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Psychological prevention of the negative impact of war on Ukrainian students' attitudes towards health

Tetiana Tytarenko*

Doctor of Psychological Sciences, Professor,
Full Member of the National Academy of Educational Sciences of Ukraine
Institute of Social and Political Psychology of the National Academy of Educational Sciences of Ukraine
04070, 15 Andriivska Str., Kyiv, Ukraine
https://orcid.org/0000-0001-8522-0894

✦ **Abstract.** The relevance of this study is determined by the need to examine opportunities for reducing the negative impact of war on the civilian population of Ukraine, their health, and well-being. The aim of the research was to identify directions for the psychological prevention of the negative influence of wartime threats on young people and their attitudes towards health. The empirical research methods included an author-designed questionnaire, methods of mathematical statistics and data analysis using the Jamovi programme, and the Kruskal-Wallis test to identify relationships with the socio-demographic characteristics of students. Based on changes in students' attitudes towards health and the resources available to them, three groups were identified: the resource-stabilisation group (43.8%), the resource-accumulation group (34.9%), and the resource-depletion group (21.3%). The threats that students considered significant in the context of their attitudes towards health included the risk of shelling, danger to loved ones, lack of conditions for rest and work, loss, injury, or death of relatives and close persons, environmental and epidemic risks, relationship breakdowns, forced displacement, and the threat of mobilisation. Among the methods of health restoration, students most frequently chose passive and active forms of rest, communication with loved ones, humour and entertainment, hobbies and creative activities, self-regulation practices, and assistance from doctors and psychologists. Individuals who were in long-term relationships or marriage perceived the threat of shelling more acutely and experienced a stronger fear of relationship breakdown. Prevention of the impact of wartime threats on young people's attitudes towards health relied on non-institutional recovery resources (sleep, rest, communication, search for meaning, hobbies), and the combined effect of these practices enhanced their effectiveness. Effective preventive measures included encouraging the regularity of basic recovery methods, fostering an internal permission to rest and function imperfectly, and integrating recovery practices into daily study and work routines. For the resource-stabilisation group, greater support for horizontal connections within networks of mutual assistance and joint activities was recommended. For the resource-accumulation group, the development of communicative competence skills and the prevention of relationship breakdowns were recommended. For the resource-depletion group, it was considered desirable to develop group-based formats for discussing wartime experiences, which reduce the sense of uniqueness of such experiences and prevent isolation. The practical value of the study lies in the development of targeted configurations of preventive measures according to available resources, their use, and changes in attitudes towards health

✦ **Keywords:** threats; psychological health of young people; resource-stabilisation, resource-accumulation, and resource-depletion groups; methods of recovery; socio-demographic differences

✦ Introduction

Extreme life circumstances associated with the active phase of the war in Ukraine, its duration, and the aggressor's brutality have given rise to a specific attitude among civilians towards themselves and their own safety. Life in the rear, sometimes even far from the frontline, nevertheless did not exclude the possibility of daily unpredictable

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Corresponding author (tytarenkotm@gmail.com)

and dangerous developments. The psychological health of Ukraine's civilian population deteriorated as a result of years of shelling, intensified attacks on energy and water supply infrastructure, widespread destruction, losses, and uncertainty about the future. The number of complaints concerning mental health increased, alongside the growing need for recovery. Under the extreme conditions of wartime, young people gradually began to recognise in a new way the dependence of their ability to study, form close relationships, and derive satisfaction from life on their routine well-being and on their capacity to overcome numerous fears, depression, exhaustion, and hopelessness. Thus, the study of the psychological aspects of preventing a deterioration in young people's attitudes towards their own health has become an increasingly relevant scientific task.

