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PERSONAL BOUNDARIES AS A FACTOR OF PSYCHOLOGICAL WELL-BEING

The article presents a comprehensive theoretical analysis of personal boundaries as one of the key factors of an individual's psychological well-being in the context of contemporary social challenges. The relevance of the study is обусловлена by the increasing level of psychological load, chronic stress, social instability, and the impact of crisis and wartime conditions, which heighten the demands on an individual's internal resources and their capacity for self-regulation. Within the framework of the study, psychological well-being is considered a multidimensional psychological construct that reflects a dynamic process of maintaining inner balance, psychological resilience, and a subjective sense of psychological comfort. The internal and external factors of psychological well-being are analyzed, in particular the role of awareness, self-regulation, and adaptive mechanisms in preserving an individual's mental health. Special attention is given to the analysis of the phenomenon of personal boundaries, their essence, main types, and functions within the structure of psychological self-regulation. The significance of physical, emotional, and mental boundaries for maintaining autonomy, psychological safety, and inner integrity of the individual is revealed. It is shown that violations of personal boundaries are associated with a decrease in psychological well-being, the development of emotional exhaustion, increased anxiety, and maladaptive forms of interpersonal interaction. The article also analyzes the role of emotional intelligence as an important psychological resource for the formation, maintenance, and restoration of personal boundaries. It is substantiated that emotional intelligence ensures awareness of emotional signals, effective self-regulation, empathy, and assertive behavior, which contribute to more flexible and conscious interaction with the social environment. The systemic interrelationship between personal boundaries, emotional intelligence, and psychological well-being is revealed as a unified regulatory mechanism of psychological resilience. It is concluded that well-formed personal boundaries in combination with a developed emotional intelligence are a necessary condition for maintaining psychological well-being, adapting to stressful and crisis conditions, and preserving personal integrity. The theoretical provisions of the article can be used in further scientific research as well as in the practical activities of psychologists, particularly in the field of psychoeducation and psychological support.

Keywords: personal boundaries, emotional intelligence, psychological well-being, self-awareness, empathy, social skills, self-regulation.

У статті представлено ґрунтовний теоретичний аналіз особистісних кордонів як одного з ключових чинників психічного благополуччя особистості в умовах сучасних соціальних викликів. Актуальність дослідження зумовлена зростанням рівня психологічного навантаження, хронічного стресу, соціальної нестабільності та впливу кризових і воєнних умов, що підвищують вимоги до внутрішніх ресурсів особистості та її здатності до саморегуляції. У межах дослідження психічне благополуччя розглядається як багатовимірна психологічна категорія, що відображає динамічний процес підтримки внутрішньої рівноваги, психологічної стійкості та суб'єктивного відчуття психологічного комфорту. Проаналізовано внутрішні та зовнішні чинники психічного благополуччя, зокрема роль усвідомленості, саморегуляції та адаптаційних механізмів у збереженні психічного здоров'я особистості. Особливу увагу приділено аналізу феномена особистісних кордонів, їх сутності, основних видів і функцій у структурі психологічної саморегуляції. Розкрито значення фізичних, емоційних і ментальних кордонів для збереження автономії, психологічної безпеки та внутрішньої цілісності особистості. Показано, що порушення особистісних кордонів пов'язані зі зниженням психічного благополуччя, розвитком емоційного виснаження, підвищеної тривожності та дезадаптивних форм міжособистісної взаємодії. У статті також проаналізовано роль емоційного інтелекту як важливого психологічного ресурсу формування, підтримки та відновлення особистісних кордонів. Обґрунтовано, що емоційний інтелект забезпечує усвідомлення емоційних сигналів, ефективну саморегуляцію, емпатію та асертивну поведінку, що сприяє більш гнучкій і

усвідомленій взаємодії з соціальним середовищем. Розкрито системний взаємозв'язок особистісних кордонів, емоційного інтелекту та психічного благополуччя як єдиного регуляторного механізму психологічної стійкості. Зроблено висновок, що сформовані особистісні кордони у поєднанні з розвиненим емоційним інтелектом є необхідною умовою підтримки психічного благополуччя, адаптації до стресових і кризових умов та збереження цілісності особистості. Теоретичні положення статті можуть бути використані у подальших наукових дослідженнях, а також у практичній діяльності психологів, зокрема у сфері психоосвіти та психологічного супроводу.

Ключові слова: особистісні кордони, емоційний інтелект, психічне благополуччя, самоусвідомлення, емпатія, соціальні навички, саморегуляція.

Introduction The problem of an individual's psychological well-being occupies an important place in contemporary psychological science, as it is directly related to quality of life, the level of adaptation to the social environment, and a person's ability to maintain inner balance under conditions of constant social change. Modern society is characterized by a high pace of transformational processes, increasing informational load, heightened demands on individual psychological resilience, as well as the impact of military conflicts, which significantly complicate the conditions of human life. The combination of these factors often poses a threat to mental health, a sense of safety, and the preservation of personal integrity

One of the key psychological factors that ensures psychological well-being is personal boundaries. In the works of both domestic and foreign scholars, personal boundaries are viewed as a psychological mechanism that regulates interaction between an individual's inner world and the external environment, ensuring the preservation of autonomy, identity, and emotional stability. A significant contribution to the study of the phenomenon of personal boundaries has been made by Ukrainian scholars O. V. Hryhorieva, V. V. Moskalenko, T. D. Martsynkovska, as well as foreign researchers M. Rosenberg, F. Perls, E. Fromm, and others. Their works emphasize that well-formed personal boundaries contribute to the maintenance of psychological balance, whereas their violation may lead to increased anxiety, emotional exhaustion, depressive manifestations, and difficulties in interpersonal relationships.

The relevance of studying personal boundaries is also increasing in connection with the investigation of an individual's internal resources that contribute to maintaining psychological well-being. In this context, particular importance is attributed to emotional intelligence, which in the works of P. Salovey and J. Mayer is defined as an individual's ability to recognize, understand, and regulate their own emotions as well as the emotions of others. Further development of this concept was carried out by D. Goleman, who emphasized the role of emotional self-awareness, self-regulation, empathy, and social skills in ensuring psychological adaptation and effective interpersonal interaction.

Ukrainian researchers, in particular V. V. Moskalenko, I. M. Haba, O. M. Palamarchuk, and O. P. Liash, note that a developed emotional intelligence contributes to the formation of assertive behavior, an increased level of self-regulation, and an individual's ability to establish and maintain healthy personal boundaries. At the same time, a low level of emotional competence may complicate the process of becoming aware of one's own needs and limits, which negatively affects an individual's psychological well-being.

Despite the significant number of scientific works devoted separately to the problems of personal boundaries and emotional intelligence, the issue of their interrelationship in the context of an individual's psychological well-being requires further theoretical reflection and systematization. Particularly relevant is the analysis of how emotional intelligence functions as a psychological resource for the formation and maintenance of personal boundaries under contemporary conditions of social instability.

The purpose of this article is to provide a theoretical analysis of personal boundaries as a factor of an individual's psychological well-being and to determine the role of emotional intelligence in the process of their formation and maintenance. The study aims to reveal the essence of personal boundaries, their functions and types, as well as to outline the significance of emotional self-awareness, self-regulation, and social skills in preserving psychological balance and personal inner autonomy.

1. Psychological well-being as a psychological category

Psychological well-being is one of the fundamental categories of contemporary psychology, reflecting an integrated state of inner balance, psychological resilience, and subjective life satisfaction. In scientific research, psychological well-being is viewed not only as the absence of mental disorders, but as a dynamic process of harmonious personal functioning that includes emotional stability, positive self-perception, the capacity for self-realization, and effective interaction with the social environment. This approach is evident in the works of representatives of humanistic and positive psychology, in particular A.

Maslow, C. Rogers, and M. Seligman, who emphasized the importance of self-actualization, authenticity, and the development of an individual's inner potential as the basis of psychological well-being.

In foreign psychology, the concept of psychological well-being was thoroughly developed in the works of C. Ryff, who conceptualized it as a multidimensional structure encompassing self-acceptance, autonomy, positive relationships with others, purpose in life, personal growth, and the ability to effectively manage life circumstances. Similar ideas are also reflected in the works of E. Diener, who highlighted the role of subjective well-being, emotional balance, and cognitive evaluation of one's life. According to these approaches, an individual's ability to recognize their own needs, regulate emotional states, and maintain autonomy in interaction with the social environment is a key condition for psychological comfort [1].

Ukrainian scholars, in particular T. Larina, consider psychological well-being as the result of the coherence between internal psychological processes and the external conditions of an individual's life activity. Their works emphasize that psychological well-being largely depends on the level of awareness, the capacity for self-regulation, the development of the value–meaning sphere, and psychological autonomy. Special attention is given to the role of internal regulatory mechanisms that ensure an individual's adaptation to stressful and crisis conditions of modern society [2].

An individual's psychological well-being is formed under the influence of a complex of internal and external factors that are in constant interaction and mutual determination. In contemporary psychology, it is regarded as the result of a dynamic balance between an individual's personal resources and the demands of the social environment. Disruptions of this balance, particularly under conditions of prolonged stress, social instability, or crisis events, may lead to a decrease in psychological resilience and a deterioration of mental well-being.

Researchers attribute the following to the internal factors of psychological well-being: characteristics of self-awareness, the level of self-regulation, the value–meaning sphere, self-esteem, and the individual's capacity for adaptation. In the works of S. Maksymenko, it is emphasized that internal psychological resources determine a person's ability to preserve the integrity of the "Self," resist maladaptive influences, and find meaning even in difficult life circumstances. A special role in this context is played by meaning-based regulation of behavior, which provides inner support and contributes to the maintenance of psychological well-being under conditions of uncertainty.

Another important internal factor is the level of emotional regulation and awareness of one's own emotional states. Insufficient ability to recognize and control emotions may result in increased anxiety, impulsivity, and reduced adaptive capacities of the individual. In this regard, emotional intelligence is considered an integral psychological resource that ensures effective self-regulation, reduces emotional tension, and supports psychological balance.

External factors of psychological well-being include the social, cultural, and situational conditions of an individual's life activity. Social relationships, the level of support from significant others, the professional environment, as well as the overall socio-political context have a significant impact on an individual's psychological state. In the works of C. Rogers and R. May, it is emphasized that an environment lacking safety and predictability may create constant tension, which complicates the maintenance of psychological well-being [3].

The influence of external stressors becomes particularly relevant in the context of military conflicts, which are accompanied by chronic danger, loss of a sense of control, and disruption of the basic sense of safety. Prolonged exposure to conditions of threat, instability, and informational overload may lead to the depletion of an individual's adaptive resources, increased anxiety, and emotional disorganization. Under such conditions, internal mechanisms of psychological protection and self-regulation acquire particular significance, as they enable individuals to maintain relative stability and integrity of the psyche.

In this context, personal boundaries function as an important regulatory mechanism that mediates the interaction between internal and external factors of psychological well-being. Clearly formed boundaries allow individuals to regulate the impact of external stressors, maintain autonomy, and recognize the limits of their own responsibility. In combination with a well-developed emotional intelligence, they contribute to maintaining psychological balance, adapting to challenging conditions, and preserving psychological well-being in the face of contemporary social challenges.

2. Personal boundaries: essence, functions, and significance for psychological well-being

The concept of personal boundaries is one of the key notions in personality psychology and interpersonal interaction, as it reflects the way an individual organizes their psychological space and regulates contact with the external world. In scientific discourse, personal boundaries are understood as a system of internal and external limits that separate the individual "Self" from other people, the social environment, and external influences, while at the same time enabling selective and conscious interaction.

Clearly formed boundaries allow an individual to preserve autonomy, integrity, and a sense of psychological safety, which is an essential condition for psychological well-being.

In the works of Ukrainian researchers, in particular O. Hryhorieva and V. V. Moskalenko, personal boundaries are defined as a mental formation that develops in the process of personality development and reflects the balance between the need for authenticity and the necessity of social adaptation. The authors emphasize that personal boundaries perform a regulatory function, helping individuals to recognize the limits of their own responsibility, distinguish between their own and others' emotions, needs, and intentions, and resist manipulative or destructive influences [4].

A significant contribution to the understanding of the phenomenon of personal boundaries has also been made by foreign scholars. Thus, within the Gestalt approach, F. Perls viewed boundaries as a dynamic contact boundary between the organism and the environment, the disruption of which leads to maladaptive forms of interaction and internal conflicts [5]. K. Lewin, analyzing the psychological field of personality, emphasized that the clarity of boundaries determines an individual's ability to maintain a stable identity under changing conditions. E. Fromm stressed the importance of preserving inner autonomy as a prerequisite for mature and harmonious relationships with others [6].

In the context of psychological well-being, personal boundaries function not only as a protective mechanism, but also as a condition for full personal functioning. They enable individuals to regulate the intensity of emotional involvement, modulate the impact of external stressors, and maintain inner balance. Insufficiently formed or violated boundaries, by contrast, may lead to chronic emotional tension, a loss of control over one's life, decreased self-esteem, and impaired psychological well-being.

Personal boundaries should be considered a multidimensional psychological phenomenon that integrates cognitive, emotional, and behavioral components of personality. Their level of development determines an individual's capacity to maintain psychological resilience, adapt to complex social conditions, and preserve psychological well-being under conditions of heightened stress and uncertainty.

In contemporary psychological science, personal boundaries are regarded as a multidimensional phenomenon encompassing various domains of an individual's psychological functioning. This approach allows for a deeper analysis of the mechanisms regulating interaction with the social environment and helps explain diverse disturbances of psychological well-being that arise when certain types of boundaries are underdeveloped or dysfunctional. In the works of Ukrainian and foreign researchers (V. V. Moskalenko, F. Perls, K. Lewin, N. Brown, M. Rosenberg), it is emphasized that personal boundaries are not a homogeneous construct, but consist of several interrelated levels.

In the most general form, scholars distinguish the following main types of personal boundaries:

- physical;
- emotional;
- mental.

Physical boundaries regulate the limits of bodily proximity, personal space, and physical contact. In the works of K. Lewin and N. Brown, it is emphasized that physical boundaries constitute the basic level of psychological safety, as it is through them that an individual first becomes aware of the separation of their own "Self" from the external world. Violations of physical boundaries, such as intrusive contact or disregard for personal distance, may evoke feelings of threat, increased anxiety, and somatic reactions. Under conditions of chronic stress or military danger, the significance of physical boundaries increases substantially, as they are directly related to survival and a sense of control over one's body [7].

Emotional boundaries define an individual's ability to differentiate their own emotions and experiences from those of others. M. Rosenberg, F. Perls, and N. Tawwab emphasize that well-formed emotional boundaries allow individuals to maintain emotional autonomy, avoid identifying with others' feelings, and refrain from assuming excessive responsibility for others' emotional states. Violations of emotional boundaries often manifest in codependent relationships, emotional exhaustion, feelings of guilt, or chronic anxiety. At the same time, excessively rigid emotional boundaries may lead to emotional isolation and difficulties in forming close interpersonal relationships [8].

Mental boundaries are related to the domain of beliefs, values, attitudes, and worldview orientations of the individual. In the works of E. Fromm and S. Maksymenko, it is emphasized that mental boundaries ensure an individual's ability to maintain their own position, critically process information, and resist ideological or manipulative influence. Well-formed mental boundaries contribute to the preservation of inner integrity, meaning clarity, and psychological resilience. Their violation may result in a loss of confidence in one's own beliefs, internal conflicts, and a decline in psychological well-being [6].

In addition to these basic types, a number of researchers propose extended classifications of personal boundaries. For instance, N. Brown and N. Tawwab identify additional types, including:

- temporal boundaries (regulation of one's time and availability to others);
- material boundaries (attitudes toward property, finances, and resources);
- spiritual boundaries (connection with values, beliefs, and existential meanings) [9].

The specified types of boundaries reflect an individual's ability to be aware of the limits of using their own resources and to maintain a balance between internal needs and external demands. Most scholars agree that all types of personal boundaries are closely interconnected and form a unified system of psychological self-regulation.

The diversity of personal boundary types indicates the complexity of this phenomenon and its significance for psychological well-being. Their coordinated functioning ensures the preservation of psychological balance, adaptation to stressful conditions, and the maintenance of personal inner integrity.

Personal boundaries also perform a number of important psychological functions that ensure the integrity of personality, regulate interaction with the social environment, and support psychological well-being. In the works of contemporary researchers (F. Perls, K. Lewin, N. Brown), it is emphasized that the functioning of personal boundaries is systemic in nature and encompasses cognitive, emotional, and behavioral aspects of mental activity.

One of the basic functions is the protective function of personal boundaries, which consists in preserving psychological safety and preventing destructive influences from the external environment. Owing to this function, individuals are able to limit excessive emotional, informational, or interpersonal load. F. Perls viewed the protective function of boundaries as the ability to regulate the contact boundary between the organism and the environment, which helps to avoid emotional overload and internal disorganization. Disruption of this function often leads to increased anxiety, emotional exhaustion, and reduced psychological resilience [5].

The regulatory function is also of great importance, as it ensures control over the intensity of an individual's interaction with the environment. Within the framework of field theory, K. Lewin emphasized that the clarity of boundaries allows a person to adequately assess their own capabilities and situational demands, choosing adaptive behavioral strategies. The regulatory function manifests in an individual's ability to say "no," define the limits of personal responsibility, and modulate emotional involvement in interpersonal relationships, which is an essential condition for psychological well-being.

No less significant is the identificational function of personal boundaries, which is related to the formation and maintenance of the sense of one's own "Self." In the works of E. Fromm, it is emphasized that awareness of one's own boundaries contributes to the preservation of personal identity, autonomy, and inner integrity. Through the identificational function, individuals are able to distinguish their own needs, values, and beliefs from externally imposed attitudes, which is especially important under conditions of social pressure and information overload.

The communicative function of personal boundaries consists in creating conditions for constructive and equal interaction with others. Well-formed boundaries enable individuals to build relationships based on mutual respect and recognition of each participant's autonomy. Disruption of this function may manifest in manipulative behavioral strategies, aggression, or, conversely, excessive compliance, all of which negatively affect an individual's psycho-emotional state.

Summarizing scientific approaches, the following main functions of personal boundaries can be identified:

- protective (preservation of psychological safety);
- regulatory (control of interaction and emotional involvement);
- identificational (maintenance of the integrity and autonomy of the "Self");
- communicative (ensuring healthy interpersonal relationships) [5, 6].

The combined realization of these functions creates psychological conditions for maintaining psychological well-being, as it enables individuals to effectively adapt to complex social circumstances, preserve inner balance, and resist chronic stress. The functions of personal boundaries become particularly significant in crisis and traumatic conditions, when the capacity for self-regulation and protection of psychological space becomes critically important for maintaining mental health.

Violations of personal boundaries are one of the significant factors contributing to a decline in an individual's psychological well-being, as they lead to disorganization of the internal psychological space, loss of a sense of safety, and reduced capacity for self-regulation. Scientific studies indicate that boundary dysfunction may be situational or chronic in nature, gradually forming stable maladaptive patterns of behavior and emotional response.

Within the Gestalt approach, F. Perls described violations of personal boundaries through the phenomenon of so-called contact disturbances, which complicate adequate interaction between the

individual and the environment. These include introjection, projection, retroflection, proflection, confluence, and deflection. These mechanisms indicate difficulties in differentiating one's own and others' experiences, responsibilities, and needs, which negatively affects a person's psycho-emotional state and reduces the level of psychological well-being [5].

Other researchers, in particular N. Brown, emphasize the importance of the level of permeability of personal boundaries. Excessively soft or diffuse boundaries may lead to loss of autonomy, increased vulnerability to manipulation, emotional exhaustion, and codependent forms of interaction. Conversely, overly rigid boundaries are often accompanied by emotional isolation, difficulties in establishing close relationships, and reduced social support, which also negatively affects psychological well-being.

Typical manifestations of personal boundary violations that have a direct impact on an individual's mental state include:

- chronic feelings of guilt or responsibility for others' emotions;
- difficulties in refusing and defending one's own needs;
- emotional dependence and fear of losing relationships;
- increased anxiety and psycho-emotional exhaustion;
- somatic symptoms caused by prolonged stress [4, 8].

In the works of S. Maddi, it is emphasized that violations of personal boundaries reduce the level of hardness and the individual's ability to adapt to crisis conditions. This problem becomes especially acute in situations of chronic uncertainty, social instability, and military threats, when external stressors exceed an individual's adaptive resources. Under such conditions, poorly formed boundaries complicate the restoration of psychological balance and increase the risk of developing anxiety and depressive states.

It is important to note that violations of personal boundaries are not immutable personality characteristics. Most researchers agree that, with the development of awareness, emotional self-regulation, and assertive behavior, the functionality of boundaries can be gradually restored. In this context, the development of emotional intelligence acquires particular significance as a psychological resource that facilitates awareness of one's own limits, regulation of emotional reactions, and maintenance of psychological well-being.

Thus, personal boundaries constitute an important psychological mechanism for ensuring psychological well-being, as they regulate an individual's interaction with the social environment and contribute to the preservation of autonomy, integrity, and psychological safety. Well-formed physical, emotional, and mental boundaries perform protective, regulatory, identificational, and communicative functions, ensuring psychological resilience and adaptation to stressful conditions, whereas their violations are associated with reduced psychological well-being, emotional exhaustion, and increased anxiety. In this context, personal boundaries emerge as a key condition of psychological resilience and a foundation for further analysis of the role of emotional intelligence in their formation and maintenance.

3. Emotional intelligence as a psychological resource for supporting personal boundaries

Emotional intelligence in contemporary psychological science is regarded as a complex integrative capacity of the individual that ensures awareness, understanding, and regulation of one's own emotions, as well as effective interaction with the emotional states of others. The first scientific conceptualization of emotional intelligence was proposed by P. Salovey and J. Mayer, who defined it as the ability to perceive, assess, and express emotions, use them in the process of thinking, and manage emotional processes for the purpose of personal growth. Further development of this concept was carried out by D. Goleman, who emphasized the applied nature of emotional intelligence and its importance for psychological adaptation, interpersonal effectiveness, and psychological well-being.

Within the structure of emotional intelligence, most researchers distinguish the following core components: emotional self-awareness, self-regulation, motivation, empathy, and social skills. According to the approaches of D. Goleman, K. Petrides, and R. Bar-On, these components ensure an individual's ability to respond adequately to emotional stimuli, regulate their own affective states, and build constructive interpersonal relationships. These capacities create psychological conditions for maintaining inner balance and preserving psychological well-being [10, 11].

In the context of supporting personal boundaries, emotional intelligence functions as an important psychological resource, as it facilitates awareness of one's own emotional reactions and needs that underlie the process of boundary setting. Developed emotional self-awareness enables individuals to recognize signals of boundary violations in a timely manner, while the ability to self-regulate allows them to choose adaptive response strategies instead of impulsive or maladaptive forms of behavior. In the works of Ukrainian researchers, in particular V. V. Moskalenko and O. M. Palamarchuk, it is emphasized that

emotional competence is a prerequisite for the formation of assertive behavior and effective protection of personal boundaries [12].

Moreover, empathy and social skills, as components of emotional intelligence, ensure a balance between preserving one's own autonomy and considering the emotional needs of others. This allows individuals to build relationships based on mutual respect for boundaries, which positively affects the quality of interpersonal interaction and the level of psychological well-being. Insufficient development of emotional intelligence, by contrast, may complicate the process of recognizing and protecting personal boundaries, increasing the risk of emotional exhaustion and psychological maladaptation.

Emotional self-awareness and self-regulation occupy a central place in the structure of emotional intelligence and play a key role in the formation and maintenance of personal boundaries. In contemporary psychological research, these components are viewed as basic mechanisms that ensure an individual's ability to recognize their internal states, respond in a timely manner to signals of psychological discomfort, and regulate behavior in accordance with personal needs and values. Through emotional self-awareness, individuals gain the ability to recognize moments when their boundaries are violated and to define acceptable limits of interaction with others.

Emotional self-awareness involves the ability to identify one's own emotions, understand their causes, and recognize the impact of emotional states on behavior and interpersonal relationships. In the works of P. Salovey, J. Mayer, and D. Goleman, it is emphasized that a low level of emotional self-awareness complicates the process of establishing personal boundaries, as individuals are not always able to clearly differentiate their own feelings, needs, and reactions to external pressure. In such cases, boundary violations often remain unrecognized and manifest as chronic emotional tension or inner discomfort [3, 11].

Self-regulation, in turn, ensures an individual's capacity to manage emotional reactions and behavioral impulses in situations that require the protection or adjustment of boundaries. According to D. Goleman and R. Bar-On, self-regulation includes control over impulsive reactions, flexibility in choosing behavioral strategies, and the ability to delay immediate emotional responses. In the context of personal boundaries, this enables individuals not only to recognize boundary violations but also to choose constructive ways of responding, such as assertive communication rather than aggression or passive compliance.

Emotional self-awareness and self-regulation become particularly important under conditions of heightened stress, social instability, and crisis situations. In such circumstances, the capacity for internal regulation allows individuals to maintain psychological balance, limit the destructive influence of external factors, and preserve the functionality of personal boundaries. Ukrainian researchers note that well-developed self-regulation skills contribute to reduced anxiety, increased hardiness, and the maintenance of psychological well-being.

Empathy and social skills are important components of emotional intelligence that ensure effective interpersonal interaction while simultaneously supporting the preservation of personal boundaries. In contemporary psychological research, empathy is understood as the ability to comprehend the emotional states of others without losing awareness of one's own feelings and boundaries. This approach allows individuals to establish contact with others without compromising their psychological autonomy, which is an essential condition for psychological well-being [13].

In the works of C. Rogers, empathy is defined as a fundamental condition for authentic and supportive interpersonal interaction. At the same time, researchers emphasize that empathy must be balanced, as excessive emotional involvement may lead to blurred personal boundaries, emotional exhaustion, and codependent relationships. In this context, emotional intelligence enables individuals to combine the capacity for empathy with the ability to maintain inner distance and differentiate between their own and others' emotions.

Social skills as a component of emotional intelligence include the ability to communicate effectively, resolve conflicts constructively, and establish clear yet flexible boundaries in interaction with others. In the works of D. Goleman and R. Bar-On, it is noted that well-developed social skills contribute to the formation of assertive behavior, which allows individuals to openly express their needs and positions without violating the boundaries of others. Assertiveness in this context represents an optimal form of interpersonal interaction that combines respect for oneself and for others.

The ability to maintain a balance between the "Self" and the "Other" becomes especially significant under conditions of social tension, uncertainty, and crisis situations. In the absence of adequate social skills, individuals may either excessively adapt to environmental demands at the expense of their own boundaries or, conversely, isolate themselves by constructing rigid and impermeable limits. Both strategies negatively

affect psychological well-being, as they disrupt the natural human need for both autonomy and social support.

Thus, emotional intelligence functions as an important psychological resource for supporting personal boundaries and psychological well-being. Emotional self-awareness, self-regulation, empathy, and social skills ensure awareness of personal limits, the selection of adaptive behavioral strategies, and the preservation of inner autonomy in interpersonal interaction. Consequently, the development of emotional intelligence contributes to the strengthening of personal boundaries, increased psychological resilience, and the maintenance of an individual's psychological well-being.

4. The interrelationship between personal boundaries, emotional intelligence, and psychological well-being

The interrelationship between personal boundaries, emotional intelligence, and psychological well-being has a systemic nature and manifests at the level of an individual's psychological self-regulation. Considering these phenomena within a unified theoretical framework makes it possible to explain how internal psychological resources ensure adaptation to complex social conditions, the preservation of inner balance, and psychological resilience. Within this approach, personal boundaries and emotional intelligence are viewed not as isolated characteristics, but as complementary elements of a mechanism that supports psychological well-being.

