



## Psychological mechanisms underlying the therapeutic impact of support groups on individuals in difficult life circumstances

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◆ **Abstract.** The relevance of the study is conditioned by the rapid growth of the need for psychological assistance in the context of prolonged armed aggression and social crisis in Ukraine, where support groups become particularly important as an accessible and scalable form of psychological work with people in difficult life circumstances. The purpose of the study was to empirically investigate the psychological mechanisms of therapeutic influence of support groups on people in difficult life circumstances, and to determine the therapeutic resources of group interaction. The study was conducted using an online questionnaire. The sample consisted of 158 respondents: 71 facilitators and 87 participants of support groups of various thematic areas, selected according to the criterion of having direct experience of participating or leading the group. The author's questionnaire included an assessment of therapeutic mechanisms on a five-point Likert scale, closed multiple choice questions, and two open-ended questions. The results showed a high significance of all nine mechanisms (average scores from 3.99 to 4.41). The highest ratings were given to mechanisms for fostering safety and trust, providing emotional support, and helping people come to terms with their experiences. Statistically significant differences were found between the scores of facilitators and participants: facilitators rated the mechanism of experience universalisation higher, while participants attached more importance to the influence of group norms and values. Factor analysis confirmed the univariate structure of the scale (48.6% of the total variance; internal consistency coefficient – 0.867), which indicates the functioning of the selected mechanisms as a single integrated system. Among the participants, 91.4% noted the positive impact of the group on their lives; empathic listening (83.1%), group reflection (70.4%), and a structured circle of experience exchange (62.0%) were recognised as the most effective techniques. The main obstacle was irregular attendance (76.1%), and professional problems included burnout of facilitators (18.3%) and insufficient supervision support (16.9%). The practical significance of the study lies in the use of the obtained data to improve the methodological support of support groups, training facilitators, supervision support for leading groups, and adaptation of group work to wartime conditions

◆ **Keywords:** therapeutic factors of group interaction; psychological recovery; group facilitator; military crisis; subjective effectiveness

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## ◆ Introduction

Russia's prolonged armed aggression against Ukraine has caused a large-scale psychological crisis that has engulfed millions of people. According to World Health Organization (2025), 68% of Ukrainians reported a deterioration in their health compared to the pre-war period, and the most common problem was mental health disorders – they were recorded in 46% of respondents, and the need for psychological assistance took on the character of a systemic public challenge. In an environment where the resources of professional individual psychotherapy are limited, and the level of social isolation, anxiety, and loss remains critically high, support groups appear as an accessible, scalable, and psychologically effective form of assistance to people in difficult life circumstances. Despite the growing practical use of support groups, the issue of psychological mechanisms of their therapeutic impact remains insufficiently systematised both in the Ukrainian and international scientific space.

International studies in recent years have recorded a steady increase in the evidence base for the effectiveness of group forms of psychological assistance. J. Rosendahl *et al.* (2021), in a review of the results of 329 randomised controlled trials over 30 years, found that group psychotherapy showed results equivalent to individual psychotherapy, and therapeutic alliance and group cohesion are the leading predictors of positive change regardless of theoretical orientation. D. Smit *et al.* (2023) in a meta-analysis of 30 randomised trials (4,152 participants) showed that mutual support interventions are effective for clinical and personal recovery in a wide range of psychiatric disorders, and their effects are sustained and reproducible regardless of the type of intervention. C. Høgh Egmo *et al.* (2023), analysing data from 49 randomised trials (12,477 participants), confirmed the positive effect of mutual support on personal recovery (SMD = 0.20) and reduced anxiety symptoms. The researchers emphasised that the overall values of mutual support may exceed the specific needs of a particular disorder, which raises the question of the internal architecture of the mechanisms of such influence.

A separate area of research focuses on support groups in situations of armed conflict and forced displacement. S. Hillis *et al.* (2024) examined the effectiveness of the “Hope Groups” programme for families affected by the war in Ukraine: according to the results of the programme, the level of emotional violence decreased by 57.7%, physical violence – by 64.0%, the mental health indicators of parents significantly improved, and the effects were stable regardless of the participants' displacement status. This study was particularly significant, as it was conducted directly in the Ukrainian context and confirmed the potential of group forms of assistance specifically for people in difficult military circumstances. In a similar line, K. Lysnyk (2024), analysed the experience of conducting online support groups in Ukraine from the first weeks of a full-scale invasion and found that the most effective factor is sincere interpersonal relationships between group members supported by the

facilitator – a conclusion that echoes the humanistic tradition in understanding the group process.

In Ukrainian science, research of support groups is intensively developing in several areas. I.M. Trubavina *et al.* (2020) revealed the methodological foundations of organising support groups for people in difficult life circumstances, emphasising the role of structuring the group process and the facilitator. V. Shtyfurak & N. Burlaka (2025) theoretically substantiated the corrective factors of group work, in particular, the role of group norms as a regulator of behaviour and a source of psychological security. S.L. Horbenko & O.A. Prokopenko (2025) conceptualised psychotechnologies of therapeutic influence in groups as an integral system, where changing one element inevitably alters the functioning of others. Despite these achievements, the available research does not sufficiently systematise the psychological mechanisms of therapeutic influence of support groups as an integral multi-level model that combines cognitive, emotional, behavioural, and socio-dynamic processes in the context of a prolonged social and military crisis.

The purpose of the study was to empirically investigate the psychological mechanisms of therapeutic influence of support groups and determine the therapeutic possibilities of group interaction for people in difficult life circumstances. Objectives of the study: (1) to determine the level of significance of therapeutic mechanisms of support groups based on the assessments of facilitators and participants; (2) to carry out a comparative analysis of assessments between facilitators and participants; (3) to investigate correlations between mechanisms and identify the factor structure of the scale. The scientific originality of the study consists in the development and psychometric validation of the authors' scale of nine therapeutic mechanisms of support groups, empirical confirmation of their unifactorial structure, and identification of statistically significant differences in the perception of these mechanisms by facilitators and participants of support groups in wartime conditions in Ukraine.

