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Psychological resilience as an adaptive mechanism for supporting mental health

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■ **Abstract.** The relevance of the topic was determined by the need for scientifically grounded approaches to strengthening the mental well-being of individuals, who functioned for a long time in a stressful environment and were exposed to war-related events, forced displacement, losses, professional workload, and uncertainty about the future. The purpose of the article was to theoretically substantiate and empirically clarify the role of resilience in maintaining mental health, as well as to identify its structural components and socio-psychological determinants. The study was based on the results of a psychodiagnostic assessment of 214 respondents, including representatives of the security and defense sector, educators, medical workers, psychologists, volunteers, internally displaced persons, and civilians affected by war-related events. The CD-RISC-10 and BRS scales, descriptive statistics, comparative subgroup analysis, and Pearson correlation analysis were used. Descriptive results indicated a predominantly moderate level of resilience and recovery capacity: CD-RISC-10 M = 27.8 (SD = 6.3; Me = 28.0), and BRS M = 3.51 (SD = 0.70; Me = 3.50). Statistically significant associations were found between resilience and emotional stability ($r = 0.61$; $p < 0.01$), lower anxiety ($r = -0.54$; $p < 0.01$), and subjective well-being ($r = 0.58$; $p < 0.01$). The findings showed that individuals with higher resilience scores more often exhibited active coping strategies, cognitive reappraisal of stressful events, readiness to seek social support, and the ability to maintain functionality under difficult conditions. In groups affected by war or forced displacement, resilience performed a buffering function by mitigating the psychological consequences of traumatic events and reducing the risk of emotional maladjustment. It was specified that resilience depended on the interaction of cognitive-regulatory, emotional-motivational, and social-communicative components, as well as on the availability of a supportive social and organisational environment. The results indicated the expediency of developing resilience through a combination of individual self-regulation skills training with group and organisational forms of psychological support. The obtained data may be used to develop psychoprophylactic programmes, resource-oriented training, and systems for the dynamic monitoring of mental health risks in various socio-professional groups

■ **Keywords:** stress; self-regulation; coping strategies; social support; war trauma; adaptive potential

■ Introduction

The relevance of studying psychological resilience was determined by the prolonged impact of military, social and occupational stressors on the mental health of the population of Ukraine. Under conditions of armed aggression, forced displacement, losses, information-related tension and occupational exhaustion, mental health emerged not only as an individual value but also as a resource for social viability, recovery and the security capacity of the state. According to the approach of World Health Organization (2025), mental health encompasses a person's ability to cope with stress, realise their own

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potential, learn, work and contribute to community life. Particular attention was required by groups that systematically functioned in stressogenic environments, including security and defence personnel, healthcare workers, educators, volunteers, internally displaced persons and civilians who were directly or indirectly affected by the war.

In this context, psychological resilience was considered as an individual's ability to preserve functionality, mobilise internal and external resources, respond adaptively to stress and restore psychological balance after crisis events. In contrast to situational endurance, resilience had a processual nature, since it was formed through the interaction of cognitive flexibility, emotional self-regulation, self-efficacy, life-meaning orientations and social support. Its content was not limited to the ability to resist the negative influence of stressors, but also included the capacity to reinterpret difficult experience, maintain a sense of control over one's life situation, sustain social connections and find constructive ways of overcoming difficulties. In this sense, resilience acted not only as a protective resource but also as a mechanism of psychological recovery, which ensured the transition from disorganisation to stabilisation and from exhaustion to the gradual restoration of personal and professional functioning. It acquired particular significance under wartime conditions, when a person remained for a prolonged period under the influence of uncertainty, threats, losses and high emotional tension. Therefore, the study of psychological resilience became important for the development of programmes for psychoprevention, psychological support, crisis intervention and organisational strengthening of the resilience of various socio-professional groups.