Emotional intelligence within this system performs the function of a primary "signal mechanism" that ensures awareness of internal emotional processes associated with an individual's interaction with the social environment. Through the ability to recognize one's own emotional reactions, a person receives information about psychological comfort or discomfort in a particular situation. These emotional signals often indicate a violation or a threat of violation of personal boundaries. In the absence of developed emotional self-awareness, such signals may be ignored or distorted, which complicates the process of self-regulation and increases the risk of psycho-emotional exhaustion [13].

Personal boundaries, in turn, perform a structural function within the system of psychological self-regulation by limiting the excessive influence of external stressors and ensuring the preservation of inner autonomy. They enable individuals to define the limits of responsibility, regulate the level of emotional involvement, and control the intensity of interaction with others. When boundaries are well formed, emotional processes become more organized, which contributes to a reduction in tension and the maintenance of psychological balance. Conversely, blurred or violated boundaries may lead to situations in which, even with a sufficient level of emotional sensitivity, individuals are unable to effectively protect their own psychological space [14].

Psychological well-being in the context of this interaction should be regarded as the result of the coordinated functioning of emotional self-regulation and personal boundaries. It is formed not as a static state, but as a dynamic process of maintaining inner balance under conditions of constant change in external circumstances. In situations of heightened stress, prolonged uncertainty, or crisis events, it is precisely the integration of emotional intelligence and clearly defined boundaries that enables individuals to preserve a sense of control, psychological safety, and integrity of the "Self."

The interrelationship between personal boundaries and emotional intelligence becomes particularly significant under conditions of social instability and military threats, when external stressors are chronic in nature and exceed habitual adaptive resources. In such circumstances, the ability to be aware of one's emotional states, regulate them, and establish adequate boundaries of interaction with others becomes a critically important condition for maintaining psychological well-being. The absence of this integration may lead to a loss of inner support, increased anxiety, and reduced hardiness.

Thus, the interrelationship between personal boundaries, emotional intelligence, and psychological well-being can be conceptualized as a unified regulatory mechanism that ensures adaptation to complex life conditions, supports psychological resilience, and preserves inner balance. This integrative approach provides a theoretical foundation for further research and practical psychological interventions aimed at developing individuals' internal resources.

Conclusions

As a result of the conducted theoretical analysis, it has been established that personal boundaries are an important psychological factor of an individual's psychological well-being, as they regulate the interaction between a person's internal psychological space and the external social environment. Well-formed personal boundaries contribute to the preservation of inner balance, autonomy, and psychological safety, which are necessary conditions for full psychological functioning.

It has been shown that psychological well-being should be considered a multidimensional and dynamic construct that is formed through the interaction of an individual's internal resources and external

living conditions. Under conditions of social instability, chronic stress, and military threats, the significance of internal regulatory mechanisms increases substantially, with personal boundaries playing a leading role in maintaining psychological resilience.

The article substantiates that emotional intelligence functions as an important psychological resource for the formation and maintenance of personal boundaries. Its structural components - emotional self-awareness, self-regulation, empathy, and social skills - ensure awareness of one's own needs and limits, the selection of adaptive behavioral strategies, and effective interpersonal interaction without compromising inner autonomy.

It has been established that the relationship between personal boundaries, emotional intelligence, and psychological well-being is systemic and mutually conditioned. Developed emotional intelligence contributes to the strengthening of personal boundaries, while well-formed boundaries, in turn, create conditions for effective emotional self-regulation and a reduction in psycho-emotional load. This interaction enhances psychological resilience and supports adaptation to challenging life circumstances.

Thus, personal boundaries and emotional intelligence should be regarded as key psychological resources for maintaining psychological well-being in the context of contemporary social reality. A promising direction for further research is the empirical study of the characteristics of personal boundary formation in different social groups, as well as the development of psychoeducational programs aimed at fostering emotional intelligence as a means of strengthening an individual's psychological well-being.

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PROFESSIONAL BURNOUT OF PSYCHOLOGISTS DURING WARTIME: AN ECOPSYCHOLOGICAL DIMENSION

У статті **розглянуто** особливості професійного вигорання психологів у кризових та воєнних умовах та **визначено** роль екопсихологічного підходу у профілактиці та подоланні цього явища. **Проаналізовано** сучасні дослідження, які свідчать, що інтенсивні професійні вимоги, постійний контакт із травмованими клієнтами та підвищена динаміка робочого середовища призводять до емоційного виснаження, деперсоналізації та зниження ефективності діяльності фахівців. Відповідно, **актуалізовано** завдання створення системних стратегій підтримки психоемоційного стану психологів. **Описано важливість** інтеграції екопсихологічного підходу, що передбачає розвиток усвідомленого самопіклування, оптимізацію внутрішніх ресурсів, формування навичок саморегуляції та визначення професійних і особистісних меж. **Впровадження** цих практик дозволяє створити безпечний психологічний простір, підвищити стійкість до хронічного стресу та зберегти професійну ефективність у тривалих кризових умовах. **Розроблено** екопсихологічну модель професійної стійкості, яка **розглядає** психолога як частину цілісної професійної екосистеми, де його психоемоційне благополуччя визначається взаємодією особистісних ресурсів, вимог професійного середовища та можливостей для відновлення. Важливими складовими **визначено** відчуття широкого життєдайного зв'язку, усвідомлення професійної ролі та інтеграцію досвіду у ширший контекст діяльності. Модель **спрямована** на превентивне формування умов, що підтримують психоемоційне здоров'я, стабілізують внутрішній стан і забезпечують довгострокову професійну стійкість психологів. **Запропоновані** концептуальні та практичні підходи можуть бути використані у системній організації професійної діяльності та профілактиці вигорання у фахівців, що працюють у кризових і воєнних умовах.

Ключові слова: професійне вигорання, психологи, кризові умови, екопсихологічний підхід, психоемоційна стійкість, усвідомлене самопіклування, відновлювальні практики, професійна ефективність, психологічна підтримка.

The article examines the features of professional burnout among psychologists in crisis and wartime conditions and identifies the role of the ecopsychological approach in preventing and overcoming this phenomenon. Analyzed are contemporary studies indicating that intensive professional demands, constant contact with traumatized clients, and the increased dynamics of the work environment lead to emotional exhaustion, depersonalization, and reduced professional effectiveness. Accordingly, the need to develop systemic strategies for supporting psychologists' psycho-emotional well-being has been highlighted. The importance of integrating the ecopsychological approach is described, which includes the development of conscious self-care, optimization of internal resources, cultivation of self-regulation skills, and the establishment of professional and personal boundaries. Implementation of these practices enables the creation of a safe psychological space, increases resilience to chronic stress, and preserves professional effectiveness under prolonged crisis conditions. An ecopsychological model of professional resilience has been developed, which considers the psychologist as part of a holistic professional ecosystem, where psycho-emotional well-being is determined by the interaction of personal resources, professional environmental demands, and available opportunities for recovery. Key components include a sense of broad, life-giving connection, awareness of professional role, and integration of experience into a broader context of activity. The model is aimed at the preventive formation of conditions that support psycho-

emotional health, stabilize internal states, and ensure long-term professional resilience of psychologists. The proposed conceptual and practical approaches can be applied in the systemic organization of professional activity and the prevention of burnout among specialists working in crisis and wartime conditions.

Keywords: professional burnout, psychologists, crisis conditions, ecopsychological approach, psycho-emotional resilience, conscious self-care, restorative practices, professional effectiveness, psychological support.

Statement of the problem. The modern conditions caused by the war and its socio-psychological consequences create a significant burden on psychologists who carry out professional activities in crisis circumstances. Intense professional requirements, regular contact with traumatized clients, and increased dynamism of the work environment affect the psychological functioning of specialists, contributing to the development of anxiety, emotional exhaustion, and symptoms of professional burnout. This determines the urgent need to study the aspects on which the condition of psychologists in wartime depends and to develop evidence-based strategies aimed at supporting their emotional and psychological well-being.

One of the key aspects that prevents the occurrence of professional burnout and contributes to the improvement of the psycho-emotional state of psychologists is the consideration of the ecopsychological approach in professional activities. In this context, the application of the principles of ecopsychology involves the formation of skills of conscious self-care, optimization of internal resources, development of self-regulation, and definition of professional and personal boundaries. Important components also include systematic planning of restorative practices, organization of a safe psychological space for oneself, and development of strategies to counteract chronic stress. The implementation of such approaches helps to stabilize the emotional state of psychologists, increase their professional resilience, preserve mental health and maintain the effectiveness of professional activities in the conditions of prolonged psycho-emotional stress of the wartime period.

Despite the considerable attention to the problem of professional burnout, the ecopsychological determinants of this phenomenon in psychologists functioning in the context of military conflicts remain insufficiently studied. The scientific definition of the principles and methods of the ecopsychological approach that can influence the risk of professional burnout, as well as the development of empirically based strategies for psychological support of specialists are extremely relevant tasks of modern psychological science.

The relevance of integrating the ecopsychological approach into the professional activities of psychologists is due to its ability to provide holistic support for the psycho-emotional functioning of specialists. The ecopsychological approach allows to systematically organize restorative practices, create a safe psychological space and form adaptive strategies to counteract chronic stress.

The implementation of the principles of ecopsychology helps to stabilize the psycho-emotional state of psychologists, increase their professional stability, preserve mental health and maintain the effectiveness of professional activity in the conditions of prolonged psycho-emotional stress of the wartime period. Thus, the application of the ecopsychological approach is a key aspect of preventing professional burnout and ensuring the psycho-emotional well-being of psychologists.

The purpose of the article is to clarify the role of the ecopsychological approach in the prevention of professional burnout of psychologists working in crisis conditions of the wartime period and to substantiate scientific and practical recommendations for supporting their psychoemotional state.

Outline of the main material. Professional burnout is considered as a consequence of chronic stress and excessive emotional stress in professional activities, which leads to negative changes in the mental state of a specialist [2; 6; 10]. In the modern psychological literature, it is interpreted as an important problem of mental health of professionals working in conditions of increased psychological stress and responsibility for others (N. Freudenberger, S. Maslach, S. Jackson) [7; 9]. Psychologists who work individually with traumatized people and crisis groups are especially susceptible to this condition due to constant contact with emotionally charged information and a high level of responsibility for the psycho-emotional state of clients.

The problem of professional burnout attracts considerable attention from researchers in the fields of occupational psychology, social psychology, and psychotherapy. Scientists S. Maslach and S. Jackson proposed a three-dimensional model of burnout that includes emotional exhaustion, depersonalization (cynicism), and a decline in personal achievement. In the professional activity of psychologists, these components are manifested through the loss of empathic sensitivity, emotional detachment from clients, and reduced work efficiency. Studies of our time emphasize that psychologists in conditions of high social

and psychological stress, especially during military conflicts, are under constant professional and emotional pressure, which increases the risk of developing burnout (O. Yakymchuk) [12].

Today's society is characterized by high dynamism of social processes, information and emotional overload, as well as frequent crisis events, which directly affects the professional activities of psychologists [4; 5]. Constant contact with traumatized people, the need to make quick decisions and responsibility for the psychoemotional state of clients contribute to chronic stress and emotional exhaustion. In wartime conditions, these risks increase significantly, as the psychologist's activity combines professional assistance with their own experience of anxiety and uncertainty (Y. Pysarenko) [15].

Ukrainian researchers emphasize that psychologists' professional burnout is a multifactorial phenomenon that is formed under the influence of individual, professional, and socio-cultural factors. A high level of emotional stress, prolonged contact with traumatized clients, insufficient support in the workplace, and lack of restorative practices create conditions for emotional exhaustion, depersonalization, and reduced professional motivation (N. Muranova, O. Voliarska) [11].

Effective prevention of psychologists' professional burnout requires a comprehensive combination of personal and organizational measures. One of the effective approaches is the integration of the ecopsychological approach into professional activities, which involves the development of skills of conscious self-care, optimization of internal resources, formation of professional and personal boundaries, as well as systematic planning of restorative practices [16]. This strategy allows to create a safe psychological space, form adaptive mechanisms to counteract chronic stress, stabilize the psychoemotional state and increase the professional resilience of psychologists even in difficult conditions of modern society (O. Yakymchuk, S. Maslach, S. Jackson) [9; 19].

Thus, the use of the ecopsychological approach is a key tool for preventing and overcoming professional burnout and ensuring the psychoemotional well-being of psychologists, increasing the effectiveness of their activities in conditions of prolonged psychoemotional stress and socio-psychological instability [8].

The implementation of these theoretical provisions requires their structuring in the form of a holistic conceptual model capable of reflecting the main aspects of ecopsychological support for specialists.

We developed and proposed a model of ecopsychological support for psychologists (Fig. 1), which is based on the principle of conscious self-care as a central regulatory mechanism of professional resilience. Conscious self-care is seen as an integrative ability of a psychologist to maintain their own physical, emotional, and cognitive well-being, to realize the limits of their own resources, and to engage in restorative practices in a timely manner. It is this component that reduces the destructive effects of stress and prevents the development of emotional exhaustion described in the classic model of professional burnout by C. Maslach and S. Jackson [9].

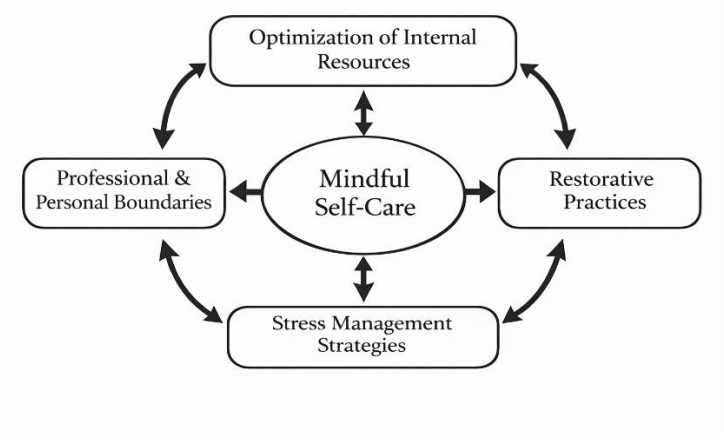

Fig. 1. Model of ecopsychological support for psychologists

An important component of the model is the optimization of internal resources, which includes the development of professional competence, increased self-reflection, the formation of emotional regulation skills, and awareness of one's own psychological needs. Optimization of resources helps reduce the risk of emotional exhaustion and supports a sense of professional effectiveness, which, according to research, is a key factor in resilience to burnout [18].

A special place in the model is occupied by the formation of professional and personal boundaries, which acts as a defense mechanism when working with emotionally charged material. A clear delineation of the professional role and personal space reduces the level of depersonalization and prevents emotional overload, which is typical for psychologists in crisis and military conditions [1; 3; 4].

Restorative practices within the ecopsychological model include both individual and contextual resources, including contact with the environment, body-oriented practices, meditation, and a conscious pause in professional activity. Studies show that such practices help restore psycho-emotional balance and increase the overall resilience of professionals [4].

One of the key components of the model is also stress management strategies, which include relaxation techniques, breathing exercises, cognitive stress management techniques, and adaptive coping skills. Their systematic application allows psychologists to function effectively under prolonged psychoemotional stress and maintain professional efficiency [2; 5].

Thus, the proposed ecopsychological model is considered as an integral system of prevention of professional burnout, which provides support for the mental health of psychologists and increases their professional stability in difficult socio-psychological conditions.

At the same time, the presentation of the structure and components of ecopsychological support for psychologists requires a deeper theoretical understanding of it in the context of understanding the nature of professional burnout. To do this, it is advisable to turn to the ecopsychological interpretation of the burnout phenomenon itself, which goes beyond the individual psychological approach and considers it as a result of systemic disorders in the interaction of a specialist with the professional environment.

Within the ecopsychological approach, the professional burnout of psychologists is conceptualized not as a purely individual dysfunction, but as a symptom of systemic disharmony, the result of a violation of the dynamic balance in the integral system "specialist-professional environment" (Fig. 2). This phenomenon occurs when there is a long-term and critical discrepancy between the three key components:

1) internal psychological and physiological resources of the individual (energy potential, personal values and boundaries);

2) objective requirements and stressors of the professional environment (chronic emotional stress, excessive administrative responsibilities, ethical tension);

3) available opportunities for recovery and compensation (lack of time, quality social support, autonomy and a sense of control over the work process).

Accordingly, effective prevention and overcoming of psychologists' professional burnout requires a transition from fragmented measures to a comprehensive, systematic approach that simultaneously integrates individual self-preservation strategies and organizational mechanisms for the formation of a sustainable, resourceful professional ecosystem. The fundamental difference and added value of the integrative ecopsychological model of professional resilience of a specialist in comparison with traditional tools is manifested in several key aspects.

First, it is a shift in focus from an individual-centered to a systemic and contextual perspective. Most classical prevention methods (e.g., stress management training, cognitive behavioral therapy techniques, mindfulness) are focused primarily on the individual, aiming to increase his or her adaptive capacity and regulatory skills in a stressful, often unchanging environment. The ecopsychological model, on the other hand, considers a specialist as an integral and interdependent part of his or her professional ecosystem. It aims not only to "harden" the psychologist, but also to provide him or her with tools for diagnosing and transforming the dysfunctional elements of this ecosystem: organizational culture that ignores the boundaries between work and leisure; unfair workload distribution; and destructive communication. In this way, the responsibility for mental well-being is redistributed, becoming a shared responsibility of the employee and the institution.

Secondly, the model suggests a shift from reactive correction of consequences to proactive formation of the resource environment. Traditional tools are often implemented in a real, existing crisis situation, when the symptoms of emotional exhaustion or cynicism are already evident and causing harm. The ecopsychological approach is preventive and involves the systematic construction and support of the so-called "restorative niche" of a specialist in advance, without waiting for problems to arise. This implies the integration of not only productive but also regenerative practices into the professional routine: designing mandatory "windows" for micro-restoration during the working day; creating physical spaces of psychological safety and relaxation in the office; institutionalizing supervision, mentoring, and self-help groups; cultivating a restorative connection with the natural environment ("green exercise," eco-therapeutic breaks). Preventing burnout is no longer an additional task, but an organic component of organizational design.

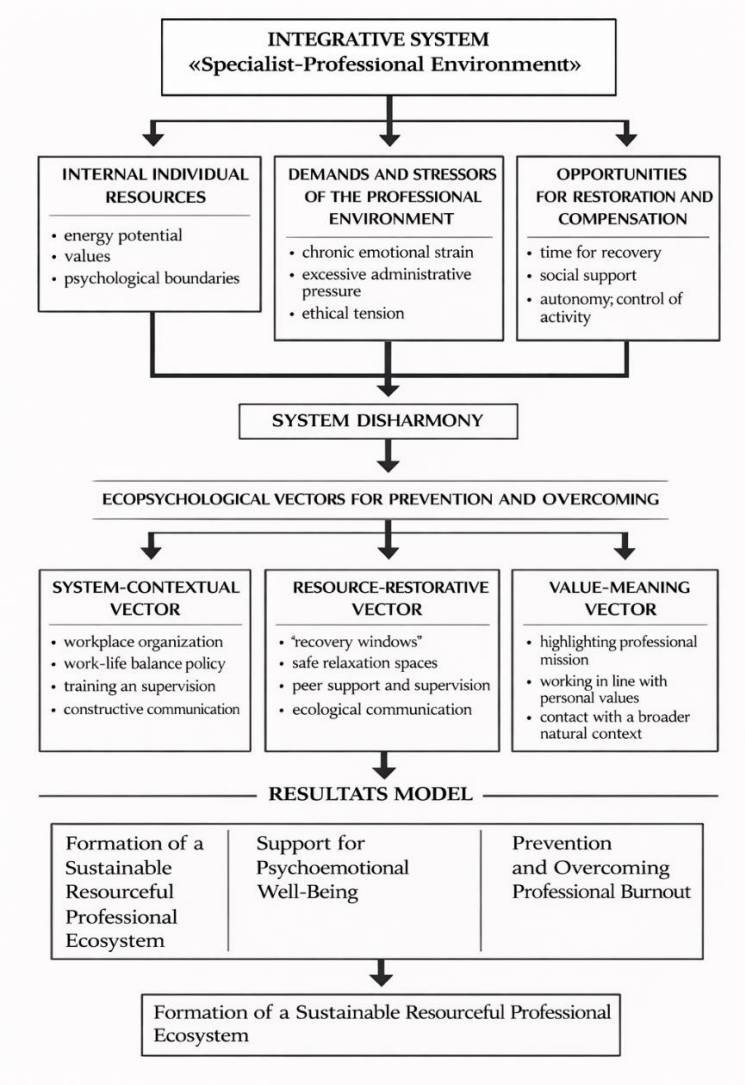

Fig. 2. Integrative ecopsychological model of specialist's professional resilience

Third, the model is distinguished by its rejection of one-size-fits-all solutions in favor of context-sensitive and differentiated interventions. While many existing methods are general, ecopsychology emphasizes the uniqueness of each professional context. Preventive strategies for a psychologist working with post-traumatic disorders in a combat zone will be significantly different from interventions for a specialist in the corporate sector or the education system, as their professional ecosystems have different specific stressors, available resources, and potential for change. This requires a thorough diagnosis of the specific system before designing an intervention, which increases its relevance and effectiveness.

Finally, a fourth key distinguishing aspect is the focus on restoring fundamental psychological foundations of meaningfulness and connection rather than symptom management. Traditional methods often work with superficial manifestations: they reduce psychophysiological stress and optimize time management. The ecopsychological approach goes deeper, seeking to restore two vital sources of resilience:

- a sense of meaningfulness;
- a sense of broad, life-giving connection.

The sense of meaningfulness is one of the fundamental psychological resources that ensures professional resilience of a specialist in the face of prolonged psycho-emotional stress, chronic stress, and crisis events. Within the framework of the ecopsychological approach, meaningfulness is viewed not as a stable personal characteristic, but as a dynamic process of constant harmonization of professional activity with the system of individual values, life meanings and existential purpose. It is this process that allows a

specialist to maintain internal integrity even in the face of objective constraints, uncertainty and external instability.

In crisis situations, such as military events, social disasters, or institutional instability, a psychologist's professional activity is often accompanied by feelings of powerlessness, loss of control, and doubts about their own effectiveness. In the absence of meaningful support, these experiences can lead to emotional exhaustion, cynicism, and gradual devaluation of professional identity. Instead, the presence of a conscious connection between the work performed and personally significant values creates an internal buffer that reduces the destructive impact of stressors and supports the ability to psychological self-regulation.

Preserving or rediscovering the deeper meaning of professional activity involves reflective reflection on the question of "why" this activity is carried out in a particular context. It is not only about socially approved motives of helping or professional duty, but also about integrating personal values such as humanism, responsibility, service, autonomy, or development into daily practice. In this case, even limited work results or the inability to achieve ideal professional standards do not lead to a loss of intrinsic motivation.

The ecopsychological model emphasizes that meaningfulness is formed in the interaction of a professional with the broader context of his or her life, including the social, cultural, and natural environment. Realizing oneself as a part of a larger system - a professional community, society, or even a broader ecological reality - allows us to expand the scope of individual experience and reduce the focus on our own exhaustion. This "ecological" shift in perspective contributes to the formation of a strong sense of the significance of professional contributions, even in situations where the immediate result of activities is not immediately visible.

An important mechanism for maintaining meaningfulness is the integration of professional identity with personal purpose. When the professional role does not conflict with basic life values but is perceived as a form of their realization, the risk of internal fragmentation and emotional alienation from one's own activities is reduced. This is especially important for psychologists, whose work involves constant contact with human suffering and morally challenging situations that require deep internal coherence.

In addition, a sense of meaningfulness plays a key role in restoring professional motivation after a crisis or traumatic event. The process of re-examining experience, including losses and limitations, allows one to integrate negative events into one's life story not as destructive, but as having the potential for growth and transformation. In this sense, meaningfulness is not only a protective but also a restorative factor of professional resilience.

Thus, maintaining a sense of meaningfulness in the ecopsychological model is seen as a strategic direction for the prevention of professional burnout. It helps to maintain the internal connection between professional activity, personal values, and the existential purpose of a specialist, ensuring psychological integrity, resilience, and the ability to function professionally for a long time even in crisis conditions.

The sense of a broad, life-giving connection is a multidimensional psychological phenomenon that goes far beyond traditional social interaction and professional tasks. It includes not only the support of colleagues and the professional environment, which is manifested in mutual understanding, empathy and the formation of emotional resources, but also a broader ecopsychological level of inclusion in professional activities. This level implies awareness of oneself as part of a holistic professional and non-professional context, which contributes to broadening perspective, integrating experience, and reducing narrow focus on routine tasks. The ecopsychological dimension of professional activity is manifested in the ability of a specialist to realize the relationships between their own emotional, cognitive and behavioral reactions, professional processes and the socio-cultural context in which they function. This allows you to build sustainable internal resources, maintain psycho-emotional balance, and maintain the integrity of the personality even under conditions of high professional stress. Awareness of oneself as part of a broader, extra-professional reality allows one to integrate one's own experience into a larger context, increasing the ability to self-reflect and adapt, which acts as a powerful buffer against professional deformation and emotional burnout. Thus, the integration of social support, conscious ecopsychological inclusion in professional activities, and expanded self-perception as part of a larger whole is a key factor in preventing professional burnout and supporting the holistic psychoemotional functioning of psychologists.

Thus, the ecopsychological model does not deny the value of existing approaches to preventing and overcoming professional burnout, but serves as an integrative meta-framework for them, allowing them to combine multilevel interventions into a single holistic system. It does not oppose individual psychological techniques to organizational or environmental factors, but considers them as complementary elements of a complex professional ecosystem within which the psycho-emotional state of a specialist is formed.

The key feature of this model is a change in the logic of responding to professional burnout - from fragmentary elimination of symptoms to strategic design of conditions that support professional resilience. In this approach, burnout is not seen as an individual weakness or a lack of self-regulation skills, but as an indicator of an imbalance between the individual's resources, the requirements of the professional environment, and the available opportunities for recovery and compensation.

The ecopsychological model emphasizes that the psycho-emotional well-being of a specialist is formed in the space of constant interaction with the professional context, which can both strengthen and deplete his or her resources. That is why effective prevention of burnout involves not only the development of individual coping strategies, but also the targeted transformation of organizational culture, work regimes, communication practices, and support systems in the professional environment.

Within the framework of the proposed model, the fight against burnout is no longer seen as a set of personal survival skills in the face of chronic stress. Instead, it takes on the features of a long-term strategy for the formation of healthy, sustainable and regenerative professional ecosystems that can not only reduce the risks of exhaustion but also actively restore the psycho-emotional resources of professionals in the course of their daily activities.

An important methodological advantage of the ecopsychological model is its preventive nature. In this case, support for psycho-emotional resources is not limited to responding to crises or acute manifestations of exhaustion, but is integrated into the structure of professional activity as a permanent, systemic process. This reduces the likelihood of chronic stress accumulation and timely compensates for imbalances between stress and recovery.

In this logic, psycho-emotional support for a specialist ceases to be a forced or situational measure used in the context of an already formed burnout. It is transformed into an internal, organic characteristic of professional culture and organizational ethics, where care for psychological resources is recognized as a necessary condition for high-quality, ethical and long-term professional activity.

Thus, the ecopsychological model expands on traditional notions of preventing professional burnout by offering a holistic view of the relationship between the personality of a specialist and his or her professional environment. It creates the basis for the transition from individualized responsibility for mental well-being to shared, systemic responsibility, which includes both the specialist and the organizational and social conditions of his or her professional functioning.

Conclusions. The analysis of the current working conditions of psychologists in crisis and military realities shows that specialists experience significant psychoemotional stress, which increases the likelihood of developing professional burnout. The constant demands of professional activity, regular contact with people experiencing trauma, and rapid changes in working conditions pose a risk of emotional exhaustion, decreased motivation, and reduced efficiency in the performance of professional duties, which emphasizes the need for systemic measures to support mental health.