## ◆ Materials and Methods

The empirical study was conducted in 2025 in the form of an online survey using the Google Forms platform. The choice of the online method was determined by the specifics of the target audience: facilitators and members of support groups were dispersed in different regions of Ukraine, which made it impossible to collect data in person in wartime conditions. The link to the questionnaire was distributed through coordinators and leading support groups, public organisations that provide psychosocial assistance, and through specialised online communities of psychologists and social workers. Participation in the study was voluntary and anonymous; before filling out the questionnaire, each respondent provided informed consent to participate in the study and use the data in an impersonal form. The study was conducted in compliance with the

current national and international ethical requirements for psychological research involving people. Participation in the study was voluntary and anonymous. Before filling out the questionnaire, each respondent received information about the purpose and procedure of the study and provided informed consent to participate and use the data in an impersonal form. The confidentiality of participants' personal data was ensured in accordance with the requirements of ICC/ESOMAR International Code on Market, Opinion, and Social Research and Data Analytics (2025) and WMA Declaration of Helsinki (2013). Data collection, storage, and processing were carried out without the possibility of identifying the respondent's identity.

The study involved 158 respondents selected according to the following inclusion criteria: experience in participating or maintaining a support group of any thematic focus; residence or stay on the territory of Ukraine at the time of filling out the questionnaire; voluntary informed consent. The exclusion criteria were: a lack of direct experience with support groups and failure to complete the questionnaire in full. Among the included respondents, 71 people (44.9%) identified their role as a facilitator (leader) of the support group, 87 people (55.1%) – as a participant. The analysis was carried out strictly according to the chosen role: answers to questions addressed to another role were not included. According to the experience of participating in support groups, respondents were distributed as follows: less than 3 months – 55 people (34.8%), from 3 to 12 months – 47 people (29.7%), more than 1 year – 56 people (35.4%). By the number of groups: 1 group – 63 people (39.9%), 2-3 groups – 49 people (31.0%), 4-5 groups – 15 people (9.5%), more than 5 groups – 31 people (19.6%). The thematic focus of the groups (respondents could choose several options) covered: general psychological support (37.3%), support for military families (36.7%), parental support (31.6%), support for internally displaced persons (25.3%), experiencing loss and grief (21.5%), support for veterans and military personnel (6.3%), and other areas.

The authors' questionnaire was developed based on a theoretical analysis of the psychological mechanisms of group therapy (Rogers, 1961; Bandura, 1977; Yalom & Leszcz, 2020). Current research of support groups was also considered (Rosendahl *et al.*, 2021; Smit *et al.*, 2023). The questionnaire included an assessment of nine therapeutic mechanisms on a 5-point Likert scale (from 1 – “not significant at all” to 5 – “very significant”): M1 – emotional support and normalisation of experiences; M2 – awareness of commonality of experience (universalisation); M3 – development of a sense of safety and trust; M4 – social learning through the example of others; M5 – development of self-awareness and self-regulation; M6 – restoration of a sense of control over life (subjectivity); M7 – group cohesion and sense of belonging; M8 – quality of feedback, and M9 – influence of group norms and values. In addition, the questionnaire included closed multiple choice questions (techniques, difficulties, what

helped) and two open questions about subjective experience (What do you think could improve the effectiveness of support groups? What do you think could be improved in the work of the support group?).

Mathematical and statistical processing was carried out using: descriptive statistics (m, SD, Mdn) to characterise the distribution of ratings; nonparametric Mann-Whitney criterion for comparing two independent groups (facilitators and participants) – due to the ordinal nature of the Likert scale and the violation of the normality of the distribution; Kruskal-Wallis criterion – for comparing three or more groups (based on the experience of participation); correlation analysis by the Spearman coefficient – to determine the relationship between mechanisms; factor analysis by the principal component method (with preliminary verification of the Barlett test and the KMO index) – to determine the latent structure of the scale; assessment of internal consistency using Cronbach's alpha ( $\alpha$ ). In preparation of this paper, the authors used the artificial intelligence tool Claude (Opus 4.6, Anthropic, Inc.) for the statistical analysis of empirical data (descriptive statistics, comparative analysis, correlation analysis, and factor analysis). The authors are fully responsible for the content, scientific interpretation, and reliability of the results. All results generated using AI were verified and approved. Content analysis of the open-ended responses was carried out using thematic coding, with two independent coders identifying key categories and subsequently resolving any discrepancies.

## ◆ Results and Discussion

Support groups occupy a special place in the system of psychological assistance, combining elements of professional psychotherapeutic support and mutual assistance of participants. In the scientific literature, they are considered as a form of organised group interaction aimed at providing emotional, social, and psychological support to people experiencing similar difficulties or crisis states (Chorna *et al.*, 2021). As noted by P.V. Kozyra & A.I. Lehka (2023), the group conditions form a kind of micro-society that reflects the realities of the external world and ensures the authenticity of interpersonal interaction of participants. I.D. Yalom & M. Leszcz (2020) made a significant contribution to the theoretical understanding of the phenomenon of support groups, identifying the key therapeutic factors of group interaction, including the universality of experiences, altruism, interpersonal learning, development of social skills, and group cohesion. The combination of these factors provides the therapeutic potential of support groups and determines their effectiveness in overcoming stress, emotional isolation, and feelings of helplessness. Psychotechnologies of therapeutic influence in support groups are considered as a set of scientifically based methods aimed at restoring the internal balance of the individual, working out traumatic experiences and unlocking own potential (Horbenko & Prokopenko, 2025). Understanding the therapeutic effect of group interaction is based on various theoretical approaches, each of which explains the mechanisms

of psychological changes in the group process in its own way. Within the humanistic paradigm, support groups are considered as a space for personal growth, formed through an atmosphere of empathy, authenticity, and unconditional acceptance (Yatsenko *et al.*, 2008; Tytarenko, 2018).