The negative impact of wartime conditions on an individual's attitude towards health manifested itself as the experience of daily life-threatening circumstances. Six years after the end of the war in northern Sri Lanka, R. Jayasuriya *et al.* (2025) identified the following types of potentially traumatic war-related events: extreme violence, traumatic losses, the impact of conflict, and the effects of constant stressors. As demonstrated by E. Zalli's (2024) study, the modal response to threats, grief and other potentially traumatic circumstances was resilience, which facilitated more flexible self-regulation. Z. Kostova *et al.* (2025) investigated how assistance provided to the Ukrainian population by mental health professionals strengthened an aspect of resilience known as compassion satisfaction. In 2025, M. Bradshaw *et al.* (2025), having conducted a cross-national meta-analysis of data collected in 22 geographically, economically and culturally diverse countries, demonstrated the influence of numerous factors on self-rated health, including country, age, gender, marital status, employment, education, attendance at religious services and immigration status. Accordingly, the Ukrainian sample also has its own specific characteristics regarding self-rated health, and the threatening conditions of war have become a significant factor in changes to this self-assessment. Psychological prevention of the impact of prolonged uncertainty and threats on self-rated health involves identifying core resources for resilience. A large group of experts, as presented in the work by S. Hobfoll *et al.* (2021), which examined the principles of assisting victims of natural disasters and mass violence, investigated the effectiveness of various models for preserving resources in conditions of mass traumatisation. According to the World Health Organization (2023), the key tools of socio-psychological prevention are considered to be the development of self-regulation skills, psychological education aimed at addressing the impact of prolonged stress on physical and mental health, as well as the legitimisation of rest and self-care as a necessary condition for adaptation during wartime.

In working with veterans, improving the capacity for emotional self-regulation has become increasingly important. As shown by the study by N. Malek *et al.* (2024), specialised mobile applications can be effective tools for anger management. In Ukraine, rehabilitation centres are being actively established and programmes for the psychological recovery of military personnel following combat deployment are being developed. Among the tasks faced by staff at such rehabilitation centres, as shown by data from the study by I. Prykhodko *et al.* (2023), are not only the elimination of the negative impact of combat stress on mental health, but also the strengthening of mental health and the mobilisation of psychological resources. There are also studies of the civilian population of Ukraine affected by the war. A comparison of Israeli and Ukrainian communities has shown that in Ukrainian society, people have significantly higher levels of hope and social resilience compared to Israelis, and also demonstrate greater individual and community resilience (Kimhi *et al.* 2023). Based on these indicators, effective methods of recovery can be developed. It should be noted that restorative work with young people has its own specific characteristics. A study conducted by O. Kokun & O. Bezverkhyi (2026) on Ukrainian students during a full-scale war revealed an increase in symptoms of post-traumatic stress disorder and somatic complaints over the course of a year, indicating a greater need for psychological support.

It is important to examine which preventive measures are used to reduce stress and promote health among Ukrainian students. The aim of the study was to identify approaches to psychological prevention of the negative impact of military threats on young people and their attitudes towards health. To achieve this aim, the following steps were undertaken: changes in young people's attitudes towards their own health during the war were identified; young people's attitudes towards threatening life circumstances and the use of recovery practices were examined; and preventive measures aimed at strengthening the recovery process were identified.

✦ Materials and Methods

The empirical research methods included an author-designed questionnaire, methods of mathematical statistics, and data analysis using the Jamovi software package (version 2.3.28.0). The obtained data were coded and analysed using non-parametric statistical procedures. In particular, the Kruskal–Wallis test was applied to examine differences between three groups of respondents with different types of attitudes towards health in terms of the prevalence of recovery practices, as well as to identify relationships between these groups and socio-demographic variables. The use of this criterion was determined by the ordinal nature of the data and the absence of a normal distribution.

For one of the survey sections analysed in the article, a series of health-related questions was developed. The response options were based on detailed narratives about wartime life provided by participants in a previously conducted qualitative study (Tytarenko, 2024). The questions were as follows: (1) "How has your attitude towards health changed during the war?" (response options: I pay less attention to health; I pay more attention to health; nothing

has changed in my attitude towards health); (2) "Which life circumstances are threatening to your health?" (response options: lack of adequate conditions for sleep, rest, and work; risk of missile, bomb, or drone attacks; the frontline approaching; danger to relatives and loved ones, separation from them; environmental deterioration and epidemic risks; forced displacement and lifestyle changes; threat of mobilisation; losses, injuries, or death of loved ones; divorce, infidelity, or relationship breakdowns); (3) "Who or what helps you most in restoring your health?" (response options: rest, sleep, sport, walks; communication with relatives, loved ones, and friends; hobbies, travel, creativity, books; humour, entertainment, computer games, television series; religion, meditation, yoga, breathing practices; work or academic workload; psychotherapy, psychological counselling, sanatorium treatment; self-help: self-care, self-regulation practices, self-improvement).