An important mechanism for preventing burnout is the introduction of an ecopsychological approach into the professional practice of psychologists, which involves the development of conscious self-care, support for internal resources, the formation of self-regulation skills, and a clear definition of professional and personal boundaries. This approach ensures the creation of a safe psychological environment, helps to effectively cope with chronic stress and contributes to the professional resilience of psychologists in prolonged crisis conditions.

The proposed ecopsychological model emphasizes the importance of considering a psychologist as part of a holistic professional ecosystem, where his or her psychoemotional state is formed through the interaction of personal resources, the requirements of the working environment, and opportunities for recovery. Such a systematic approach allows us to move from eliminating burnout symptoms to purposefully creating conditions that support internal integrity, professional resilience, and self-regulation.

A sense of deep, life-giving connection and awareness of one's professional role in the broader context of functioning are effective defenses against professional deformation. The combination of social support, ecopsychological approach, and reflective reflection on one's own experience helps to stabilize the psychoemotional state, maintain motivation, and high performance, which makes the ecopsychological strategy a key factor in preventing burnout and building long-term professional resilience of psychologists.

Prospects for further research. Further research can be aimed at empirically testing the effectiveness of ecopsychological strategies in preventing professional burnout of psychologists working in crisis and military conditions. It is advisable to develop quantitative and qualitative methods for assessing the impact of integrated practices of conscious self-care, the formation of professional boundaries and the optimization of internal resources on the psychoemotional state of specialists. This will allow us to establish

specific relationships between the components of the ecopsychological model and the level of professional resilience, as well as to identify the most effective interventions for different professional contexts.

A separate area is the study of the specifics of the professional ecosystem of psychologists in different socio-psychological conditions, including the duration and intensity of crisis events. Studying the interaction between a specialist's internal resources, the requirements of the professional environment, and available restorative practices will expand the understanding of the dynamics of professional burnout and mechanisms for its prevention. In addition, it is important to analyze the impact of social support, supervision, and self-help groups on the integration of the ecopsychological approach into daily professional practice.

An interdisciplinary approach to the study of professional resilience that combines psychological, sociological, and organizational factors is also promising. This will make it possible to develop comprehensive models of burnout prevention adapted to the specific conditions of psychologists' work in crisis and military situations. In addition, further research could focus on long-term monitoring of the impact of ecopsychological interventions on psychoemotional well-being, professional performance, and preservation of the integrity of the individual, which would open up new opportunities for evidence-based support for psychologists in crisis.

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PSYCHOLOGICAL READINESS AS AN INTEGRATIVE RESOURCE OF PROFESSIONAL DEVELOPMENT IN FUTURE MEDICAL PROFESSIONALS

Стаття присвячена питанню формування психологічної готовності майбутніх фахівців медичної сфери до професійної діяльності на етапі навчання. Проаналізовано феноменологічну природу цього утворення як цілісної функціональної системи, що інтегрує мотиваційні, когнітивні, емоційно-вольові та поведінкові компоненти, які відіграють визначальну роль у можливості ведення успішної професійної діяльності, прийнятті рішень, стресостійкості та розвитку інших важливих компетенцій майбутнього медичного фахівця. У межах дослідження розкрито механізми поступового становлення психологічної готовності до професійної діяльності в умовах освітнього процесу та клінічної практики. Виявлено важливість не лише високого рівня теоретичного та практичного рівня знань, а й активний розвиток soft skills, що дозволяє максимально ефективно використовувати знання в роботі з пацієнтом. Визначено значення симуляційних завдань, рефлексії, досвіду комунікації з пацієнтами та включеності у професійне середовище. Зроблено акцент на специфіці емоційної саморегуляції, стресостійкості та професійної ідентифікації, що формуються під впливом реального досвіду дії в медичних ситуаціях. Висвітлено роль навчального середовища як простору розвитку професійної суб'єктності, де студент поступово інтеріоризує не лише знання, а й цінності, етичні принципи та поведінкові моделі. Описано динаміку переходу від зовнішньої функціональної адаптації до внутрішньої включеності в професійний контекст. Показано, що психологічна готовність постає не як результат засвоєння навчальної програми, а як внутрішньо пережита й структурована здатність діяти відповідально, узгоджено, емоційно стабільно в умовах постійного міжособистісного та морального навантаження та викликів сьогодення. Стаття акцентує на потребі спеціальної підготовки до психоемоційних викликів, пов'язаних із майбутньою професією, через розвитоку емоційного інтелекту, рефлексії, здатності до емоційного розмежування й прийняття професійної невизначеності, формування практики супервізії. Теоретико-методологічна основа дослідження ґрунтується на концептах професійного становлення, суб'єктності, саморегуляції та психологічної резистентності, розвитку емоційного інтелекту.

Ключові слова: психологічна готовність; медична освіта; емоційна саморегуляція; професійна ідентичність; клінічна практика; суб'єктність; рефлексія.

The article examines the formation of psychological readiness for professional activity in future medical specialists during their educational training. The phenomenological nature of psychological readiness is analyzed as an integrated functional system comprising motivational, cognitive, emotional-volitional, and behavioral components that collectively determine the capacity for effective professional performance, decision-making, stress resilience, and the development of other essential competencies in future healthcare professionals. The study elucidates the mechanisms underlying the gradual development of psychological readiness within the educational process and clinical training. The findings highlight the importance not only of a high level of theoretical and practical knowledge but also of the active development of soft skills that enable the effective application of medical knowledge in patient care. The significance of simulation-based tasks, reflective practices, communication experiences with patients, and integration into the professional community is emphasized. Particular attention is given to the development of emotional self-regulation, stress tolerance, and professional identity, which are shaped through direct engagement in real clinical situations. The educational environment is conceptualized as a developmental space for cultivating professional agency, within which students gradually internalize not only knowledge but also values, ethical principles, and behavioral models. The article outlines the dynamic transition from external functional adaptation to internalized professional involvement. Psychological readiness is presented not as a simple outcome of completing an academic curriculum but as a deeply experienced and structured capacity to act responsibly, coherently, and emotionally stably under constant interpersonal and moral challenges. The article underscores the necessity of targeted preparation for psycho-emotional

challenges inherent to the medical profession through the development of emotional intelligence, reflective skills, emotional differentiation, acceptance of professional uncertainty, and the implementation of supervision practices. The theoretical and methodological foundations of the study draw upon concepts of professional development, agency, self-regulation, psychological resilience, and emotional intelligence.

Keywords: psychological readiness; medical education; emotional self-regulation; professional identity; clinical practice; agency; reflection.

Formulation of the problem The psychological readiness of future medical professionals for professional activity is not a static construct formed solely on the basis of acquiring knowledge or technical skills – it is formed as a dynamic functional system that integrates cognitive, emotional-volitional and motivational parameters in the context of purposeful preparation for working with the human body, pain, suffering and death. That is why, unlike other areas of professional training, in the medical field, the emphasis is shifted to the ability of future specialists to withstand emotionally intense situations, adapt to morally difficult conditions and, at the same time, maintain clinical rationality and ethical sensitivity. Psychological readiness for this activity develops as a result of the internalisation of specific social norms, professional standards, and behaviour patterns set by the educational environment and reinforced through practical experience – clinical simulations, internships, and communication with practicing teachers. The formation of this component occurs in conjunction with the processes of professional identification: students do not simply absorb information, but build an internal image of themselves as doctors, nurses, paramedics – those who are capable not only of knowing, but also of acting in extreme conditions, making complex decisions under the pressure of time and responsibility. The gradual formation of this internal image of oneself occurs on the basis of feedback from teachers, curators, and patients within the framework of clinical practices, and it is this element — awareness of one's professional competence — that begins to serve as the basis for psychological readiness as an integrated construct. In other words, it is not only about the readiness to act, but also about the subject's ability to accept a professional situation as their own – without external adaptation, as an internal norm. In this dimension, psychological readiness appears as the ability to self-regulate in context – consciously managing emotional reactions, attention, and stress levels in situations of increased uncertainty [3, p. 12].

The purpose of this article is to theoretically substantiate and analytically examine the process of forming psychological readiness for professional activity in future medical specialists during their educational training, with a particular focus on its structural components, developmental mechanisms, and functional role in professional performance under conditions of clinical uncertainty, emotional strain, and ethical responsibility.

Outline of the primary material Psychological readiness for professional activity in the field of medicine is not limited to a single act of mobilisation, but is the result of long-term internal work of the individual, in which a complex system of psychophysiological, emotional-volitional and cognitive-motivational regulations is gradually built up. This system is not formed in a vacuum, but in a specific educational environment that sets both the parameters of the information load and the structure of expectations regarding student behaviour in crisis, extremely difficult or even extreme situations. It can be said that psychological readiness is a specific functional construct with a modular organisation. Its core includes stable intrapsychic components, such as adaptive tolerance to stress, plasticity of thinking, emotional self-regulation, anticipation, and the ability to reflectively interpret changes in the professional field. At the same time, the peripheral levels of the construct ensure adaptive variability and allow the individual to respond flexibly to the variable parameters of professional interaction. If we analyse the component structure of this readiness, it includes a motivational core associated with attitudes of helpfulness, empathy, altruism, and a high degree of identification with the professional role. The cognitive module, in turn, covers not only the scope of knowledge, but also operational decision-making schemes in conditions of time constraints, information deficits, and ethical uncertainty. The emotional-volitional part is the most vulnerable, as it is responsible for maintaining effective functioning under the pressure of affective stimuli, in particular, patient suffering, fear of death, and conflictual interactions. It is particularly important that the psychological readiness of a medical professional is never complete; it is constantly changing, transforming, adapting, and modulating under the influence of new situations, tasks, experiences, and personal growth, which determines the need for its formation at each stage of professional training [5, p. 6].

Psychological readiness for professional activity in the field of medicine is a complex multidimensional construct that is formed over a long period of professional socialisation and cannot be reduced to a momentary state of mobilisation or situational readiness to perform professional duties. It

involves the gradual development of an internal system of mental regulators that ensure stability of activity, the ability to make responsible decisions and effective functioning in conditions of high emotional, cognitive and moral stress. In this context, psychological readiness appears as an integrative resource of the personality, combining individual psychological, motivational and socially determined characteristics.

The formation of psychological readiness does not occur in isolation, but within a specific educational and professional environment that sets the norms, expectations and behavioural scenarios for future medical professionals. The educational space of a medical institution not only transmits a system of knowledge and skills, but also indirectly shapes the student's attitude towards professional responsibility, uncertainty, mistakes and their own emotional reactions. In the course of their training, future medical professionals gradually internalise the requirements of their professional role, learn to function in situations where time, information and resources are scarce, and encounter moral dilemmas that require not only rational but also emotionally balanced decisions.

Structurally, psychological readiness has a multi-level organisation, based on a relatively stable personal core, complemented by flexible adaptation mechanisms. This core includes such intrapsychic characteristics as tolerance to stress and uncertainty, the ability to regulate emotions, flexibility of thinking, developed reflective abilities, and anticipation skills. It is these components that ensure the internal integrity of professional functioning and create the basis for resilience in conditions of repeated psycho-emotional stress. The peripheral elements of the structure perform the function of operational adaptation, allowing the individual to adjust their behaviour in accordance with the context of the clinical situation, the specifics of interaction with patients and the interdisciplinary team.

The motivational component of psychological readiness plays a system-forming role, as it determines the direction of professional activity and the depth of identification with the professional role. Internal motivation to help, a focus on humanistic values and responsibility, as well as a conscious acceptance of the complexity of the medical profession form a solid foundation for professional resilience. In the absence of such a motivational core, even a high level of knowledge and skills does not guarantee effective and ethically sound activity in real clinical conditions.

The cognitive component of psychological readiness goes beyond the simple assimilation of theoretical material and involves the formation of operational mechanisms of professional thinking. This refers to the ability to quickly analyse information, integrate conflicting data, predict the possible consequences of decisions, and act in conditions of incomplete or excessive information. This component is particularly important in situations of clinical uncertainty, when standard algorithms are insufficient and the responsibility for the decision made has a direct impact on the patient's condition.

The emotional-volitional component is the most vulnerable and at the same time critically important element of the psychological readiness of a future medical professional. It is this component that ensures the ability to maintain professional effectiveness under the influence of intense affective stimuli, such as patient suffering, grief, fear of death, or conflictual interactions with patients' relatives. Insufficient development of this component increases the risk of emotional exhaustion, professional burnout, and the formation of defensive, often maladaptive behavioural strategies. On the other hand, well-developed emotional-volitional regulation allows one to combine empathy with professional distance, preserving the psychological health of the specialist.

It is fundamentally important to realise that the psychological readiness of a healthcare professional is never fully complete at any stage of professional development. It is in constant flux, transforming under the influence of new professional tasks, clinical experience, personal crises and processes of self-reflection. It is this openness to change that determines the need for continuous development of psychological readiness within educational programmes, clinical practice and the postgraduate education system.

Thus, psychological readiness is not a side effect of professional training, but a key condition for effective, ethically sound and psychologically stable medical practice. Its purposeful formation in the educational process creates the basis for the development of professional subjectivity of future medical professionals, improving the quality of medical care and preserving the mental health of specialists in the long term.

The educational process in the field of medical education functions not as a simple transfer of knowledge, but as a complex system of influences aimed at modelling the psychophysiological picture of future activity. Through scenario simulations, clinical analyses, standard patients, and interactive cases, a conditional but realistic projection of the professional environment is created. This environment allows students to immerse themselves in situations of high uncertainty, time constraints, multiple possible solutions, and emotional stress. In such conditions, internal adaptive mechanisms that were not previously activated in academic training are activated. It is important to note that the simulated environment not only

allows one to act according to an algorithm, but also forms a new ability – emotional hardening, i.e., gradual insensitivity to background affective activity when focused on a task. In particular, the ability to remain rational in the presence of a critically ill patient, in conditions of bloody injuries or loss of consciousness of another person – all this takes the student beyond theoretical knowledge and immerses them in practical adaptation. Modelling is not only a teaching technique, but also acts as a form of psychological prelude to real activity. Students begin to realise their own limits of tolerance to frustration and identify their own emotional reactions, which allows them to further develop individual self-regulation strategies. In this sense, learning acquires a therapeutic effect, as it helps to adapt to future psycho-emotional stress, changing not only the style of behaviour but also the structure of perception of professional situations. Pedagogical support also plays a significant role, where the teacher functions not only as a bearer of knowledge, but also as a facilitator of the student's psychological transformation, focusing on moments of uncertainty, impulsiveness, or, conversely, excessive delay in decision-making. Such structural training is important not only in the formation of professional competence, but also in changing the level of personal adaptability [2, p. 21].

Psychological resilience, a multi-component quality that includes emotional, volitional, motivational, and cognitive aspects, is important for the successful professional integration of future medical specialists and the development of their psychological readiness in the face of modern challenges. As shown by O. Palamarchuk and I. Gaba (2024) [10, pp. 5–11], it is this resilience that enables individuals to adapt to uncertain circumstances while maintaining inner balance, professional productivity and constructive communication with their environment. Developing their conceptual model, we can identify several key mechanisms through which psychological resilience is transformed into a resource for professional integration. Firstly, emotional stability — the ability to resist adverse emotional reactions, reducing the risk of burnout or panic in crisis clinical or organisational situations. Second, volitional tension is the active effort to maintain a steady course even in the face of strong professional or moral pressure, which is often encountered in medical practice. Thirdly, the motivational component is an internal orientation towards professional mission, self-improvement and responsibility, which supports the long-term ability to work in a stressful environment. Fourth, cognitive flexibility and analytical thinking — the ability to solve complex clinical problems, make decisions in conditions of insufficient information, and quickly adapt to change.

In the context of medical education, this resilience is not only necessary as a safety net, but also acts as a dynamic ‘platform’ for the formation of professional identity. During their studies, students who develop psychological resilience cope more easily with the stress of simulations, practical training and interaction with patients — they gain self-confidence and learn self-analysis and constructive reflection. This, in turn, contributes to their professional integration as individuals who actively respond to professional challenges rather than simply reacting to them. In addition, according to research by O. Palamarchuk and I. Gaba (2024) [10, pp. 5-11], the development of psychological resilience is closely linked to the development of agency (subjectivity) — an internal position from which a healthcare professional not only ‘plays a role’ but consciously shapes their professional mission and choices. Thus, resilience becomes not only an individual resource, but also the basis for self-determination in the professional sphere, for supporting ethical behaviour, collegiality and long-term motivation.

In practical terms, this means that educational programmes in medical institutions should focus not only on the development of clinical competencies, but also on psychological resilience. This can be achieved through the integration of training in emotional regulation, reflection, psychological supervision, and simulations with stressful elements. Such an approach will contribute not only to increasing graduates' readiness for challenges, but also to their long-term life and professional resilience.

The cognitive basis of psychological readiness for medical practice includes not only factual knowledge, but above all operational flexibility of thinking. Decision-making in medical practice often involves multiple factors, conflicting data, time constraints and the need to act in the face of ethical dilemmas. In this sense, the cognitive part of readiness is realised through the development of clinical thinking – a structured process that combines analysis, synthesis, hypothesis generation and verification of decisions. Systematic training of future doctors involves the formation of patterns of differential thinking, which allows them to quickly identify diagnostically relevant signs while avoiding cognitive biases such as confirmation bias or the first impression effect. This level of thinking is not formed solely through reading material – it is built up in the process of multiple cognitive conflicts, where students have to revise their own conclusions under the pressure of new data or alternative views. Visual diagnostics occupies a special place, where it is necessary to correlate subjective perception with objective standards, while maintaining spatial orientation, attention to micro-details and speed of reaction. The element of cognitive readiness also

includes metacognition — the ability to self-observe one's own thinking, identifying moments of indecision, inhibition, or overload. A student who has this level of readiness does not simply possess knowledge, but uses it as a tool, modulates it to the situation, evaluates the consequences of their own decisions and predicts areas of risk. This allows them to transform academic competence into a real ability to act, even in conditions of incomplete information or in a non-standard clinical case. Thus, the cognitive component is not the accumulation of knowledge, but the creation of a neuropsychological environment for the emergence of functional readiness for professional decisions [8, p. 85].

Emotional self-regulation in the structure of psychological readiness for the medical profession plays not only a compensatory but also a fundamental role. It acts as a system of internal mechanisms that ensure the stability of professional functioning against a background of intense emotional arousal. Unlike formal restraint, emotional self-regulation is the result of internalised psychotechnics: breathing techniques, cognitive reconstruction of situations, shifting focus of attention, and bodily desensitisation. In the process of professional medical training, these skills can and should be developed in a specially designed environment — for example, through participation in simulations where the level of tension is regulated by the teacher with a gradual increase in the complexity of situations. Students learn not just to endure stress, but to divide it into phases, manage their own physical reactions, and transform anxiety into mobilising energy. In such cases, so-called autonomous competence is gradually formed – the ability to maintain an optimal level of emotional arousal to ensure accurate, controlled and responsible decision-making. The level of development of this skill often proves to be decisive in crisis moments of medical practice, when external pressure, patient fear, the presence of relatives, or even an aggressive environment exert a simultaneous influence. A medical professional who is not prepared for this level of stress risks either breaking down emotionally or acting impulsively, which in a clinical setting can have fatal consequences. That is why emotional self-regulation should be studied not as an optional subject, but as an integral part of basic professional training – with elements of psychophysiological diagnostics, biofeedback, and stress resistance training. As a result, not only tolerance to distress is formed, but also the ability to work for long periods of time under high functional stress without losing efficiency [9, p. 93].

The development of stable psycho-emotional self-regulation during medical university studies is not a side effect of education, but a purposeful process that involves a structural transformation of the student's reactivity to external stimuli. Medical practice involves constant work in a field of uncertainty, where traumatic stimuli, conflicts of interest, moral ambivalence, the need for urgent decisions and chronic emotional tension are present. In such conditions, it is not enough to have knowledge – it is necessary to be able to maintain focus, clarity of mind and accuracy of motor response even in a state of affective arousal. In this process, the key is the development of tolerance to frustration – the ability to endure dissatisfaction with the result, not to lose working capacity under the pressure of external circumstances, and to manage the internal dynamics of expectations when reality does not match predictions [7, p. 10].

This component is actively formed within interactive training modules – crisis management training, simulations of conflict dialogues with patients, interdisciplinary consultation exercises, where not only the logic of action comes to the fore, but also the ability to withstand the pressure of alternative opinions while remaining composed. Stress resistance also plays an important role, which includes not immunity to stress as such, but the ability to quickly adapt to its effects by modifying response strategies. This type of resilience is not innate, but is developed through systematic exposure to short-term stressful influences followed by reflection on one's own states. Particular attention in the educational process should be paid to the development of emotional flexibility – the ability to switch between emotional states without blocking them, as well as the ability to withstand emotional contrasts (from compassion to demandingness) depending on the context. Within the framework of professional training, this is facilitated by the inclusion in the programme not only of medical ethics, but also of basic psychotechnics, in particular muscle relaxation exercises, elements of mindfulness meditation, cognitive-behavioural techniques for identifying automatic destructive thoughts, and training in reducing reactive aggression. All these methods should not be considered additional, as they constitute the core of the psychological resource that determines the long-term effectiveness of a specialist in the real environment of clinical practice [3, p. 7].

In the process of forming internal psychological readiness for a professional role, the development of mechanisms of personal reflection is of decisive importance. This is not simply an act of comprehending events, but a constant internalisation of experience, which allows the subject not only to act, but also to understand how exactly they act and why. It is especially important that reflection performs not only a cognitive but also a regulatory function, since through the reflection on values, beliefs, and internal reactions, the specialist gradually structures their ideas about the limits of what is acceptable, models of responsibility, and ways of interpreting complex situations. In the educational process of a medical

university, reflection cannot remain episodic. It must be woven into the fabric of the educational space through the keeping of individual clinical practice diaries, structured group supervision after simulations, and discussion of cases not only from the point of view of medical actions, but also from the point of view of internal experience. Such forms allow students to see their own blind spots — those reactions or attitudes that remain unconscious but actively influence decisions. Through reflection, professional identity is gradually formed – a complex structure that combines perceptions of oneself as a specialist, internal standards of professional dignity, ethical guidelines, and the presence of personal meaning in medical practice. Identity is not a mask, but an internal architecture of stability that allows one to endure professional loneliness, confront tragic events, and take responsibility for decisions that change or preserve lives. When reflection is organised systematically, it contributes to the emergence of a meta-position – the ability to see oneself in action from the outside, to compare the expected and the actual, to adjust motivation, and most importantly, to avoid automatism, which in medical practice often leads to dangerous professional burnout. Thus, reflection is not only a technique for understanding, but also a profound mechanism for internal reprogramming of the personality towards a sustainable, responsible, mentally stable readiness for professional realisation in the complex social context of medicine.

In practical terms, developing psychological readiness for professional activity involves gradually building the ability to integrate ethical, rational and empathetic components into a single decision. In clinical practice, such situations occur daily: when it is necessary to refuse relatives' requests that contradict medical indications; when a patient is aggressive due to fear; when you have to report an incurable diagnosis. In these moments, students go beyond traditional learning, as they need to think, feel and act simultaneously. Preparation for such decisions involves the formation of a comprehensive system of value-motivational stability, which is implemented through situational modelling of moral dilemmas, assertive communication training, and participation in ethical reflection groups, where each participant learns to formulate arguments that are not only logical but also psychologically relevant. An important component is the development of the ability to separate emotions – to distinguish between what belongs to the patient's emotions and what is the student's own reaction. Without such separation, the emotional sphere quickly turns into a zone of contamination: the student loses their composure, reacts according to a template, takes on the role of a victim or, conversely, forms an emotional barrier that distorts their ability to empathise. Within the framework of systemic training, this skill can be cultivated through guided training on distinguishing between projection and empathy, reflective essays after clinical practice with a focus on the internal dynamics of reactions, and microanalysis of situations where the specialist's behaviour caused a strong response. The result is the gradual formation of the ability to make decisions within emotional complexity without losing professional accuracy. Such integration of internal components in the learning process leads to the emergence of true internal autonomy, when the student does not need external indicators of correctness of action, but is guided by an internally formed professional coordinate system [4, p. 40].

An analysis of the psychological readiness of future medical professionals is impossible without taking into account empirical data on the prevalence of mental disorders in the student medical community. In this context, the results of a meta-analysis by Zeng et al., which covered 30,817 students and showed a high prevalence of depressive and anxiety symptoms among future doctors, are indicative. The summary statistical estimates revealed depression in almost 29% of students, anxiety in more than 21%, while suicidal thoughts were recorded in approximately 11% of respondents. The authors note that the data obtained indicate the systemic nature of mental health problems among medical students, regardless of the age or gender of the respondents [11].

The generalised results of this meta-analysis are directly relevant to understanding the formation of psychological readiness for professional activity. Emotional disturbances, persistent anxiety or depressive symptoms directly affect the key components of psychological readiness — emotional-volitional, motivational and cognitive. Chronic anxiety or depression reduces the ability to concentrate, impairs the quality of operational decision-making, and reduces stress resistance, which complicates effective interaction with patients and the acquisition of clinical skills. Thus, mental health problems become not only an individual risk for students, but also a factor that potentially reduces the quality of their future professional activity.

In the context of medical education in Ukraine, these conclusions are particularly relevant. Studying during a period of martial law, social instability, and increased emotional stress in clinics create additional risks for the development of anxiety and depression among students and interns. This requires a systematic approach to psychoprophylaxis: regular screening, provision of accessible psychological support, integration of stress management training and development of emotional self-regulation into the educational process.

Thus, the results of the meta-analysis confirm that the psychological readiness of future specialists cannot be effectively developed without taking into account their mental health. The high prevalence of psycho-emotional disorders among medical students should be considered a critical risk factor that requires targeted institutional support measures and appropriate changes in the structure of professional training.

Conclusions: Thus, the psychological readiness of future medical professionals is formed as a complex dynamic structure that encompasses motivational, cognitive, emotional-volitional, and behavioural components. It is not limited to a set of knowledge or skills, but manifests itself in the ability to act consistently under conditions of stress, moral tension, and clinical uncertainty. It is based on internal acceptance of professional responsibility, reflection on one's own actions, ethical sensitivity, and experience of real interaction with patients. During training, this state is developed through simulations, clinical practice, mentoring, overcoming failures, and integration into the professional community. Readiness is not fixed – it develops gradually, becoming an internal resource for self-regulation, professional resilience, and authentic engagement in medical practice. Prospects for further research in the field of psychological readiness of future medical professionals at the training stage include in-depth study of the mechanisms of emotional stability and self-regulation development in the context of growing professional and social challenges; determining the effectiveness of various models of psychological and pedagogical support for medical students; analysing the impact of the educational environment, mentoring practices and modern simulation training technologies on the formation of readiness to act in conditions of uncertainty. It is also important to develop tools for the early identification of students with low levels of psychological readiness and to create targeted corrective and developmental programmes. A promising area is comparative international research on models of training future medical professionals, which will allow the integration of successful practices from global experience into the domestic medical education system.

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A STUDY OF THE COMPONENTS OF PROFESSIONAL BURNOUT AMONG EMPLOYEES OF THE BODIES AND UNITS OF THE STATE EMERGENCY SERVICE OF UKRAINE

У часи військового протистояння в Україні, важливим питанням сучасної психології постає проблема професійного вигорання працівників органів і підрозділів Державної служби України (ДСНС) та його компонентів. Від ризиків виникнення професійного вигорання залежить психологічний стан працівників ДСНС, можливість виконання поставлених завдань та навіть фізичне самопочуття. На державному рівні активно впроваджуються програми профілактики професійного вигорання, так як в умовах підвищеної небезпеки ризики значно вищі. Емпіричне дослідження компонентів професійного вигорання сприятиме більш глибшого розуміння специфіки професійного вигорання та сприятиме можливості подальшого прогнозування та розробці програм профілактики та психокорекції.