According to C.R. Rogers (1961), self-actualisation is the basic source of vital energy that supports psychological integrity and promotes personal well-being. In conditions of acceptance and psychological security, this process is activated and provides a person with the ability to self-regulate, creative adaptation, and constructive interaction with the social environment. Against this background, the therapeutic impact of support groups is primarily associated with the quality of interpersonal relationships between participants. Cognitive behavioural approach, developed by A.T. Beck *et al.* (2015) in the 1960s, is based on the idea of the close relationship between cognitive circuits, emotional responses, and behavioural strategies, focusing on the possibility of their purposeful change, in particular, in the context of group interaction. The practical implementation of this approach is cognitive behavioural therapy (CBT) – a structured and scientifically based psychotherapeutic method aimed at overcoming depression, anxiety, and other mental difficulties by solving the client's current problems. The study by S. Omelchenko *et al.* (2025), devoted to the analysis of psychotherapeutic methods in the system of psychological rehabilitation, showed that CBT involves active participation of the client, promotes rapid positive changes, and usually has a short-term format that ensures the effective use of time and resources. In the group format of CBT, conditions are created for the development of skills in overcoming stress, emotional regulation, and constructive communication, which ultimately contributes to increasing the psychological stability of participants.

Within the framework of the psychodynamic approach, the group is considered as a special therapeutic environment in which the previous interpersonal experience of participants is reproduced and their characteristic emotional reactions and ways of interaction are updated. Based on the mechanisms of transference, emotional exchange, and feedback, participants get a deeper understanding of their own internal experiences and patterns of building relationships with others, which helps to reduce internal tension and form more mature models of interpersonal relationships (Osiodlo *et al.*, 2020; Shtyfurak & Burlaka, 2025). In this context, deep psychocorrection as a form of group work, according to N. Dmeterko (2024), combines elements inherent in support groups, in particular, group dynamics, emotional support, and constructive feedback. The method of active socio-psychological cognition (ASPC) has a fundamental difference, since it is aimed not only at supporting participants, but also at deep knowledge of the psyche in the unity of conscious and unconscious processes, which determines its special role in the psychodynamic context of group psychocorrection. V.L. Zlyvko & S.O. Lukomska (2019) reported a significant contribution to the development of the psychodynamic approach to group

psychotherapy made by S. Foulkes, who first applied psychodynamic principles to the psychotherapy community. He considered a person as a social being, and a group as a leading therapeutic factor, within which, through interpersonal interaction, open communication and active participation of participants, neurotic manifestations are overcome. The systems approach considers a support group as a dynamic system in which changes in one element affect the functioning of the entire structure. The therapeutic effect is achieved through the restructuring of communicative patterns, changing dysfunctional roles and the development of more adaptive ways of interaction (Yatsenko *et al.*, 2008; Pohorilenko, 2025). In this context, support groups contribute not only to individual changes, but also to the development of new patterns of social behaviour. The group serves as a kind of training space where participants test and consolidate new forms of behaviour, communication and thinking, which increases the likelihood of their transfer to a real-life context (Novak & Bodnar, 2025).

Thus, various theoretical approaches allow comprehensively understanding the therapeutic potential of support groups and the psychological mechanisms of their influence on the individual. Simultaneously, the practical implementation of these approaches requires considering the specifics of the target audience, in particular, the life circumstances in which the group members are located. This is particularly relevant when working with people who are experiencing difficult life events, traumatic experiences, or the consequences of social crises. This category of people is characterised by an increased level of anxiety, a violation of the basic sense of security, and a decrease in trust in the social environment. One of the main tasks of group work with traumatised individuals is to restore a sense of security, control and trust, which is a prerequisite for further psychological recovery (Herman, 1992; Romanenko, 2024). It is worth noting that in the context of social upheavals and war, support groups become particularly important as a tool for psychological stabilisation and social consolidation. According to T.M. Tytarenko (2018), group interaction contributes to the actualisation of resilience, the development of a sense of community, and the strengthening of internal resources of the individual. Such groups combine elements of emotional support, psychoeducation, and mutual exchange of experience, which allows participants to gradually restore psychological balance. Therefore, support groups are an effective component of the psychological assistance system, and their therapeutic impact is conditioned by a complex of psychological mechanisms that are implemented within the framework of various theoretical approaches. These provisions indicate that the therapeutic potential of support groups is realised not only through general theoretical approaches, but also through specific psychological mechanisms of group interaction. It is the analysis of these mechanisms that helps to better understand how support groups provide positive psychological changes for participants in crisis conditions.