The indicators according to which respondents were divided into three groups (resource-stabilisation, resource-accumulation, and resource-depletion) included three types of attitudes towards health and eight methods of recovery. The resource-stabilisation group included respondents whose attitudes towards health and recovery methods had not changed during the war; the resource-accumulation group included respondents whose attention to health had increased and whose recovery methods had expanded and been renewed; the resource-depletion group included respondents whose attention to health had decreased and whose recovery methods had diminished and acquired a destructive character.

Sample characteristics: the sample consisted of 502 respondents aged between 17 and 44 years; of these, 80.9% were individuals under the age of 22. In terms of gender, the sample was feminised (403 women and 91 men). All respondents were participants in the educational process: 419 (83.5%) were pursuing a Bachelor's degree, 78 (15.5%) a Master's degree, and 5 (1%) education at the third (educational and scientific) PhD level. The majority of respondents lived in Ukraine in the same region where they had resided before the beginning of the full-scale invasion (74.5%); however, one quarter of the sample had experienced a change of residence, indicating direct experience of adaptation to wartime conditions.

The sample was formed through the distribution of links to the online platform Google Forms. Participation in the study was anonymous and voluntary. All respondents provided informed consent for the use of their responses for scientific purposes. The study was conducted between April and October 2025. The research was carried out in accordance with current national and international ethical requirements. The author-designed questionnaire for data collection (one section of which is analysed in the article) was approved by the Research Ethics Commission of the Institute for Social and Political Psychology of the National Academy of Educational Sciences of Ukraine in accordance with the ICC/ESOMAR International Code on Market, Opinion and Social Research and Data Analytics (2025).

✦ Results and Discussion

Indicators of the dynamics of young people's attitudes towards their own health during the war demonstrate the heterogeneity of changes observed since the beginning of the full-scale phase of the war. A polarisation in attitudes towards personal health can be observed. According to the direction of changes in the assessment of their own health and well-being from the beginning of the aggression in 2022 until autumn 2025, respondents were divided into three groups. For some individuals, the war prompted greater self-care, and they began to accumulate resources. For others, the war distracted them from their own health and from analysing their routine well-being, and they instead began actively depleting their personal resources. For a certain category of young people, the war had the effect of leaving them indifferent towards changes in their own health. Each group – the resource-accumulation group (34.9%), the resource-depletion group (21.3%), and the resource-stabilisation group (43.8%) – demonstrated a specific need for targeted preventive work aimed at increasing attention to health, improving awareness of its value, and developing the ability to recover effectively.

According to the obtained results, respondents perceived the war as a multidimensional threat to health extending far beyond immediate physical danger. The most widespread threat was considered to be the risk of shelling and the approach of the frontline (71.3%), which created a state of constant tension and expectation of danger. The high percentage of responses concerning danger to loved ones and forced separation from them (63.9%) indicated the predominance of existential fears. More than half of the respondents (53.2%) reported the absence of adequate conditions for sleep, rest, and work, indicating disruption of basic physiological needs. Almost half of the respondents (49.4%) identified the loss, injury, or death of loved ones as a significant threat to health. Other threats – deterioration of the environmental situation and epidemic risks (45%), relationship breakdowns (29.1%), forced displacement (25.5%), and the threat of mobilisation (16.3%) – created an additional background of cumulative stress.

Analysis of responses concerning methods of health recovery demonstrated respondents' orientation towards accessible, routine, and socially mediated resources. The most frequently selected methods were rest, sleep, physical activity, and walks (78.3%), indicating awareness of the importance of basic recovery mechanisms. Communication with relatives, loved ones, and friends (75.3%) also played an important role, serving the function of emotional stabilisation and psychological support. A significant proportion of respondents used humour, entertainment, computer games, and television series (62.2%) as a means of psychological relief. Hobbies, creativity, travel, and reading (61.4%) contributed to preserving a sense of identity and inner resilience. Self-help and self-regulation practices were used by 41.6% of respondents. Professional assistance and spiritual practices remained less widespread, which may have been related to limited accessibility or prevailing social attitudes.

Such methods of self-recovery as turning to entertainment content did not demonstrate significant associations with changes in attitudes towards health. Although the majority of young people used humour, entertainment, games, and television series, the relieving effect of such practices proved short-lived, and long-term recovery did not occur. Seeking professional assistance from doctors, psychologists, and psychotherapists (21.7%) was also not very common among young people. This may indicate limited accessibility of medical and psychological assistance in different regions. Spiritual practices and meditation were used by 19.3% of respondents. Evidently, among recovery methods, preference was given to self-regulatory and communicative practices, that is, those oriented towards social support.