Contemporary studies of resilience increasingly moved away from interpreting it as a stable individual trait and considered it as a process of adaptation that unfolded over time and depended on the balance between risks, resources and context. N. Hiebel *et al.* (2021), in a narrative review of process-oriented approaches, showed that the key problem in contemporary research was not the recognition of resilience itself, but its operationalisation. It was necessary to clearly define the positive outcome of adaptation, the temporal dynamics of recovery and the mechanisms that mediated the influence of stress on mental functioning. The psychobiological dimension of this issue was revealed in the work of D.S. Charney (2004), in which the role of neurobiological mechanisms of adaptation and vulnerability to extreme stress was substantiated. This became fundamental, as it made it possible to analyse resilience not only as a high score on a psychodiagnostic scale, but as the interaction of self-regulation, coping, social support and the organisational environment. M. Ungar & P. Jefferies (2021), developing the resource-environmental approach, demonstrated that resilience was formed through the combination of individual "robustness" and the availability of external resources. This provision is important for analysing individuals who live or work under wartime conditions, since even strong personal resources may be insufficient without support from the family, professional group, community and organisation. O. Kredentser & D. Serhienko (2024) considered resilience as an important factor in the subjective well-being of psychologists under wartime conditions. The authors placed the main emphasis on the fact that the capacity for psychological recovery, adaptation and preservation of professional effectiveness helped specialists maintain emotional stability despite the prolonged influence of stressogenic factors. The study by M. Sihova & O. Morozova (2020) was devoted to the relationship between the level of resilience and the professional success of HR specialists. The researchers emphasised that higher resilience contributed to better adaptation to professional challenges, more effective coping with stress and the preservation of productivity under conditions of intensive interpersonal interaction.

The practice-oriented direction of contemporary research was focused on how resilience could be developed through specialised support programmes. W.H.D. Ang *et al.* (2022) demonstrated that digital resilience training could increase resilience while simultaneously reducing symptoms of anxiety, depression and stress; however, its effectiveness depended on the structure of the programme, flexibility of access and the quality of methodological content. A.F. Moreno *et al.* (2024), analysing resilience development programmes in the police, showed the importance of psychoeducation, scenario-based training, debriefing, self-regulation and organisational support. M. Christopher *et al.* (2024) analysed the feasibility of applying mindfulness-based resilience training for law-enforcement officers who had experienced significant occupational stress. The authors confirmed the acceptability and practical feasibility of such a programme and also outlined its potential for further examination of its impact on stress, mental health, aggressiveness and professional resilience among law-enforcement officers. J. Gaskin *et al.* (2025) summarised the results of 11 studies involving 967 police officers concerning the impact of mindfulness interventions on stress and mental health and concluded that such interventions had a small to moderate positive effect after programme completion. The aim of the article was to provide a theoretical substantiation and empirical clarification of the role of psychological resilience as an adaptive mechanism for supporting an individual's mental health under conditions of prolonged stress, as well

as to determine its structural components, socio-psychological determinants and directions for the practical application of the obtained results.

■ Materials and Methods

The study used a set of general scientific, psychological and statistical methods that ensured a systematic examination of the phenomenon of psychological resilience. The methodological basis consisted of systemic, activity-based and contextual approaches, which made it possible to consider resilience not as an isolated personality trait, but as a multidimensional dynamic construct formed through the interaction of personal and environmental resources. Within the framework of the theoretical analysis, psychodynamic, cognitive-behavioural, neuropsychological, socio-ecological, resource-based and organisational approaches to understanding resilience were systematised. The theoretical-analytical method was used for the critical examination of scientific sources devoted to resilience, mental health, coping strategies and psychological recovery after stress. The systemic-structural method made it possible to consider psychological resilience as an integral adaptive mechanism that encompassed cognitive-regulatory, emotional-motivational and social-communicative components. The cognitive-regulatory component was associated with the rational interpretation of events, cognitive reappraisal, attentional control and the ability to make decisions under conditions of uncertainty. The emotional-motivational component characterised the stability of the emotional state, tolerance of frustration, internal motivation to overcome difficulties and the preservation of meaning-related orientations. The social-communicative component reflected the ability to seek and accept support, maintain trust, interact with a professional group and use the resources of the social environment. The empirical basis of the study consisted of the results of a psychodiagnostic assessment of psychological resilience and related indicators of mental functioning. The total number of respondents was 214, including 119 women (55.6%) and 95 men (44.4%). The age range of the participants was from 20 to 59 years (M = 36.8; SD = 9.4). The sample included individuals who had experience of prolonged residence or professional activity under conditions of military, social or occupational stress. For comparison, five socio-professional subgroups were identified, the structure of which is presented in Table 1.