One of the basic mechanisms of therapeutic influence of support groups is the mechanism of emotional support and normalisation of experiences. Its essence is to create a space where individual emotional responses are recognised, accepted, and validated by other group members. Participants in support groups gradually realise that their emotional reactions are not pathological, but correspond to the complexity of life circumstances. C.R. Rogers (1961) consider emotional support as a significant condition for personal growth, realised through empathic listening, acceptance, and authenticity of interpersonal relationships. In support groups, this mechanism is manifested through mutual empathy, verbalisation of emotions, and joint understanding of the experience. T.M. Tytarenko (2018) suggests that normalising experiences in a group format helps to restore emotional balance and reduce internal tension in people experiencing long-term crisis situations. Closely related to the previous is the mechanism of identification and universalisation of experience, which consists in understanding the commonality of life's difficulties and experiences. According to I.D. Yalom & M. Leszcz (2020), versatility is one of the leading therapeutic factors for group work, as it destroys the illusion of the uniqueness of suffering and reduces the subjective feeling of loneliness; experiencing the universality of problems and receiving an emotional response reduces the level of anxiety and feelings of isolation that often accompany crisis states. In the process of listening to the stories of other participants, identification with their experience takes place, which allows taking a fresh look at their own situation. Observation of other people who successfully overcome difficulties, as noted by A. Bandura (1977), increases self-confidence and promotes the development of effective coping strategies. Identification with the experience of other participants activates the processes of self-reflection and contributes to the restoration of a sense of life perspective (Osiodlo *et al.*, 2020; Trubavina *et al.*, 2020).

An important mechanism for the therapeutic impact of support groups is also the mechanism of safe communication and trust building. Its implementation is associated with the creation of clear group rules, confidentiality, and predictability of interaction, which is especially important for people with traumatic experiences. Restoring a sense of security is a primary stage of psychological assistance, without which it is impossible to further work out the trauma. A safe group atmosphere is seen as a condition for gradual awareness of deep interpersonal experiences and restoring trust in other people. Through repetitive, structured, and supportive interactions, participants gain an experience of safe contact that can be transferred to out-of-group life (Shtyfurak *et al.*, 2023; Romanenko, 2024; Yamnitskyi & Storozh, 2025). In times of war and social instability, support groups help to restore trust in others and own emotions. Mechanisms of emotional support, identification, and safe communication reduce tension and ensure the gradual restoration of psychological stability of individuals in difficult life circumstances.

However, the therapeutic impact of support groups is not limited to emotional stabilisation and restoring a sense of security. At the next stage, group interaction creates conditions for activating the internal resources of the individual, forming new ways of behaviour and a conscious attitude to their own life experience. It is these processes that determine the transition from support to development, which is implemented through the mechanisms of social learning, reflection, and the growth of subjectivity. The essence of the mechanism of social learning and modelling of adaptive behaviour is to learn new ways of responding, coping strategies, and models of interpersonal interaction through observation of the behaviour of other group members. Within the framework of socio-cognitive theory, A. Bandura (1977) emphasised that learning occurs not only through own experience, but also by observing significant others who demonstrate effective ways to overcome difficulties. In support groups, participants have the opportunity to see examples of constructive response to crisis situations, which increases their confidence in their own capabilities. From the standpoint of the cognitive behavioural approach, social learning in the support group is accompanied by the gradual development of new behavioural skills, in particular, assertive communication, emotional regulation, and problem-oriented coping (Maksymenko *et al.*, 2015; Horbenko & Prokopenko, 2025). Mutual feedback and group support contribute to the consolidation of adaptive behaviours and their transfer to everyday life. Thus, the group format creates a unique environment for learning through example, as participants perceive the experience of others as more realistic and achievable.

The mechanism of growth of personal reflection and self-regulation provides awareness of own emotional states, thoughts, and behavioural reactions. Reflection is a significant process of professional and personal development that allows a person to reflect on their experience and change the ways of interacting with reality (Shtyfurak *et al.*, 2023; Omelchenko *et al.*, 2025). In support groups, reflection is activated by discussing the experience, receiving feedback, and comparing own reactions with those of other participants. Awareness of own internal processes is a prerequisite for effective management of behaviour and emotions. Support groups promote these skills through structured discussion of experiences that allow participants to identify maladaptive responses and replace them with more constructive ones. In crisis conditions, group reflection helps to reduce the level of chaotic experiences and restore a sense of inner order (Zlyvko & Lukomska, 2019).

Integrative is a mechanism for increasing subjectivity and restoring a sense of control over life. Subjectivity in the psychological sense means the ability of a person to consciously influence their own life, make decisions, and take responsibility for them. A sense of subjectivity is associated with an active life position and the ability to give meaning to own experience (Maksymenko *et al.*, 2015). In support groups, this mechanism is implemented through a gradual transition from the position of passive experience to the

position of an active participant in changes. Internal control helps to increase psychological stability and responsibility for their own life. Sharing experiences of successfully overcoming difficulties in a support group strengthens participants' faith in their own ability to influence life circumstances. In conditions of war and prolonged crises, support groups become a space for restoring the subject position, where a person again begins to feel not only the object of events, but also the active creator of their own life path (Ihnatovych, 2025; Yamnitsky & Storozh, 2025). Thus, the mechanisms of social learning, reflection and the growth of subjectivity form a complete system of therapeutic influence of support groups, which provides both short-term relief of the emotional state and long-term positive changes in the life of the individual.

A logical continuation of the analysis of the psychological mechanisms of therapeutic influence of support groups is to consider the therapeutic resources of group interaction, which contribute to the sustainability of positive changes and strengthen the restorative potential of the group. In Ukrainian psychological science, these resources are considered as a set of socio-psychological factors that arise in the process of joint activities and interpersonal interaction of group members. One of the most important resources of group interaction is group cohesion and a sense of belonging. Cohesion is manifested in a sense of unity, mutual responsibility, and emotional involvement of participants in the joint process. The sense of belonging to a group performs an important regulatory function, contributing to the stabilisation of the emotional state and the development of a positive self-concept of the individual (Maksymenko *et al.*, 2015). In support groups, cohesion creates a psychologically safe environment in which it is possible to discover traumatic experiences without fear of judgement or rejection. T.M. Tytarenko (2018) noted that in crisis conditions, it is the experience of "being together" and feeling part of a meaningful community that reduces the intensity of existential anxiety and helps to restore the resilience of the individual. A sense of belonging in support groups allows compensating for the loss of social connections and contributes to the development of new resource identities.