Відповідно до наукових концепції О.Вавринів, О.Мірошніченко, С.Джексона, Р.Лазаруса, Н. Оніщенко, синдром вигорання – це складний психофізіологічний процес, який містить емоційне, психологічне, розумове і фізичне виснаження з причин тривалого емоційного навантаження. Синдром професійного вигорання можна тлумачити як стресову реакцію, що виникає внаслідок довготривалих професійних стресів середньої інтенсивності.

Для дослідження компонентів професійного вигорання працівників органів і підрозділів Державної служби України з надзвичайних ситуацій було скомпоновано психодіагностичний комплекс методів дослідження до якого увійшли: Методика діагностики соціально-психологічної адаптації К.Роджерса і Р.Даймонда, Шкала темпераментів Л.Терстоуна, Методика "Q- Сортування" В. Стефансона. Діагностика провідних тенденцій поведінки в реальній групі та уявлень про себе, Діагностика ступеня готовності до ризику Г. Шуберта, Шкала самоефективності Р.Шварца та М.Єрусалема, Шкала оцінки рівня реактивної та особистісної тривожності Ч.С.Спілберга, Шкала депресії А.Т.Бека, Опитувальник А.Басса і А.Дарки, Дослідження Синдрому професійного вигорання Тест Дж. Гринберг, Шкала резильєнтності.

За результатами емпіричного дослідження виокремлено факторну структуру вимірюваних показників у працівників ДСНС. Виокремлено: рефлексивно-адаптивний компонент, що складається із показників «адаптації», «інтернальності», «самоприйняття», «емоційного комфорту» і «прийняття інших»; резильєнтно-самоефективний компонент складається з елементів «особистісної тривожності», «реактивної тривожності», «самоефективності» і «резильєнтності»; агресивно-вигоряючий компонент складається з показників «агресивності», «ворожості», «вигоряння», «врівноваженості» і «депресивності»; комунікативно-активний компонент складається з показників «товариськості», імпульсивності, «лідерства» і «фізичної активності». Тобто виокремлено чотирьохкомпонентну структуру вигорання, до якої увійшло 3 адаптивних компонента (рефлексивно-адаптивний, резильєнтно-самоефективний, комунікативно-активний) та один дезадаптивний компонент – агресивно-вигоряючий. Встановлено, що професійне вигорання пов’язане із переживанням негативних емоційних станів (агресивності, ворожості, неврівноваженості та депресивності), тобто психокорекційну програму можна спрямувати на психокорекцію негативних емоційних станів та розвиток резильєнтності, рефлексивності, самоефективності та комунікативності.

Ключеві слова: професійне вигорання, працівників органів і підрозділів Державної служби України з надзвичайних ситуацій, професійне вигорання, резильєнтність, рефлексивно-адаптивний компонент, агресивно-вигоряючий компонент, резильєнтно-самоефективний компонент, комунікативно-активний компонент.

In the context of military confrontation in Ukraine, an important issue in contemporary psychology is the problem of professional burnout among employees of the State Emergency Service of Ukraine (SES) and its components. The psychological well-being of SES employees, their ability to perform their duties, and even their physical health depend on the risks of professional burnout. At the state level, programs for the prevention of professional burnout are being actively implemented, as the risks are significantly higher in conditions of increased danger. Empirical research into the components of professional burnout will contribute to a deeper understanding of the specifics of professional burnout and will facilitate the possibility of further forecasting and developing prevention and psychocorrection programs.

According to the scientific concepts of O. Vavryniv, O. Miroshnychenko, S. Jackson, R. Lazarus, and N. Onishchenko, burnout syndrome is a complex psychophysiological process that involves emotional, psychological, mental, and physical exhaustion due to prolonged emotional stress. Professional burnout syndrome can be interpreted as a stress reaction resulting from prolonged professional stress of moderate intensity.

To study the components of professional burnout among employees of the State Emergency Service of Ukraine, a psychodiagnostic complex of research methods was compiled, which included: K. Rogers and R. Diamond's method for diagnosing social and psychological adaptation, L. Thurstone's temperament scale, and V. Stephenson's "Q-Sorting" method. Diagnosis of leading behavioral trends in a real group and self-perceptions, G. Schubert's diagnosis of risk readiness, R. Schwarzer and M. Jerusalem's self-efficacy scale, C.S. Spielberger's scale for assessing reactive and personal anxiety, A. T. Beck, Questionnaire by A.Buss and A.Durkee, Research on Professional Burnout Syndrome Test by J. Greenberg, Resilience Scale.

Based on the results of empirical research, the factor structure of measurable indicators in SES employees has been identified. Identified: a reflexive-adaptive component consisting of indicators of "adaptation," "internality," "self-acceptance," "emotional comfort," and "acceptance of others"; a resilience and self-efficacy component consisting of the elements of "personal anxiety," "reactive anxiety," "self-efficacy," and "resilience"; aggressive-burnout component consisting of indicators of "aggressiveness," "hostility," "burnout," "balance," and "depressiveness"; the communicative-active component consists of indicators of "sociability," impulsiveness, "leadership," and "physical activity." In other words, a four-component structure of burnout has been identified, which includes three adaptive components (reflective-adaptive, resilience and self-efficacy, communicative-active) and one maladaptive component – aggressive-burnout. It has been established that professional burnout is associated with experiencing negative emotional states (aggression, hostility, imbalance, and depression), i.e., a psychocorrectional program can be directed at psychocorrection of negative emotional states and the development of resilience, reflexivity, self-efficacy, and communicativeness.

Keywords: professional burnout of employees of the State Emergency Service of Ukraine, professional burnout, resilience, reflective-adaptive component, aggressive-burnout component, resilient-self-efficacy component, communicative-active component.

Formulation of the problem. During times of military conflict in Ukraine, an important issue in contemporary psychology is the problem of professional burnout among employees of the State Emergency Service of Ukraine (SES) and its components. The psychological state of SES employees, their ability to perform their duties, and even their physical well-being depend on the risks of professional burnout. At the state level, programs for the prevention of professional burnout are being actively implemented, as the risks are significantly higher in conditions of increased danger. Empirical research on the components of professional burnout will contribute to a deeper understanding of the specifics of professional burnout and facilitate the possibility of further forecasting and developing prevention and psychocorrection programs.

Analysis of recent research and publications. In modern science, O. Vavryniv, S. Jackson, R. Lazarus, N. Onishchenko, V. Platonov, and others have devoted their work to the problem of professional burnout.

The purpose of the article is to conduct an empirical study of the components of professional burnout among employees of the State Emergency Service of Ukraine.

Outline of the main material. Burnout syndrome is a complex psychophysiological process that involves emotional, psychological, mental, and physical exhaustion due to prolonged emotional stress [3]. Professional burnout syndrome can be interpreted as a stress reaction resulting from prolonged professional stress of average intensity. Before professional burnout occurs, there is a period of increased activity when the specialist is completely immersed in work, forgetting about their own needs, followed by emotional exhaustion. Emotional exhaustion is emotional overload, a feeling of emptiness, a feeling of fatigue that does not go away after a night's sleep. After rest, the condition stabilizes, but when returning to work, the condition recurs [3].

Adaptive reactions of an employee lead to increased work efficiency, while maladaptive reactions lead to professional burnout [3].

Symptoms of professional burnout include:

Psychophysiological symptoms: feeling of constant fatigue, feeling of emotional and physical exhaustion, general asthenia, headaches, nausea, gastrointestinal disorders, sleep disorders, lethargy, and others.

Emotional symptoms: decreased sensitivity and reactivity to changes in the external environment, indifference, boredom, depression, lethargy, irritability, negative emotions, and others.

Behavioral symptoms: avoidance of professional activities, changes in work habits, indifference to work, getting stuck on minor details, etc.

Intellectual symptoms: feeling that work is difficult, decreased interest in new things, preference for standard patterns, cynicism toward innovations.

Social and psychological symptoms: uncontrolled outbursts of anger, feelings of unconscious anxiety, feelings of hyper-responsibility, loss of ideals, professional prospects, general negative attitude towards life prospects [3].

To overcome professional burnout, psychocorrectional work should be directed toward developing resilience. Resilience is a person's ability to successfully build social connections under adverse conditions. Most approaches to understanding resilience, although they seem simple, actually have a more complex structure. Resilience is represented in the form of five interrelated aspects:

1. Positive, favorable social conditions and unconditional acceptance.
2. The search for meaning in life, which can be realized through religion.
3. The feeling that a person can control their destiny and develop their own skills and abilities.
4. Adequate self-esteem.
5. A sense of humor [4].

Resilience is an important prerequisite for successful adaptation and personal development. The development of resilience depends not on a person's living conditions, but on their perception of life's difficulties. When faced with difficult living conditions, as well as in the process of experiencing life's difficulties, a person is capable of post-traumatic growth and resilience [4].

To study the components of professional burnout among employees of the State Emergency Service of Ukraine, a psychodiagnostic complex of research methods was compiled, which included: the methodology for diagnosing socio-psychological adaptation by K. Rogers and R. Diamond, the temperament scale by L. Thurstone, V. Stephenson's “Q-Sorting” method. Diagnosis of leading behavioral trends in a real group and self-perceptions, G. Schubert's diagnosis of risk readiness, R. Schwarzer and M. Jerusalem's self-efficacy scale, C. S. Spielberger 's scale for assessing reactive and personal anxiety, A. T. Beck, Questionnaire by A. Buss and A. Durkee, Research on Professional Burnout Syndrome Test by J. Greenberg, Resilience Scale.

According to the results of the study, the following results were obtained: based on the study using the methodology of C. Rogers and R. Diamond (Table 1), it was established that the average values of the indicators dominate among the subjects, according to the scales: adaptability (85.63%), maladjustment (82.18%), self-acceptance (66.09%), self-rejection (72.41%), acceptance of others (77.59), rejection of others (70.69%), emotional comfort (79.89%), emotional discomfort (61.49%), internal control (84.48%), and external control (91.38%). That is, average values prevail for most indicators. Excessively low scores on the emotional discomfort scale (38.51%) may indicate either the absence of emotional discomfort or the suppression of emotional experiences. Also, 31.03% of respondents have excessively low subordination scores, which may indicate a problem area in this regard. It should be noted that the predominance of average values among the indicators indicates the predominance of adaptation processes.

Table 1

Methodology for diagnosing social and psychological adaptation by K. Rogers and R. Diamond

No.		Indicator	Average value		Excessively low		High	
			N	%	N	%	N	%
1	a	Adaptability	149	85.63	1	0.57	24	13.80
	b	Maladaptability	143	82.18	29	16.67	2	1.15
2	a	Untruthfulness –	19	10.92	154	88.51	1	0.57
	b	Untruthfulness +	18	10.34	156	89.66	0	-
3	a	Self-acceptance	115	66.09	39	22.41	20	11.50
	b	Self-rejection	126	72.41	20	11.50	28	16.09
4	a	Acceptance of others	135	77.59	0	-	39	22.41
	b	Rejection of others	123	70,69	48	27,59	3	1,72
5	a	Emotional comfort	139	79,89	6	3,44	29	16,67
	b	Emotional discomfort	107	61,49	67	38,51	0	-
6	a	Internal control	147	84,48	4	2,30	23	13,22
	b	External control	159	91,38	15	8,62	0	-
7	a	Dominance	134	77,01	38	21,84	2	1,15
	b	Subordination	118	67,82	54	31,03	2	1,15
8		Escapism (problem avoidance)	131	75,29	39	22,41	4	2,30

According to L. Thurstone's temperament scale (Table 2), the most pronounced values among the employees of the State Emergency Service bodies and units studied are the average values on the scales of activity (70%), physical activity (63%), impulsivity (72.41%), balance (55.17%), and sociability (48.85%). It was found that high levels of sociability (49.43%) and balance (36.21%) prevail. Low scores on the scales of reflectiveness (63.22%) and leadership (38.51%) should be considered in the development of psychocorrectional programs.

Table 2

L. Thurstone's "Temperament Scale"

No	Indicator	Not expressed		Low Level		Moderate Level		High Level	
		N	%	N	%	N	%	N	%
1	*Activity*	0	-	34	19,54	122	70,12	18	10,34
2	*Physical activity*	1	0,57	30	17,24	110	63,22	33	18,97
3	*Impulsiveness*	0	-	30	17,24	126	72,41	18	10,35
4	*Leadership*	2	1,15	67	38,51	65	37,35	40	22,99
5	*Balance*	1	0,57	14	8,05	96	55,17	63	36,21
6	*Sociability*	0	-	3	1,72	85	48,85	86	49,43
7	*Reflexivity*	21	12,07	110	63,22	42	24,14	1	0,57

According to the results of the study using R. Schwartz's self-efficacy scale (Table 3), M. Yerushalmi established that the majority of respondents have self-efficacy scores above the average (58.62%), 35.06% of respondents have high self-efficacy scores, and 6.32% of the subjects had average scores. The results of the study indicate high self-efficacy scores among the subjects, namely, a high level of belief in their own ability to successfully perform tasks, achieve goals, and cope with life challenges, which affects motivation, choice of actions, perseverance, and emotional states.

Table 3

"R. Schwarzer and M. Jerusalem's self-efficacy scale"

No	Indicator	Low		Below Average		Average		Above Average		High	
		N	%	N	%	N	%	N	%	N	%
1	Self-efficacy scale	0	-	0	-	11	6,32	102	58,62	61	35,06

According to the results obtained using the Buss–Durkee Aggression Questionnaire (Table 4), it was found that the majority of participants demonstrated aggression levels below the normative range (81.61%), while hostility indicators were below the norm in 37.36% of the respondents. These findings may indicate the repression or suppression of aggressive and hostile tendencies, or alternatively, their genuinely low levels. Hostility indicators within the normative range were observed in 59.77% of the participants. Only a small proportion of respondents demonstrated aggression and hostility levels above the norm.These research findings may suggest difficulties in experiencing or expressing aggression. In a previous assessment method, the results indicated average levels of activity, physical activity, and impulsivity. This may be explained by the participants' tendency to restrain aggressive impulses, or by the possibility that aggression is redirected into the performance of professional duties under extreme conditions.

Table 4

Buss–Durkee Aggression Questionnaire

No	Indicator	Below Norm		Norm		Above Norm	
		N	%	N	%	N	%
1	Aggressiveness	142	81,61	29	16,67	3	1,72
2	Hostility	65	37,36	104	59,77	5	2,87

According to the results obtained using V. Stephenson's Q-Sort Technique (Table 5), aimed at diagnosing leading behavioral tendencies in a real group and self-perceptions, the participants demonstrated a pronounced predominance of a stable tendency toward dependence (9.77%). This may indicate a strong need for approval, reflected in a positive attitude toward active leadership, a desire to be accepted by supervisors, a tendency to follow a leader's instructions, avoidance of conflicts within the group, and avoidance of open confrontation with colleagues.

Table 5

V. Stephenson's Q-Sort Method: Diagnosis of Dominant Behavioral Tendencies in a Real Group and Self-Perception

Indicator	A pronounced predominance of dependence		A pronounced predominance of sociability		A pronounced predominance of conflict avoidance	
	N	%	N	%	N	%
	17	9,77	9	5,17	12	6,90

According to the results of the study using G. Schubert's Risk Readiness Assessment (Table 1), it was found that the majority of participants demonstrated average levels of risk readiness (52%), which corresponds to the professional requirements of their specialization [1].

Based on the results of the anxiety assessment among employees of the bodies and units of the State Emergency Service of Ukraine using the Spielberger–Khanin methodology, low levels of both state anxiety (54.29%) and trait anxiety (51.43%) were found to predominate among the participants. Additionally, a relatively high percentage of respondents demonstrated moderate levels of both state and trait anxiety. These results indicate that anxiety is not a stable personality characteristic of the participants and is unlikely to arise even during the performance of professional duties.

According to the results of the assessment of depressive states using A. Beck's methodology, the majority of participants demonstrated a normal emotional state (75.43%); mild depression was identified in 13.14% of participants, moderate depression in 9.71%, and severe depression in 1.71%. Participants with indicators of depression may experience a lowered mood, difficulties with concentration, and may require psychological support and, possibly, medical assistance.

According to the results of the study of professional burnout characteristics among employees of the bodies and units of the State Emergency Service of Ukraine using J. Greenberg's test, all participants (100%) demonstrated low levels of professional burnout syndrome.

Based on the results of resilience assessment using the Connor–Davidson Resilience Scale, all participants (100%) demonstrated high levels of resilience, indicating psychological stability, the ability to adapt to emergency conditions, resistance to stress, traumatic events, and difficulties, as well as the capacity for rapid recovery and continued effective functioning.

At the next stage of empirical data processing, our objective was to obtain the factor structure of the measured indicators among employees of the State Emergency Service of Ukraine. The principal component analysis method with varimax rotation was applied. The number of structural components was determined using Cattell's scree test based on an eigenvalue equal to 1. The assumptions for the applicability of this method were verified using Bartlett's test of sphericity and the Kaiser–Meyer–Olkin measure of sampling adequacy.

During the data processing procedure, a four-component structure was identified from 24 measured indicators, accounting for 60.4% of the total variance.

The first component accounted for 21.3% of the total variance. It consists of indicators that can be unequivocally interpreted as positive and reflective-adaptive. In decreasing order of factor loadings, these include adaptation (0.944), internality (0.940), self-acceptance (0.902), emotional comfort (0.872), and acceptance of others (0.633). Therefore, this component can be defined as the **"Reflective-Adaptive"** component.

The second component explains 15.4% of the total variance and consists of the elements trait anxiety (-0.809), state anxiety (-0.735), self-efficacy (0.706), and resilience (0.680). Based on the content of these indicators, it can be interpreted as the **"Resilience-Self-Efficacy"** component.

The third component includes the indicators aggressiveness (0.859), hostility (0.823), burnout (0.637), emotional stability (-0.581), and depression (0.512). Based on its substantive characteristics, it can be interpreted as the **"Aggressive-Burnout"** component. This component accounted for 14.2% of the total variance.

The fourth component, the weakest, explains 13.9% of the total variance. It consists of the indicators sociability (0.763), impulsivity (0.737), leadership (0.735), and physical activity (0.585). Thus, it can be interpreted as the **"Communicative-Activity"** component, where the first aspect reflects leadership, impulsivity, and physical activity, while the second aspect reflects sociability and, again, leadership.

Conclusions and Prospects for Further Research. Based on the results of the empirical study, a factor structure of the measured indicators among employees of the State Emergency Service of Ukraine was identified. The following components were distinguished: the reflective-adaptive component, which includes the indicators of adaptation, internality, self-acceptance, emotional comfort, and acceptance of others; the resilience and self-efficacy component, which consists of the elements of trait anxiety, state anxiety, self-efficacy, and resilience; the aggressive-burnout component, which comprises the indicators of aggressiveness, hostility, burnout, emotional stability, and depression; and the communicative-activity component, which includes the indicators of sociability, impulsivity, leadership, and physical activity. Thus, a four-component structure of burnout was identified, including three adaptive components (reflective-adaptive, resilience and self-efficacy, communicative-activity) and one maladaptive component — the aggressive-burnout component. It was established that professional burnout is associated with the experience of negative emotional states (aggressiveness, hostility, emotional instability, and depression). Therefore, psychological correction programs may be aimed at reducing negative emotional states and fostering resilience, reflexivity, self-efficacy, and communicative competence.

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TO THE PROBLEM OF HEALTH PRESERVATION AND SELF-PRESERVING BEHAVIOUR OF THE INDIVIDUAL: A HEALTH-PRESERVING APPROACH

У статті автором розглянуто проблему здоров'язбереження, самозбережувальної поведінки особистості. Мета та наукова новизна окреслюють теоретичне обґрунтування взаємозв'язку між здоров'язбереженням та самозбережувальною поведінкою особистості крізь призму концепту «здоров'я» та здоров'язбережувального підходу. Аргументовано, що здоров'язбережувальний підхід виступає науково обґрунтованою методологічною основою для вивчення та розвитку самозбережувальної активності особистості, оскільки інтегрує знання медицини, психології, педагогіки, соціальної роботи та рекреаційної науки. На основі міждисциплінарного аналізу уточнено сутнісні характеристики поняття «здоров'я», розкрито його багатовимірну природу та окреслено значення здоров'язбереження як стратегічної умови фізичного, психічного і соціального благополуччя людини. Доведено, що самозбережувальна поведінка є ключовим механізмом реалізації здоров'язбереження, оскільки спрямована на підтримку життєвого ресурсу, профілактику ризиків, забезпечення адаптації, стресостійкості та особистісної резильєнтності. У статті розкрито структуру самозбережувальної поведінки, яку представлено на п'яти взаємопов'язаних рівнях: фізичному, когнітивному, емоційному, ціннісно-мотиваційному та соціально-поведінковому. Показано, що кожен рівень виконує специфічні функції у збереженні життєвого балансу, а їх інтеграція визначає загальну ефективність адаптивної поведінки людини. Особливу увагу приділено значенню здоров'язбереження в умовах війни та соціальної нестабільності, де самозбережувальна поведінка стає критичною умовою підтримки психофізичного функціонування, протидії травматичному стресу та забезпечення життєстійкості. Обґрунтовано перспективи подальших досліджень у напрямі діагностики самозбережувальної готовності, розроблення превентивних програм та оцінювання впливу соціальних факторів на формування стилю життя.

Ключові слова: *здоров'я, здоров'язбереження, здоров'язбережувальний підхід, особистість, самозбережувальна поведінка.*

The article examines the problem of health preservation and self-preserving behaviour of the individual. The purpose and scientific novelty outline the theoretical justification of the relationship between health preservation and self-preserving behaviour of the individual through the prism of the concept of "health" and the health-preserving approach. It is argued that the health-preserving approach serves as a scientifically grounded methodological basis for studying and developing individual self-preserving activity, as it integrates knowledge from medicine, psychology, pedagogy, social work, and recreation science. Based on an interdisciplinary analysis, the essential characteristics of the concept of "health" have been clarified, its multidimensional nature has been revealed, and the significance of health preservation as a strategic condition for physical, mental, and social well-being has been identified. It has been proven that self-preserving behaviour is a key mechanism for the implementation of health preservation, since it aims to maintain life resources, prevent risks, ensure adaptation, stress resistance, and personal resilience. The article reveals the structure of self-preserving behaviour, which is presented on five interconnected levels: physical, cognitive, emotional, value-motivational, and social-behavioural. It is demonstrated that each level performs specific functions in maintaining life balance, and their integration determines the overall

effectiveness of human adaptive behaviour. Special attention is paid to the importance of health preservation in conditions of war and social instability, where self-preserving behaviour becomes a critical factor in maintaining psychophysical functioning, counteracting traumatic stress, and ensuring resilience. The prospects for further research have been substantiated in the direction of diagnosing self-preserving readiness, developing preventive programmes, and assessing the impact of social factors on the formation of lifestyle.

Keywords: *health, health preservation, health-preserving approach, individual, self-preserving behaviour.*

Problem statement. In contemporary academic discourse, there is a growing interest in concepts that reflect the human capacity to preserve, maintain, and reproduce one's life potential under conditions of social instability, prolonged stress, war, economic risks, informational turbulence, and ecological uncertainty. Changes in lifestyle, the increasing number of psycho-emotional disorders, risks of deviant behavioural forms, professional burnout, social alienation, as well as rising levels of anxiety and trauma within the population, indicate the need to study mechanisms of self-preservation, psychological resilience, and adaptability. In this context, the issues of health preservation and self-preserving behaviour acquire particular significance, as they reflect internal mechanisms of adaptation, regulation, self-protection, and resilience necessary for maintaining the integrity of health and personal viability.

Analysis of recent research and publications. A significant contribution to the understanding of health preservation has been made by Yu. Boichuk, I. Kotsan, L. Kuchynska, L. Rybalko, N. Sydorchuk, T. Khrystova and others, as well as representatives of positive psychology such as C. Rogers, C. Ryff, M. Seligman and others. The concept of "self-preserving behaviour" has been presented in the works of L. Alfimov, N. Volynets, L. Oliinyk, O. Martsyniak-Dorosh, O. Medianova, V. Pankovets, Ye. Potapchuk, N. Pyliavets, R. Sirko, Yu. Shevelev and others.

However, despite a considerable number of scientific works, the concept of "self-preserving behaviour" remains insufficiently systematised, as does its role in the strategic health preservation of an individual.

The aim of the article is to theoretically substantiate the relationship between health preservation and self-preserving behaviour of the individual from the standpoint of the concept of "health" and the health-preserving approach.

Presentation of the main research material. The methodology of the health-preserving approach is based on evidence-based scientific knowledge and on interdisciplinary integration of medicine, psychology, pedagogy, social work, physiology, recreation studies, valeology, and preventive education. It serves as an effective and essential mechanism for strengthening public health by creating favourable conditions for active, healthy, and high-quality living. Methodologically, it integrates biopsychosocial and humanistic paradigms, viewing health as a multidimensional phenomenon. Within this approach, the focus extends beyond treatment or disease prevention to the development of an individual's ability for self-regulation, self-preservation, and responsible attitudes towards personal health.

Under wartime conditions, the health-preserving approach becomes critically important and is manifested through internal psychological mechanisms, behavioural strategies, and value-motivational orientations. It supports adaptive psychological mechanisms; contributes to traumatic stress prevention; restores physical and mental resources; strengthens individual and collective resilience; and enhances the ability to withstand uncertainty and danger.

Modern understanding of health is based on an interdisciplinary paradigm that defines health as a dynamic system of balance among physical, psychological, social, cognitive, and spiritual components. In general, health is understood as the process of maintaining and developing biological, physiological, and psychological capacities of an individual, ensuring optimal working ability and social functioning, and enabling the longest possible period of active life [4; 9]. It represents a harmonious combination of structural and functional characteristics of the organism adequate to the environment, ensuring optimal vital functioning and full human activity [8].

According to L. Kuchynska, the significance of health is not limited to an individual's attitude toward personal health. Its role is viewed from the standpoint of universal laws that determine the life

of future generations. Within the framework of the outlined problem, such an approach to understanding health provides a person with the opportunity to live and work in harmony with the social and natural environment, with oneself, and to strive for self-improvement and the improvement of one's immediate surroundings, as well as to preserve and multiply life resources [5, p. 29].

Similar views are reflected in the works of T. Khrystova, V. Piurko, and S. Kazakova, who emphasise that the health of a nation indicates the level of quality of life, which is determined by numerous parameters: material, social, psycho-emotional, and by the development of physical culture and sport [2, p. 109]. However, the issue of legal definition and the status of health in the legal domain emerges as a point of concern.

Article 49 of the Constitution of Ukraine guarantees every citizen the right to health protection, medical care, and health insurance. The Law of Ukraine "Fundamentals of the Legislation of Ukraine on Health Care" states: "Every person has the natural, inalienable, and inviolable right to health protection. Society and the state are responsible before present and future generations for the level of health and preservation of the gene pool of the people of Ukraine, ensuring the priority of health care in state activities, improvement of working, educational, living, and recreational conditions of the population, solving environmental problems, improving medical care, and promoting a healthy lifestyle" [3]. In this context, the issue extends beyond the right to health and concerns the preservation of health.

Let us consider the concept of "preservation", which is frequently used in correlation with the concept of "health" in Ukrainian academic discourse. However, its semantic content in relation to the concept of health is seldom clarified in psychological sources.