Table 1. Structure of the respondent sample

No.	Socio-professional subgroup	n	%
1	Personnel of the security and defence sector	76	35.5
2	Educators, healthcare workers and psychologists	48	22.4
3	Volunteers	26	12.1
4	Internally displaced persons	36	16.8
5	Civilians affected by war-related events	28	13.2
	Total	214	100.0

Source: compiled by the author

The study had a cross-sectional correlational design and was conducted on a purposive, non-randomised sample. This design made it possible to identify statistical relationships between resilience indicators and indicators of mental functioning; however, it did not provide grounds for establishing cause-and-effect relationships. The obtained results were interpreted as an empirical clarification of associations between the studied variables within specific socio-professional subgroups, rather than as evidence of a direct causal effect of resilience on emotional stability, anxiety level or subjective well-being. For psychodiagnostic measurement, the Connor-Davidson Resilience Scale-10 (CD-RISC-10), developed by K.M. Connor & J.R.T. Davidson (2003), was used in the validated Ukrainian version by N. Shkolina *et al.* (2020). The method contains 10 statements that reflected the ability to adapt to change, overcome difficulties, remain focused under pressure, recover after failures, mobilise internal resources and act despite stress. Each statement was assessed according to five response categories from 0 to 4 points. The total score could range from 0 to 40 points, where a higher score indicated more pronounced psychological resilience, adaptability, self-regulation and the ability to mobilise personal resources in stressful situations. For interpretation in this study, the following working levels of CD-RISC-10 were used: low – 0-19 points, moderate – 20-29 points and high – 30-40 points. In addition, the Brief Resilience Scale (BRS), proposed by B.W. Smith *et al.* (2008), was applied. This scale assessed not general resilience as a resource, but the individual's ability to recover after exposure to stress. The scale contains 6 items, the content of which covered the speed of returning to normal functioning after difficult events, the ability to go through difficult periods, and difficulties in recovery after stress. Items 1, 3 and 5 had a direct orientation, whereas items 2, 4 and 6 were reverse-oriented; therefore, they were reverse-coded before the overall score was calculated. The total score was determined as the arithmetic mean of the

responses; lower values indicated a weaker ability to recover (1.00-2.99 points), medium values indicated a moderate ability (3.00-4.30 points), and higher values indicated a more pronounced ability to restore psychological balance rapidly after stress (4.31-5.00 points). The BRS was used to clarify the processual aspect of resilience and compare it with the integral CD-RISC-10 indicator.

The measurement procedure involved an anonymous survey, preceded by informing respondents about the aim of the study, the voluntary nature of participation, the confidentiality of responses and the possibility of discontinuing participation without providing reasons. Respondents were given identical instructions for completing the scales. Only complete responses were considered during data processing. The inclusion criteria were adulthood, voluntary consent to participate, the ability to complete the questionnaires independently and the presence of experience of living or working under conditions of prolonged stress. The exclusion criteria included incomplete completion of the forms, formal or random responses, as well as a condition that could significantly hinder conscious participation in the survey. Statistical processing was performed using descriptive statistics, subgroup analysis and Pearson correlation analysis. The correlation indicators $r = 0.61$, $r = -0.54$ and $r = 0.58$ were interpreted as coefficients of association between the integral level of resilience and the corresponding indicators of mental functioning; relationships at $p < 0.01$ were considered statistically significant. Socio-professional affiliation, experience of exposure to war-related events or forced displacement, as well as indicators of emotional stability, anxiety and subjective well-being, were recorded separately and used for correlational comparison with integral resilience indicators.