According to a number of socio-demographic characteristics, the Kruskal-Wallis test identified the following statistically significant differences between particular groups of young people. An age-specific pattern in the experience of war was revealed. Older respondents (22-44 years) significantly more often experienced such a threat as the possibility of mobilisation ($H = 51.1$; $p < 0.001$) than younger respondents (17-21 years). Among methods of recovery, younger participants more frequently used humour, games, and television series as coping strategies ($H = 10.015$; $p = 0.002$), whereas older respondents resorted to this means of self-preservation and recovery significantly less often.

Individuals who were in long-term relationships or marriage perceived the threat of shelling more acutely ($H = 12.141$; $p = 0.033$). They experienced fears of infidelity, divorce, and relationship breakdown ($H = 22.745$; $p < 0.001$) and more actively used communication with close individuals as a resource than students who did not have a permanent partner at the time of the study. This corresponds well with the logic of emotional involvement and responsibility for others. A person's financial situation, as it turned out, was associated both with the assessment of threats and with methods of recovery (rest and communication). A better financial situation provided greater access to recovery resources and reduced the significance of threats for respondents. Students who lived and studied in more dangerous regions were more fearful of shelling and the approach of the frontline ($H = 11.28$; $p = 0.004$). The threat of relationship breakdown was experienced more strongly by those students who had been forced to change their place of residence since the beginning of the war ($H = 30.139$; $p < 0.001$). No other significant differences by place of residence were identified. Likewise, no statistically significant gender differences were found.

In such a field as health psychology, especially under wartime conditions, the need for the prevention of health deterioration increases substantially, creating an urgent social and scientific demand for the legitimisation of such disciplines as preventive psychology or preventive health psychology. This is evidenced both by the results of the author's study and by the findings of the scientific investigations of N. Byshevets *et al.* (2023) and S. Kimhi *et al.* (2023). Prevention of health problems is a global priority, and psychiatrists are increasingly raising the issue of the potential of preventive psychiatry, although the level of its implementation remains low because resources are limited. In order to meet the enormous mental health needs of the population, new forms of intervention are being used more actively, including mobile and internet-based interventions, as well as blended and stepped-care models (Singh *et al.*, 2022). The present study did not include obtaining data regarding the popularity among young people of online consultations with specialists. The choice of young people as the research group in this study was justified both by the author's previous investigations into attitudes towards health among people of different age groups (Tytarenko, 2024) and by the scientific work of other authors (Kałwak *et al.*, 2024). Young people proved to be more vulnerable to the negative impact on health of both the war and the contemporary polycrisis, which in recent years has come to include COVID-19, the war in Ukraine, climate change, and the economic crisis.

The focus of contemporary research aimed at identifying the role of widespread social determinants in health problems and developing preventive measures usually concerns vulnerable population groups with an increased risk of health disorders, particularly refugees and migrants. Such groups are precisely those that require preventive intervention strategies, including universal, selective, and indicated approaches. Preventive assistance is primarily focused on young people, and prevention is delivered through various innovative methods, including digital formats, within educational institutions, workplaces, communities, and clinical settings. Different types of psychosocial interventions contribute to the development of resilience, improvement of mental health literacy, and enhancement of social support. These include training young people to recognise and understand their own emotions, suicide prevention programmes, interventions aimed at combating loneliness, and trauma-informed interventions within an interdisciplinary approach (Kirkbride *et al.*, 2024). The author's study confirmed the urgent need for comprehensive education of young people regarding various forms of professional assistance available in cases of health-related problems, involving psychologists, educators, doctors, and social workers.

Given the prevalence of existential and cumulative threats (the risk of shelling, danger to loved ones, loss), the key focus of prevention is the search for strategies of self-preservation and recovery. Prevention approaches should concentrate on identifying and strengthening the basic resources of resilience. This approach is consistent with contemporary understandings of resilience as flexible adaptation to conditions of prolonged uncertainty and threat, as substantiated in the study by I.R. Galatzer-Levy *et al.* (2018), as well as with the resource conservation models of S.E. Hobfoll *et al.* (2021), which emphasise the importance of timely prevention of burnout in situations of mass trauma.