Scientific inquiry has shown that, at present, the Ukrainian interpretation of the concept "preservation" is presented in the Great Explanatory Dictionary of the Modern Ukrainian Language, edited by V. Busel, as: "Preservation 1. The action and state according to the meaning of 'to preserve' and 'to be preserved'" [1, p. 346]. As we see, the linguistic interpretation of the concept is rather narrow. However, referring to the term "to preserve" in the same source provides a more extensive semantic structure and therefore offers an understanding relevant to the topic of this research: "To preserve. 1. To keep intact by protecting, to prevent disappearance or loss… 2. To maintain something in certain conditions by protecting it from damage or destruction // To keep something in good condition, trying to leave it unchanged // To protect from danger, to rescue someone or something // To safeguard against anything harmful // To continue to remain in a certain state, not to lose signs, properties, qualities… 3. To treat something carefully, not to waste anything // To save something for someone; to set aside…" [1, p. 346]. These semantic constructs essentially define the core meaning of "preservation" in relation to "health", thus serving as an initial basis for further scientific analysis of the concept of "health preservation".

It is worth noting that in the modern world, the issue of health preservation is becoming increasingly important in the context of full and productive human functioning, and it is the subject of academic inquiry across various scientific fields both in Ukraine and globally.

The concept of "health preservation" emerged in response to the need for a personalised approach to health and disease prevention in contemporary society. It reflects a shift from the paradigm of "treating illness" to "maintaining optimal health", taking into account the complex influence of various factors on human vitality and longevity. As a concept, "health preservation" encompasses a wide range of strategies and interventions aimed at maintaining health and improving quality of life.

The conducted analysis has shown that although the concept of "health preservation" appears in a number of academic works, its authors often equate or replace it with other linguistic constructs such as: healthy lifestyle, health-preserving technologies, health-preserving competence, health-preserving education, individual health, health protection, medical care, rehabilitation, etc., which, in our view, is not entirely appropriate. Most of these constructs, despite having a certain semantic relatedness, are adjacent components of the issue of health preservation or belong to the same semantic field, but cannot be equated with the concept of "health preservation". Under these circumstances, to ensure scientific validity and clarity of our research, it is necessary to present an authorial interpretation of the concept "health preservation" in accordance with the methodological principles of the health-preserving approach.

Health preservation is an integrated system of scientifically grounded approaches, technologies, strategies, and purposeful actions aimed at sustaining, strengthening, and developing

the physical, mental, social, and spiritual potential of a person. This system involves the formation of a healthy lifestyle, the development of effective self-regulation, the establishment of self-preserving behaviour, disease prevention, reduction of risk-forming factors, support of adaptive bodily capacities, and the achievement of an optimal level of functioning that ensures high quality of life, resilience, and social inclusion of the individual.

A special place in this field belongs to the terminological conceptualisation of the notions of self-preserving behaviour and resilience. Let us consider their semantic content and essential characteristics.

In academic discourse, self-preserving behaviour is regarded as a system of conscious actions and strategies aimed at maintaining life potential. According to Ye. Potapchuk and N. Pyliavets, self-preserving behaviour is a complex integrative system of activity-role and personal qualities of an individual, which ensures the individual's capacity for self-protection and resilience under extreme and specific conditions of activity, as well as care for one's own health and psychological well-being in everyday life [7, p. 222]. L. Oliinyk, O. Martsyniak-Dorosh, O. Medianova, and V. Pankovets define it as a comprehensive system that determines an individual's strategies and actions directed at preserving one's integrity, safety, and adaptation in various life circumstances. Self-preserving behaviour, as a psychological phenomenon, is a complex and multidimensional formation that integrates various mental processes, personal qualities, and social influences. It develops at the intersection of biological instincts of self-preservation and conscious personal behavioural strategies implemented in response to real or potential threats [6, p. 1482].

It should be noted that from the standpoint of the health-preserving approach, self-preserving behaviour encompasses a wide range of psychophysical and social actions aimed at risk prevention; threat reduction; preservation of vital resources; development of resilience; support of stable adaptive strategies; regulation of behavioural habits; and formation of a safe social environment.

Under current conditions of warfare, social transformation, global uncertainty, and increasing individual-environmental risks, an individual's self-preserving behaviour appears as a complex polystructural system and a multilayered formation. Its mechanisms unfold through a system of interconnected levels: physical, cognitive, emotional, value-motivational, and social-behavioural. Each of these levels performs a distinct function within the general architectonics of behaviour, ensuring its integrity and life effectiveness.

The physical level is regarded as the foundational component of the self-preservation system/behaviour, encompassing biological and somatic mechanisms of sustaining life, neurophysiological regulation, reserves of life energy, and behavioural practices aimed at maintaining health. This level includes adherence to nutrition, sleep, and hydration regimes; physical and recreational activity; physical safety (avoidance of injury, safe behaviour in risky conditions); preventive medical activity (check-ups, treatment, care for somatic condition); and maintenance of physiological balance through a healthy lifestyle.

This level forms the foundation of individual resource capacity, ensuring adaptive ability to stress, restoration of bodily functions, regulation of physical well-being, and somatic balance. Disruptions at the physical level generally lead to a decline in the overall capacity for self-preservation.

The cognitive level of self-preserving behaviour encompasses a system of representations, knowledge, judgments, and thinking strategies that determine awareness of life risks, the ability to analyse danger-related causes, anticipate the consequences of destructive behaviour, and make informed decisions in favour of health preservation. Its key characteristics include knowledge of risk factors, health and its maintenance; critical thinking in the sphere of danger prevention; cognitive control of behaviour; reflection on one's actions and states; and forecasting life outcomes of chosen strategies.

The cognitive component ensures rational analysis of life situations, contributes to the formation of adaptive behavioural models, integrates information about threats, and transforms it into deliberate decisions oriented toward life preservation.

The emotional level includes affective responses, feelings, emotional regulation, and stress resilience that determine an individual's ability to experience, control, and transform emotions into constructive actions. It is associated with emotional stability; tolerance to stress; development of empathy and emotional literacy; management of fear and anxiety; and the capacity for emotional self-regulation.

Emotional regulation influences behavioural strategy choices in critical circumstances, contributes to reducing impulsivity and risky actions, supports inner balance, and ensures psychological and physiological harmony.

The value-motivational level of self-preserving behaviour is the core of the meaning structure of self-preservation and ensures the individual's internal readiness to care for one's own life. It is connected with personal beliefs, life goals, motivation for self-development, and responsibility for one's own condition. Its content includes: positive attitudes towards life and health as values; meaningful orientation toward self-preservation; motivation for safety, self-protection, and development; internal norms and beliefs regarding healthy behaviour; and a sense of personal responsibility for decisions and actions.

The value-motivational level ensures the stability of self-preserving behaviour, develops readiness for self-control, enhances life activity and internal discipline. Its weakening leads to indifference, irresponsibility, passivity, and risk-prone behaviour.

The social-behavioural level reflects the real actions and interactions of an individual with the social environment, aimed at preventing threats and enhancing personal and group safety. It includes social skills of safe interaction; the ability to communicate needs, risks, and boundaries; behavioural patterns of a healthy lifestyle; social responsibility, assistance to others, cooperation; and engagement in communities that support healthy practices.

The social-behavioural level is the external manifestation of self-preservation: internal values, cognitive models, and emotional competence are realised precisely through social actions. Through this level, a culture of mutual support, risk prevention, collective safety, and a healthy social environment is formed.

It is important to emphasise that all levels of self-preserving behaviour form a single integrated system. The physical level provides the bodily foundation of life; the cognitive level regulates informational analysis of risks; the emotional level governs internal states; the value-motivational level shapes meaning and purpose; and the social-behavioural level translates them into external actions.

A disruption at any level may destabilise the overall system and reduce the individual's capacity to preserve life. Conversely, their coordinated interaction determines resilience, adaptability, life creativity, a responsible attitude toward one's own health, and successful interaction with the social environment.

Overall, self-preserving behaviour is the result not only of rational decision-making, but also of automated patterns formed under the influence of social experience, upbringing, educational environments, cultural norms, working conditions, and family traditions. It is not only an indicator of health status but also a condition for its maintenance. A person who possesses skills of self-regulation, stress management, life hygiene, and prevention of risky situations demonstrates a higher level of adaptive functioning and social well-being.

Conclusions. The theoretical justification of the relationship between health preservation and self-preserving behaviour of the individual demonstrates that these phenomena constitute integrated components of the concept of "health" and are implemented within the framework of the health-preserving approach as a unified system that ensures human life stability and quality of life. Thus, health preservation and self-preserving behaviour form a single adaptive mechanism that ensures the stability of physical and mental states, social functioning, and enhancement of personal resilience and stress tolerance.

Prospects for further research in the context of theoretical justification of the relationship between health preservation and self-preserving behaviour open wide opportunities for expanding scientific knowledge, empirically validating concepts, and improving practical approaches to public health support.

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STRUCTURE OF PERSONALITY COPING STRATEGIES ACCORDING TO THE METHODOLOGY SACS BY S. HOBFALL: THE RATIO OF ACTIVE AND PASSIVE BEHAVIOR PATTERNS IN EARLY YOUTH

У статті представлено результати емпіричного дослідження стратегій подолання стресу (копінг-поведінки) особистості за допомогою багатовимірної моделі SACS (Strategic Approach to Coping Scale) С. Хобфолла, проведеного на базі закладу професійної освіті. На основі аналізу 40 респондентів визначено структуру та домінуючі тенденції вибору моделей поведінки в ситуаціях психологічного напруження.

Визначено структуру та домінуючі тенденції у виборі моделей поведінки в ситуаціях психологічного стресу. Загальний профіль досліджуваної групи визначено як тип адаптації «соціально обережний», що базується на поєднанні сильної соціальної орієнтації та переважання пасивних стратегій адаптації.

Наукова новизна полягає у виявленні конфліктних профілів адаптації, серед яких виділяються деструктивні типи: «соціальний маніпулятор», «прихована напруга» та «ризикований активіст». Аналізується проблема дефіциту асертивності, як фактора, що перешкоджає конструктивному захисту власних меж і спричиняє перехід до стратегій уникнення або непрямого впливу.

Практичне значення цієї роботи полягає в обґрунтуванні необхідності впровадження програм розвитку впевненої поведінки, які дозволять перейти від пасивної очікувальної позиції до активного та відкритого вирішення життєвих проблем.

Загальний профіль вибірки визначено як «соціально-обережний» тип адаптації. Основними характеристиками цього типу є домінування стратегії «Обережні дії»,що свідчить про схильність респондентів до ретельного зважування ризиків перед прийняттям будь-яких рішень. У поєднанні з показником «Уникнення», це формує стійку вичікувальну позицію групи у стресових умовах. Сильною стороною вибірки є висока соціальна спрямованість: показники «Вступ у соціальний контакт» та «Пошук соціальної підтримки» є стабільно високими, що виступає своєрідним «буфером», який утримує деструктивні тенденції (агресію та асоціальність) у межах норми .

Наукова новизна дослідження полягає у виявленні суперечливих копінг-профілів, які охоплюють 40% респондентів. Незважаючи на те, що 60% вибірки демонструють збалансовану модель поведінки, значна частина групи схильна до специфічних акцентуацій. Проаналізовано три деструктивні типи:

1. «Соціальний маніпулятор»— особи з високим рівнем соціального контакту, які віддають перевагу непрямим діям. Вони використовують соціальні навички для досягнення цілей «чужими руками», уникаючи прямої відповідальності, що стає компенсаторним механізмом при дефіциті суб'єктивності в юнацькому віці.

2. «Схована напруга»— найбільш ризикований профіль, що базується на поєднанні високої агресії та уникнення. Ця пасивно-агресивна модель веде до швидкого психологічного вигорання та виникнення психосоматичних розладів.

3. «Ризикований активіст» — деструктивний профіль, де висока імпульсивність поєднується з асоціальністю за майже повної відсутності обережності.

Критичною проблемою вибірки визначено дефіцит ассертивності. Показник впевненої поведінки (10,75%) значно поступається маніпулятивним та обережним стратегіям. Зокрема, у 25% опитаних рівень ассертивності є критично низьким (менше 9%), що заважає конструктивному захисту власних кордонів та провокує перехід до стратегій уникнення чи непрямого впливу.

Дослідження підкреслює значний розрив між індивідуальними показниками.

У висновках наголошується на необхідності впровадження програм з розвитку ассертивності, що дозволить змістити акцент із «обхідних шляхів» та пасивного очікування на активне та відкрите

вирішення життєвих проблем. Результати дослідження мають практичне значення для психологів та фахівців з управління персоналом при формуванні стратегій командної взаємодії.

Ключові слова: копінг-стратегії, ассертивність, соціальна підтримка, пасивно-агресивна поведінка, маніпулятивність, обережні дії, психосоматичні ризики, SACS.

The article presents the results of an empirical study of stress coping strategies (coping behavior) using S. Hobfall's multidimensional SACS (Strategic Approach to Coping Scale) model, conducted at a vocational education institution. Based on the analysis of 40 respondents, the structure and dominant trends in the choice of behavior models in situations of psychological stress were determined.

The structure and dominant trends in the choice of behavior models in situations of psychological stress were determined. The general profile of the study group was defined as a "socially cautious" type of adaptation, based on a combination of strong social orientation and a predominance of passive adaptation strategies.

The scientific novelty lies in the identification of conflicting adaptation profiles, among which the destructive types stand out: "social manipulator," "hidden tension," and "risky activist." The problem of assertiveness deficit is analyzed as a factor that hinders the constructive protection of one's own boundaries and causes a transition to avoidance or indirect influence strategies.

The practical significance of this work lies in substantiating the need to implement programs for the development of confident behavior, which will allow a transition from a passive, expectant position to an active and open solution of life problems.

The overall profile of the sample is defined as a "socially cautious" type of adaptation. The main characteristics of this type are the dominance of the "Cautious Action" strategy, which indicates the respondents' tendency to carefully weigh risks before making any decisions. Combined with the "Avoidance" indicator, this forms a stable wait-and-see position of the group in stressful conditions. The strength of the sample is its high social orientation: the indicators "Establishing social contact" and "Seeking social support" are consistently high, acting as a kind of "buffer" that keeps destructive tendencies (aggression and antisocial behavior) within normal limits.

The scientific novelty of the study lies in the identification of conflicting coping profiles, which cover 40% of respondents. Although 60% of the sample demonstrates a balanced behavior model, a significant part of the group is prone to specific accentuations. Three destructive types were analyzed:

1. "Social manipulator"—individuals with a high level of social contact who prefer indirect actions. They use social skills to achieve goals "through others," avoiding direct responsibility, which becomes a compensatory mechanism for a lack of subjectivity in adolescence.

2. "Hidden tension" — the most risky profile, based on a combination of high aggression and avoidance. This passive-aggressive model leads to rapid psychological burnout and the emergence of psychosomatic disorders.

3. "Risky activist" — a destructive profile where high impulsivity is combined with antisocial behavior and an almost complete lack of caution.

A critical problem in the sample is a lack of assertiveness. The indicator of confident behavior (10.75%) is significantly lower than manipulative and cautious strategies. In particular, 25% of respondents have a critically low level of assertiveness (less than 9%), which prevents them from constructively defending their boundaries and provokes a shift to avoidance or indirect influence strategies.

The study highlights a significant gap between individual indicators.

The conclusions emphasize the need to implement assertiveness development programs, which will shift the focus from "workarounds" and passive waiting to active and open resolution of life problems. The results of the study are of practical importance for psychologists and human resource management specialists in the formation of team interaction strategies.

Keywords: coping strategies, assertiveness, social support, passive-aggressive behavior, manipulativeness, cautious actions, psychosomatic risks, SACS.

Relevance of the topic. In today's environment of constant social and psychological challenges, the problem of choosing effective strategies for overcoming stress is becoming particularly important. An individual's ability to adapt depends not only on the availability of internal resources, but also on dominant patterns of behavior in conflict situations.

Of particular interest is the study of the balance between prosocial behavior, active problem solving, and passive forms of defense, such as avoidance or caution.

Analysis of recent studies and publications. The theoretical basis of this study is S. Hobfall's multidimensional model of coping behavior, which allows us to evaluate coping strategies along the axes of "activity–passivity" and "prosociality–asociality." According to this model, the effectiveness of adaptation is determined by the ability of an individual to flexibly combine active actions with social support [2, p. 142].

Despite a significant number of studies, the issue of forming contradictory coping profiles, where high social orientation is combined with destructive or passive strategies, remains insufficiently studied. In particular, the mechanism by which a lack of assertiveness (confident behaviour) is compensated for by indirect actions or manipulative tactics needs to be analysed.

Stephen Hobfall's multidimensional model (SACS) plays a central role in this work. It explores adaptive behaviour along the axes of 'activity-passivity' and 'prosociality-antisociality.' Hobfall emphasises the preservation and expansion of personal resources, where the effectiveness of adaptation is determined by the ability to flexibly combine active behaviour with social support[5, p.76].

From a cognitive-behavioural perspective, the approach refers to Richard Lazarus' classic theory, according to which a situation of stress and uncertainty leads to a primary cognitive assessment of threat or loss of control. This leads to a choice between problem-oriented coping (active actions) and emotion-oriented coping (avoidance).

The adaptive approach in domestic psychology is characterised by its use for the theoretical justification of the dynamic nature of coping strategies depending on life circumstances (L. Antsiferova) [4, p. 88]. In T. Titarenko's approach, she believes that 'latent tensions' are important for analysis. She notes that the accumulation of internal tension without the possibility of its release is a critical factor in the deterioration of mental health and the development of psychosomatic disorders. O. Blinova and O. Kononenko study coping strategies in conditions of disturbed social stability, which is the context of their research [7, p. 85].

The purpose of the article is to analyse the structure of stress coping strategies in a sample of respondents and to identify specific destructive behaviour patterns that affect the overall level of social adaptation.

The study was conducted using the SACS (Strategic Approach to Coping Scale) questionnaire. Preliminary analysis allowed us to determine the general type of adaptation of the group as 'socially cautious.' The highest indicator in the sample belongs to the 'Cautious Actions' strategy (11.96%), which indicates the dominance of a wait-and-see position and careful risk analysis. At the same time, a significant social resource of the group was identified: high scores for 'Social Contact' (11.38%) and 'Seeking Social Support' (11.29%) act as a 'buffer' that restrains the level of aggression and antisocial behaviour.

However, analysis of the average values indicates a significant problem. The level of assertiveness (10.75%) is significantly lower than the indicators of indirect and cautious actions, which creates the risk of unconstructive protection of personal boundaries [3, p. 84]. The article pays particular attention to the fact that 40% of the sample have pronounced accentuations, the most common of which are 'Social Manipulator' and 'Hidden Tension'. The latter profile is the most energy-intensive and poses high risks to psychosomatic health due to a combination of internal aggression and external avoidance.

This study allows us not only to describe the structure of coping strategies, but also to suggest ways to correct behaviour through the development of direct and confident interaction skills.

Analysis of the average sample indicators using S. Hobfall's methodology allows us to identify the most and least popular strategies for coping with stress in this group. (Table 1) The most popular strategies are:

Table 1

Average indicators of stress coping strategies (MP%):

Coping strategy (Coping)	Mean (%)	Type of strategy
Assertive actions	10.75%	Active /Adaptive
Entry into social contact	11.38%	Prosocial
Search for social support	11.29%	Prosocial
Caution	11.96%	Passive
Impulsive actions	10.87%	Direct /Risky
Avoidance	11.04%	Passive
Indirect action	11.46%	Indirect (manipulative)
Asocial actions	10.51%	Asocial
Aggressive actions	10.74%	Antisocial

Caution (11.96%) — is the most popular strategy among respondents. It indicates the tendency of the group to carefully weigh risks before making any decisions.

Indirect action (11.46%) — ranks second in popularity. This indicates that instead of open problem solving, respondents often choose manipulative tactics or «workarounds».

Entering into social contact (11.38%) and Seeking social support (11.29%) — these prosocial strategies also have high rates, which shows people's willingness to cooperate and seek help in stressful situations.

The least popular strategies are:

Asocial actions (10.51%) — is the least used strategy in the group. This suggests that egocentric methods of coping with stress are not a priority for the interviewees.

Aggressive actions (10.74%) — also have one of the lowest rates, indicating a low tendency of the group to open conflict and destructive behavior.

Assertive actions (10.75%) — although this indicator is not the lowest, it is significantly inferior to cautious and indirect actions. This is considered a «weakness of the group because people lack confidence in directly protecting their rights.

The group demonstrates a «socio-cautious» type of adaptation. The most characteristic of them is the position of waiting and weighing risks, while openly aggressive or antisocial methods are used the least often. However, a significant part of respondents (40%) have certain accentuations where popular strategies can be combined into conflicting profiles, such as «social manipulator» or «hidden tension»

High caution combined with a pronounced social orientation forms a specific «socio-cautious» type of adaptation in the sample. This affects the behavior of the group, there is a predominance of the expected position and risk analysis, since «Careful actions» is the dominant strategy (11.96%), respondents tend to carefully weigh all risks before making a decision or starting to act. Influencing behavior in stressful situations, the group often takes a wait-and-see position. There is a danger of «getting stuck in thinking about the problem, which prevents its active and timely solution.

High rates of «Introduction to social contact» (11.38%) and «Search for social support» (11.29%) indicate that the youth in the sample are able and ready to cooperate, share experiences and seek help. Social resources act as «buffer» against destructiveness. As long as social bonds remain strong, they act as a «buffer», which keeps aggression and antisociality scores low. This ensures high social adaptability and low conflict in the team.

The combination of high caution and social orientation with low assertiveness (self-confidence) creates a certain behavioral skew: respondents often choose «workarounds» or manipulative tactics (strategy «Indirect actions» — 11.46%). The group profile has a tilt towards social dependence, where it is important to maintain relationships, even at the cost of abandoning direct conflict resolution. In 17.5% of

the sample, this is transformed into the profile «Social manipulator», where social skills are used to achieve the goals of «with other people's hands». (Table 2)

Table 2

Distribution of conflicting behavior profiles

Profile type	Criterion (indicator > 13%)	Number of persons	% of the sample
«Hidden voltage»	high aggression + high avoidance	5	12,5%
«Social manipulator»	high social. contact + indirect actions	7	17,5%
«Risky activity »	high impulsivity + antisociality	4	10,0%
«Balanced profile»	indicators within the norm	24	60,0%

Despite general politeness and caution, under excessive pressure, behavior can change: a young person either finally closes in «caution», or emits flashes of «impulsive aggression» when the resource of patience is exhausted. 12.5% of respondents are characterized by «hidden tension», where internal aggression accumulates behind the external avoidance of conflicts. This passive-aggressive model leads to rapid psychological burnout and the emergence of psychosomatic disorders. As noted by T. Tytarenko, long-term accumulation of internal tension without the possibility of its release is a critical factor in the destruction of the psychological health of the individual [5, p.44].

This combination of strategies makes the group stable and capable of teamwork (60% have a balanced profile), but limits their ability to act quickly, decisively and openly due to excessive fear of error and dependence on the opinion of others

The development of assertiveness in this group is a critical task, as 25% of respondents have a critically low level of self-confidence (less than 9%). This results in people not being able to constructively defend their own borders and often opting for avoidance or manipulation strategies.

Based on sample analysis and recommendations in the sources, the development of assertiveness should occur through the transition from «indirect» to «direct» actions in the group, the indicator of «Indirect actions» (11.46%) exceeds the level of assertiveness (10.75%). It is important to teach respondents to use open statements of their position instead of hints, «workarounds and manipulative tactics. This will help reduce the level of manipulativity in the «Social Manipulator» profile, where social skills are now used to achieve «goals with other people's hands».

It is necessary to promote the transformation of caution into active problem solving, since it is possible for the «group to get stuck in thinking about risks due to high caution (11.96%). Development of the ability to act confidently in conditions of uncertainty without waiting for ideal circumstances. Shifting the emphasis from a wait-and-see attitude to constructive, active strategies, which will allow for faster and more effective problem-solving.

Every fourth person in the group does not know how to protect their rights constructively at all, which makes them prone to «hidden tension», so the priority is to develop the skill to directly and openly declare their needs and rights without violating the rights of other people. This will reduce the number of cases of «hidden tension» (where a person accumulates anger and then «explodes with aggression) and avoid psychosomatic disorders. Since the sample has high rates of «Introduction to social contact» (11.38%) and «Search for social support» (11.29%), these strengths should be used for training. Developing assertiveness through group interaction and support, where people can practice confident behavior in a safe social environment, will bring positive results. The development of assertiveness will shift the group profile from «socio-cautious» and manipulative to balanced-active, which will increase the efficiency of teamwork and reduce the risk of burnout in 40% of respondents with conflicting profiles

The group with a profile of «hidden tension», which includes 12.5% of respondents (5 people in the sample), is at the greatest risk of psychosomatic disorders.

The main risks and mechanisms of their occurrence for this group include psychosomatic risk due to a deep internal contradiction: a person simultaneously has a strong desire to escape from the problem (high

«Avoidance» — 14.58%) and feels significant internal anger (high «Aggression» — 13.19%). Since aggression does not find a way out due to the constant avoidance of conflicts, it accumulates inside, which creates a critical level of tension for the body.

Because people with high levels of avoidance often have critically low self-confidence (assertiveness less than 9%), they are unable to defend their borders constructively. This forces them to constantly be in a state of chronic stress, which is the basis for the development of somatic diseases.

The main risk for this group is that external politeness and caution are only a mask that hides high internal conflict, which gradually destroys physical health and leads to emotional exhaustion.

Lower than average totals in the overall sample profile, both strategies have some of the lowest values: impulsive actions — 10.87%, and aggressive actions — 10.74%. This suggests that for most of the group, destructive and risky methods of coping with stress are not a priority. Despite the general «socio-cautious» orientation, under the condition of excessive stress pressure, the containment mechanisms may not work. In such cases, respondents tend to issue «impulsive aggression».

In this sample, aggression and impulsivity are usually restrained by social resources and caution. However, they are closely interconnected as a reactive mechanism: high impulsivity in the absence of caution leads to open destructive behavior, and the accumulated tension in «restrained» individuals can break out in the form of sudden aggressive outbursts.

Conclusions. The general analysis of the research results allows us to draw the following conclusions about the peculiarities of the coping behavior of the studied group. The dominant type of adaptation in the sample is the «socio-cautious» type of adaptation. The most popular strategy is «Careful actions», which indicates a pronounced tendency of respondents to carefully weigh risks and take a waiting position in stressful situations. The group has a high level of social adaptability thanks to the strategies of «Introduction to social contact» and «Search for social support». These indicators act as a psychological «buffer, which keeps the level of open aggression and antisocial actions at the lowest marks in the general profile. The weak side of the group is an insufficient level of assertiveness, which is inferior to the indicators of «Indirect actions». This indicates that instead of directly defending their rights, respondents often resort to workarounds, hints or manipulations. This problem is especially acute for 25% of respondents, whose level of self-confidence is critically low. Although 60% of the sample has a balanced profile, the other 40% show conflicting behavior patterns. Among them, the most common are «Social manipulators» (17.5%), who are prone to intrigue, and individuals with «Hidden tension» (12.5%), who are at high risk of psychosomatic disorders and emotional burnout due to the accumulation of internal aggression.

To increase the stress resistance of the group, it is recommended to focus on the development of assertiveness. Learning confident behavior will help shift the emphasis from passive caution and manipulative tactics to direct and constructive problem solving, which will contribute to better personal well-being and effective teamwork.

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FEATURES OF SOCIAL COUNSELING FOR PEOPLE WITH DISABILITIES IN TIMES OF CRISIS

У статті висвітлено соціальне консультування як одну з ключових форм надання підтримки особам з інвалідністю в межах сучасної системи соціальної роботи. Консультування розглядається як професійна діяльність, спрямована на сприяння особі у вирішенні життєвих труднощів, адаптації до соціального середовища, реалізації прав і можливостей, а також підвищенні якості життя. Підкреслено, що особи з інвалідністю потребують індивідуального підходу з урахуванням їхніх специфічних потреб, пов'язаних із доступом до освіти, працевлаштуванням, медичним забезпеченням, побутовою адаптацією, соціальною інтеграцією та налагодженням повноцінних міжособистісних зв'язків.