Results and Discussion

Psychological resilience acted as an important resource for supporting mental health under conditions of prolonged exposure to stressogenic factors. In the overall study sample, a predominantly moderate level of psychological resilience was identified, which indicated that the respondents had a basic ability to adapt to difficult circumstances, mobilise internal resources and maintain functionality in situations of increased psychological strain. At the same time, the indicators of the ability to recover after stress exposure showed that not all respondents were equally able to return rapidly to a stable emotional state after experienced difficulties. The comparison of socio-professional subgroups showed that manifestations of resilience depended on the combination of personal, professional and environmental resources. Among representatives of professions associated with a high level of responsibility and constant contact with stressful situations, psychological resilience was more closely related to self-regulation, experience in overcoming crisis circumstances and the ability to maintain working capacity under pressure. In the groups that had been affected by war-related events or forced displacement, resilience was primarily manifested through the ability to restore emotional balance, rely on social support and gradually adapt to new living conditions. The comparison of CD-RISC-10 and BRS indicators with indicators of emotional stability, anxiety and subjective well-being confirmed that a higher level of resilience was accompanied by better emotional self-regulation, lower severity of anxiety manifestations and a higher level of subjective well-being. This provided grounds for considering resilience not only as a general characteristic of psychological stability, but also as a dynamic mechanism of recovery after stress. Thus, the combination of CD-RISC-10 and BRS results made it possible to establish that mental health was supported both by the individual's ability to withstand stress exposure and by their capacity to restore psychological balance after experienced difficulties (Table 2).

Table 2. Descriptive statistics for the main resilience scales

Scale	M	SD	Me	Min.	Max.	Interpretative focus
CD-RISC-10	27.8	6.3	28.0	10	40	Resilience, adaptability, mobilisation of resources
BRS	3.51	0.70	3.50	1.67	5.00	Recovery after stress

Note: M – arithmetic mean; SD – standard deviation; Me – median; Min. – minimum value; Max. – maximum value

Source: compiled by the author

A moderate level of resilience prevailed in the overall sample. The mean CD-RISC-10 score ($M = 27.8$) fell within the moderate range; however, the median value ($Me = 28.0$), the minimum score (10 points) and the maximum score (40 points) indicated noticeable internal variability within the sample: alongside respondents with sufficiently developed adaptive resources, there was also a group of individuals with lower resilience scores. According to the BRS, the mean value ($M = 3.51$) also corresponded to a moderate ability to recover after stress. To specify these results, respondents were distributed by levels of resilience and recovery ability, as presented in Table 3.

Table 3. Distribution of respondents by levels of resilience and recovery ability

Indicator	Level	Criterion	n	%
CD-RISC-10	Low	0-19 points	24	11.2
CD-RISC-10	Moderate	20-29 points	119	55.6
CD-RISC-10	High	30-40 points	71	33.2
BRS	Low recovery ability	1.00-2.99 points	43	20.1
BRS	Moderate recovery ability	3.00-4.30 points	132	61.7
BRS	High recovery ability	4.31-5.00 points	39	18.2

Source: compiled by the author

The distribution by levels showed that most respondents were not within the range of markedly low resilience; however, the proportion of individuals with low scores was sufficient to justify psychopreventive work. Particular attention was required by respondents with a low CD-RISC-10 level (11.2%) and low recovery ability according to the BRS (20.1%), since these groups could have had greater vulnerability to emotional exhaustion, anxiety reactions and maladaptive coping strategies. At the same time, the overall distribution did not explain which socio-professional groups accounted for the differences in resilience and recovery. Therefore, the next step was to compare the descriptive CD-RISC-10 and BRS indicators across the sample subgroups.

Table 4. Descriptive indicators of resilience by socio-professional subgroup

Socio-professional subgroup	CD-RISC-10 M	CD-RISC-10 SD	CD-RISC-10 min.-max.	BRS M	BRS SD	BRS min.-max.
Security and defence sector	28.7	5.8	14-40	3.58	0.66	2.00-4.83
Educators, healthcare workers and psychologists	29.1	5.4	15-40	3.66	0.61	2.33-5.00
Volunteers	30.0	4.9	18-40	3.72	0.58	2.50-5.00
Internally displaced persons	23.9	6.6	10-37	3.16	0.74	1.67-4.50
Civilians affected by the war	25.8	6.2	12-38	3.29	0.70	2.00-4.67