A significant therapeutic resource is also feedback and mutual support of participants, which provide an opportunity to correct their ideas about themselves and their own experiences. Constructive feedback in a safe environment promotes self-awareness, responsibility and social competence, and increases the level of psychological adaptation (Mazokha, 2025). Through the feedback of others, a person gets the opportunity to see themselves from different perspectives, which contributes to a deeper awareness of their own emotional and behavioural patterns.

O. Romanenko (2024) pointed to the fact that the presence of differentiated feedback – positive or negative – is particularly valuable, based on which a person learns to evaluate own behaviour more critically. Mutual support in groups performs not only an emotional, but also a meaning-making function, helping participants to find new interpretations of the experience and restore trust in the social environment. Conditions of mutual support activate altruistic tendencies, which, according to N. Dmeterko (2024) and T.V. Novak & M.B. Bodnar (2025) has a positive effect on subjective feelings of psychological well-being.

The influence of group norms and values on the process of psychological recovery is another valuable resource of group interaction, because group norms based on the principles of confidentiality, respect, voluntary participation, and responsibility, create a framework for safe interaction and regulate the behaviour of participants. Internal acceptance of group norms contributes to the interiorisation of socially acceptable forms of interaction and increases the level of self-regulation of the individual (Shtyfurak & Burlaka, 2025). The values fostered within support groups – such as mutual support, empathy and acceptance – gradually become internal guiding principles for participants and are carried over into their lives outside the group. T.M. Tytarenko (2018) emphasised that in difficult life circumstances, value solidarity and support contribute to the restoration of the psychological integrity of the individual and the preservation of their ability to actively function in life.

Based on the theoretical analysis, the authors identified six key psychological mechanisms of therapeutic influence of support groups (the mechanism of emotional support and normalisation of experiences; the mechanism of identification and universalisation of experience; the mechanism of safe communication and trust formation; the mechanism of social learning and modelling of adaptive behaviour; the mechanism of growth of personal reflection and self-regulation; the mechanism of increasing subjectivity and restoring a sense of control over life) and three therapeutic resources of group interaction (group cohesion and a sense of belonging; feedback and mutual support; the influence of group norms and values). It was these nine components that formed the basis of the empirical study.

The reliability of the scale, as measured by Cronbach's alpha, was  $\alpha = 0.867$ , indicating a high level of internal consistency in the instrument. The adjusted correlations of each item with the overall score ranged from 0.540 to 0.645, and the removal of any item did not increase the overall reliability of the scale, which confirmed the feasibility of including certain mechanisms. The results of evaluating the significance of therapeutic mechanisms are presented in Table 1.

**Table 1.** Descriptive statistics for evaluating the therapeutic mechanisms of support groups ( $n = 158$ )

| Mechanism                           | M    | SD   | Mdn | Rank |
|-------------------------------------|------|------|-----|------|
| Safety and trust (M3)               | 4.41 | 0.75 | 5.0 | 1    |
| Emotional support (M1)              | 4.40 | 0.73 | 5.0 | 2    |
| Universalisation of experience (M2) | 4.37 | 0.78 | 5.0 | 3-4  |

Table 1. Continued

| Mechanism                   | M    | SD   | Mdn | Rank |
|-----------------------------|------|------|-----|------|
| Group norms and values (M9) | 4.37 | 0.78 | 5.0 | 3-4  |
| Social learning (M4)        | 4.32 | 0.76 | 4.0 | 5-6  |
| Self-awareness (M5)         | 4.32 | 0.76 | 4.0 | 5-6  |
| Feedback (M8)               | 4.24 | 0.83 | 4.0 | 7    |
| Cohesion (M7)               | 4.06 | 0.90 | 4.0 | 8    |
| Subjectivity (M6)           | 3.99 | 0.82 | 4.0 | 9    |

Source: compiled by the authors

As can be seen from Table 1, the highest scores were given to the mechanisms of fostering a sense of safety and trust ( $M = 4.41$ ;  $SD = 0.75$ ) and emotional support and normalisation of experiences ( $M = 4.40$ ;  $SD = 0.73$ ). These results are consistent with the theoretical propositions of C.R. Rogers (1961) on unconditional acceptance as a basic condition for personal growth and the conclusions of I.D. Yalom & M. Leszcz (2020) on the therapeutic role of

experience universality. The lowest, though still high, scores were recorded for the mechanisms of subjectivity ( $M = 3.99$ ) and group cohesion ( $M = 4.06$ ), which may reflect the longer nature of their development, as noted by S.D. Maksymenko *et al.* (2015). To identify statistically significant differences between the scores of facilitators ( $n = 71$ ) and participants ( $n = 87$ ), a comparative analysis was performed using the Mann-Whitney criterion (Table 2).

Table 2. Comparison of assessments of therapeutic mechanisms by role (Mann-Whitney U test)

| Mechanism | Facilitators M (SD) | Participants M (SD) | U     | p     | r    | Sig. |
|-----------|---------------------|---------------------|-------|-------|------|------|
| M1        | 4.51 (0.61)         | 4.31 (0.81)         | 3,417 | 0.202 | 0.11 |      |
| M2        | 4.51 (0.75)         | 4.25 (0.78)         | 3,717 | 0.015 | 0.20 | *    |
| M3        | 4.51 (0.65)         | 4.32 (0.81)         | 3,416 | 0.202 | 0.11 |      |
| M4        | 4.39 (0.62)         | 4.25 (0.85)         | 3,248 | 0.541 | 0.05 |      |
| M5        | 4.31 (0.67)         | 4.32 (0.83)         | 2,922 | 0.523 | 0.05 |      |
| M6        | 3.89 (0.78)         | 4.07 (0.85)         | 2,666 | 0.116 | 0.14 |      |
| M7        | 4.13 (0.79)         | 4.00 (0.99)         | 3,233 | 0.594 | 0.05 |      |
| M8        | 4.27 (0.70)         | 4.22 (0.92)         | 3,021 | 0.800 | 0.02 |      |
| M9        | 4.24 (0.80)         | 4.48 (0.74)         | 2,548 | 0.036 | 0.18 | *    |