An important area of prevention is the strengthening of everyday and socially mediated resources for recovery – primarily interpersonal communication, social support and engagement in activities that sustain a sense of control and identity. These resources constitute social capital, which influences human health in stressful situations, where support from family and friends, as well as the social network, alleviates stress and promotes recovery (Ta *et al.*, 2025). Among the effective means of psychological prevention of health deterioration, non-institutional resources stand out, on which young people predominantly rely in their daily lives. This involves targeted changes to the work (study) – rest routine, with an emphasis on enhancing various forms of active and passive leisure. Equally effective are preventive measures focused on intensifying communication with significant others and engaging in joint activities, which strengthen the sense of community, control and identity. Significant preventive measures also include psychological education on the importance of mental health and ways to maintain it; the development of self-regulatory personality traits; and the promotion of self-care.

Given the identified polarisation of attitudes towards health, preventive measures must be differentiated and aimed both at supporting a responsible attitude towards health and at preventing its devaluation in the context of dwindling resources. A study by colleagues, conducted on a sample of students in Ukraine, found that the psycho-emotional status and physical condition of students at higher education institutions, as well as their emotional well-being, are directly dependent on their level of physical activity and lifestyle. It has been demonstrated that a more active lifestyle and systematic health-promoting recreational physical activity allow for a confident prediction of the maintenance of emotional well-being during the hostilities in Ukraine (Byshevets *et al.*, 2023).

The results obtained in the study make it possible to move towards the development of specific means of socio-psychological prevention of the negative impact of war on Ukrainian students' attitudes towards health. The proposed measures are grounded in the identified threats, available recovery resources, and socio-demographic differences. What follows is a comparison of youth groups according to three types of attitudes towards health. Representatives of the resource-stabilisation group, which included almost half of the respondents (43.8%), stated that their attitude towards health had not changed significantly during the years of the full-scale war. Such data indicate the relative stability of their habitual lifestyle, previously formed habits, and established self-care strategies even under threatening wartime conditions. Young people in this group possess a relatively stable self-assessment of health, since they maintain their previous, pre-war mode of regulating their own states and do not require modifications in self-regulation in order to adapt to wartime conditions. The resource-stabilisation attitude towards health serves as a means of maintaining a certain level of psychological well-being by satisfying individuals' expectations regarding psychological stability, resilience, and adaptability.

The second group was termed the resource-accumulation group. Among its representatives, who constituted more than one third of the sample (34.9%), attitudes towards personal health became more attentive and purposeful during the war. The previous, pre-war mode of preserving health and regulating emotional states changed in order to adapt more effectively to wartime conditions. The lifestyle of representatives of this group underwent certain modifications: methods of study, interaction with others, and self-care were optimised, which led to additional mobilisation of resources. In response to prolonged threat and uncertainty, these young people demonstrated readiness to seek new forms of self-support and assistance. For this group, the war became a stimulus for more conscious self-care and for understanding the significance of self-rated health for self-preservation. The adaptability of young people within this group became more dynamic and flexible.

The third group was termed the resource-depletion group. In terms of participant numbers, it proved to be the smallest (21.3%). Its representatives reduced attention to their own health, losing psychological stability, resilience, and adaptability. Constant attempts to ignore needs associated with health conditions may be explained to some extent by fatigue, accumulation of stress, feelings of helplessness, and general exhaustion. The lifestyle of representatives of this group changed in a negative direction, since necessary adjustments were not made to methods of study, interaction with others, and self-care, resulting in a loss of resources. The overload of routine difficulties in life and the excessive urgency of new life tasks arising during wartime do not become a stimulus for this group either to seek new recovery resources or to return to the more attentive pre-war attitude towards health.

According to a worldwide expert study of intervention policy following mass trauma with cumulative effects, interventions should contribute to: (1) restoring a sense of safety; (2) calming; (3) experiencing personal and collective efficacy; (4) improving interpersonal connectedness; and (5) preserving hope. Since young people primarily rely on non-institutional recovery resources (sleep, rest, communication, hobbies), effective prevention should not replace these practices but, where possible, strengthen them. Accordingly, preventive measures include encouraging the regularity of basic recovery strategies (particularly various forms of physical activity), legitimising rest and granting permission for far-from-perfect, "non-ideal functioning" under difficult wartime conditions, and integrating different elements of recovery into everyday academic and work routines (Hobfoll *et al.*, 2021).