Source: compiled by the author

The presented data demonstrated that the highest mean CD-RISC-10 psychological resilience scores were recorded among volunteers (M = 30.0), educators, healthcare workers and psychologists (M = 29.1), as well as personnel of the security and defence sector (M = 28.7). In these groups, resilience was supported by a combination of professional experience, social inclusion, self-regulation skills and a sense of significance attached to the activity performed. Lower mean scores were identified among internally displaced persons (M = 23.9) and civilians affected by war-related events (M = 25.8), which could have been associated with greater uncertainty of the life situation, loss of a stable environment, experience of displacement or direct exposure to threats. A similar tendency was observed for the BRS: the highest recovery ability was characteristic of volunteers, educators, healthcare workers and psychologists, whereas among internally displaced persons and affected civilians it was lower, although it did not reach the range of critically low values. These intergroup comparisons had a descriptive-analytical character and were not interpreted as statistically proven differences between subgroups without the application of additional criteria for intergroup comparison (Smith *et al.*, 2008; Shkolina *et al.*, 2020). The obtained results also indicated statistically significant relationships between the level of resilience and key indicators of respondents' mental functioning. Higher resilience scores were combined with greater emotional stability, a lower level of anxiety and higher subjective well-being. This indicated that psychological resilience was not an isolated characteristic, but was related to the general level of an individual's emotional adaptation. The data presented in Table 5 confirmed that resilience performed a protective function, since it contributed to the preservation of emotional balance and the reduction of negative mental manifestations under conditions of prolonged stress load.

Table 5. Statistically significant relationships between resilience and indicators of mental functioning

Indicator of mental functioning	Relationship with resilience	Interpretation of the obtained result
Emotional stability	$r = 0.61$; $p < 0.01$	The coefficient $r = 0.61$ indicated a positive relationship of moderate-to-strong strength: as resilience increased, the ability to maintain emotional balance under stress also increased.
Anxiety level	$r = -0.54$; $p < 0.01$	The coefficient $r = -0.54$ indicated a negative relationship of moderate strength: higher resilience scores were associated with lower severity of anxiety reactions.

Table 5. Continued

Indicator of mental functioning	Relationship with resilience	Interpretation of the obtained result
Subjective well-being	$r = 0.58$; $p < 0.01$	The coefficient $r = 0.58$ reflected a positive relationship of moderate-to-strong strength: resilience was associated with higher self-assessment of psychological state, life capacity and well-being.

Source: compiled by the author

Thus, resilience was most clearly associated with the regulation of emotional tension and the ability to preserve a subjective sense of control over the situation. The positive relationship with emotional stability meant that respondents with higher resilience scores on the scales used more often maintained behavioural control, the ability to self-soothe and readiness to act under conditions of uncertainty. The negative relationship with anxiety indicated the buffering effect of resilience: it did not eliminate the stressor itself, but was associated with a reduction in the intensity of the anxiety response and the risk of emotional disorganisation. The positive relationship with subjective well-being confirmed that resilience supported not only situational endurance, but also a broader sense of life capacity. Given the correlational design, these results should be interpreted as statistical associations rather than as evidence of a direct causal effect of resilience on indicators of mental functioning.

The analysis of socio-professional subgroups showed that the same integral resilience score could have different substantive content depending on professional experience, social status, the nature of experienced stressogenic events and the availability of support resources. Among personnel of the security and defence sector, the level of resilience was more strongly associated with organisational factors, including managerial support, unit cohesion, clarity of service instructions, experience of professional training and the ability to act under conditions of increased risk and stress. Among representatives of the group of educators, healthcare workers and psychologists, skills of emotional self-regulation, reflection, professional interpretation of crisis situations and maintenance of constructive interaction with people experiencing difficult life circumstances were more pronounced. Among volunteers, significant factors of resilience included value-based motivation, social involvement, a sense of usefulness of one's own activity and belonging to a community of mutual assistance. Internally displaced persons more often required stable social support, predictability, restoration of a sense of safety and gradual adaptation to a new environment. Among civilian respondents affected by war-related events, emotional recovery, reinterpretation of the experienced events and preservation of everyday functionality acquired particular importance.