Note: \*  $p < 0.05$ ;  $r$  – effect size

Source: compiled by the authors

The results of the comparative analysis (Table 2) revealed two statistically significant differences. The facilitators rated the mechanism of universalising experience significantly higher ( $M = 4.51$  vs  $M = 4.25$ ;  $U = 3,717$ ;  $p = 0.015$ ;  $r = 0.20$ ), which may reflect their professional awareness of the value of recognising the shared nature of experiences, a concept first articulated by A. Bandura (1977). Instead, participants rated the impact of group norms and values significantly higher ( $M = 4.48$  vs.  $M = 4.24$ ;  $U = 2,548$ ;  $p = 0.036$ ;  $r = 0.18$ ), which indicates the importance of a structured and predictable environment for people in difficult life circumstances, as emphasised by V. Shtyfurak & N. Burlaka (2025). Correlation analysis (according to Spearman) revealed statistically significant positive correlations between all nine mechanisms ( $p < 0.001$  for all pairs). The strongest links were recorded between cohesion and feedback ( $r_s = 0.613$ ), self-awareness and subjectivity ( $r_s = 0.558$ ), group norms and cohesion ( $r_s = 0.534$ ), social learning and subjectivity ( $r_s = 0.528$ ). These results confirm the opinion of I.D. Yalom & M. Leszcz (2020) regarding the integrative nature of therapeutic factors and conclusions of T.M. Tytarenko (2018) on mutual strengthening of group interaction mechanisms. The suitability of the data for factor

analysis was confirmed by the Bartlett test of sphericity ( $\chi^2 = 508.88$ ;  $p < 0.001$ ) and KMP value of 0.888. Analysis of eigenvalues revealed one dominant factor with an eigenvalue of 4.373, which explains 48.6% of the total variance. The univariate structure of the scale suggests that the nine selected mechanisms measure a single latent construct – the overall therapeutic potential of the support group, which is consistent with the findings of S.L. Horbenko & O.A. Prokopenko (2025) on the cumulative nature of psychotechnologies of therapeutic impact.

Analysis of the relationship between assessments and participation experience (Kruskal-Wallis criterion) revealed no statistically significant differences ( $p > 0.05$  for all mechanisms). Simultaneously, there is a tendency to increase the assessment of the safety and trust mechanism with increasing experience (from  $M = 4.22$  to  $M = 4.57$ ;  $h = 5.21$ ;  $p = 0.074$ ), which may indicate the cumulative effect of group experience described by T.V. Novak & M.B. Bodnar (2025). According to the facilitators ( $n = 71$ ), the most effective techniques for activating therapeutic mechanisms are: active (empathic) listening (83.1%), group reflection and feedback (70.4%), structured circle of experience exchange (62.0%), psychoeducation (60.6%), relaxation and grounding techniques (57.7%), art

therapy techniques (49.3%), rituals of the beginning/end of the meeting (47.9%), working with metaphors and stories (45.1%). The dominance of empathic listening is consistent with humanistic paradigm by C.R. Rogers (1961), and the combination of emotionally-oriented and cognitive educational approaches corresponds to an integrative model of therapeutic impact based on the cognitive behavioural approach (Beck *et al.*, 2015).

Among the difficulties in managing support groups ( $n = 71$  facilitators), irregular attendance of participants dominates (76.1%), which poses a significant challenge to ensuring group cohesion. The dominance of individual participants (38.0%), organisational difficulties (32.4%), and passivity of participants (29.6%) form the second group in terms of frequency. Among the professional difficulties of facilitators, professional burnout (18.3%) and insufficient supervision support (16.9%) stand out, which emphasises the need for systematic support of leading groups, which is indicated by I.M. Trubavina *et al.* (2020). Among the participants ( $n = 81$ ), the leading factors of subjective effectiveness were: understanding the commonality of experience (81.5%), support from the host (71.6%), the ability to speak freely about experiences (67.9%), and emotional support from other participants (60.5%). These data confirm the key role of mechanisms of emotional support and universalisation of experience, which received the highest ratings in the quantitative block of the study, and are consistent with the conclusions of V. Osiodlo *et al.* (2020) and V.L. Zlyvkov & S.O. Lukomska (2019).

Regarding the impact on life in general ( $n = 82$  participants): 40.2% reported significant positive changes, 43.9% – moderate positive changes, 7.3% – minor positive changes. Thus, 91.4% of participants recorded a positive impact of the support group on their lives. Discrepancies in the number of responses to individual questions ( $n = 81-87$ ) are conditioned by the fact that some participants did not answer individual questions of the questionnaire; for each indicator, the actual number of valid responses is given. 98.7% of respondents expressed their willingness to recommend participation to others (86.7% – “yes, definitely”; 12.0% – “rather yes”; 1.3% – “hard to say”). None of the respondents chose a negative answer. These results are consistent with the findings of O. Romanenko (2024) and O. Ihnatovych (2025) on the effectiveness of group forms of psychological assistance.