У статті проаналізовано основні напрями соціального консультування: психосоціальна підтримка, правове консультування, навігація в системі соціальних послуг, професійне орієнтування та консультації для батьків дітей з інвалідністю. Виокремлено роль соціального консультанта як провідника у світі соціальної допомоги, а також як емоційного підтримувача, який володіє техніками активного слухання, кризового консультування та здатний адаптувати комунікацію до особливостей клієнта.

Окрему увагу присвячено класифікації теоретичних підходів у соціальному консультуванні, таких як психосоціальний, когнітивно-поведінковий, клієнт-центрований, екзистенційно-гуманістичний, системний, емпауермент-підхід та інтегрований підхід. Надано детальний опис кожного з підходів, розкрито їхню мету, методи, сфери застосування та особливості роботи з різними категоріями осіб з інвалідністю. Підкреслено, що вибір підходу залежить від типу інвалідності, віку клієнта, його життєвого досвіду, психоемоційного стану та соціального контексту.

У статті також подано аналітичний огляд стану розвитку соціального консультування в Україні. Зазначено, що вітчизняна система ще перебуває на етапі становлення, хоча має суттєвий науково-методичний потенціал. Визначено ключові проблеми: нестача фахових кадрів, відсутність єдиної методології, фрагментарність законодавчого регулювання та обмежений доступ до послуг у сільських регіонах. Порівняно вітчизняну практику з міжнародним досвідом країн Європейського Союзу, США та Канади, де соціальне консультування розглядається як системна й комплексна діяльність, інтегрована в систему соціального захисту та гарантована на рівні державної політики.

Розглянуто також інституційні, етичні та практичні засади ефективного консультування, зокрема принципи конфіденційності, недискримінації, поваги до гідності та автономії особи. Наголошено на важливості впровадження мультидисциплінарного підходу, розбудови партнерства між державними та громадськими інституціями, а також розширення ролі недержавного сектору.

Матеріали статті можуть бути корисними для соціальних працівників, психологів, педагогів, правозахисників, представників державних і недержавних структур, які працюють з особами з інвалідністю, а також для студентів і дослідників, зацікавлених у розвитку інклюзивної соціальної політики.

Ключові слова: соціальне консультування, особи з інвалідністю, соціальна робота, професійна підтримка, підходи, адаптація, інтеграція, права людини.

The article highlights social counseling as one of the key forms of support for persons with disabilities within the modern social work system. Counseling is considered a professional activity aimed at helping individuals overcome life difficulties, adapt to their social environment, realize their rights and opportunities, and improve their quality of life. It is emphasized that persons with disabilities require an individual approach that takes into account their specific needs related to access to education, employment, medical care, domestic adaptation, social integration, and the establishment of meaningful interpersonal relationships.

The article analyzes the main areas of social counseling: psychosocial support, legal counseling, navigation in the social services system, career guidance, and counseling for parents of children with disabilities. The role of the social counselor as a guide in the world of social assistance is highlighted, as well as that of an emotional supporter who possesses active listening and crisis counseling techniques and is able to adapt communication to the client's characteristics.

Special attention is paid to the classification of theoretical approaches in social counseling, such as psychosocial, cognitive-behavioral, client-centered, existential-humanistic, systemic, empowerment, and integrated approaches.

A detailed description of each approach is provided, revealing their purpose, methods, areas of application, and features of working with different categories of persons with disabilities. It is emphasized that the choice of approach depends on the type of disability, the client's age, life experience, psycho-emotional state, and social context.

The article also provides an analytical overview of the state of social counseling in Ukraine. It is noted that the domestic system is still in its infancy, although it has significant scientific and methodological potential. Key problems are identified: a shortage of qualified personnel, the lack of a unified methodology, fragmented legislative regulation, and limited access to services in rural areas. Domestic practice is compared with the international experience of the European Union, the United States, and Canada, where social counseling is viewed as a systematic and comprehensive activity, integrated into the social protection system and guaranteed at the level of state policy.

The institutional, ethical, and practical foundations of effective counseling are also considered, in particular the principles of confidentiality, non-discrimination, respect for dignity, and personal autonomy. The importance of implementing a multidisciplinary approach, developing partnerships between state and public institutions, and expanding the role of the non-governmental sector is emphasized.

The materials in this article may be useful for social workers, psychologists, educators, human rights defenders, representatives of governmental and non-governmental organizations working with persons with disabilities, as well as for students and researchers interested in the development of inclusive social policy.

Key words: social counseling, persons with disabilities, social work, professional support, approaches, adaptation, integration, human rights.

Problem statement. In the current situation, where Ukrainian society is experiencing a protracted multidimensional crisis caused by war, economic instability, social inequality, and the deepening vulnerability of certain categories of the population, there is a growing need for effective social support tools. This is especially true for persons with disabilities, who in times of crisis face increased social barriers, limited access to services, psychological stress, isolation, and violations of their basic rights.

Social counseling in such conditions becomes extremely important as a means of emergency response, emotional stabilization, mobilization of internal resources, and establishment of access to support. It is not only a form of assistance, but also a tool for protecting rights, preserving dignity, developing agency, and preventing social exclusion. In the context of mass population displacement, loss of housing, work, and social ties, there is a growing need for crisis, remote, and mobile counseling for persons with disabilities.

Despite the existence of some experience and a regulatory framework, social counseling for persons with disabilities in Ukraine remains an underdeveloped and unstandardized field. In times of crisis, it is important to rethink its place in the social protection system, adapt methods to new realities, strengthen professional training, and create conditions for prompt, sensitive, and competent assistance. That is why research into the specifics of social counseling for persons with disabilities in times of crisis is extremely relevant in both theoretical and practical terms.

Social counseling is one of the key forms of social work with persons with disabilities. It is a process of providing professional assistance aimed at supporting individuals in overcoming life difficulties, adapting to the social environment, realizing their rights and opportunities, and improving their quality of life. It is especially important in situations where a person faces barriers - not only physical, but also social, emotional, psychological, or legal.

Analysis of recent studies and publications. In recent years, the issue of social counseling for persons with disabilities has been actively developed both in domestic and foreign scientific circles. Researchers are increasingly focusing on the integration of the social model of disability, which emphasizes not the limitations of the person themselves, but the barriers in society. This approach strengthens the position of social counseling as an instrument of social justice and human rights protection [6].

In particular, a number of recent publications have substantiated the importance of applying a multidisciplinary and person-centered approach that takes into account the individual needs of the client in the context of their social environment. The works focus on the need to create a safe emotional space for working with clients who have experienced trauma or are in a state of psychological vulnerability. Research studying the adaptation of persons with disabilities to changed living conditions as a result of war, displacement, and loss of social ties has become particularly relevant.

Recent works pay considerable attention to the issue of supervision in social work as a tool for supporting the specialists themselves who work with vulnerable populations. The importance of developing critical thinking in counselors, their ability to reflect and identify professional burnout, which is especially relevant in crisis situations, is emphasized [4].

A separate area of research concerns counseling in the educational environment. Works devoted to supporting students with disabilities highlight the need to implement adapted programs, develop inclusive support in educational institutions, and the role of social workers in overcoming educational barriers.

Foreign authors also draw attention to the involvement of persons with disabilities themselves in decision-making processes that affect them. This demonstrates a transition to a model of counseling based on partnership, recognition of the client's subjectivity, and expansion of their rights and opportunities. The experience of countries such as Canada, the Netherlands, and Finland, where the philosophy of self-advocacy is key to the organization of social services, is particularly relevant [10; 11].

Contemporary publications also systematize practical approaches to crisis counseling, particularly in conditions of military action, emergencies, and social instability. It is noted that effective counseling should not only respond to the client's needs but also contribute to their personal growth, social mobility, and inclusion in community life.

The purpose of the article. To conduct a theoretical analysis of the characteristics of social counseling for persons with disabilities in crisis situations.

People with disabilities often require an individual approach because they have specific needs that may relate to education, employment, access to medical and social services, domestic adaptation, communication with others, and establishing a full social life. Social counseling helps not only to navigate the existing support system, but also to teach people to make the most of their own resources to overcome life's difficulties [5].

The main areas of social counseling for people with disabilities include:

Psychosocial support - assistance in accepting one's condition, overcoming internal barriers, improving self-esteem, and motivating oneself to lead an active life.

Legal counseling - providing information about rights, benefits, social guarantees, and opportunities to receive assistance in accordance with current legislation.

Navigation in social services - assistance in contacting the relevant institutions (Medical and Social Expert Commission, employment centers, social protection departments, etc.).

Educational and professional counseling - advice on education, obtaining a profession, career guidance, and retraining.

Consultations for parents of children with disabilities - how to care for, raise, and socialize a child; how to combine care with the personal development of parents. Counseling can be provided in state or non-state structures: social services, rehabilitation centers, educational institutions, public organizations. It is important that specialists have empathy, knowledge of legislation, active listening techniques, crisis counseling skills, and an understanding of the specific needs of clients with disabilities. Particular attention should be paid to confidentiality, a non-discriminatory approach, preserving the dignity of the individual, and respect for their autonomy [3].

In Ukraine, social counseling for people with disabilities often focuses on basic needs, such as applying for social benefits, helping them find housing or work, and registering their disability. However,

more and more specialists are striving to develop a comprehensive approach focused on the client's personal growth, their integration into society, and overcoming social isolation.

The issue of social counseling for persons with disabilities in Ukraine has become particularly relevant in recent decades due to the gradual transition from a medical to a social model of disability perception. In domestic scientific discourse, there is growing interest in studying the role of social workers, counseling as a method of social assistance, and the effectiveness of interaction between state institutions and civil society in this area [2].

At the present stage in Ukraine, the problem of social counseling for people with disabilities is considered in studies of social pedagogy, social work, psychology, and law. Significant contributions have been made by such scholars as I.D. Zvereva, L.K. Odinchenko, A.Y. Kapskaya, and I.B. Ivanova, who in their works analyzed the conceptual foundations of social support, adaptation, and integration of people with functional limitations into Ukrainian society [1; 8].

In practical terms, this problem is partially addressed through the activities of social service centers, particularly in the context of early intervention programs, support for families with children with disabilities, and the provision of counseling services for young people and adults with disabilities. In the 2000s, state programs aimed at developing social counseling were adopted (for example, the Turbota program), and social rehabilitation centers were created, where social counseling became one of the key areas of work.

Despite this, the social counseling system in Ukraine is still in the process of development. There is no unified methodology for providing counseling services to persons with disabilities, and there is a shortage of qualified personnel, especially in rural and remote areas. The training of social workers only partially covers the topic of counseling people with disabilities, which complicates professional practice. In addition, legislation does not yet clearly regulate the standards of social counseling as a social service [4].

Issues of interagency cooperation, the creation of an accessible environment for service delivery, and the introduction of innovative forms such as online counseling, mobile support teams, and crisis counseling centers remain relevant. The development of the non-governmental sector, in particular community and charitable organizations, which often act as intermediaries in the provision of counseling, is also gaining importance.

Thus, although Ukraine has established the scientific and practical prerequisites for the development of social counseling for people with disabilities, it is necessary to further systematize this activity, improve the quality of services, standardize approaches, strengthen the professional training of specialists, and more widely implement the best European practices in this field.

In global practice, the issue of social counseling for people with disabilities has long gone beyond the narrow practical sphere and is being actively developed both scientifically and institutionally. The modern approach is based on the social model of disability, which focuses not on the limitations of the individual, but on the barriers in society that prevent full participation in community life. This concept is widely implemented in the European Union, the United States, Canada, Australia, and a number of other countries.

In Western European countries, social counseling is an integral part of the state support system. It is provided through a network of social services, employment centers, inclusive educational institutions, health care facilities, and non-governmental organizations. Counseling there is comprehensive in nature and covers legal, psychological, educational, career, and rehabilitation support.

In the United States, social counseling is considered a specialized field of professional practice. There is a system of licensing counselors, accrediting programs, and standards for service delivery, including principles of ethical conduct. Counselors often work in multidisciplinary teams alongside psychologists, medical professionals, educators, and employment specialists. Considerable attention is paid to the development of an individual support plan, which is developed together with the client and their family.

In European Union countries, the development of social counseling is part of the overall social inclusion policy. For example, in Germany, France, Sweden, and the Netherlands, the provision of social counseling for persons with disabilities is guaranteed by law and often funded by the state. In these countries, great attention is paid to early intervention, family support, a gender-sensitive approach, and preparing persons with disabilities for independent living. The availability of such services is a key element of human rights compliance.

In Canada, social counseling is linked to the philosophy of self-advocacy, which means supporting the active participation of persons with disabilities in making decisions about their own lives. Civil society

organizations play an important role, offering support not only to the person themselves, but also to their relatives and caregivers, as well as working to change public perceptions of disability [10].

Academic research on this topic abroad covers a wide range of issues: from practical counseling techniques and ethical standards to gender specificity, multicultural approaches, and the impact of inclusive policies on the quality of life of people with disabilities. Considerable attention is paid to the development of critical thinking, combating discrimination, and developing the social capital of persons with disabilities.

Table 1

Features and content of social counseling for persons with disabilities

Aspect	Content	Features
Purpose of counseling	Helping individuals adapt, overcome difficulties, and realize their rights and opportunities	Focus on independence, social activity, and improving quality of life
Consulting subjects	People with physical, mental, and sensory disabilities; children, youth, adults, families	Individual approach taking into account age, type of disability, and psycho-emotional state
Types of counseling	Individual, group, remote, crisis, support	Often requires long-term, step-by-step counseling
Scope of services	Psychological and emotional support, legal assistance, information provision, career guidance	Should include comprehensive assistance: legal, psychological, social
Basic principles	Confidentiality, voluntariness, partnership, non-discrimination	It is extremely important to adhere to the principle of respect for the dignity and autonomy of the client.
Role of specialist the specifics of disability	Social worker, counselor, psychologist, human rights activist	Must have specialized knowledge, empathy, and understanding of the specifics of disability
Communication characteristics	Active listening, adapted speech, nonverbal communication, communication support technologies	The need to take into account characteristics of perception, reactions, and possible limitations in expressing emotions
Results of counseling	Emotional relief, better understanding of the situation, decision-making, social activity	Strengthening self-confidence, reducing dependence on outside help
Barriers in the process	Social stereotypes, mistrust, legal ignorance, physical inaccessibility of services	The need to remove physical and psychological barriers to receiving counseling
Conditions for effectiveness	Comprehensive support, multidisciplinary approach, accessibility of services legislative framework	Cooperation between the state, community, family, and specialists; clear legislative framework

Social counseling for persons with disabilities is a multifaceted process that involves not only providing assistance, but also creating conditions for the development of autonomy, integration, and realization of the potential of such persons. As can be seen from the table, the content of this activity goes far beyond informational support - it covers psycho-emotional assistance, legal information, professional guidance, and emotional support [2].

The main goal of counseling is to help a person adapt to their social environment, overcome life difficulties, and support them in making decisions related to their personal and professional life. At the center of this process is always the person with a disability themselves - with their needs, feelings, and vision for their own life.

Counseling should take into account age characteristics, type of disability, level of social maturity, and ability to make independent decisions. Therefore, different types of counseling are used - individual,

group, remote, and crisis counseling. In many cases, long-term support is needed, covering not just one consultation, but the entire process of developing the client's personal resources.

The content of counseling is comprehensive: the counselor not only responds to requests, but also helps the client to better understand their rights and opportunities and gain self-confidence. The specialist must also work in accordance with ethical principles - in particular, respecting human dignity, maintaining confidentiality, and acting in the client's best interests.

Particular attention should be paid to communication. When counseling persons with disabilities, it is important to adapt language and use nonverbal methods or alternative communication technologies, depending on the client's needs. This ensures the full inclusion of the person in the interaction process.
Successful counseling should lead to positive changes in the client's life: reduced anxiety, increased confidence, and more active inclusion in social processes. However, there may be barriers to achieving this—physical, psychological, and informational. Overcoming such barriers requires the efforts of both professionals and society as a whole.

The effectiveness of social counseling largely depends on the availability of a supportive environment, interagency cooperation, and legal support. It should not be just a formal service, but a real tool for change, with an emphasis on human dignity, opportunities, and the value of each individual.

In modern social work with persons with disabilities, increasing attention is being paid to an individualized approach to solving life difficulties [3; 7]. Social counseling is one of the main tools for supporting, adapting, and socially integrating such persons. It covers a wide range of areas, from emotional support to legal assistance, career guidance, and crisis intervention. In this regard, various approaches are used in counseling, allowing for flexible adaptation of assistance to the needs of a particular person. Each approach has its own philosophy, theoretical basis, goals, methods, and techniques. Their competent application allows avoiding stereotyping, overprotection, or imposing decisions. Instead, counseling becomes a partnership process where the client is recognized as a full-fledged subject capable of influencing their own life.

Psychosocial approach. This approach views a person with a disability not in isolation, but in the context of their social environment. The focus is on the interconnection between personal experiences and social living conditions. The main task is to overcome psycho-emotional stress and activate resources that will help the person adapt to their new life situation. This approach is particularly effective when working with people who have recently become disabled and are experiencing a loss of function, social status, or independence.

An important part of counseling is creating an emotionally safe environment in which the client can openly talk about their fears, shame, and despair, and the counselor, in turn, helps not only to emotionally “unburden” the person, but also to see the starting points for further change.

Cognitive-behavioral approach (CBT). This approach is highly practical and focused on changing dysfunctional thoughts and behaviors. In the case of people with disabilities, it allows them to identify internal beliefs that limit their opportunities for self-realization: for example, «I don't deserve a happy life», «I am not capable of working», «no one will accept me».

Using cognitive restructuring techniques, the counselor helps the person change these attitudes and form adaptive and positive ones instead. Behavioral experiments (mini-tasks), situation modeling, and social roles allow clients to test new ways of interacting with society in practice.

Client-centered approach (humanistic school). This approach is particularly effective in situations where the client needs non-judgmental support, acceptance, and belief in their own strengths. According to C. Rogers' ideas, the counselor does not «treat» the client or impose any decisions on them - they create an atmosphere of deep empathy in which the client themselves comes to understand the causes of their difficulties and seeks internal resources for change.

This is particularly relevant in cases where a person with a disability has experienced discrimination, stigmatization, or long-term isolation. The goal is to help the person reconnect with their own values, needs, and desires, as well as to feel their own significance regardless of physical or mental limitations.

Existential-humanistic approach. A distinctive feature of this approach is its focus on profound questions: the meaning of life, death, choice, responsibility, and freedom. People with disabilities often experience an identity crisis, a loss of direction, and a change in their perception of the future. Existential counseling helps clients rethink their place in the world, find new meaning in everyday life, and focus on what remains rather than what has been lost. The psychological power of this approach lies in deeply accepting people as they are, as well as in facilitating inner transformation and spiritual growth, which can occur even in difficult life circumstances.

Systemic approach. This approach is based on the assumption that a person's behavior, emotions, and decisions depend on interactions within the family and social system. Applying a systemic approach to social counseling for persons with disabilities involves engaging not only the client themselves, but also their immediate environment - family, caregivers, and support specialists. This approach is particularly effective in counseling families raising a child with a disability or adults who require care. The work focuses on strengthening intra-family ties, improving communication, reducing emotional burnout among family members, and forming new models of support.

Empowerment approach. One of the most promising approaches in modern social counseling is the empowerment approach. Its goal is not just to help solve a problem, but to make the client an active participant in their own life, restore their self-confidence, and encourage them to take action, achieve self-fulfillment, and participate in public life. This approach rejects the paternalistic attitude towards people with disabilities as «victims» in need of care. Instead, the counselor sees the client as a partner capable of development, decision-making, and protecting their own rights. Effective tools include forming self-help groups, mentoring, and participating in volunteer and social projects.

Integrated approach. In complex social realities, it is often impossible to limit oneself to a single approach. Therefore, in social counseling practice, there is a tendency toward integration - combining different theoretical approaches and techniques that meet the needs of a specific client. This approach ensures flexibility, adaptability, and consistency in work. A specialist who works in an integrative manner not only combines techniques but also forms a comprehensive view of the client's situation, taking into account the social, psychological, legal, cultural, and existential aspects of their problem [4].

Conclusions. Thus, social counseling for persons with disabilities is a key support tool that helps overcome barriers, expand opportunities, and promote integration into society. At the center of this process is the person themselves, with their needs, rights, feelings, and aspirations for a dignified life. Counseling provides not only information, but also emotional, psychological, legal, and practical assistance, taking into account an individual approach and deep respect for the client's dignity. Modern practice demonstrates a wide range of approaches, from psychosocial to integrative, each of which has its own value in the context of a specific life situation. Of particular importance is the empowerment approach, which focuses on the subjectivity of the individual and supports their active life position.

Despite the positive dynamics of social counseling development in Ukraine, the system is still in its infancy. There is a need for professional training, implementation of quality standards, better interagency cooperation, and expanded access to services, especially in communities and rural areas. While global experience demonstrates stable institutional mechanisms and effective support models, Ukrainian practice requires further integration of international approaches, consideration of contextual realities, and strengthening of the role of the non-governmental sector.

Thus, the development of high-quality, professional, and ethically oriented social counseling should become a priority not only for the professional community but also for state policy on social support for persons with disabilities. Only with a systematic, interdisciplinary, and humanistic approach can counseling achieve its main goal - to promote independence, social participation, and improved quality of life for people with disabilities in Ukraine.

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FACTORS, DETERMINANTS, AND CONSEQUENCES OF THE EMERGENCE OF THE CATEGORY "CHILDREN OF INTERNALLY DISPLACED PERSONS" IN UKRAINE

У статті здійснено комплексний теоретико-аналітичний розгляд чинників, факторів та наслідків появи й інституціоналізації категорії «діти внутрішньо переміщених осіб» в Україні в умовах тривалої збройної агресії та масштабного внутрішнього переміщення населення. Актуалізовано соціально-психологічний вимір проблеми, що визначає особливості адаптації, інтеграції та відновлення життєвого потенціалу дітей ВПО в умовах вимушеного переселення та полікультурного середовища. Обґрунтовано авторське розуміння поняття «діти внутрішньо переміщених осіб» як особливої соціально-демографічної та соціально-психологічної категорії, що поєднує правову визначеність статусу з підвищеним рівнем соціальної та психологічної вразливості. Проаналізовано сукупність чинників і факторів макро-, мезо- та мікрорівнів, які зумовлюють формування цієї категорії, зокрема воєнно-політичні, соціально-економічні, правові та інституційні, соціально-психологічні, освітньо-культурні, демографічні й сімейні. Систематизовано наслідки появи категорії «діти ВПО» на різних рівнях соціальної організації: індивідуальному (психоемоційний стан, посттравматичні реакції, особливості соціалізації та навчальної мотивації), сімейному (трансформація ролей, зростання психосоціального навантаження, ризики дезадаптації), інституційному (освіта, система соціального захисту, охорона психічного здоров'я), громадському та загальнодержавному (навантаження на інфраструктуру, потреба в міжсекторальній взаємодії та вдосконаленні державної політики). Доведено, що наслідки внутрішнього переміщення дітей мають системний і довготривалий характер, поєднуючи ризики соціальної маргіналізації з потенціалом розвитку за умови цілеспрямованої, комплексної та міждисциплінарної підтримки.

Ключові слова: *діти внутрішньо переміщених осіб, чинники, фактори, наслідки, соціально-психологічний вимір, захист дітей.*

The article provides a comprehensive theoretical and analytical examination of the factors, determinants, and consequences of the emergence and institutionalization of the category "children of internally displaced persons" in Ukraine under conditions of prolonged armed aggression and large-scale internal displacement of the population. The socio-psychological dimension of the problem is emphasized, as it determines the specific features of adaptation, integration, and restoration of the life potential of IDP children in the context of forced displacement and a multicultural environment. The author's understanding of the concept "children of internally displaced persons" is substantiated as a distinct socio-demographic and socio-psychological category that combines legal certainty of status with an increased level of social and psychological vulnerability. A set of macro-, meso-, and micro-level factors and determinants shaping this category is analyzed, including military-political, socio-economic, legal and institutional, socio-psychological, educational and cultural, demographic, and family-related ones. The consequences of the emergence of the category "IDP children" are systematized at different levels of social organization: individual (psycho-emotional state, post-traumatic reactions, features of socialization and learning motivation), family (role transformations, increased psychosocial burden, risks of maladaptation), institutional (education, social protection system, mental health care), community and national (pressure on infrastructure, the need for intersectoral interaction and improvement of state policy). It is proven that the consequences of children's internal displacement are systemic and long-term in nature, combining risks of social marginalization with development potential provided that targeted, comprehensive, and interdisciplinary support is ensured.

Keywords: *children of internally displaced persons, factors, determinants, consequences, socio-psychological dimension, child protection.*

Problem statement. The full-scale armed aggression against Ukraine, which began in 2014 and intensified significantly in 2022, has led to large-scale processes of internal displacement and the formation of new socially vulnerable groups. One of the most sensitive and socially significant categories within the structure of internally displaced persons is children who, as a result of the war, were forced to leave their permanent place of residence together with their families or independently. The emergence and institutionalization of the category "children of internally displaced persons" (IDP children) is a complex social phenomenon that significantly transforms children's life trajectories, disrupts habitual conditions of socialization, education, and development, and is accompanied by the loss of a sense of security, stability, and predictability of the future. Experiences of war, evacuation, loss of home, disruption of social ties, and prolonged exposure to stress create increased risks of psychological traumatization, social maladaptation, and marginalization of IDP children. At the same time, this category of children acquires a specific social status that combines legal certainty with a high level of social and psychological vulnerability.

Analysis of recent research and publications. In contemporary academic discourse, the issue of IDP children is considered mainly within separate sectoral approaches – social-legal, socio-pedagogical, or psychological – in the works of recent years by Sylkina S. (2022), Braichenko T., Yakukhina N. (2023), Bulkovska V. (2023), Vitko V. (2023), Rohovska O., Babachanakh S. (2024), Kalinina Ye., Kharchenko L. (2025), and others.

However, a comprehensive understanding of the factors, determinants, and consequences of the emergence of this category, taking into account their interaction at different levels of social organization – from the individual to the national level – remains insufficiently systematized. The relevance of studying the factors, determinants, and consequences of the emergence of the category "children of internally displaced persons" in Ukraine is primarily driven by the scale and duration of internal displacement processes, which have a systemic impact on all spheres of social life. Particular attention should be paid to the socio-psychological dimension of the problem, as it determines the quality of adaptation, integration, and restoration of children's life potential under conditions of forced displacement.

The purpose of the article is to analyze and substantiate the factors, determinants, and consequences of the emergence of the category "children of internally displaced persons" in Ukraine from the perspective of the socio-psychological dimension of the problem.

Presentation of the main research findings. It should be emphasized that the conducted scholarly inquiry allows us to state the following: a certain number of academic works are devoted to problematic issues related to children of internally displaced persons. However, the analyzed studies almost do not present a terminological and substantive elaboration of the concept "children of internally displaced persons"; the factors and determinants that condition the emergence of this concept are considered only partially; and the consequences of the social category "children of internally displaced persons" are virtually not outlined from the perspective of a multi-level structural approach.

Under these circumstances, and in order to ensure an adequate scientific foundation for further research within the declared problem field, it is deemed appropriate to clarify and conceptualize the content of the concept "children of internally displaced persons." This concept is understood as minors – children and adolescents under the age of 18 – who, as a result of armed confrontation, temporary occupation of territories, mass manifestations of violence, systemic violations of human rights, emergency situations, or other security threats, were forced, together with their parents or legal guardians or independently, to leave their permanent place of residence and relocate within the territory of the state without crossing an internationally recognized border, thereby acquiring the status of internally displaced persons.