In the groups affected by hostilities, forced displacement or prolonged occupational strain, the buffering effect of resilience was identified. It was manifested in reduced intensity of anxiety reactions, a lower tendency towards rumination, greater readiness to structure everyday activity and use support from others. Among some respondents with high resilience scores, a tendency towards post-traumatic growth was observed, including reconsideration of life priorities, increased empathy, strengthened social activity and readiness to participate in helping practices, which corresponded to the provisions of R.G. Tedeschi & L.G. Calhoun (2004). The practical block of the results indicated that the development of resilience had to be carried out not only through individual interventions, but also through organisational and group support mechanisms. The most substantiated programmes were those that combined cognitive-behavioural techniques, mindfulness practices, self-regulation training, development of stress-management skills, group support and the creation of a psychologically safe professional environment. The cognitive-behavioural component of such programmes could be based on the approaches of D.A. Clark & A.T. Beck (2009), which were focused on working with anxiety reactions and maladaptive cognitive schemas. For personnel of the security and defence sector, regular psychological screening, supervisory support, preparation of managers for the early recognition of signs of exhaustion and the formation of a team culture of mutual assistance were particularly important. This conclusion was consistent with the data of R.N. Carleton *et al.* (2025) on changes in symptoms of mental disorders after resilience programmes for public safety personnel, as well as with the systematic review by C. Randall *et al.* (2025), which emphasised the importance of preventive programmes after exposure to occupationally determined traumatisation. The data of R.-W. Liao *et al.* (2025) on individual resilience-building interventions and the results of L. Xiang *et al.* (2025) on the effectiveness of cognitive-behavioural approaches additionally confirmed the appropriateness of combining psychoeducation, self-regulation and practical stress-coping skills.

The provision of A.S. Masten (2001) on "ordinary magic" was consistent with the obtained results in that respondents' resilience was associated not with exceptional personality qualities, but with everyday skills of self-regulation, maintenance of social connections and meaning-based organisation of experience. The conclusions of I.R. Galatzer-Levy *et al.* (2018)

regarding different trajectories of adaptation correlated with the identified differences between groups, which demonstrated either stable resilience or gradual recovery after stress. The results were also consistent with the interdisciplinary position of S.M. Southwick *et al.* (2014), who emphasised the combination of psychological, biological and social determinants of resilience. In this study, this relationship was traced through the interaction of cognitive flexibility, emotional regulation, social support and professional context. The ideas of S.S. Luthar *et al.* (2000) regarding the need to clearly define risk and positive adaptation were taken into account through the specification of inclusion criteria, respondent subgroups and indicators of mental functioning. Thus, psychological resilience emerged as a multilevel system of self-regulation in which protective, restorative and developmental mechanisms were in dynamic interaction. The protective function consisted in reducing the negative impact of stressful and traumatic factors; the restorative function involved returning to psychological balance and professional effectiveness; and the developmental function consisted in the ability to transform crisis experience into a source of personal growth.

■ Conclusions

The conducted study confirmed that psychological resilience acted as an adaptive mechanism for supporting an individual's mental health under conditions of prolonged stress, wartime challenges and social uncertainty. Statistically significant correlational relationships were identified between the level of resilience and emotional stability ($r = 0.61$; $p < 0.01$), reduced anxiety ($r = -0.54$; $p < 0.01$) and subjective well-being ($r = 0.58$; $p < 0.01$). The descriptive indicators for CD-RISC-10 ($M = 27.8$; $SD = 6.3$; $Me = 28.0$) and BRS ($M = 3.51$; $SD = 0.70$; $Me = 3.50$) indicated the predominance of a moderate level of psychological resilience and a moderate ability to recover after stress exposure. Thus, resilience performed a buffering function in relation to stressogenic and traumatic influences, supported emotional balance and contributed to the preservation of life capacity. The structure of resilience encompassed cognitive-regulatory, emotional-motivational and social-communicative components. Their interaction ensured the individual's ability to assess a situation realistically, regulate emotional reactions, maintain motivation for action and use social support resources. The comparative description of the subgroups showed that, among personnel of the security and defence sector, organisational support, unit cohesion and clarity of professional algorithms acquired leading importance; among educators, healthcare workers and psychologists, emotional self-regulation skills and professional reflection were central; among volunteers, value-based motivation, social involvement and a sense of usefulness were significant; among internally displaced persons, stable social support, predictability and restoration of a sense of safety were important; and among civilians affected by war-related events, the ability to recover emotionally, reinterpret experience and maintain everyday functionality was particularly relevant. The results should be interpreted with consideration of the study limitations: the purposive nature of the sample, the self-report format of data collection and the correlational design, which did not allow cause-and-effect relationships to be established. Prospects for further research are related to expanding the sample, clarifying age-related and professional differences in resilience, and evaluating the effectiveness of specialised resilience-building programmes under conditions of wartime and post-war recovery.