Content analysis of open responses of facilitators ( $n = 53$ ) on improving efficiency revealed the following key categories: regularity and duration of work of groups; need for supervision and professional support; request for methodological support (ready-made meeting plans, exercise sets); need to promote the format of support groups and overcome stigma; need for funding and resources. Open-ended questions were optional, resulting in a lower response rate: 74.6% of facilitators (53 out of 71) and 55.2% of participants (48 out of 87) provided detailed answers suitable for content analysis. Participants ( $n = 48$ ) most often noted: the desire to increase the duration and

frequency of meetings; the need for more practical components and psychoeducation; the importance of the host's qualifications; the desire for an offline format, and structure of the programme. Generalisation of the results of quantitative and qualitative analysis allowed stating that the therapeutic impact of support groups is a systemic phenomenon caused by the integrated action of interrelated mechanisms that function as a single latent construct. Despite the high subjective effectiveness and willingness of participants to recommend participation to others, the study revealed a number of systemic challenges – irregular attendance, burnout of facilitators, and lack of supervision support, which require a separate understanding in the context of international experience in organising support groups.

The results obtained confirmed that the therapeutic impact of support groups is a systemic and multi-level phenomenon, the implementation of which is provided by an integrated set of psychological mechanisms. This position is consistent with a wide range of contemporary international studies and simultaneously clarifies their conclusions due to the specifics of empirical data collected in the context of a long military and social crisis. The priority of the mechanisms of fostering safety and trust ( $M = 4.41$ ) and emotional support ( $M = 4.40$ ) over the mechanism of subjectivity ( $M = 3.99$ ) reflects the logic of gradual recovery of the individual in crisis conditions: first – stabilisation and acceptance, then – restoration of an active position. This hierarchy echoes the conclusions of the large-scale review by J. Rosendahl *et al.* (2021), which analysed the outcomes of group psychotherapy over a 30-year period: the researchers found that the therapeutic alliance and group cohesion are the leading predictors of positive change across different types of groups and theoretical orientations. Therefore, the highest significance of safety and trust mechanisms in this study is not only a situational indicator, but also a pattern confirmed in 329 randomised controlled trials.

The identified statistically significant differences between the scores of facilitators and participants were one of the most interesting results of the study, opening up a field of discussion. Facilitators rated the mechanism of experience universalisation higher ( $p = 0.015$ ), while participants rated the influence of group norms and values ( $p = 0.036$ ). A similar asymmetry in the perception of the group process “from within” and “from outside” was described by G.M. Burlingame *et al.* (2018) in a meta-analysis of group cohesion (55 studies, 6,055 participants): the researchers showed that the quality of vertical relationships (participant-leader) and horizontal relationships (participant-participant) was evaluated differently depending on the position in the group, with presenters more likely to focus on cognitive and learning factors, while participants – on structural and normative ones. This is consistent with the study data and indicates the need to consider the participant's perspective when developing facilitator training programmes.

The univariate scale structure (48.6% variance;  $\alpha = 0.867$ ) is a theoretically significant result that requires separate discussion. It points out that the nine identified mechanisms function not as independent factors, but as manifestations of a single latent construct – the overall therapeutic potential of the group. This echoes the opinion of D. Smit *et al.* (2023), who in a systematic review and meta-analysis of 30 randomised trials (4,152 participants) found that the maintenance effects are modest, but persistent and reproducible, regardless of the type of intervention and the specifics of the disorder. The researchers interpreted this fact as evidence that shared values of mutual support may extend beyond the specific needs of a particular disorder – a finding that supports the one-factor model in this study as well.

Simultaneously, the data obtained in some aspects come into productive conflict with foreign research. The level of subjective effectiveness in this study (91.4% of participants noted the positive impact of the group on their lives) was higher than that recorded in meta-analyses, where the effects of group support were described mainly as moderate: in particular, C. Høgh Egmo *et al.* (2023) in a review of 49 randomised trials (12,477 participants) found a small but significant positive effect on personal recovery (SMD = 0.20). This contrast can be explained by methodological differences: the subjective self-assessments used in this study tend to produce higher scores compared to the clinical scales used in randomised controlled trials. This raises the question of which performance indicators are more environmentally valid in the context of support groups – standardised clinical measurements or a subjective sense of change in own life. The discussion between these approaches remains open.

Regarding the main obstacle to the functioning of groups – irregular attendance (76.1%) – it is worth noting that it is a global problem. C.T. Alldredge *et al.* (2021), in a meta-analysis of therapeutic alliance in group interventions (29 studies, 3,628 participants), stressed that unstable group composition is a key factor undermining the development of alliance between participants and the leader. According to the researcher, in wartime conditions, irregular attendance becomes systemic due to objective circumstances – air raid alarms, displacement, domestic instability – and requires adaptation of support group formats: for example, hybrid or open structures, where the inclusion of new participants does not destroy the therapeutic community.

The problem of burnout of facilitators (18.3%) and insufficient supervision support (16.9%) recorded in this study reflects a broader trend recorded in the international literature. In particular, in the systematic review of group support interventions for individuals with mental disorders conducted by N. Lyons *et al.* (2021), it is emphasised that the quality of group management directly depends on the level of support of the presenters themselves, and supervision is not an optional, but a mandatory element of the psychological assistance system. Accordingly, the systemic lack of

supervision support for leading groups in Ukraine can hinder the implementation of the therapeutic potential of even well-planned programmes. Thus, the results of the study fit into the general international trend of recognising support groups as an effective and systematically organised format of psychological assistance, while emphasising the specifics of the military context in which the functioning of groups faces additional challenges and requires specific resources. Questions remain open about optimal methods for measuring the effectiveness of support groups, the role of supervision as a system resource of presenters, and the specifics of therapeutic mechanisms in conditions of chronic social stress.