Comparison of the three groups with differing attitudes towards health demonstrates the existence of distinct configurations of preventive measures. The configuration of preventive measures among representatives of the resource-stabilisation group possesses its own specificity. Alongside basic forms of physical recovery and

communication with close individuals, spiritual and reflective practices (religion, meditation, breathing exercises) and educational activity play a significant role for this group. There is a tendency towards maintaining inner balance and stabilising emotional states, facilitated by various methods of self-regulation and the search for new meanings.

Representatives of the resource-depletion group demonstrate the most active use of various recovery methods. Their preventive measures are primarily associated with physical activity and basic forms of rest, supplemented by intensified social support. To some extent, various hobbies, creative activities, and deeper engagement in studies also become significant. Such a configuration may indicate a tendency to overcome tension through the active expenditure of available resources, which is later compensated for by a broad spectrum of recovery methods.

The configuration of preventive measures among representatives of the resource-accumulation group is characterised by a more strategic use of resources. For these individuals, not only basic forms of rest and support from close surroundings are significant, but also activities connected with personal development and self-help – creativity, cultural interests, self-regulation practices, and self-improvement. There is a tendency towards the gradual accumulation of internal resources oriented towards the long-term maintenance of health and psychological well-being. The high significance of communication with close individuals as a resource across all three groups indicates the necessity of intensifying socially oriented preventive measures. Such measures include support for horizontal connections within youth mutual-assistance networks; group-based formats for discussing wartime experiences as a means of alleviating suffering, reducing the uniqueness of experienced trauma, and preventing isolation; prevention of the loss of significant relationships; and development of communicative competence skills.

Attention to socio-demographic differences allows preventive measures to be differentiated in a more targeted manner, taking into account age differences, varying financial circumstances, and characteristics of place of residence. In particular, for older respondents, work with anxiety concerning possible forced mobilisation and loss of control over one's own life is significant. Individuals with fewer financial resources should orient themselves more towards voluntary and free forms of psychological support. For internally displaced persons, the prevention of maladaptation and the loss of a sense of stability becomes most important.

Prevention aimed at respondents who cease paying attention to their own health should focus on supporting motivation for self-preservation and self-care. Self-esteem and self-compassion are complementary phenomena that perform a shared protective role within the context of psychological well-being (Muris & Otgaar, 2023). Accordingly, effective preventive measures may include the cultivation of self-compassion and viewing care for health as a survival resource rather than an additional burden; development of skills in setting micro-goals and applying the "small steps" technique in self-preservation practices; and reduction of feelings of guilt associated with imperfect or subjectively insufficient effectiveness.

N. Auttama *et al.* (2021) established that resilience, self-esteem, and psychological self-care are important factors in students' mental health. This corresponds with the results of the present study, in which young people actively used routine self-recovery practices and social support. Y. Shraga *et al.* (2025) emphasised the effectiveness of remote psychological assistance for the Ukrainian civilian population under wartime conditions. The obtained results also confirm the need for accessible forms of psychological support and prevention for young people. Researchers E.A. Yudiatia *et al.* (2025) demonstrated the significance of self-efficacy and resilience for psychological well-being. Similarly, in the present study, practices of self-regulation and social interaction contributed to the formation of a resource-accumulation attitude towards health.

The obtained results demonstrated that the impact of war on students' attitudes towards health is heterogeneous and determined by the interaction of threats, recovery resources, and socio-demographic factors. The identified differences between the resource-stabilisation, resource-accumulation, and resource-depletion groups confirm the necessity of a differentiated approach to psychological prevention. At the same time, the obtained data indicate the important role of routine self-regulation practices, social support, and resilience in preserving the psychological well-being of young people under wartime conditions.

✦ Conclusions

Whereas for a significant proportion of young people wartime threats become a trigger for a more responsible and attentive attitude towards themselves and their well-being, for another group they are exhausting, reducing attention to health. There is also a considerable proportion of young people who attempt to ignore difficult wartime conditions, considering their health to remain unchanged. Overall, the impact of war on young people's health is mediated by a complex interaction of threats and resources, which made it possible to distinguish the following groups: resource-stabilising (43.8%), resource-accumulating (34.9%), and resource-depleting (21.3%). The predominance of threats characteristic of martial law is, to some extent, balanced by an orientation towards particular preventive measures. In accordance with the groups that demonstrate different attitudes towards health, distinct configurations of preventive measures are appropriate. Among representatives of the resource-stabilisation group, the stabilisation of emotional state and improvement of well-being primarily require basic forms of physical recovery and support from close individuals. Spiritual and reflective practices, as well as educational activities, are also significant to a certain degree. Among representatives of the resource-accumulation group, the configuration of preventive measures includes basic forms of rest and support from close surroundings,

as well as activities related to self-development, such as creativity, reading, and self-regulation practices. Among representatives of the resource-depletion group, preventive measures are associated with physical activity, basic forms of rest, intensification of support from close surroundings, hobbies, creative activities, and learning.