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■ References

[1] Ang, W.H.D., Chew, H.S.J., Dong, J., Yi, H., Mahendren, R., & Lau, Y. (2022). Digital training for building resilience: Systematic review, meta-analysis, and meta-regression. *Stress and Health*, 38(5), 848-869. doi: 10.1002/smi.3154.

[2] Carleton, R.N., *et al.* (2025). Mental health disorder symptom changes among public safety personnel after emotional resilience skills training. *Comprehensive Psychiatry*, 138, article number 152580. doi: 10.1016/j.comppsych.2025.152580.

[3] Charney, D.S. (2004). Psychobiological mechanisms of resilience and vulnerability: Implications for successful adaptation to extreme stress. *American Journal of Psychiatry*, 161(2), 195-216. doi: 10.1176/appi.ajp.161.2.195.

[4] Christopher, M., Bowen, S., Witkiewitz, K., Grupe, D., Goerling, R., Hunsinger, M., Oken, B., Korecki, T., & Rosenbaum, N. (2024). A multisite feasibility randomized clinical trial of mindfulness-based resilience training for aggression, stress, and health in law enforcement officers. *BMC Complementary Medicine and Therapies*, 24, article number 144. doi: 10.1186/s12906-024-04452-y.

[5] Clark, D.A., & Beck, A.T. (2009). *Cognitive therapy of anxiety disorders: Science and practice*. New York: The Guilford Press.
[6] Connor, K.M., & Davidson, J.R.T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82. doi: 10.1002/da.10113.
[7] Galatzer-Levy, I.R., Huang, S.H., & Bonanno, G.A. (2018). Trajectories of resilience and dysfunction following potential trauma: A review and statistical evaluation. *Clinical Psychology Review*, 63, 41-55. doi: 10.1016/j.cpr.2018.05.008.
[8] Gaskin, J., Li, W.W., van Eijk, L., & Sarnyai, Z. (2025). The effect of mindfulness-based interventions on stress and mental health outcomes among police officers: A systematic review and meta-analysis. *Police Practice and Research*, 27(1), 131-163. doi: 10.1080/15614263.2025.2506647.
[9] Hiebel, N., Rabe, M., Maus, K., Peusquens, F., Radbruch, L., & Geiser, F. (2021). Resilience in adult health science revisited – a narrative review synthesis of process-oriented approaches. *Frontiers in Psychology*, 12, article number 659395. doi: 10.3389/fpsyg.2021.659395.
[10] Kredentser, O., & Serhienko, D. (2024). Resilience as a factor in psychologists' subjective well-being in war conditions. *Organizational Psychology. Economic Psychology*, 32(2), 85-95. doi: 10.31108/2.2024.2.32.7.
[11] Liao, R.-W., Hu, W.-C., Kuo, C.-Y., Hsu, W.-L., & Tzeng, I.-S. (2025). Adult individual resilience interventions: A PRISMA-compliant meta-analysis. *Journal of Psychiatric Research*, 189, 352-364. doi: 10.1016/j.jpsyhires.2025.06.021.
[12] Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562. doi: 10.1111/1467-8624.00164.
[13] Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. doi: 10.1037/0003-066X.56.3.227.
[14] Moreno, A.F., Karanika-Murray, M., Batista, P., Hill, R., Vilalta, S.R., & Oliveira-Silva, P. (2024). Resilience training programs with police forces: A systematic review. *Journal of Police and Criminal Psychology*, 39, 227-252. doi: 10.1007/s11896-023-09633-y.
[15] Randall, C., *et al.* (2025). Law enforcement personnel: Systematic review of the impact of prevention programs following exposure to work-related trauma. *Policing: An International Journal*, 48(5), 923-943. doi: 10.1108/PIJPSM-04-2024-0049.
[16] Shkolina, N., Shapoval, I., Orlova, I., Kedyk, I., & Stanislavchuk, M. (2020). Adaptation and validation of the Ukrainian version of the Connor-Davidson Resilience Scale-10 (CD-RISC-10): Approbation in patients with ankylosing spondylitis. *Ukrainian Journal of Rheumatology*, 2, 66-72. doi: 10.32471/rheumatology.2707-6970.80.15236.
[17] Sihova, M., & Morozova, O. (2020). Interconnection between the level of resilience and professional success of HR specialists. *Psychology and Psychosocial Interventions*, 3, 50-58. doi: 10.18523/2617-2348.2020.3.50-58.
[18] Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15, 194-200. doi: 10.1080/10705500802222972.
[19] Southwick, S.M., Bonanno, G.A., Masten, A.S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1), article number 25338. doi: 10.3402/ejpt.v5.25338.
[20] Tedeschi, R.G., & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18. doi: 10.1207/s15327965pli1501_01.
[21] Ungar, M., & Jefferies, P. (2021). Becoming more rugged and better resourced: The R2 resilience program's© psychosocial approach to thriving. *Frontiers in Psychology*, 12, article number 745283. doi: 10.3389/fpsyg.2021.745283.
[22] World Health Organization. (2025). *Mental health*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
[23] Xiang, L., Wan, H., & Zhu, Y. (2025). Effects of cognitive behavioral therapy on resilience among adult cancer patients: A systematic review and meta-analysis. *BMC Psychiatry*, 25, article number 204. doi: 10.1186/s12888-025-06628-3.