The emergence and subsequent institutionalization of the category "children of internally displaced persons" (hereinafter – IDP children) are conditioned by the combined influence of factors and determinants at the macro-, meso-, and micro-levels, which develop under conditions of armed conflicts, socio-political instability, and transformations of the security environment. In the Ukrainian context, the actualization of this category is directly related to prolonged military events, the temporary occupation of certain territories, and, as a consequence, large-scale processes of forced internal displacement of the population.

Sharing the position of A. Holotenko, it should be noted that the leading factors causing forced displacement and posing threats to citizens' safety include: social conflicts accompanied by violence (physical assaults, threats, various forms of discrimination and persecution); persecution on national, political, religious, or other grounds manifested in restricted access to employment, education, and social protection; changes in the political situation or state system, including armed conflicts, political repression,

or persecution; as well as natural and man-made disasters [4, p. 8]. At the same time, given the specificity of the problem of psychologists' professional activity with IDP children in a multicultural environment, it is necessary to single out factors and determinants characteristic precisely of the studied context.

Military-political factors are fundamental and decisive in the process of forming the category of IDP children. Armed conflict acts as a systemic source of threats to the civilian population: active hostilities, shelling of populated areas, and constant danger to the lives and health of children and their family members necessitate forced departure from places of permanent residence. This group of factors also includes the temporary occupation of territories, militarization of civilian space, and violations of international humanitarian law, which destroy the basic conditions of a safe childhood and lead to mass internal displacement.

Socio-economic factors play an equally significant role. Military actions and the related crisis phenomena lead to a substantial deterioration in living conditions for families with children: destruction or damage to housing, loss of employment by parents, decline in income levels, and degradation of educational, healthcare, and social protection infrastructure deprive children of a stable environment for development. The inability to meet basic needs at the previous place of residence becomes a significant determinant in the decision to relocate, as a result of which children acquire IDP status.

Legal and institutional factors also have a substantial impact on the formation of the category "IDP children." The introduction of an appropriate legal status, registration mechanisms, and social protection systems contributes to the objective identification of children as a specific socio-demographic group requiring particular guarantees, protective mechanisms, and intersectoral support. At the same time, imperfections in certain legal procedures, fragmentation in the implementation of state policy, and unequal access to social services in host communities increase the vulnerability of IDP children and underscore the need for their separate scholarly and practical consideration.

Socio-psychological factors constitute an important dimension of the emergence and differentiation of this category. Forced displacement is accompanied by children's traumatic experiences of losing their home, separation from loved ones, and disruption of their habitual way of life, which negatively affects their emotional state, behavioral reactions, and processes of social adaptation. Increased levels of anxiety, fear, and uncertainty about the future, combined with the need to integrate into a new social environment, shape the specific needs of this group, distinguishing it from other categories of children.

Educational and cultural factors are associated with disruptions in educational trajectories and socialization processes. The closure or destruction of educational institutions, forced changes of schools, and transitions to distance or blended learning complicate the educational process and interpersonal interaction. In addition, regional cultural differences, new social norms, and living conditions, and within the scope of this study – a multicultural environment, may cause adaptation difficulties, feelings of alienation or stigmatization, thereby increasing the social vulnerability of IDP children.

Demographic and family factors are also of considerable importance. The family, as a basic institution of socialization, determines a child's life circumstances in conditions of displacement. Forced relocation of the entire family or its partial fragmentation (separation from one parent, loss of relatives) directly affects the child's social status and psycho-emotional state. The presence of large families, families with children with disabilities, or experiences of orphanhood increases the risks of marginalization and contributes to identifying IDP children as a special social group with heightened needs.

Summarizing the above, it can be stated that the emergence of the category "IDP children" is the result of a complex interaction of military-political, socio-economic, legal, socio-psychological, educational and cultural, demographic, and family-related factors and determinants. Their combination forms a specific social status of children that is simultaneously characterized by legal certainty and increased social vulnerability.

As emphasized above, children who, as a result of the armed conflict in Ukraine, have acquired the status of internally displaced persons find themselves in a situation of multidimensional social, psychological, and educational challenges that significantly complicate the process of their full-fledged life, socialization, and development. Loss of home, forced rupture with the familiar social environment, educational space, and everyday practices deprive such children of a sense of stability, security, and predictability of the future. Unstable housing conditions, frequent relocations, and the need to adapt to new communities increase the risks of social maladaptation, isolation, and marginalization. According to S. Sylkina, as a result of military actions, IDP children experience a sharp change in their habitual living environment and social circles, and during evacuation from combat zones most children undergo negative emotional experiences and remain in a state of stress. At the same time, upon arriving at a new place of residence, they face difficulties in social adaptation: they are disoriented and experience fear and

uncertainty [8, p. 75]. IDP children often encounter numerous psychological and social problems that can significantly affect educational outcomes and the process of adaptation to a new environment [6, p. 59], particularly within a multicultural context, which constitutes the focus of the stated problem.

It should be emphasized that within the socio-psychological, socio-pedagogical, and human rights discourse, IDP children are regarded as a distinct socially vulnerable population group. This group is characterized by increased risks of violations of the rights to safety, education, healthcare, family upbringing, and harmonious development and therefore requires comprehensive state, social, psychological, and pedagogical protection, support, and assistance aimed at ensuring their adaptation, integration, and restoration of life potential under conditions of forced displacement. At the same time, the Law of Ukraine On Child Protection (Article 1) enshrines the principle of "the best interests of the child," understood as actions and decisions aimed at meeting the individual needs of a child in accordance with their age, gender, health status, developmental characteristics, life experience, family, cultural, and ethnic background, while also taking into account the child's views if they have reached an age and level of development sufficient to express them [5]. However, contemporary realities indicate that IDP children often have limited or impeded access to quality education, medical and rehabilitation services, psychological assistance, and systems of social guarantees. This adversely affects their physical and mental health, educational achievements, and the formation of life prospects. A particularly high level of vulnerability is inherent in preschool and primary school–age children, for whom disruptions in educational and socialization trajectories may have delayed and long-term consequences.

At the individual level, acquiring IDP child status is accompanied by significant changes in psycho-emotional condition, behavioral manifestations, and socialization processes. Experiences of forced displacement, loss of a sense of safety, home, and stability often lead to increased anxiety, fear, emotional tension, sleep disturbances, difficulties with concentration, and decreased learning motivation. For some children, post-traumatic reactions are characteristic; these may manifest with a delay and influence the formation of personal identity, self-esteem, and trust in the social environment. At the same time, in certain cases forced displacement activates the development of adaptive strategies, resilience, and the ability to cope with crisis situations, which, given appropriate support, may become a resource for personal growth.

At the family level, the emergence of a child with IDP status brings to the fore a complex set of socio-economic and psychosocial problems. Loss of housing, employment, and parents' social ties, as well as changes in roles and responsibilities within the family, intensify the emotional burden on children. Often, the child becomes a witness to or participant in family crises caused by material instability, psychological exhaustion of adults, and a decline in the family's educational potential. At the same time, increased interdependence and cohesion may form within such families, when joint overcoming of difficulties acts as a factor of consolidation of family relations. However, in the absence of systematic support from social services, the risks of maladaptation and intergenerational conflicts increase significantly.

At the institutional level, the education system undergoes particularly noticeable transformations, facing the need for rapid integration of IDP children into new educational environments. Preschool, general secondary, and extracurricular educational institutions are forced to operate under conditions of overload, shortages of teaching staff, varying levels of children's preparedness, and learning gaps caused by interruptions in the educational process. Educational institutions increasingly require expanded psychological and pedagogical support, inclusive practices, and programs of social adaptation and assistance, since changes of schools, differences in curricula, and difficulties of linguistic, cultural, and social integration affect academic achievement and social inclusion. Institutional consequences include the need to implement adaptation programs, inclusive and compensatory educational models, as well as to enhance teachers' psychological and pedagogical competence in working with children who have experienced trauma, loss, and forced displacement.

The healthcare system is also facing significant challenges, particularly in the field of children's mental health. Military events, forced displacement, and the destruction of social ties contribute to an increase in psycho-emotional disorders, anxiety disorders, and manifestations of post-traumatic stress. Accordingly, an institutional consequence is the need to develop psychological services, multidisciplinary support teams, and to integrate psychosocial services into medical and educational infrastructures. For the socio-psychological sphere, this means an expansion of target groups, increased complexity of support cases, and a growing need for interdisciplinary cooperation among professionals.

The role of civil society and charitable organizations becomes particularly important, as they complement or partially compensate for the limited resources of state institutions. They provide humanitarian, psychological, educational, and legal assistance to IDP children, act as intermediaries

between families and state structures, and initiate innovative programs of social adaptation and integration, thereby contributing to the development of partnership models between the state and civil society.

At the level of host territorial communities, the arrival of IDP children affects demographic structures and increases the burden on infrastructure and social services, bringing to the forefront the issue of communities' resource capacity. The need for additional funding of educational and healthcare institutions, development of social housing, child-friendly infrastructure, safe spaces, and inclusive environments increases. In the absence of adequate resource provision, this may provoke social tension and competition for limited resources. At the same time, under conditions of effective integration, IDP children become an important resource for community development, contributing to cultural diversity, social renewal, and the formation of practices of solidarity and mutual assistance.

At the national level, the emergence of the category of IDP children necessitates the revision and improvement of state policy in the fields of child rights protection, social protection, education, and healthcare. There is a need to develop specialized support programs, long-term strategies for integration and reintegration, and to strengthen interagency coordination. In the societal dimension, this category serves as an indicator of the depth of social transformations caused by war and, at the same time, as a moral and humanitarian challenge. Society's attitude toward IDP children reflects the level of social maturity, solidarity, and the capacity to restore social cohesion under conditions of prolonged conflict. In the context of a protracted war, the national response to the needs of IDP children must be comprehensive, intersectoral, and aimed not only at overcoming the consequences of the crisis but also at ensuring sustainable development, social integration, and the protection of children's rights as a key value of a democratic society.

Overall, the consequences of the emergence of the category "children of internally displaced persons" as a specific social group in Ukraine are systemic in nature and manifest at all levels of social organization – from the personal to the national. They combine risks of social vulnerability with development potential, provided that targeted, comprehensive, and interdisciplinary support is ensured.

Conclusions. Thus, the study of the factors, determinants, and consequences of the emergence of the category "children of internally displaced persons" in Ukraine is timely and socially significant. It is aimed at deepening the scholarly understanding of this complex socio-psychological phenomenon and provides a foundation for the development of effective models of socio-psychological support, adaptation, and integration of IDP children in the context of Ukraine's wartime and post-war development.

Prospects for further research. Recognition of the multifactorial nature of this phenomenon and the multilevel character of its consequences serves, on the one hand, as a methodological prerequisite for the development of effective state policies and practices, and, on the other hand, as a necessary basis for designing efficient socio-psychological strategies, programs, and interdisciplinary models of support for IDP children, aimed at ensuring their protection, adaptation in a multicultural environment, and full-fledged development under conditions of Ukraine's wartime and post-war progress.

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STRUCTURE OF COPING BEHAVIOUR OF PEOPLE WITH DISABILITIES WHO HAVE EXPERIENCED BULLYING

У статті представлено результати теоретико-емпіричного дослідження структури копінг-поведінки осіб з інвалідністю, які мають досвід булінгу. Копінг-поведінка розглядається як інтегративна система когнітивних, емоційних і поведінкових механізмів, що забезпечують подолання стресових ситуацій, пов'язаних із негативним міжособистісним впливом, соціальним відторгненням та хронічним психоемоційним напруженням. Акцентується, що булінг виступає специфічним травматичним чинником, який порушує базове відчуття безпеки, підриває довіру до соціального оточення та суттєво впливає на формування індивідуальних стратегій подолання стресу в осіб з інвалідністю.

У межах дослідження здійснено порівняльний аналіз копінг-стратегій осіб з інвалідністю з досвідом і без досвіду булінгу, а також проаналізовано гендерні особливості структури копінг-поведінки. Встановлено, що для осіб з досвідом булінгу характерне збереження проблемно-орієнтованих стратегій: «планування», «активного опанування себе» та «прийняття», що свідчить про прагнення підтримувати контроль над ситуацією й адаптуватися до складних життєвих обставин навіть за умов негативного соціального досвіду. Водночас у структурі копінг-поведінки посилюється роль емоційно-орієнтованих та уникаючих стратегій, які виконують функцію психологічного захисту, спрямованого на зниження інтенсивності внутрішнього напруження та емоційного болю.

Порівняльний аналіз засвідчив, що досвід булінгу супроводжується зниженням залученості соціальних ресурсів подолання, що проявляється у стриманішому використанні емоційної та інструментальної соціальної підтримки. Така тенденція може бути зумовлена пережитим досвідом соціального відторгнення, формуванням недовіри до оточення та прагненням до психологічного дистанціювання як способу самозахисту. Разом із тим низька вираженість дезадаптивних форм копінгу, зокрема, поведінково-деструктивних стратегій, свідчить про наявність внутрішніх ресурсів для оптимізації структури подолання стресу.

Отримані результати обґрунтовують доцільність розробки та впровадження психологічних інтервенцій, спрямованих на інтеграцію збережених конструктивних копінг-стратегій із розвитком усвідомленої емоційної регуляції, зниженням форм реагування прямованих на уникання та поступовим відновленням довіри до соціальних ресурсів. Реалізація таких підходів розглядається як важлива умова підвищення психологічного благополуччя та соціальної адаптації осіб з інвалідністю, які мають досвід булінгу.

Ключові слова: копінг-поведінка, копінг-стратегії, особи з інвалідністю, булінг, стрес, психологічна адаптація, соціальна підтримка.

The article summarises the findings of a theoretical and empirical investigation of the structure of coping behaviour among people with disabilities who have been bullied. Coping behaviour is defined as an integrative system of cognitive, emotional, and behavioural strategies that help people overcome stressful situations caused by negative interpersonal impact, social rejection, and persistent psycho-emotional stress. It is underlined that bullying is a special traumatic aspect that violates persons with disabilities' basic feeling of security, weakens trust in the social environment, and has a substantial impact on the development of individual stress-reduction techniques.

The study conducted a comparative analysis of coping techniques of people with disabilities who had and had not experienced bullying, as well as an examination of the gender characteristics of the structure of coping behaviour. It has been established that individuals who have experienced bullying retain problem-solving strategies, specifically planning, active self-mastery, and acceptance, indicating a desire to maintain control over the situation and adapt to difficult life circumstances even in the face of negative

social experiences. At the same time, the role of emotionally orientated and avoidant tactics, which serve as psychological protection by lessening the intensity of internal tension and emotional pain, is reinforced in the framework of coping behaviour.

According to a comparative study, bullying is associated with a decrease in the use of social resources for coping, as seen by a more limited use of emotional and instrumental social supports. This propensity could be attributed to the experience of social rejection, the development of distrust of the surroundings, and the desire for psychological detachment as a kind of self-protection. Simultaneously, the low intensity of maladaptive forms of coping, particularly behaviourally destructive techniques, demonstrates the presence of internal resources for improving the structure of stress response.

The findings support the feasibility of developing and implementing psychological interventions aimed at integrating existing constructive coping strategies with the development of conscious emotional regulation, reducing avoidant forms of response, and gradually restoring trust in social resources. The application of such measures is regarded as an essential condition for improving the psychological well-being and social adaptation of people with disabilities who have been bullied.

Keywords: coping behaviour, coping strategies, people with disabilities, bullying, stress, psychological adaptation, social support.

Introduction. Coping behaviour is an important psychological feature that reflects a person's ability to overcome stressful events, regulate emotional states, and maintain adaptive functioning in the face of social pressure, ambiguity, and psycho-emotional stress. People with disabilities face a particularly difficult challenge in overcoming stress because they are more frequently subjected to social stigmatisation, discrimination, and bullying, which increases the risk of chronic stress, emotional maladjustment, and decreased psychological well-being. Bullying, as a form of long-term negative interpersonal impact, violates one's basic sense of security, reduces trust in the social environment, and affects psychological adjustment processes.

Modern psychology research indicates that the efficiency of overcoming the impacts of bullying is heavily influenced by the characteristics of the person's coping behaviour. Scientists emphasise that constructive coping strategies, particularly planning, active self-mastery, acceptance, and positive rethinking, help to maintain psychological stability and adaptation in the face of negative social experiences (O. Kupreeva, L. Malimon, V. Parkhomenko, N. Tverdoklibova, N. Yevtushenko, and O. Makarenko). Bullying can lead to emotional and avoidant responses that limit stress management and social integration (S. Ho, M. Campenni, M. Manolchev; A. Sani, M. Magalhães, S. Barros). Similar trends have been observed in studies on gender-specific coping behaviour and adaptation in the context of chronic stress and military challenges, where avoidant and emotional strategies are viewed as a response to the depletion of adaptive resources (N. Myshko, T. Titova, M. Teslenko, N. Udina).

Studies on people with disabilities' coping behaviour reveal a complex and multidimensional structure that combines cognitive, emotional, and behavioural components. The availability of social resources, as well as the individual's willingness to seek help, play an important role in this process. Bullying typically results in a loss of trust in the social environment, reluctance to employ emotional and instrumental support, and a predisposition to psychological detachment, all of which impede the adaption process. Simultaneously, the preservation of constructive coping techniques promotes the possibility of psychological correction and the development of more effective forms of self-control.

Thus, studying the structure of coping behaviour in people with disabilities who have been bullied is an important scientific and practical task because it allows for a better understanding of the psychological mechanisms of adaptation to traumatic social experiences and outlines areas of psychological support aimed at reducing maladaptive forms of response and strengthening psychological well-being and social adaptation resources.

Theoretical foundations of research. In modern psychology, coping behaviour is defined as a collection of cognitive, emotional, and behavioural processes aimed at managing stress and mastering the demands of a situation viewed as threatening or exceeding the individual's adaptive skills [8]. This approach is theoretically based on R. Lazarus and S. Folkman's transactional model of stress, which views coping as a dynamic process of assessing the stressor and selecting response strategies that has a direct impact on the individual's psychological well-being and adaptation.

Modern empirical research demonstrates that coping techniques are critical in overcoming the effects of bullying and other forms of persistent social stress. Studies on workplace bullying, in particular, have revealed that victims combine problem-oriented methods (planning, active problem solving) with emotionally orientated and avoidant forms of response, such as emotional "release", distraction, or

behavioural denial. Such an ambiguous coping mechanism is viewed as an attempt to relieve emotional tension during times of high stress, but it can also prolong psychological distress [6].

At the same time, the significance of the social setting in the establishment of coping behaviour is highlighted. Thus, a study conducted in the United Kingdom found that perceived organisational support promotes a shift from passive and externally orientated reactions (ignorance, formal complaints) to more active use of interpersonal support from colleagues and management, thereby increasing coping's adaptive potential [2].

A distinct area of modern research is the investigation of the relationship between coping methods and emotional regulation, self-esteem, and motivational resources. It has been demonstrated that problem-solving and socially directed methods are connected with more psychological stability and lower levels of anxiety, but avoidant and emotionally fixated responses are associated with increased discomfort and delayed resolution of bad experiences.

Ukrainian scientific research demonstrates the adaptive role of coping behaviour in the face of protracted social stress. under instance, N. Myshko and co-authors demonstrated that under times of martial law, motivational factors had a substantial influence on men's and women's coping techniques [5]. L. Malimon and V. Parkhomenko discovered that resilience resources are important predictors of adaptive coping in people who have experienced trauma, hence helping to psychological healing and functional preservation [4]. N. Tverdokhliebova and colleagues' research adds to previous findings by demonstrating a combination of active and defensive coping strategies in the face of protracted stress produced by social upheaval [7].

The study of coping behaviour in people with disabilities is particularly interesting since it complicates stress management due to a mix of objective constraints, social restrictions, and stigmatisation experiences. According to studies by Ukrainian authors, students with disabilities utilise both constructive and destructive coping mechanisms, and their choice is strongly tied to their level of self-realization and psychological functioning [3].

Thus, coping behaviour is not just a tool for reducing emotional strain in the moment, but also an important resource for long-term psychosocial adjustment. Coping methods should be viewed as a critical mediator between traumatic social experiences, emotional regulation, and psychological well-being in the context of people with disabilities who have been bullied.

The purpose of the article. The purpose of the article is to identify the features of the coping behaviour structure of people with disabilities who have experienced bullying.

Methods. Coping Strategy Diagnostics Methodology (COPE), C. Carver, M. Scheuer, D. Weintraub, in order to determine the frequency of use of constructive or destructive strategies [1, pp. 180-184]. Empirical indicators were processed using the statistical program package SPSS ver. 16.0.

Sample. The study included 159 people with impairments. The study included 57 people with impairments who had not experienced bullying and 102 people who did. The study participants' average age was 39 years, with a standard deviation of 18 years. Table 1 displays the mean values and standard deviations for each study grouping.

Table 1.

Indicators of measures of central tendency and age variability by study groups

	N	average	median	SD	minimum	maximum
Individuals who have not been bullied	57	39,8	45,5	19,7	15	71
Women	31	46,9	54	17,4	16	71
Men	26	32	18	22	15	70
Individuals who have been bullied	102	38,3	38,5	17,4	14	74
Women	65	40,8	42	16,9	14	74
Men	37	33,2	30	17,4	15	73

The data in Table 1 show that there are statistically significant differences in age between the groups of men and women, the statistical significance of which is confirmed by the results of applying the Mann-Whitney U-test ($U = 1967$; $p = 0.001$). Significant differences in age were also found in the subgroups of men and women who experienced bullying ($U = 857$; $p = 0.016$). The differences identified became the basis for the hypothesis of the existence of gender characteristics in the experience of bullying.

Results and discussion. In order to identify the features of coping behaviour and strategies for overcoming stressful and difficult life situations in the studied groups, the "Coping Strategy Diagnosis" (COPE) methodology developed by C. Kaver, M. Scheier, and D. Weintraub was applied. The distribution of mean values of coping strategies in the total sample, as well as separately among women and men, is presented in Table 2.

Table 2.

Distribution of average indicators of coping strategies according to the scales of the COPE methodology in the studied samples

Indicators	Total sample		Women		Men	
	without experience of bullying	with experience of bullying	without experience of bullying	with experience of bullying	without experience of bullying	with experience of bullying
Positive reframing	11,6	11,6	11,71	12,35	11,38	10,38
Imaginary avoidance of problems	8,5	9,6	8,32	9,76	8,77	9,38
Focusing on emotions and their active expression	10,4	11	11,06	11,09	9,65	10,84
Using instrumental social support	12	11	12,23	11,23	11,69	10,68
Active self-mastery	12,8	12,3	13,39	12,65	12,31	11,68
Denial	8,7	9,2	9,32	9,38	8,04	8,78
Appeal to religion	9,9	10,3	10,9	10,7	8,69	9,51
Humor	9,7	10,1	9,84	10,42	9,5	9,59
Behavioral avoidance of problems	8,5	9,1	8,81	9,15	8,08	9,03
Inhibition	10,7	10,9	10,84	11,18	10,62	10,41
Using emotional social support	11,6	10,5	12,03	10,44	11,19	10,51
Using "calming"	6	6,9	5,48	6,95	6,65	6,89
Acceptance	10,6	11,6	10,68	12	10,5	10,95
Suppression of competing activities	11,8	11,3	12,32	11,64	11,15	10,65
Planning	13,4	12,8	13,39	13,21	13,46	11,95

A comparative investigation of descriptive statistical indicators of coping techniques in groups of people with disabilities who have experienced bullying and those who have not helps us to uncover both common and unique patterns of dealing with stressful situations. In all groups, a broad preference for constructive, problem-oriented coping mechanisms is maintained. In particular, the indications of "positive reformulation" are identical in both samples (M = 11.6), indicating the ability to cognitively reassess adverse life situations in the absence of traumatic social experience. Similarly, relatively high values are maintained on the scales of "active self-mastery" (M = 12.8 in the group without bullying experience and M = 12.3 in the group with bullying experience) and "planning" (M = 13.4 and M = 12.8, respectively), indicating a desire for purposeful behaviour regulation and situational control in both groups. Also common is the low representation of maladaptive forms of coping associated with the use of "sedatives" (M = 6.0 and M = 6.9, respectively), indicating the absence of a tendency towards chemical or behavioural avoidance as a dominant way of coping with stress and can be considered a positive prognostic factor for psychological correction.

Simultaneously, qualitative differences in the organisation of the coping repertoire are shown between the groups, with persons with bullying experience showing more tension and contradiction of techniques. Thus, in this group, there is an increase in indices of avoidant and defensive coping: "imaginary avoidance of problems" (M = 9.6 vs. M = 8.5), "behavioural avoidance" (M = 9.1 vs. M = 8.5), and "denial" (M = 9.2 vs. M = 8.7). This could indicate the activation of psychological defence systems aimed at decreasing emotional discomfort and stress associated with systematic unfavourable interpersonal influence. In parallel, in the group with bullying experience, the indicators of emotionally orientated

strategies increase, particularly "concentration on emotions and their active expression" (M = 11.0 vs. M = 10.4), as well as compensatory resources such as "appeal to religion" (M = 10.3 vs. M = 9.9) and "humour" (M = 10.1 vs. M = 9.7). This could imply a search for additional semantic and emotional supports in the face of low success of merely behavioural techniques. At the same time, persons who have experienced bullying have a significantly lower intensity of use of social resources, specifically "instrumental social support" (M = 11.0 vs. M = 12.0) and "emotional social support" (M = 10.5 vs. M = 11.6). Such dynamics may reflect a loss of trust in interpersonal engagement, social apprehension, or a previous unfavourable experience with social contacts.

A comparative investigation of coping techniques in a sample of women with disabilities based on their experience with bullying allows us to identify both intact coping resources and particular modifications in the structure of the stress response. Regardless of their experience with bullying, women have a strong preference for active and meaningful ways of resolving obstacles. In both groups, the highest average values were recorded on the scales of “planning” (M = 13.39 and M = 13.21) and “active self-mastery” (M = 13.39 and M = 12.65), which indicates a desire for structured analysis of the situation and self-regulation of behaviour. The intensity of "concentration on emotions and their active expression" (M = 11.06 and 11.09) is likewise steady, indicating the relevance of emotional expression as a source of internal relaxation. There is a slight rise in psychological distancing strategies among women who have been bullied. In particular, indications of "imaginary problem avoidance" (M = 9.76 vs. M = 8.32) and "behavioural avoidance" (M = 9.15 vs. M = 8.81) rise, possibly indicating an attempt to temporarily lessen the intensity of experiences in response to chronic social stress. In parallel, the level of "inhibition" (M = 11.18) rises somewhat, indicating a desire to control emotional manifestations and postpone emotions. Bullying is associated with a decreased reliance on interpersonal support. Women with this experience have lower indicators of the usage of both instrumental (M = 11.23 vs. M = 12.23) and emotional social support (M = 10.44 vs. M = 12.03), which could reflect increased caution in social connections or a lack of trust in the social environment. In light of this, humour (M = 10.42) is becoming a more important internal compensatory resource.

The growth in the indicator of "use of "sedatives"" (M = 6.95) needs special attention, despite the fact that it remains relatively low. This might be viewed as a possible risk area that requires preventive measures within the context of correctional work.

