizes experience through dialogue, and reduces stress (Slobodianyk, 2024). Community and volunteer initiatives offer both emotional and tangible assistance, reinforcing collective resources.

Professional Interventions

When self-help and social resources are insufficient, professional care is indicated. Evidence-based modalities include individual and group psychotherapy, crisis counseling, and targeted training (e.g., psychosocial skills, stress-management). These approaches provide comprehensive intervention directed at processing traumatic memories and building adaptive skills. Group therapy. Offers a safe, validating context for mutual support and perspective-taking; effectively complements individual therapy and reduces

PTSD, depression, and anxiety symptoms. Psychoeducation. Delivers accessible knowledge about trauma responses and coping, reducing shame and self-blame and empowering clients to engage actively in recovery. Cognitive Behavioral Therapy (CBT). One of the most validated treatments for trauma; it targets cognitive distortions (e.g., guilt, self-blame) and behavioral patterns (e.g., avoidance), while cultivating adaptive coping. Trials and meta-analyses show robust efficacy across populations (e.g., veterans, survivors of violence), with durable gains and increases in post-traumatic growth (Foa et al., 2007; McEwen, 2005). Eye Movement Desensitization and Reprocessing (EMDR). Clinical and neurobiological data indicate that bilateral stimulation during trauma memory processing reduces affective intensity. fMRI studies document decreased amygdala/thalamus activation and increased prefrontal engagement after EMDR, consistent with improved emotion regulation and adaptive memory reconsolidation (van der Kolk, 2014; Shapiro, 2001). Trauma-Focused CBT (TF-CBT) for children and adolescents. The construction of a trauma narrative with caregiver involvement reduces PTSD, depression, and anxiety, and improves emotion regulation and social functioning (Cohen et al., 2017). Transactional Analysis (TA). By analyzing transactions among the Parent, Adult, and Child ego states, TA helps identify trauma-linked life scripts and early decisions formed under stress, and to re-decide from the Adult state. This supports autonomy, healthier relationships, and more adaptive coping (Berne, 1961).

Despite advances, important long-term questions remain. Large-scale crises (wars, genocides, pandemics, natural disasters, mass displacement) can produce "traumatic waves" across generations (Frounfelker & Plouffe, 2019). Intergenerational trauma may manifest as intrusive memories, heightened anxiety, and depressive vulnerability among descendants of those directly exposed. Most studies to date emphasize short-term outcomes; by contrast, the psychosocial impact on cohorts growing up under chronic stress and instability is underexplored. Sustainable support requires long-duration rehabilitation programs that address individual and systemic, intergenerational effects—and the preparation of specialists equipped to meet these challenges.

Our perspective on psychological support in traumatic contexts should move beyond merely mitigating negative sequelae toward Post-Traumatic Growth (PTG)—positive psychological changes that emerge through struggling with extreme adversity (Tedeschi & Calhoun, 1996). PTG encompasses five domains:

- improved interpersonal relationships (greater empathy and closeness);
- recognition of new possibilities (changed life course, emerging interests);
- enhanced personal strength (greater sense of vulnerability *and* agency);
- spiritual/existential shifts;
- a deepened appreciation of life.

PTG is both individual and collective. Individual transformation fosters collective resilience and community strengthening.

This view aligns with Polyvagal Theory (S. Porges). Beyond survival responses (fight–flight–freeze), the mammalian *ventral vagal* system supports social engagement and co-regulation. Extending this framework to collective processes, Valentin (2025) introduces the notion of a Collective Nervous System, positing that trauma and recovery unfold interpersonally through co-regulatory dynamics. Biologically, our next adaptive step is not faster technology or fiercer competition, but the development of relational intelligence—learning to co-regulate across cultures and generations. Effective support methods should therefore target collective healing, establishing durable foundations for population mental health.

Grounded in these principles, we propose the following system-level measures to enhance psychological support at the collective level:

1. Education. Implement psychoeducational curricula in schools with obligatory empathy-building exercises; create "regulation rooms" where children and adolescents can practice emotion self-regulation through play and creative activities.
2. Corporate settings. Establish a norm of opening meetings with brief stabilization and co-attunement techniques to reduce collective stress, enhance a supportive climate, and improve productivity and well-being.
3. Community initiatives. Organize collective arts-based projects (choirs, shared reading, breathwork, drumming circles, clay modeling) at cultural centers and libraries to provide safe spaces for co-regulation and community-level healing.

In parallel, it is crucial to strengthen individual-level services that are accessible and tailored:

1. Personalized coping plans. Develop platforms to assess individual resilience resources and adaptive mechanisms, yielding tailored recommendations to strengthen psychological resilience.

2. Accessible online services. Provide free, user-friendly telepsychology to reach populations with limited in-person access or high help-seeking barriers.

3. Age-diverse grief-support groups. Establish specialized groups for bereavement processing in safe, validating contexts that normalize grief and foster community belonging.

4. Veterans' programs. Expand comprehensive reintegration services (vocational training, psychological care, social integration) to support post-traumatic growth and successful community return.

Conclusions and Directions for Future Research

In summary, a comprehensive analysis of contemporary approaches to psychological support in the context of stressful and traumatic events indicates the need to reconsider traditional paradigms. The focus should shift beyond merely mitigating negative sequelae toward a model oriented to post-traumatic growth (PTG) and the cultivation of collective resilience. This transition—from individual survival to communal healing—is pivotal for ensuring the long-term mental well-being of society.

Particular emphasis should be placed on implementing a comprehensive, multi-level framework that integrates individual, social, and professional strategies. Evidence-based practices such as Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) have demonstrated effectiveness in addressing the acute consequences of trauma. At the same time, strengthening individual resilience requires systems that enable people to identify their own adaptive mechanisms and develop personalized stress-coping plans.

Key avenues for future research and practice include:

- Intergenerational trauma. In-depth investigation is needed into the phenomenon of *"traumatic waves"* transmitted across generations. This entails designing long-term, national-level rehabilitation programs and specialized approaches to psychological care that address not only individual but also systemic sequelae of traumatic experiences.
- Applied polyvagal frameworks. Stephen Porges' Polyvagal Theory provides a theoretical basis for advancing collective healing through the development of *relational intelligence* and co-regulation. Further studies should focus on designing and implementing methods that biologically attune people to one another—for example, group arts-based techniques that facilitate collective recovery processes.
- Systemic integration of psychological services. The present findings underscore the urgent need to embed psychological education and support within educational, corporate, and community institutions. Future research should evaluate the effectiveness of initiatives such as school-based psychoeducation and stabilization practices in corporate settings, with the aim of establishing a new social norm in which mental well-being is viewed as a shared responsibility.

Adopting a systems approach to psychological support is not merely a response to current challenges but a strategic step toward sustainable societal development. The design of comprehensive programs that account for both individual needs and collective dynamics should be considered a priority for forthcoming scholarly and practical endeavors.

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