Психологічна резильєнтність як адаптивний механізм підтримки ментального здоров'я особистості

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■ **Анотація.** Актуальність теми зумовлена потребою в науково обґрунтованих підходах до зміцнення психічного благополуччя осіб, які тривалий час функціонували в стресогенному середовищі та зазнавали впливу воєнних подій, вимушеного переміщення, втрат, професійного навантаження й невизначеності майбутнього. Мета статті полягала в теоретичному обґрунтуванні й емпіричному уточненні ролі резильєнтності в підтриманні ментального здоров'я, а також у визначенні її структурних компонентів і соціально-психологічних детермінант. Основу дослідження становили результати психодіагностичного вивчення 214 респондентів, серед яких були працівники сектору безпеки й оборони, освітяни, медики, психологи, волонтери, внутрішньо переміщені особи та цивільні, які зазнали впливу воєнних подій. Використано шкали CD-RISC-10 і BRS, описову статистику, аналіз підгруп і кореляційний аналіз Пірсона. Описові показники засвідчили переважання середнього рівня резильєнтності та здатності до відновлення: CD-RISC-10 M = 27,8 (SD = 6,3; Me = 28,0), BRS M = 3,51 (SD = 0,70; Me = 3,50). Встановлено статистично значущі зв'язки між резильєнтністю й емоційною стабільністю ($r = 0,61$; $p < 0,01$), нижчим рівнем тривожності ($r = -0,54$; $p < 0,01$) і суб'єктивним благополуччям ($r = 0,58$; $p < 0,01$). З'ясовано, що особи з вищими показниками резильєнтності частіше демонстрували активні копінг-стратегії, когнітивну переоцінку стресових подій, готовність звертатися за соціальною підтримкою та здатність підтримувати функціональність у складних умовах. У групах, які зазнали впливу війни або вимушеного переміщення, резильєнтність виконувала буферну функцію, послаблюючи психологічні наслідки травматичних подій і знижуючи ризик емоційної дезадаптації. Акцентовано, що резильєнтність залежала від взаємодії когнітивно-регуляційного, емоційно-мотиваційного та соціально-комунікативного компонентів, а також від доступності підтримувального соціального й організаційного середовища. Результати засвідчили доцільність формування резильєнтності через поєднання індивідуального розвитку навичок саморегуляції з груповими й організаційними формами психологічної підтримки. Отримані дані можуть бути використані для розроблення психопрофілактичних програм, ресурсно-орієнтованих тренінгів і систем динамічного моніторингу ризиків ментального здоров'я в різних соціально-професійних групах

■ **Ключові слова:** стрес; саморегуляція; копінг-стратегії; соціальна підтримка; воєнна травматизація; адаптивний потенціал