A comparative examination of coping techniques in the male sample demonstrates a distinct metamorphosis of stress coping mechanisms that differs from that in the female group and reflects a shift in the balance of activity, emotional regulation, and avoidance. Men who have not been bullied exhibit a strong preference for active and systematic problem-solving. The highest indicators were found on the scales "planning" (M = 13.46), "active self-mastery" (M = 12.31), and "positive reformulation" (M = 11.38), indicating a desire for rational understanding of the issue and control over behaviour. In the group of men with bullying experience, there is a moderate decline in the intensity of active strategies: the indicators of "planning" (M = 11.95), "active self-mastery" (M = 11.68), and "positive reformulation" (M = 10.38) all fall. This may suggest tiredness or lack of subjective effectiveness in the face of recurrent negative interpersonal influence, rather than an unwillingness to engage in the activity itself. Men who are bullied exhibit an increase in emotionally orientated and avoidant tactics, despite a decrease in problem-oriented coping. The indicators of "concentration on emotions and their active expression" (M = 10.84 versus M = 9.65), "imaginary avoidance of problems" (M = 9.38), and "behavioural avoidance" (M = 9.03) all show an increase. Such dynamics may indicate a shift from action to interior experience and psychological detachment as a means of reducing emotional tension. A moderate increase in "denial" (M = 8.78) suggests the adoption of protective mechanisms aimed at downplaying the impact of the traumatic experience, which may hamper integration. Men who are bullied are less likely to seek social support, both instrumentally (M = 10.68 vs. M = 11.69) and emotionally (M = 10.51 vs. M = 11.19). This could imply a preference for an autonomous, "closed" experience of issues, or a lack of faith in the social context. At the same time, the indicator of "turning to religion" (M = 9.51) rises significantly, allowing us to view it as an alternative source of semantic support in times of low interpersonal support. The use of humour in both groups remains rather steady, serving as a mild compensatory strategy.

A comparison analysis of two samples was used to find statistically significant gender characteristics of coping strategy indicators using the Mann-Whitney U-criterion. The findings show statistically significant changes in women's coping techniques based on the presence of bullying experience, highlighting the importance of responding to a stressful circumstance induced by a painful social experience. Women who have been bullied are more likely to utilise avoidant and compensatory techniques, including "imaginary avoidance of problems" ($U = 706$; $p < 0.013$) and "use of sedatives" ($U = 709$; $p <$

0.012). This suggests a tendency to psychologically distance themselves from difficult situations and a desire to reduce emotional tension through passive coping methods, which could be the result of increased vulnerability and a loss of control over stressful events following bullying.

Women who did not experience bullying were more likely to use adaptive and socially orientated coping methods, such as "using emotional social support" ($U = 676$; $p < 0.007$) and "acceptance" ($U = 768$; $p < 0.047$). This demonstrates a higher desire to seek aid from others, an openness to expressing emotions, and the ability to accept unpleasant life circumstances constructively.

The results indicate that people with disabilities who have experienced bullying combine preserved constructive strategies with enhanced avoidant and emotionally protective reactions, making the stress coping system more tense and internally contradictory. In women, this manifests as a combination of activity and reflection, as well as avoidance and a decline in social interaction, highlighting the importance of integrating emotions and actions. Men are shifting from a rational-active approach to more emotionally charged and fragmented forms of response, with a decrease of social support as a resource. In general, the findings support the feasibility of corrective therapies that attempt to integrate existing constructive coping, reduce avoidant tactics, and restore effective emotional regulation and social connection.

Factor analysis was utilised to determine the structure of disabled people's coping behaviours. The Bartlett sphericity test ($\chi^2 = 499$; $df = 91$; $p < 0.001$) confirms the effectiveness of the principal components method in analysing coping behaviour indicators in a sample of women. The results show significant correlations between variables. The total value of the CMO adequacy indicator was 0.751, with the minimum value for individual indicators at 0.611, indicating an adequate level of factor fitness in the empirical data.

The derived factor structure has three components and explains 64.3% of the total variance in the analysed indicators. At the same time, the first component contributes 30.6%, the second 18.8%, and the third 14.9%, indicating that the model is sufficiently informative and balanced.

The first component combines coping strategies for active and constructive problem-solving, in particular "active mastery" (0.864), "positive reframing" (0.841), "planning" (0.821), "suppression of competing activities" (0.778), "acceptance" (0.744), "humour" (0.643), and "restraint" (0.634). This structure enables us to understand it as a component of constructive-adaptive coping methods, reflecting the preference for conscious regulation of behaviour and emotions in tough situations.

The second component includes coping strategies involving the use of social and emotional resources, specifically "using emotional social support" (0.912) and "instrumental social support" (0.848), "focussing on emotions and their active expression" (0.709), and "turning to religion" (0.613). It can be described as an emotionally charged component that represents the need for interpersonal support and meaningful processing of experiences.

The third component combines the strategies of "imaginary problem avoidance" (0.707) and "behavioural problem avoidance" (0.661), as well as the use of "calming" (0.793), allowing us to interpret it as an avoidant-compensatory component aimed at reducing subjective tension while not actively solving the problem.

Thus, the coping behaviour of women with disabilities in situations of experienced bullying is structured around three relatively autonomous but internally consistent blocks: constructive-adaptive, emotionally orientated, and avoidant-compensatory, reflecting a holistic and yet differentiated system of stress management.

The Bartlett sphericity test confirms the effectiveness of using the principle components approach to analyse coping behaviour indicators in men ($\chi^2 = 373$ with 78 degrees of freedom, $p < 0.001$). The sample KMO's overall adequacy measure was 0.773, with a minimum value of 0.662 for individual indicators, indicating that the data is suitable for factor analysis. The indicator of the coping technique "appeal to religion" had a low KMO value (0.455), which did not fulfil the minimum adequacy requirements. In this regard, this indication was omitted from further development of the component structure in the male samples.

The component statistics reveal that the resulting factor structure explains 76.2% of the variation, indicating that it is highly informative and structurally organised. The first component has the biggest contribution, accounting for 38.4% of the variance, followed by the second and third components, which explain 19.4% and 18.3% of the variability in the indicators. Thus, in the group of men with disabilities, the factor model is more powerful compared to the female sample, which is manifested in the dominance of the first component and the almost equal contribution of the second and third. This may indicate a more defined hierarchy of coping techniques in men.

In terms of content, the first component combines primarily constructive and active coping strategies ("positive reframing" (0.874), "planning" (0.871), "active self-mastery" (0.843), "humour" (0.825), "acceptance" (0.799)), as well as "instrumental social support" (0.597), which corresponds to a problem-oriented coping style. Its central role reflects men's preference for rational knowledge of the issue, deliberate actions, and control over circumstances.

The second component represents an emotionally orientated way of responding, combining "concentration on emotions" (0.791), "use of emotional social support" (0.744) and partly "instrumental support" (0.371), which characterises the orientation towards emotional processing of the bullying experience.

The third component is made up of avoidance tactics (behavioural (0.821) and mental avoidance (0.792)), as well as restraint (0.631), which suggests a propensity to withdraw oneself from a difficult circumstance and postpone active response.

It was discovered that the factor structures of coping behaviour in both groups of subjects are broadly similar. Compared to women, the male group's structure is more integrated and clearly distinguished, reflecting the peculiarity of male stress coping mechanisms in the context of experienced bullying.

In the male group, the factor structure of coping methods explains a considerably greater percentage of the overall variance than in the female sample (76.2% versus 64.3%). The difference in the contribution of the first component is especially noticeable, as it is more dominating in men (38.4%), but less so in women (30.6%). This shows a more organised leading, constructively directed coping block in the male group. The second and third components contribute similarly in both populations, but men are slightly more potent, indicating a higher structural differentiation of the coping repertoire.

Thus, when women with disabilities experience bullying, their coping behaviour mixes constructive-active and emotional-social techniques with an avoidant block, resulting in an integrated but less distinct system. Men have a more structured, three-component, hierarchical system that reflects complicated methods of adaptation and the use of internal and external resources to resist stress.

Conclusions. Coping behaviour of persons with disabilities who have been bullied is a complex, ordered system of interwoven cognitive, emotional, and behavioural components that determine the characteristics of their psychological adaption in the face of traumatic social influence. The findings revealed that this group's coping behaviour is marked by a combination of intact constructive, problem-solving tactics and increased emotional-protective and avoidant forms of response.

The prevalence of planning, active self-mastery, and acceptance suggests a desire to maintain situational control and adaptive potential even in the midst of unpleasant interpersonal interactions. At the same time, the increased use of emotionally focused and avoidant tactics reflects the action of protective mechanisms aimed at lowering internal tension and emotional discomfort, resulting in internal inconsistencies in the structure of coping behaviour. Another distinguishing aspect is the restricted engagement of social resources, which may be the result of rejection, decreased trust in the social environment, and a tendency to psychological detachment.

At the same time, the low intensity of maladaptive types of coping suggests that there are resources available to optimise the structure of stress coping.

Thus, the pattern of coping behaviour in people with disabilities who have experienced bullying enables relative adaptation to stressful social stimuli while retaining symptoms of internal tension and fragmentation. The discovered characteristics support the viability of psychological therapies targeted at merging active coping methods with conscious emotional regulation and gradually restoring trust in social resources as a necessary condition for psychological well-being and social adjustment.

A perspective for further research. Further research opportunities include investigating the dynamics of coping behaviour in people with disabilities under conditions of extended social stress and recurrent bullying. An important area of research is the relationship between coping methods and self-esteem, self-actualization, emotional regulation, resilience, and social support. The findings can be utilised to construct and evaluate the efficacy of corrective programs targeted at reducing avoidant responses and improving adaptive stress coping mechanisms.

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FEATURES OF THE USE OF TRAINING TECHNOLOGIES IN SOCIAL WORK

Тренінгові технології дедалі більше утверджуються як важливий компонент сучасної соціальної роботи, особливо в умовах тривалих соціальних криз, збройного конфлікту, вимушеного переміщення населення та глибоких суспільних трансформацій. В Україні повномасштабна війна суттєво загострила соціальні проблеми та зумовила потребу у впровадженні ефективних, гнучких і практикоорієнтованих методів професійної діяльності. У статті здійснено теоретичний огляд тренінгових технологій у соціальній роботі з акцентом на їх концептуальні засади, класифікацію та відповідність актуальним потребам українського суспільства.

Розглянуто тренінгові технології як окрему форму професійної діяльності у соціальній роботі та окреслено їх відмінності від психоосвітніх і терапевтичних втручань. Особливу увагу приділено експерієнційному навчанню як методологічній основі тренінгових підходів, що передбачає активну участь, рефлексію та формування практичних навичок. Запропоновано класифікацію тренінгових технологій, зокрема навичкові, психоосвітні, резилієнс-орієнтовані та MHPSS-тренінги, а також громадсько-орієнтовані й партисипативні формати.

Окремо проаналізовано застосування тренінгових технологій у контексті воєнних викликів, зокрема у роботі з ветеранами, внутрішньо переміщеними особами, громадами та фахівцями соціальної сфери, які зазнають професійного вигорання. Зроблено висновок, що тренінгові технології є важливим інструментом підвищення професійної спроможності, розвитку стійкості та психосоціального благополуччя в сучасній соціальній роботі України.

Ключові слова: соціальна робота, тренінгові технології, експерієнційне навчання, психосоціальна підтримка, резилієнтність, професійна компетентність

Training technologies have become an increasingly important component of contemporary social work practice, particularly in societies experiencing prolonged social crises, armed conflict, forced displacement, and systemic transformations. In Ukraine, the full-scale war has significantly intensified social challenges, creating new demands for effective, flexible, and practice-oriented methods of professional intervention. This article provides a theoretical overview of training technologies in social work, focusing on their conceptual foundations, classification, and relevance to the current needs of Ukrainian society.

The paper examines training technologies as a distinct form of professional activity in social work, differentiating them from psychoeducational and therapeutic interventions. Particular attention is given to experiential learning as a methodological basis for training approaches, emphasizing active participation, reflection, and skills acquisition. The article proposes a structured classification of training technologies, including skills-based, psychoeducational, resilience-oriented and mental health and psychosocial support (MHPSS) trainings, as well as community-based and participatory formats.

Special consideration is given to the application of training technologies in the context of war-related challenges, including work with veterans, internally displaced persons, local communities, and social service professionals facing high levels of stress and burnout. The advantages and limitations of training technologies in social work are analyzed, highlighting their preventive potential, adaptability, and resource-efficiency, alongside methodological and ethical constraints. The article concludes that training technologies represent a crucial tool for strengthening professional competence, community resilience, and psychosocial well-being in contemporary Ukrainian social work practice.

Keywords: social work, training technologies, experiential learning, psychosocial support, community resilience, professional competence

The social work system in Ukraine is currently operating under conditions of unprecedented complexity shaped by the prolonged impact of the full-scale war and deep societal transformation. The consequences of the armed conflict include mass internal displacement, a rapid increase in the number of

veterans and their families, the fragmentation and weakening of local communities, economic instability, and the deterioration of social infrastructure. These processes are accompanied by widespread psychosocial distress, prolonged exposure to traumatic experiences, uncertainty, and chronic stress among broad segments of the population.

In this context, social workers are required to respond not only to material, administrative, and legal needs but also to complex psychological, emotional, and relational challenges affecting individuals, families, and communities. Their professional role increasingly encompasses crisis intervention, psychosocial support, facilitation of social adaptation and reintegration, as well as the strengthening of individual and collective resilience. At the same time, social work professionals themselves operate under conditions of high emotional load, role overload, and limited resources, which further complicates the effective delivery of services and highlights the need for adaptive, practice-oriented approaches within the social work system.

Traditional forms of professional preparation and service delivery in social work are often insufficient to adequately respond to rapidly changing social realities, particularly in contexts of crisis, instability, and prolonged uncertainty. Standardized educational programs and conventional service models tend to be time-consuming, rigid in structure, and poorly adapted to the immediate and complex needs of vulnerable populations. As a result, social workers frequently face a gap between theoretical knowledge and the practical competencies required for effective intervention in real-life crisis situations.

In contrast, training technologies offer a flexible, dynamic, and practice-oriented approach that enables both social work professionals and service users to acquire relevant skills in a relatively short period of time. These technologies emphasize active participation, experiential learning, and reflection, allowing participants to strengthen individual and collective resilience, enhance adaptive capacities, and develop context-sensitive coping strategies. In crisis settings, training formats facilitate rapid knowledge transfer, promote peer support and mutual learning, and create safe spaces for processing experience, thereby increasing the effectiveness and sustainability of social work interventions.

The purpose of this article is to conduct a theoretical analysis of training technologies in social work and to identify their role and potential in addressing contemporary Ukrainian social challenges. The objectives include clarifying the concept of training technologies, outlining their theoretical foundations, proposing a classification, and analyzing their advantages and limitations.

Training technologies in social work represent a structured set of methods, formats, and pedagogical approaches aimed at the development of professional, social, and adaptive competencies through active, experience-based learning. Within the contemporary paradigm of social work, training technologies are conceptualized not merely as educational tools, but as an independent form of professional intervention that integrates learning, empowerment, and psychosocial support.

Unlike traditional instructional methods that prioritize the transmission of theoretical knowledge, training technologies emphasize participant engagement, interaction, and reflexivity. They are typically implemented in group settings and are based on the principles of voluntary participation, psychological safety, and mutual respect. This makes training technologies particularly effective in addressing complex social problems that require not only knowledge acquisition but also behavioral change, emotional regulation, and the development of practical skills.

From a theoretical perspective, training technologies in social work draw upon interdisciplinary foundations, including adult learning theory, social learning theory, and experiential learning models. These approaches highlight the importance of learning through action, reflection on experience, and social interaction. As a result, training technologies facilitate the integration of cognitive, emotional, and behavioral components of learning, which is essential for sustainable competence development in both social work professionals and service users.

In the context of social work practice, training technologies serve multiple functions. They contribute to professional capacity building, support preventive interventions, and enhance psychosocial resilience at individual, group, and community levels. Training formats are frequently used to strengthen communication skills, coping strategies, decision-making abilities, and social competencies, as well as to promote empowerment and self-efficacy among participants.

Importantly, training technologies are characterized by a high degree of adaptability. Their structure and content can be modified in response to specific target groups, cultural contexts, and situational demands, including crisis and post-crisis environments. This flexibility distinguishes training technologies from standardized educational or therapeutic models and positions them as a valuable tool within contemporary social work systems facing rapid social change and resource constraints.

In contemporary social work practice, training technologies are frequently applied alongside psychoeducational and therapeutic interventions, which necessitates a clear conceptual distinction between these forms of professional activity. Although they may share certain methods, such as group work or structured sessions, their goals, theoretical foundations, and expected outcomes differ significantly.

Psychoeducational interventions are primarily aimed at increasing participants' knowledge and awareness regarding psychological processes, social phenomena, or specific life challenges. Their central function is informational and explanatory, focusing on the normalization of reactions, understanding of symptoms, and dissemination of coping-related knowledge. While psychoeducation may include interactive elements, its primary outcome remains cognitive—enhanced understanding rather than the systematic development of skills or behavioral change.

Therapeutic interventions, in contrast, are designed to address psychological distress, mental health disorders, or trauma-related symptoms through clinical or counseling-oriented approaches. These interventions are based on diagnostic frameworks and therapeutic models, and they typically require specialized professional qualifications, ethical safeguards, and clearly defined therapeutic contracts. The primary goal of therapy is psychological healing, symptom reduction, or emotional processing, rather than training or competence development.

Training technologies in social work occupy a distinct intermediate position between these two approaches. Their primary focus is not treatment or diagnosis, nor solely the transmission of information, but the development of practical skills, social competencies, and adaptive behaviors. Training formats emphasize active participation, experiential exercises, group interaction, and structured reflection, enabling participants to practice new behaviors in a safe and supportive environment.

A key distinguishing feature of training technologies is their orientation toward empowerment and capacity building. Participants are viewed not as patients or passive recipients of knowledge, but as active agents capable of learning, experimenting, and applying new strategies in everyday life. This perspective aligns closely with the values of social work, including respect for dignity, self-determination, and strengths-based practice.

Moreover, training technologies allow for preventive and developmental work without entering the therapeutic domain. This is particularly important in crisis and post-crisis contexts, where large populations may require support that strengthens coping capacities and resilience but does not necessitate clinical intervention. By maintaining clear boundaries from therapeutic practice, training technologies ensure ethical safety while remaining accessible and scalable within social work systems.

Classification of training Technologies in Social Work Practice. Training technologies used in social work practice can be classified according to their primary goals, target groups, and functional orientation. Such classification allows for a clearer understanding of their theoretical and practical value and facilitates the selection of appropriate training formats in response to specific social challenges. In contemporary social work, training technologies are most commonly differentiated into skills-based training, psychoeducational training, resilience-oriented and mental health and psychosocial support (MHPSS) trainings, as well as community-based and participatory training formats.

Skills-based training. Skills-based training constitutes one of the most widely applied categories of training technologies in social work practice. These trainings are primarily focused on the development and reinforcement of specific professional, interpersonal, and life skills that are essential for effective functioning in complex social environments. Common areas of focus include communication skills, conflict resolution, emotional regulation, case management, decision-making, and problem-solving abilities.

From a theoretical standpoint, skills-based trainings are grounded in competence-based and experiential learning approaches, which emphasize learning through practice, feedback, and reflection. Participants are provided with opportunities to rehearse new behaviors in structured and safe settings, thereby reducing the gap between theoretical knowledge and real-life application. In social work education, skills-based trainings are frequently used to prepare professionals for direct client interaction, while in client-oriented interventions they support empowerment, self-efficacy, and adaptive functioning.

Psychoeducational training. Psychoeducational training occupies a distinct position within the classification of training technologies, combining informational components with interactive and experiential elements. The primary objective of psychoeducational trainings is to enhance participants' understanding of psychological processes, social dynamics, and stress-related reactions, particularly in the context of crisis, trauma, and life transitions.

Unlike purely informational lectures, psychoeducational trainings actively engage participants through group discussions, reflective exercises, and structured activities that promote self-awareness and mutual support. These trainings are widely used in social work with vulnerable populations, including

internally displaced persons, families affected by trauma, and individuals experiencing chronic stress. By increasing psychological literacy and normalizing emotional reactions, psychoeducational trainings contribute to preventive intervention and reduce the risk of maladaptive coping strategies.

Resilience-oriented and MHPSS-Based trainings. Resilience-oriented and MHPSS-based trainings have gained particular relevance in contexts affected by armed conflict, humanitarian emergencies, and prolonged social instability. These training technologies are aligned with international mental health and psychosocial support frameworks and are designed to strengthen both individual and collective resilience.

The core focus of such trainings includes the promotion of psychological safety, emotional stabilization, adaptive coping, and the restoration of a sense of control and predictability. Rather than addressing clinical symptoms, resilience-oriented trainings aim to enhance protective factors, social connectedness, and adaptive resources. In social work practice, these trainings are frequently applied in group formats with communities, displaced populations, veterans, and professionals working under high-stress conditions, contributing to sustainable psychosocial well-being without crossing into therapeutic intervention.

Community-based and participatory trainings. Community-based and participatory trainings represent a collective-oriented category of training technologies that emphasize active involvement of community members in identifying needs, resources, and solutions. These trainings are rooted in participatory and empowerment-based approaches, viewing communities not as passive recipients of assistance but as active agents of change.

Participatory training formats foster dialogue, shared responsibility, and local ownership of social initiatives. They contribute to the strengthening of social cohesion, trust, and collective efficacy, which are particularly important in communities affected by displacement, social fragmentation, or post-crisis recovery. In social work practice, community-based trainings support sustainable development by enhancing local capacities and promoting inclusive decision-making processes.

The application of training technologies in social work acquires particular significance in the context of contemporary Ukrainian social challenges shaped by war, mass displacement, community disruption, and professional overload within the social service system. Under conditions of prolonged crisis and uncertainty, training formats offer flexible and scalable tools for strengthening adaptive capacities, psychosocial resilience, and professional competence across multiple levels of social intervention.

Training technologies are widely applied in psychosocial support programs targeting veterans, internally displaced persons (IDPs), and their families. These population groups often face complex challenges related to adaptation, reintegration, identity transformation, and prolonged exposure to stress and traumatic experiences. In this context, training formats are used to support the development of coping strategies, emotional regulation skills, communication competencies, and social reintegration capacities.

Rather than focusing on clinical treatment, training technologies emphasize normalization of reactions, empowerment, and strengthening of personal and social resources. Group-based training formats provide safe and structured environments for sharing experiences, rebuilding trust, and restoring a sense of agency. For veterans and IDPs, trainings contribute to the development of adaptive strategies for navigating new social roles, accessing support systems, and managing stress in everyday life. Their preventive and capacity-building orientation makes training technologies particularly suitable for large-scale psychosocial interventions in humanitarian and post-conflict settings.

At the community level, training technologies play a crucial role in supporting social recovery, cohesion, and resilience in war-affected areas. Armed conflict and displacement have disrupted traditional community structures, weakened social ties, and reduced trust in collective institutions. Community-based training formats address these challenges by fostering participatory engagement, leadership development, and collective problem-solving.

Through participatory and community-oriented trainings, local stakeholders are actively involved in identifying shared challenges, available resources, and potential strategies for recovery. Such approaches strengthen social capital, enhance collective efficacy, and promote inclusive decision-making processes. In the Ukrainian context, community trainings contribute to rebuilding local resilience by supporting volunteer initiatives, facilitating dialogue between different population groups, and promoting collaborative responses to social and humanitarian needs. As a result, training technologies function not only as educational tools but also as mechanisms for restoring social cohesion and community agency.

Social Work Professionals and Burnout Prevention. The prolonged crisis has significantly increased the emotional and professional burden placed on social work professionals in Ukraine. High caseloads, exposure to clients' traumatic experiences, limited resources, and role overload contribute to chronic stress and professional burnout. In response to these challenges, training technologies are

increasingly used as a preventive and supportive measure within professional development and organizational contexts.

Trainings focused on burnout prevention emphasize self-care practices, emotional regulation, stress management, boundary-setting, and peer support. Group-based formats allow professionals to reflect on their experiences, normalize emotional responses, and exchange coping strategies within a supportive professional community. By strengthening resilience and self-efficacy among social workers, training technologies contribute to sustaining professional functioning and reducing the risk of secondary traumatization. In this sense, training formats serve not only individual well-being but also the overall effectiveness and stability of the social work system.

Training technologies constitute a widely used and increasingly valued approach within contemporary social work due to their adaptability, practical orientation, and potential for large-scale application. One of the key advantages of training technologies is their flexibility, which allows for rapid adaptation to changing social contexts, target groups, and emerging needs. Training formats can be modified in terms of content, duration, and methodological focus, making them particularly suitable for crisis and post-crisis environments where timely and responsive interventions are essential.

Another significant advantage of training technologies lies in their cost-effectiveness and scalability. Compared to long-term individual interventions, training-based approaches enable social work organizations to reach larger groups of beneficiaries with relatively limited resources. This is especially relevant in contexts characterized by high demand for psychosocial support and limited institutional capacity. By emphasizing skills development, empowerment, and peer interaction, training technologies also contribute to preventive work, reducing the risk of long-term psychosocial difficulties and fostering self-reliance among participants.

The high level of practical relevance represents an additional strength of training technologies. Through experiential learning, role-playing, and group reflection, participants are actively engaged in the learning process and encouraged to apply newly acquired skills in real-life situations. This enhances the transfer of learning into practice and supports the development of sustainable competencies. Furthermore, training formats align closely with core social work values, such as participation, empowerment, and respect for individual and community strengths.

Despite these advantages, the use of training technologies in social work is associated with several limitations that require careful consideration. One of the primary challenges concerns the need for highly skilled and ethically competent facilitators. Effective training implementation requires not only methodological expertise but also the ability to manage group dynamics, ensure psychological safety, and respond appropriately to participants' emotional reactions. In crisis-affected contexts, inadequate facilitation may increase the risk of emotional overload or re-traumatization.

Another limitation relates to the variability of participants' needs and capacities. Training formats may not be equally effective for all individuals, particularly those experiencing severe psychological distress or requiring specialized therapeutic support. In such cases, training technologies should be integrated into a broader system of services rather than used as a stand-alone intervention.

Finally, the evaluation of long-term outcomes remains a methodological challenge. While short-term effects such as increased knowledge, skills, and perceived resilience are relatively easy to assess, measuring sustained behavioral change and long-term psychosocial impact is more complex. This limitation highlights the need for systematic monitoring, follow-up mechanisms, and evidence-based evaluation frameworks within social work training practice.

Overall, while training technologies offer significant benefits for contemporary social work, their effective use requires a balanced and context-sensitive approach that acknowledges both their potential and their limitations.

Conclusions

Training technologies constitute a vital and increasingly indispensable component of contemporary social work practice, particularly in crisis-affected contexts such as Ukraine. The theoretical analysis presented in this article demonstrates that training technologies go beyond traditional educational formats, functioning as an integrative approach that combines learning, empowerment, and psychosocial support. Their grounding in experiential learning and competence-based frameworks enables the effective development of practical skills, adaptive behaviors, and resilience at individual, group, and community levels.

In the context of war, mass displacement, and prolonged social instability, training technologies offer a flexible and scalable response to complex social challenges. They are particularly valuable for working with veterans, internally displaced persons, communities undergoing social fragmentation, and

social work professionals exposed to chronic stress and burnout. By emphasizing participation, reflection, and capacity building, training formats contribute to preventive intervention and support sustainable psychosocial functioning without replacing therapeutic or clinical services.

At the same time, the analysis highlights the importance of recognizing the limitations and ethical boundaries of training technologies. Their effectiveness depends on the quality of facilitation, sensitivity to participants' needs, and integration within broader systems of social and psychosocial support. Therefore, training technologies should be applied as part of a comprehensive and context-sensitive social work strategy rather than as isolated interventions.

Future research should focus on the systematic evaluation of long-term outcomes of training-based interventions, the development of evidence-informed and culturally responsive training models, and the refinement of methodological standards for their implementation in crisis and post-crisis settings. Such efforts will contribute to strengthening the role of training technologies as a sustainable and ethically grounded tool in the advancement of contemporary social work.

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