Directing measures towards a more responsible attitude to health and the prevention of its devaluation under conditions of wartime resource exhaustion corresponds to the urgent needs of Ukrainian society. The effective implementation of self-preservation and recovery measures during wartime also presupposes targeted professional counselling with the use of indicative preventive interventions by psychologists, psychotherapists, and social workers. A limitation of the study lies in the disproportionate gender composition of the sample, which did not allow for the identification of significant differences between men and women. Prospects for further research involve a comparative analysis of the cumulative impact of wartime threats on attitudes towards health among population groups differing by age, gender, economic status, and professional status, which will make it possible to identify predictors influencing psychological well-being.

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✦ Conflict of Interest

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Психологічна превенція негативного впливу війни на ставлення українського студентства до здоров'я

Тетяна Титаренко

Доктор психологічних наук, професор, дійсний член НАПН
Інститут соціальної та політичної психології НАПН України
04070, вул. Андріївська, 15, м. Київ, Україна
https://orcid.org/0000-0001-8522-0894

✦ **Анотація.** Актуальність роботи визначається необхідністю вивчення можливостей зменшення негативного впливу війни на цивільне населення України, його здоров'я і самопочуття. Метою дослідження було визначення напрямів психологічної превенції негативного впливу воєнних загроз на молодь і її ставлення до здоров'я. Методами емпіричного дослідження були: авторський опитувальник, методи математичної статистики й аналізу даних із застосуванням програми Jamovi; критерій Краскела-Уоллеса для виявлення зв'язків із соціально-демографічними характеристиками студентів. За змінами у ставленні студентства до здоров'я і наявних ресурсів виділено ресурсо-стабілізаційну (43,8 %), ресурсо-накопичувальну (34,9 %), і ресурсо-затратну (21,3 %) групи. Загрози, які студентство вважало суттєвими у контексті ставлення до здоров'я, – це ризик обстрілів, небезпека для близьких; відсутність умов для відпочинку та праці; втрати, поранення або смерть близьких; екологічні та епідемічні ризики; розриви стосунки; вимушене переселення; загроза мобілізації. Зі способів відновлення здоров'я найчастіше обиралися пасивні і активні форми відпочинку, спілкування з близькими; гумор, розваги; хобі, творчість; практики саморегуляції; допомога лікарів, психологів. Особи, які перебували у тривалих стосунках чи шлюбі, гостріше сприймали загрозу обстрілів та мали інтенсивний страх розриву стосунків. Превенція впливів воєнних загроз на ставлення молоді до здоров'я спиралася на неінституційні ресурси відновлення (сон, відпочинок, спілкування, пошук сенсів, хобі), і комплексна дія цих практик посилювала їх результативність. Ефективними превентивними засобами стали заохочення регулярності базових способів відновлення, внутрішній дозвіл на відпочинок і неідеальне функціонування, інтеграція практик відновлення у щоденні навчальні та робочі ритми. Для ресурсо-стабілізаційної групи рекомендовано більшу підтримку горизонтальних зв'язків у мережах взаємодопомоги та спільної діяльності. Для ресурсо-накопичувальної групи рекомендовано розвиток навичок комунікативної компетентності і профілактику розриву стосунків. Для ресурсо-затратної групи бажано розвивати групові формати обговорення досвіду війни, що знижує унікальність переживань та запобігає ізоляції. Практична цінність роботи забезпечено розробкою адресних конфігурацій засобів превенції відповідно до ресурсів і їх використання і змін у ставленні до здоров'я

✦ **Ключові слова:** загрози; психологічне здоров'я молоді; ресурсо-стабілізаційна, ресурсо-накопичувальна та ресурсо-затратна групи; способи відновлення; соціально-демографічні відмінності