## ◆ Conclusions

The conducted empirical study established that all nine identified therapeutic mechanisms of support groups received high significance ratings (M from 3.99 to 4.41 on a 5-point scale), which confirms their significant role in the therapeutic impact on people in difficult life circumstances. The highest scores were recorded for the mechanisms of fostering safety and trust (M = 4.41), emotional support, and normalisation of experiences (M = 4.40), while slightly lower scores were recorded for the mechanism of subjectivity restoration (M = 3.99). The defined hierarchy reflects the logic of step-by-step psychological recovery: stabilisation and acceptance precede the restoration of an active life position, which is consistent with the key theoretical provisions of humanistic, group and dynamic, and cognitive behavioural approaches.

Comparative analysis revealed statistically significant differences in the perception of therapeutic mechanisms between facilitators and participants. Facilitators evaluated the mechanism of universalisation of experience higher ( $p = 0.015$ ), which reflects their professional reflection on group processes and awareness of the didactic value of this mechanism in the management of the group. But participants attach more importance to the influence of group norms and values ( $p = 0.036$ ), which indicates the special need of people in difficult life circumstances in a structured and predictable environment as a source of psychological support. The identified asymmetry in the perception of the group process “from within” and “from outside” is of direct practical importance: facilitator training programmes should pay more attention to understanding the subjective experience of participants, and not just theoretical concepts of group dynamics.

Correlation and factor analysis confirmed the systemic interconnectedness of all mechanisms (all  $r_s > 0.32$ ;  $p < 0.001$ ) and the structure of the univariate scale (48.6% variance;  $\alpha = 0.867$ ). This result is theoretically significant: it showed that the selected mechanisms function not as independent factors, but as an integrated system, where activation of one mechanism enhances the action of others. This conclusion is consistent with the concept of “general group effect”, which considers the therapeutic effect of a group as a systemic property of the group process as a whole, and not as the sum of individual techniques. A

practical consequence of this is the inadmissibility of a fragmented approach to the organisation of support groups: attention only to individual mechanisms (for example, exclusively to emotional support) without ensuring a holistic group process reduces the overall therapeutic potential.

The high subjective effectiveness of support groups was empirically confirmed: 91.4% of participants noted a positive impact on their lives, and 98.7% were ready to recommend participation in the group to others. The most effective techniques were recognised as empathic listening (83.1%), group reflection (70.4%), and a structured circle of experience exchange (62.0%). The data obtained indicate that techniques aimed at creating a safe dialogue space and promoting awareness of their own experience are perceived by participants as the most valuable – which is an argument in favour of a humanistic-oriented model of conducting support groups.

Furthermore, the study identified systemic problems that hinder the implementation of the therapeutic potential of support groups. The main obstacle is irregular attendance (76.1%), which in wartime conditions becomes objective and requires adaptation of work formats – in particular, the

development of hybrid and open models of groups, where the instability of the composition does not destroy the therapeutic process. Professional challenges include burnout of facilitators (18.3%) and insufficient supervision support (16.9%), which indicates the need to develop a system infrastructure to support the leaders themselves as a condition for the sustainable functioning of support groups in Ukraine. The prospects for further research include investigating therapeutic mechanisms at different stages of group work, comparing models of support groups, developing a standardised tool for assessing group interaction, and studying the durability of therapeutic effects in the post-group period.

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### ◆ Conflict of Interest

None.

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## Психологічні механізми терапевтичного впливу груп підтримки на осіб, які перебувають у складних життєвих обставинах

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♦ **Анотація.** Актуальність дослідження зумовлена стрімким зростанням потреби в психологічній допомозі в умовах тривалої збройної агресії та соціальної кризи в Україні, де групи підтримки набувають особливої значущості як доступна і масштабована форма психологічної роботи з особами у складних життєвих обставинах. Метою статті було емпіричне дослідження психологічних механізмів терапевтичного впливу груп підтримки на осіб, які перебувають у складних життєвих обставинах, та визначення терапевтичних ресурсів групової взаємодії. Дослідження проводилося методом онлайн-анкетування. Вибірку становили 158 респондентів: 71 фасилітатор та 87 учасників груп підтримки різної тематичної спрямованості, відібраних за критерієм наявності прямого досвіду участі або ведення групи. Авторська анкета включала оцінку терапевтичних механізмів за п'ятибальною шкалою Лікерта, закриті питання множинного вибору та два відкритих питання. Результати засвідчили високу значущість усіх дев'яти механізмів (середні оцінки від 3,99 до 4,41). Найвищі оцінки отримали механізми формування безпеки та довіри, емоційної підтримки й нормалізації переживань. Виявлено статистично значущі відмінності між оцінками фасилітаторів та учасників: фасилітатори вище оцінюють механізм універсалізації досвіду, тоді як учасники надають більшого значення впливу групових норм і цінностей. Факторний аналіз підтвердив однофакторну структуру шкали (48,6 % загальної дисперсії; коефіцієнт внутрішньої узгодженості – 0,867), що свідчить про функціонування виділених механізмів як єдиної інтегрованої системи. Серед учасників 91,4 % відзначили позитивний вплив групи на своє життя; найефективнішими техніками визнано емпатійне слухання (83,1 %), групову рефлексію (70,4 %) та структуроване коло обміну досвідом (62,0 %). Основною перешкодою була нерегулярна відвідуваність (76,1 %), а серед професійних викликів – вигорання фасилітаторів (18,3 %) та недостатня супервізійна підтримка (16,9 %). Практична цінність дослідження полягає у використанні отриманих даних для вдосконалення методичного забезпечення груп підтримки, підготовки фасилітаторів, супервізійної підтримки ведучих груп та адаптації групової роботи до умов воєнного часу

♦ **Ключові слова:** терапевтичні чинники групової взаємодії; психологічне відновлення; фасилітатор групи; воєнна криза; суб'єктивна ефективність